

2001 Behavioral Risk Factor Surveillance System Questionnaire

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HELLO, I'm calling for the _____ (health department) _____ and the Centers for Disease Control and Prevention. My name is _____ (name) _____. We're gathering information on the health of _____ (state) _____ residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this _____ (phone number) _____ ? **If "no"**

Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

_____ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to page 2**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

_____ Number of men

_____ Number of women

The person in your household that I need to speak with is _____.
If "you," go to page 2

To correct respondent HELLO, I'm _____ (name) _____ calling for the _____ (health department) _____ and the Centers for Disease Control and Prevention. We're gathering information on the health of _____ (state) _____ residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

1.1. Would you say that in general your health is: (72)

		Please Read
	1	Excellent
	2	Very good
	3	Good
	4	Fair
	5	or Poor
Do not read	7	Don't know/Not sure
these responses	9	Refused

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(73-74)

___	___	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(75-76)

___	___	Number of days
8	8	None If Q1.2 also "None," go to Q2.1
7	7	Don't know/Not sure
9	9	Refused

- 1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(77-78)

—	—	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (79)

- | | |
|---|---------------------------------------|
| 1 | Yes |
| 2 | No Go to Q2.3 |
| 7 | Don't know/Not sure Go to Q2.3 |
| 9 | Refused Go to Q2.3 |

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

2.3. Do you have one person you think of as your personal doctor or health care provider? (81)

- | | | |
|--|---|---------------------|
| If "no," ask
"Is there <u>more</u>
<u>than one</u> or is
there <u>no</u> person
who you think of?" 9 | 1 | Yes, only one |
| | 2 | More than one |
| | 3 | No |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

Section 3: Exercise

- 3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

- 1 Yes
- 2 No **Go to Q5.1**
- 7 Don't know/Not sure **Go to Q5.1**
- 9 Refused **Go to Q5.1**

4.2. Are you currently taking medicine for your high blood pressure? (84)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

- 1 Yes
- 2 No **Go to Q6.1**
- 7 Don't know/Not sure **Go to Q6.1**
- 9 Refused **Go to Q6.1**

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (88)

- 1 Yes
- 2 No **Go to Q7.1**
- 7 Don't know/Not sure **Go to Q7.1**
- 9 Refused **Go to Q7.1**

6.2. Do you still have asthma? (89)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

If "Yes" and	1	Yes
female, ask	2	Yes, but female told only during pregnancy
"Was this	3	No
only when	7	Don't know/Not sure
you were	9	Refused
pregnant?"		

Section 8: Arthritis

8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (91)

- 1 Yes
- 2 No **Go to Q8.5**
- 7 Don't know/Not sure **Go to Q8.5**
- 9 Refused **Go to Q8.5**

8.2. Were these symptoms present on most days for at least one month? (92)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.3. Are you now limited in any way in any activities because of joint symptoms? (93)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.5. Have you ever been told by a doctor that you have arthritis? (95)

- 1 Yes
- 2 No **Go to 9.1**
- 7 Don't know/Not sure **Go to 9.1**
- 9 Refused **Go to 9.1**

8.6. Are you currently being treated by a doctor for arthritis?

(96)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 9: Immunization

9.1. During the past 12 months, have you had a flu shot? (97)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (98)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

5 packs = 100 cigarettes	1	Yes
	2	No Go to Q11.1
	7	Don't know/Not sure Go to Q11.1
	9	Refused Go to Q11.1

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

1	Every day
2	Some days
3	Not at all Go to Q11.1
9	Refused Go to Q11.1

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

Section 11: Alcohol Consumption

- 11.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (102-104)

1 ___ ___ Days per week
 2 ___ ___ Days in past 30
 8 8 8 No drinks in past 30 days **Go to Q12.1**
 7 7 7 Don't know/Not sure **Go to Q12.1**
 9 9 9 Refused **Go to Q12.1**

- 11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

___ ___ Number of drinks
 7 7 Don't know/Not sure
 9 9 Refused

- 11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

___ ___ Number of times
 8 8 None
 7 7 Don't know/Not sure
 9 9 Refused

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 13: Demographics

13.1. What is your age? (110-111)

— —	Code age in years
0 7	Don't know/Not sure
0 9	Refused

13.2. Are you Hispanic or Latino? (112)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

13.3. Which one or more of the following would you say is your race? (113-118)

		Please Read
Mark all	1	White
that apply	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian, Alaska Native
		or
	6	Other [specify]
	8	No additional choices
Do not read	7	Don't know/Not sure
these responses	9	Refused

If more than one response to Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (119)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other [**specify**]
- 7 Don't know/Not sure
- 9 Refused

13.5. Are you: (120)

Please Read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or
- 6 A member of an unmarried couple

Do not read 9 Refused

13.6. How many children less than 18 years of age live in your household ? (121-122)

- Number of children
- 8 8 None
- 9 9 Refused

13.7. What is the highest grade or year of school you completed? (123)

Read Only if Necessary

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

13.8. Are you currently: (124)

Please Read

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- or
- 8 Unable to work

Do not read

- 9 Refused

13.9. Is your annual household income from all sources: (125-126)

Read as Appropriate

If respondent refuses at any income level, code refused	0 4	Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
	0 3	Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)
	0 2	Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)
	0 1	Less than \$10,000 If "no," code 02
	0 5	Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)
	0 6	Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)
	0 7	Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)
	0 8	\$75,000 or more
Do not read these responses	7 7	Don't know/Not sure
	9 9	Refused

13.10. About how much do you weigh without shoes? (127-129)

Round fractions up	___ ___ ___	Weight
	pounds	
	7 7 7	Don't know/Not sure
	9 9 9	Refused

13.11. About how tall are you without shoes? (130-132)

Round fractions down	___/___ ___	Height
	ft/inches	
	7 7 7	Don't know/Not sure
	9 9 9	Refused

13.12. What county do you live in? (133-135)

	___ ___ ___	FIPS county code
	7 7 7	Don't know/Not sure
	9 9 9	Refused

13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (136)

- 1 Yes
- 2 No **Go to Q13.15**
- 7 Don't know/Not sure **Go to Q13.15**
- 9 Refused **Go to Q13.15**

13.14. How many of these are residential numbers? (137)

- Residential telephone numbers [**6=6 or more**]
- 7 Don't know/Not sure
- 9 Refused

13.15. How many adult members of your household currently use a cell phone for any purpose? (138)

- Number of adults
- 8 None
- 7 Don't know/Not sure
- 9 Refused

13.16. Indicate sex of respondent. **Ask only if necessary** (139)

- 1 Male **Go to Q14.1**
- 2 Female

If respondent 45 years old or older, go to Q14.1

13.17. To your knowledge, are you now pregnant? (140)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

14.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (142)

- | | | |
|---|---|---------------------|
| Include occasional use or use in certain circumstances | 1 | Yes |
| | 2 | No |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

Section 15: Physical Activity

If "employed" or "self-employed" to core Q13.8, continue. Otherwise go to Q15.2.

15.1. When you are at work, which of the following best describes what you do?

(143)

Would you say: **Please Read**

If respondent has multiple jobs, include all jobs	1	Mostly sitting or standing
	2	Mostly walking
	3	Mostly heavy labor or physically demanding work
Do not read these responses	7	Don't know/Not sure
	9	Refused

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

15.2. Now, thinking about the moderate physical activities you do [**fill in (when you are not working) if "employed" or "self-employed" to core Q13.8**] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

(144)

1	Yes
2	No Go to Q15.5
7	Don't know/Not sure Go to Q15.5
9	Refused Go to Q15.5

15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?

(145-146)

— —	Days per week
8 8	Do not exercise at least 10 minutes weekly
7 7	Don't know/Not sure
9 9	Refused

- 15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)

__: __ __ Hours and minutes per day
 7 7 7 Don't know/Not sure
 9 9 9 Refused

- 15.5. Now thinking about the vigorous physical activities you do [**fill in (when you are not working) if "employed" or "self-employed" to core Q13.8**] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)

1 Yes
 2 No **Go to Q16.1**
 7 Don't know/Not sure **Go to Q16.1**
 9 Refused **Go to Q16.1**

- 15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)

__ __ Days per week
 8 8 Do not exercise at least 10 minutes weekly
 7 7 Don't know/Not sure
 9 9 Refused

- 15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)

__: __ __ Hours and minutes per day
 9 9 9 Refused

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q17.1

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't Know/not Sure **Go to Q16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last PSA test? (157)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 Don't know
- 9 Refused

16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

- 1 Yes
- 2 No **Go to Q16.5**
- 7 Don't know/Not sure **Go to Q16.5**
- 9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (159)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 17: Colorectal Cancer Screening

If respondent 49 years old or younger, go to HIV/AIDS Section

17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (162)

- 1 Yes
- 2 No **Go to Q17.3**
- 7 Don't know/Not sure **Go to Q17.3**
- 9 Refused **Go to Q17.3**

17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (164)

- 1 Yes
- 2 No **Go to HIV/AIDS Section**
- 7 Don't know/Not sure **Go to HIV/AIDS Section**
- 9 Refused **Go to HIV/AIDS Section**

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Section 18: HIV/AIDS

If respondent is 65 years old or older, go to Closing Statement

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

- 1 True
- 2 False
- 7 Don't know/Not Sure
- 9 Refused

18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

- 1 True
- 2 False **Go to Q18.4**
- 7 Don't know/Not Sure **Go to Q18.4**
- 9 Refused **Go to Q18.4**

18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

- Please Read**
- 1 Very effective
 - 2 Somewhat effective
 - or
 - 3 Not at all effective
 - 7 Don't know/Not sure
 - 9 Refused

**Do not read
these responses**

18.4. How important do you think it is for people to know their HIV status by getting tested?
(169)

Would you say:

		Please Read
	1	Very important
	2	Somewhat important
		or
	3	Not at all important
Do not read these responses	7	Don't know/Not sure
	9	Refused

18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.
(170)

Include saliva tests	1	Yes
	2	No Go to Q18.9
	7	Don't know/Not sure Go to Q18.9
	9	Refused Go to Q18.9

18.6. Not including blood donations, in what month and year was your last HIV test?
(171-174)

Include saliva tests	___/___	Code month and year
	7 7 7 7	Don't know/Not sure
	6 6 6 6	Refused

18.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]?

(175-176)

— —	Reason code
	Read Only if Necessary
0 1	For hospitalization or surgical procedure
0 2	To apply for health insurance
0 3	To apply for life insurance
0 4	For employment
0 5	To apply for a marriage license
0 6	For military induction-or military service
0 7	For immigration
0 8	Just to find out if you were infected
0 9	Because of referral by a doctor
1 0	Because of pregnancy
1 1	Referred by your sex partner
1 3	For routine check-up
1 4	Because of occupational exposure
1 5	Because of illness
1 6	Because I am at risk for HIV
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

18.8. Where did you have the HIV test in [fill in date from Q18.6]? (177-178)

— —	Facility code
	Read Only if Necessary
0 1	Private doctor, HMO
0 2	Blood bank, plasma center, Red Cross
0 3	Health department
0 4	AIDS clinic, counseling, testing site
0 5	Hospital, emergency room, outpatient clinic
0 6	Family planning clinic
0 7	Prenatal clinic, obstetrician's office
0 8	Tuberculosis clinic
0 9	STD clinic
1 0	Community health clinic
1 1	Clinic run by employer
1 2	Insurance company clinic
1 3	Other public clinic
1 4	Drug treatment facility
1 5	Military induction or military service site
1 6	Immigration site
1 7	At home, home visit by nurse or health worker
1 8	At home using self-sampling kit
1 9	In jail or prison
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

OR

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

Module 1: Diabetes

To be asked following core Q7.1 if response is "yes"

1. How old were you when you were told you have diabetes? (180-181)

__ __	Code age in years [97 = 97 and older]
9 8	Don't know/Not sure
9 9	Refused

2. Are you now taking insulin? (182)

1	Yes
2	No
9	Refused

3. Are you now taking diabetes pills? (183)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (184-186)

1 __ __	Times per day
2 __ __	Times per week
3 __ __	Times per month
4 __ __	Times per year
8 8 8	Never
7 7 7	Don't know/Not sure
9 9 9	Refused

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (187-189)

1 ___ ___ Times per day
 2 ___ ___ Times per week
 3 ___ ___ Times per month
 4 ___ ___ Times per year
 8 8 8 Never
 5 5 5 No feet
 7 7 7 Don't know/Not sure
 9 9 9 Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (190)

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (191-192)

___ ___ Number of times
 8 8 None
 7 7 Don't know/Not sure
 9 9 Refused

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (193-194)

___	___	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of hemoglobin "A one C" test
7	7	Don't know/Not sure
9	9	Refused

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (195-196)

___	___	Number of times
8	8	None
7	7	Don't know/Not sure
9	9	Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (197)

Read Only if Necessary

1	Within the past month (anytime less than 1 month ago)
2	Within the past year (1 month but less than 12 months ago)
3	Within the past 2 years (1 year but less than 2 years ago)
4	2 or more years ago
8	Never
7	Don't know/Not sure
9	Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (198)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

12. Have you ever taken a course or class in how to manage your diabetes yourself? (199)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Module 2: Sexual Behavior

If respondent 50 years old or older, go to next module.

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

1. During the past 12 months, with how many people have you had sexual intercourse? (200-201)

— —	Number [76 = 76 or more]
8 8	None Go to Next Module
7 7	Don't know/Not sure
9 9	Refused

2. Was a condom used the last time you had sexual intercourse? (202)

1	Yes
2	No Go to Q4
7	Don't know/Not sure Go to Q4
9	Refused Go to Q4

3. The last time you had sexual intercourse, was the condom used ... (203)

	Please Read
1	To prevent pregnancy
2	To prevent diseases like syphilis, gonorrhea, and AIDS
3	For both of these reasons
	or
4	For some other reason

Do not read these responses	7	Don't know/Not sure
	9	Refused

4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose?

(204)

Would you say: **Please Read**

- 1 Very effective
 2 Somewhat effective
 or
 3 Not at all effective

- Do not read** 4 Don't know how effective
these responses 5 Don't know method
 9 Refused

5. How many new sex partners did you have during the past 12 months? (205-206)

- A new sex partner** ___ ___ **Number [76 = 76 or more]**
is someone the 8 8 **None**
respondent had 7 7 **Don't know/Not sure**
sex with for the 9 9 **Refused**
first time in the
past 12 months

6. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You Don't need to tell me which one.

You have used intravenous drugs in the past 12 months

You have been treated for a sexually transmitted or venereal disease in the past 12 months

You tested positive for having HIV, the virus that causes AIDS

You had anal sex without a condom in the past 12 months

Do any of these situations apply to you? (207)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

7. In the past five years, have you been treated for a sexually transmitted or venereal disease? (208)

- 1 Yes
- 2 No **Go to Q9**
- 7 Don't know/Not sure **Go to Q9**
- 9 Refused **Go to Q9**

8. Were you treated at a health department STD clinic? (209)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

9. Due to what you know about HIV, have you changed your sexual behavior in the past 12 months? (210)

- 1 Yes
- 2 No **Go to Next Module**
- 7 Don't know/Not sure **Go to Next Module**
- 9 Refused **Go to Next Module**

10. Did you make any of the following changes in the past 12 months?

If respondent says "abstinent," ask "Are you abstinent now?" a. Did you decrease the number of your sexual partners or become abstinent? (211)

- If "no," read b and c. If "yes," do not read b and c and code b and c 8**
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

b. Do you now have sexual intercourse with only the same partner? (212)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 8 Not applicable
- 9 Refused

c. Do you now always use condoms for protection? (213)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 8 Not applicable
- 9 Refused

Module 3: Quality of Life and Care Giving

If "yes" to core Q14.1 or core Q14.2, continue, otherwise, go to Q5.

If "yes" to core Q14.1: Previously you said that you have a physical, mental, or emotional problem that limits your activities.

If "no", "don't know", or "refused" to core Q14.1 and "yes" to core Q14.2: Previously you said you use special equipment because of a health problem.

1. What is your major impairment or health problem? (214-215)

__ __	Reason code
Read Only if Necessary	
0 1	Arthritis/rheumatism
0 2	Back or neck problem
0 3	Fractures, bone/joint injury
0 4	Walking problem
0 5	Lung/breathing problem
0 6	Hearing problem
0 7	Eye/vision problem
0 8	Heart problem
0 9	Stroke problem
1 0	Hypertension/high blood pressure
1 1	Diabetes
1 2	Cancer
1 3	Depression/anxiety/emotional problem
1 4	Other impairment/problem
7 7	Don't know/Not sure
9 9	Refused

2. For how long have your activities been limited because of your major impairment or health problem? (216-218)

1 __ __	Days
2 __ __	Weeks
3 __ __	Months
4 __ __	Years
7 7 7	Don't know/Not Sure
9 9 9	Refused

3. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (219)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

4. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (220)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

5. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (221-222)

___	___	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

6. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (223-224)

___	___	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

7. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (225-226)

___	___	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

8. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (227-228)

___	___	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

9. During the past 30 days, for about how many days have you felt very healthy and full of energy? (229-230)

___	___	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

If "yes" to Q3 continue, otherwise go to Q12

10. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? (231-232)

___	___	Reason code
-----	-----	-------------

Read Only if Necessary

If a relative that is paid, code as appropriate relative

0	1	Husband/wife/partner
0	2	Parent/son/son-in-law/daughter/daughter-in-law
0	3	Other relative
0	4	Unpaid volunteer
0	5	Paid employee or home health service
0	6	Friend or neighbor
0	7	Combination of family and/or friends and/or paid help
0	8	Other
0	9	No one helps me Go to Q12
7	7	Don't Know/Not Sure
9	9	Refused

11. Is the assistance you receive to meet your personal care needs from all sources: (233)

		Please Read
	1	Usually adequate
	2	Sometimes adequate
		or
	3	Rarely adequate
Do not read	7	Don't know/Not sure
these responses	9	Refused

If "yes" to Q4 continue, otherwise go to the next module

12. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? (234-235)

— — Reason code

		Read Only if Necessary
If a rela-	0 1	Husband/wife/partner
tive that is	0 2	Parent/son/son-in-law/daughter/daughter-in-law
paid, code	0 3	Other relative
as appropri-	0 4	Unpaid volunteer
ate relative	0 5	Paid employee or home health service
	0 6	Friend or neighbor
	0 7	Combination of family and/or friends and/or paid help
	0 8	Other
	0 9	No one helps me Go to Next Module
	7 7	Don't know/Not sure
	9 9	Refused

13. Is the assistance you receive to meet your routine needs from all sources: (236)

		Please Read
	1	Usually adequate
	2	Sometimes adequate
		or
	3	Rarely adequate
Do not read	7	Don't know/Not sure
these responses	9	Refused

Module 4: Health Care Coverage and Utilization

To be asked following core Q2.1 if response is "no"

1. What is the main reason you are without health care coverage? (237-238)

___ ___ Reason code

Read Only if Necessary

- 0 1 Lost job or changed employers
- 0 2 Spouse or parent lost job or changed employers [**includes any person who had been providing insurance prior to job loss or change**]
- 0 3 Became divorced or separated
- 0 4 Spouse or parent died
- 0 5 Became ineligible because of age or because left school
- 0 6 Employer doesn't offer or stopped offering coverage
- 0 7 Cut back to part time or became temporary employee
- 0 8 Benefits from employer or former employer ran out
- 0 9 Couldn't afford to pay the premiums
- 1 0 Insurance company refused coverage
- 1 1 Lost Medicaid or Medical Assistance eligibility
- 8 7 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

2. About how long has it been since you had health care coverage? (239)

Read Only if Necessary

- 1 Within the past 6 months (anytime less than 6 months ago) **Go to core Q2.3**
- 2 Within the past year (6 months but less than 12 months ago) **Go to core Q2.3**
- 3 Within the past 2 years (1 year but less than 2 years ago) **Go to core Q2.3**
- 4 Within the past 5 years (2 years but less than 5 years ago) **Go to core Q2.3**
- 5 5 or more years ago **Go to core Q2.3**
- 7 Don't know/Not sure **Go to core Q2.3**
- 8 Never **Go to core Q2.3**
- 9 Refused **Go to core Q2.3**

To be asked following core Q2.2 if response is "yes."

3. What was the main reason you were without health care coverage during the past 12 months? (240-241)

___ ___ Reason code

Read Only if Necessary

- | | |
|-----|--|
| 0 1 | Lost job or changed employers Go to core Q2.3 |
| 0 2 | Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change] Go to core Q2.3 |
| 0 3 | Became divorced or separated Go to core Q2.3 |
| 0 4 | Spouse or parent died Go to core Q2.3 |
| 0 5 | Became ineligible because of age or because left school Go to core Q2.3 |
| 0 6 | Employer doesn't offer or stopped offering coverage Go to core Q2.3 |
| 0 7 | Cut back to part time or became temporary employee Go to core Q2.3 |
| 0 8 | Benefits from employer or former employer ran out Go to core Q2.3 |
| 0 9 | Couldn't afford to pay the premiums Go to core Q2.3 |
| 1 0 | Insurance company refused coverage Go to core Q2.3 |
| 1 1 | Lost Medicaid or Medical Assistance eligibility Go to core Q2.3 |
| 8 7 | Other Go to core Q2.3 |
| 7 7 | Don't know/Not sure Go to core Q2.3 |
| 9 9 | Refused Go to core Q2.3 |

The next questions are about health care.

4. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (242)

- | | | |
|-----------------------|---|-------------------------------------|
| If "no," ask | 1 | Yes Go to Q6 |
| <u>"Is there more</u> | 2 | More than one place |
| <u>than one</u> or is | 3 | No Go to Q7 |
| there <u>no</u> place | 7 | Don't know/Not sure Go to Q7 |
| you usually | 9 | Refused Go to Q7 |
| go to?" | | |

5. Is there one of these places that you go to most often when you are sick or need advice about your health? (243)

- 1 Yes
 2 No **Go to Q7**
 7 Don't know/Not sure **Go to Q7**
 9 Refused **Go to Q7**

6. What kind of place is it? (244)

Would you say: **Please Read**

- 1 A doctor's office or HMO
 2 A clinic or health center
 3 A hospital outpatient department
 4 A hospital emergency room
 5 An urgent care center
 or
 8 Some other kind of place

Do not read these responses 7 Don't know/Not sure
 9 Refused

7. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost? (245)

- 1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

8. About how long has it been since you last visited a doctor for a routine checkup? (246)

Read Only if Necessary

- A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition**
- 1 Within the past year (anytime less than 12 months ago)
 2 Within the past 2 years (1 year but less than 2 years ago)
 3 Within the past 5 years (2 years but less than 5 years ago)
 4 5 or more years ago
 7 Don't know/Not sure
 8 Never
 9 Refused

Module 5: Women's Health

If respondent is male, go to next module

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (247)

- 1 Yes
- 2 No **Go to Q4**
- 7 Don't know/Not sure **Go to Q4**
- 9 Refused **Go to Q4**

2. How long has it been since you had your last mammogram? (248)

Read only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (249)

- 1 Routine checkup
- 2 Breast problem other than cancer
- 3 Had breast cancer
- 7 Don't know/Not sure
- 9 Refused

4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (250)

- 1 Yes
- 2 No **Go to Q7**
- 7 Don't know/Not sure **Go to Q7**
- 9 Refused **Go to Q7**

5. How long has it been since your last breast exam? (251)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (252)

- 1 Routine checkup
- 2 Breast problem other than cancer
- 3 Had breast cancer
- 7 Don't know/Not sure
- 9 Refused

7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (253)

- 1 Yes
- 2 No **Go to Q10**
- 7 Don't know/Not sure **Go to Q10**
- 9 Refused **Go to Q10**

8. How long has it been since you had your last Pap smear? (254)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (255)

- | | |
|---|-----------------------------------|
| 1 | Routine exam |
| 2 | Check current or previous problem |
| 3 | Other |
| 7 | Don't know/Not sure |
| 9 | Refused |

If "yes" to core Q13.17 go to next module
--

10. Have you had a hysterectomy? (256)

- | | | |
|---|---|---------------------|
| A hysterectomy is an operation to remove the uterus (womb) | 1 | Yes |
| | 2 | No |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

Module 6: Oral Health

1. How long has it been since you last visited a dentist or a dental clinic for any reason?
(257)

Read Only if Necessary

Include visits to dental specialists, such as orthodontists	1	Within the past year (anytime less than 12 months ago)
	2	Within the past 2 years (1 year but less than 2 years ago)
	3	Within the past 5 years (2 years but less than 5 years ago)
	4	5 or more years ago
	7	Don't know/Not sure
	8	Never
	9	Refused

2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
(258)

Include teeth lost due to "infection"	1	1 to 5
	2	6 or more but not all
	3	All
	8	None
	7	Don't know/Not sure
	9	Refused

If "never" to Q1 or "all" to Q2, go to Q4.

3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
(259)

Read Only if Necessary

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	Don't know/Not sure
8	Never
9	Refused

If "within the past year," to Q1 or Q3, go to Q5.

4. What is the main reason you have not visited the dentist in the past year? (260-261)

__ __ Reason code

Read Only if Necessary

- | | |
|-----|--|
| 0 1 | Fear, apprehension, nervousness, pain, dislike going |
| 0 2 | Cost |
| 0 3 | Do not have/know a dentist |
| 0 4 | Cannot get to the office/clinic (too far away, no transportation, no appointments available) |
| 0 5 | No reason to go (no problems, no teeth) |
| 0 6 | Other priorities |
| 0 7 | Have not thought of it |
| 0 8 | Other |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (262)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

Module 7: Asthma History

If "yes" to core Q6.1, continue. Otherwise, go to Q10.

Previously you said you were told by a doctor, nurse, or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma? (263-264)

__ __	Age in years 11 or older [96 = 96 and older]
9 7	Age 10 or younger
9 8	Don't know/Not sure
9 9	Refused

If "yes" to core Q6.2, continue. Otherwise, go to Q10 .

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (265)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (266-267)

__ __	Number of visits [87 = 87 or more]
8 8	None
9 8	Don't know/Not sure
9 9	Refused

4. **[If one or more visits to Q3, fill in (Besides those emergency room visits,)]** During the past 12 months, how many times did you see a doctor, nurse, or other health professional for urgent treatment of worsening asthma symptoms? (268-269)

__ __	Number of visits [87 = 87 or more]
8 8	None
9 8	Don't know/Not sure
9 9	Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma? (270-271)

—	—	Number of visits [87 = 87 or more]
8	8	None
9	8	Don't know/Not sure
9	9	Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (272-274)

—	—	—	Number of days
8	8	8	None
7	7	7	Don't know/Not sure
9	9	9	Refused

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? (275)

Would you say: **Please Read**

8	Not at any time Go to Q9
1	Less than once a week
2	Once or twice a week
3	More than 2 times a week, but not every day
4	Every day, but not all the time
	or
5	Every day, all the time

Do not read these responses	7	Don't know/Not sure
	9	Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? (276)

Would you say: **Please Read**

- 8 None
 1 One or two
 2 Three to five
 3 Six to ten
 or
 4 More than ten

Do not read 7 Don't know/Not sure
these responses 9 Refused

9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler. (277)

Would you say: **Please Read**

- 8 Didn't take any
 1 Less than once a week
 2 Once or twice a week
 3 More than 2 times a week, but not every day
 4 Once every day
 or
 5 2 or more times every day

Do not read 7 Don't know/Not sure
these responses 9 Refused

If "no children" to core Q13.6, go to next module

10. Earlier you said there were [fill in number from core Q13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (278-279)

- ___ ___ Number of children
 8 8 None **Go to Next Module**
 7 7 Don't know **Go to Next Module**
 9 9 Refused **Go to Next Module**

11. **[Fill in (Does this child/How many of these children) from Q10]** still have asthma?
(280-281)

___	___	Number of children
8	8	None
7	7	Don't know
9	9	Refused

Module 8: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

1. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (282)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (283)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

c. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (284)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

d. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (285)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

e. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (286)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

f. (Do you think) shortness of breath (is a symptom of a heart attack?) (287)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure. (288)

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (289)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

c. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (290)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

d. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (291)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

e. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (292)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

f. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (293)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (294)

Please Read

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member
or
- 5 Do something else

Do not read these responses

- 7 Don't know/Not sure
- 9 Refused

Module 9: Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, are you...
 - a. Eating fewer high fat or high cholesterol foods? (295)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

 - b. Eating more fruits and vegetables? (296)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

 - c. More physically active? (297)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

2. Within the past 12 months, has a doctor, nurse, or other health professional told you to... (298)
 - a. Eat fewer high fat or high cholesterol foods?

1	Yes
2	No
7	Don't know/Not sure
9	Refused

 - b. Eat more fruits and vegetables? (299)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- c. Be more physically active? (300)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
3. Has a doctor, nurse, or other health professional ever told you that you had any of the following? (301)
- a. A heart attack, also called a myocardial infarction
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- b. Angina or coronary heart disease (302)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- c. A stroke (303)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

If "yes" to Q3a continue. Otherwise, go to Q 5.
--

4. At what age did you have your first heart attack? (304-305)
- | | |
|-----|---------------------|
| ___ | Code age in years |
| 0 7 | Don't know/Not sure |
| 0 9 | Refused |

If "yes" to Q3c, continue. Otherwise, go to Q6.

5. At what age did you have your first stroke? (306-307)

___	Code age in years
0 7	Don't know/Not sure
0 9	Refused

If "yes" to question 3a or 3c, continue. Otherwise, go to Q7.

6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "yes" to Q3c and "no" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (308)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

If respondent is aged 35 years or older continue with Q7, otherwise go to next module.

7. Do you take aspirin daily or every other day? (309)

1	Yes Go to Q9
2	No
7	Don't know/Not sure
9	Refused

8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (310)

If "yes," ask "Is this a stomach condition?" Code upset stomachs as stomach problems	1	Yes, not stomach related Go to Next Module
	2	Yes, stomach problems Go to Next Module
	3	No Go to Next Module
	7	Don't know/Not sure Go to Next Module
	9	Refused Go to Next Module

9. Why do you take aspirin... (311)
- a. To relieve pain?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- b. To reduce the chance of a heart attack? (312)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- c. To reduce the chance of a stroke? (313)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Module 10: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (314-316)

1 ___ ___ Per day
 2 ___ ___ Per week
 3 ___ ___ Per month
 4 ___ ___ Per year
 5 5 5 Never
 7 7 7 Don't know/Not sure
 9 9 9 Refused

2. Not counting juice, how often do you eat fruit? (317-319)

1 ___ ___ Per day
 2 ___ ___ Per week
 3 ___ ___ Per month
 4 ___ ___ Per year
 5 5 5 Never
 7 7 7 Don't know/Not sure
 9 9 9 Refused

3. How often do you eat green salad? (320-322)

1 ___ ___ Per day
 2 ___ ___ Per week
 3 ___ ___ Per month
 4 ___ ___ Per year
 5 5 5 Never
 7 7 7 Don't know/Not sure
 9 9 9 Refused

4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?
(323-325)

1 ___ ___ Per day
 2 ___ ___ Per week
 3 ___ ___ Per month
 4 ___ ___ Per year
 5 5 5 Never
 7 7 7 Don't know/Not sure
 9 9 9 Refused

5. How often do you eat carrots? (326-328)

1 ___ ___ Per day
 2 ___ ___ Per week
 3 ___ ___ Per month
 4 ___ ___ Per year
 5 5 5 Never
 7 7 7 Don't know/Not sure
 9 9 9 Refused

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(329-331)

Example:
A serving of
vegetables at
both lunch
and dinner
would be two
servings

1 ___ ___ Per day
 2 ___ ___ Per week
 3 ___ ___ Per month
 4 ___ ___ Per year
 5 5 5 Never
 7 7 7 Don't know/Not sure
 9 9 9 Refused

Module 11: Weight Control

1. Are you now trying to lose weight? (332)

- 1 Yes **Go to Q3**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

2. Are you now trying to maintain your current weight, that is to keep from gaining weight? (333)

- 1 Yes
- 2 No **Go to Q6**
- 7 Don't know/Not sure **Go to Q6**
- 9 Refused **Go to Q6**

3. Are you eating either fewer calories or less fat to...

lose weight? [**if "Yes" on Q1**]

keep from gaining weight? [**if "Yes" on Q2**] (334)

- Probe for which**
- 1 Yes, fewer calories
 - 2 Yes, less fat
 - 3 Yes, fewer calories and less fat
 - 4 No
 - 7 Don't know/Not sure
 - 9 Refused

4. Are you using physical activity or exercise to...

lose weight? [**if "Yes" on Q1**]

keep from gaining weight? [**if "Yes" on Q2**] (335)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

5. How much would you like to weigh? (336-338)

_____ Weight
 pounds
 7 7 7 Don't know/Not sure
 9 9 9 Refused

6. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (339)

Probe for which	1	Yes, lose weight
	2	Yes, gain weight
	3	Yes, maintain current weight
	4	No
	7	Don't know/Not sure
	9	Refused

Module 12: Folic Acid

1. Do you currently take any vitamin pills or supplements? (340)

Include liquid supplements	1	Yes
	2	No Go to Q5
	7	Don't know/Not sure Go to Q5
	9	Refused Go to Q5

2. Are any of these a multivitamin? (341)

1	Yes Go to Q4
2	No
7	Don't know/Not sure
9	Refused

3. Do any of the vitamin pills or supplements you take contain folic acid? (342)

1	Yes
2	No Go to Q5
7	Don't know/Not sure Go to Q5
9	Refused Go to Q5

4. How often do you take this vitamin pill or supplement? (343-345)

1	__ __	Times per day
2	__ __	Times per week
3	__ __	Times per month
7	7 7	Don't know/Not sure
9	9 9	Refused

If respondent 45 years old or older, go to next module.

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (346)

Please Read

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure
or
- 4 Some other reason

Do not read 7 Don't know/Not sure
these responses 9 Refused

Module 13: Tobacco Indicators

If "yes" to core Q10.1, continue. Otherwise, go to Q6.

Previously you said you have smoked cigarettes.

1. How old were you the first time you smoked a cigarette, even one or two puffs? (347-348)

— —	Code age in years
7 7	Don't know/Not sure
9 9	Refused

2. How old were you when you first started smoking cigarettes regularly? (349-350)

— —	Code age in years
8 8	Never smoked regularly Go to Q6
7 7	Don't know/Not sure
9 9	Refused

If "refused to core Q10.2, go to Q6

If "not at all" to core Q10.2, continue. Otherwise, go to Q4.

3. About how long has it been since you last smoked cigarettes regularly? (351-352)

Read Only if Necessary

0 1	Within the past month (anytime less than 1 month ago)
0 2	Within the past 3 months (1 month but less than 3 months ago)
0 3	Within the past 6 months (6 months but less than 6 months ago)
0 4	Within the past year (6 months but less than 1 year ago)
0 5	Within the past 5 years (1 year but less than 5 years ago) Go to Q6
0 6	Within the past 10 years (5 years but less than 10 years ago) Go to Q6
0 7	10 or more years ago Go to Q6
7 7	Don't know/Not sure Go to Q6
9 9	Refused Go to Q6

4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? (353)

1 Yes
 2 No **Go to Q6**
 7 Don't know/Not sure **Go to Q6**
 9 Refused **Go to Q6**

5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? (354)

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

6. Which statement best describes the rules about smoking inside your home? (355)

Please Read

1 Smoking is not allowed anywhere inside your home
 2 Smoking is allowed in some places or at some times
 3 Smoking is allowed anywhere inside the home
 or
 4 There are no rules about smoking inside the home

Do not read these responses 7 Don't know/Not sure
 9 Refused

7. While working at your job, are you indoors most of the time? (356)

1 Yes
 2 No **Go to Next Module**
 7 Don't Know/Not Sure **Go to Next Module**
 9 Refused **Go to Next Module**

8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (357)

Please Read		
For workers who visit clients, "place of work" means their base location	1	Not allowed in any public areas
	2	Allowed in some public areas
	3	Allowed in all public areas
	4	No official policy
Do not read these responses	7	Don't know/Not sure
	9	Refused

9. Which of the following best describes your place of work's official smoking policy for work areas? (358)

Please Read		
	1	Not allowed in any work areas
	2	Allowed in some work areas
	3	Allowed in all work areas
	4	No official policy
Do not read these responses	7	Don't know/Not sure
	9	Refused

Module 14: Other Tobacco Products

If "yes" to core Q10.1 continue, otherwise go to Q6.

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (359)
 - 1 Yes
 - 2 No **Go to Q3**
 - 7 Don't know/Not sure **Go to Q3**
 - 9 Refused **Go to Q3**

2. Do you currently use chewing tobacco or snuff every day, some days, or not at all? (360)
 - 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/Not sure
 - 9 Refused

3. Have you ever smoked a cigar, even one or two puffs? (361)
 - 1 Yes
 - 2 No **Go to Q5**
 - 7 Don't know/Not sure **Go to Q5**
 - 9 Refused **Go to Q5**

4. Do you now smoke cigars every day, some days, or not at all? (362)
 - 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/Not sure
 - 9 Refused

5. Have you ever smoked tobacco in a pipe, even one or two puffs? (363)

- 1 Yes
- 2 No **Go to Q7**
- 7 Don't know/Not sure **Go to Q7**
- 9 Refused **Go to Q7**

6. Do you now smoke a pipe every day, some days, or not at all? (364)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

7. A bidi is a flavored cigarette from India.. Have you ever smoked a bidi, even one or two puffs? (365)

- 1 Yes
- 2 No **Go to Closing Statement**
- 7 Don't know/Not sure **Go to Closing Statement**
- 9 Refused **Go to Closing Statement**

8. Do you now smoke bidis every day, some days, or not at all? (366)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused