

**2005**

**Behavioral Risk Factor Surveillance System**

**Maine**

# Behavioral Risk Factor Surveillance System 2005 Maine Questionnaire

## Table of Contents

Section 1: Health Status.....	5
Section 2: Healthy Days - Health-related Quality of Life .....	5
Section 3: Health Care Access.....	5
State-Added 1: Health Coverage .....	6
Section 4: Exercise .....	7
Section 5: Diabetes .....	7
Module 1: Diabetes.....	7
Section 6: Hypertension Awareness .....	9
Section 7: Cholesterol Awareness .....	9
Section 8: Cardiovascular Disease Prevalence .....	10
Section 9: Asthma .....	10
Section 10: Immunization (& Adult Flu Supplemental Questions).....	11
Section 11: Tobacco Use .....	13
Section 12: Alcohol Consumption.....	14
Section 13: Demographics.....	15
State-Added 2: Sexual Orientation .....	16
State-Added 3: Demographics.....	18
Section 14: Veteran’s Status.....	19
Section 15: Disability .....	19
Section 16: Arthritis Burden.....	19
Section 17: Fruits & Vegetables.....	21
Section 18: Physical Activity .....	22
Section 19: HIV/AIDS .....	23
Section 20: Emotional Support & Life Satisfaction .....	24
<del>FLU – Child – January – February</del> .....	<del>25</del>
Module 2: Oral Health.....	27
State-Added 4: Oral Health .....	28
Module 5: Cardiovascular Health.....	29
Module 7: Heart Attack & Stroke.....	29
Module 8: Influenza .....	31
Module 9: Adult Asthma History .....	32
State-Added 5: Asthma.....	34
Module 13: Women’s Health .....	35
Module 15: Colorectal Cancer Screening.....	36
State-Added 6: Radiation Control .....	37
State-Added 7: Binge Drinking .....	37
Closing Statement.....	38

## Interviewer's Script

HELLO, I am calling for the **Maine Bureau of Health**. My name is **(name)**. We are gathering information about the health of **Maine** residents. The survey is conducted by the **Maine Bureau of Health** with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would 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 is possible that your number may be called at a later time. **STOP**

Is this a private residence? If **"No"**, thank you very much, but we are only interviewing private residences. **STOP**

Is this a **cellular telephone**? If **"Yes"**, thank you very much, but we are only interviewing land line telephones in private residences. **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 woman below. **[Ask gender if necessary]. Go to confidentiality statement**

If **"No"** Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her)** from previous question]? **Go to "Correct Respondent" on next 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 confidentiality statement**

**To Correct Respondent:** HELLO, I am calling for the Maine Bureau of Health. My name is (name). We are gathering information about the health of Maine residents. This project is conducted by the Maine Bureau of Health with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

**Confidentiality Statement:**

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[The interview may be monitored for quality assurance purposes.]

## Core Sections

### Section 1: Health Status

---

1.1 Would you say that in general your health is: (73)

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- or
- 5 Poor

DO NOT READ

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

### Section 2: Healthy Days - Health-related Quality of Life

---

2.1 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? (74-75)

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

2.2 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? (76-77)

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

{If Q2.1 and Q2.2=88 (None), Go to next section.}

2.3 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? (78-79)

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

### Section 3: Health Care Access

---

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or

government plans such as Medicare? (80)

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

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

[If "No", ask: "*Is there more than one or is there no person who you think of as your personal doctor or health care provider?*"]

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

3.4. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within past yr (1-12 months ago)
- 2 Within past 2 yrs (1-2 yrs ago)
- 3 Within past 5 yrs (2-5 yrs ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

## **State-Added 1: Health Coverage**

---

ME1\_1. MaineCare, also known as Medicaid, is a health coverage plan. Do you have MaineCare or Medicaid?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

ME1\_2. DirigoChoice is a health coverage plan. Do you have DirigoChoice?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

## Section 4: Exercise

---

4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

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

## Section 5: Diabetes

---

5.1. Have you EVER been told by a doctor that you have diabetes? (85)

**Note:** If respondent says 'pre-diabetes or borderline diabetes', use response **Code 4**.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

[If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*]

## Module 1: Diabetes

---

{To be asked following Core Q5.1; if response code=1 (Yes).}

Mod1\_1. How old were you when you were told you have diabetes? (201-202)

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

Mod1\_2. Are you now taking insulin? (203)

- 1 Yes
- 2 No
- 9 Refused

Mod1\_3. Are you now taking diabetes pills? (204)

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

Mod1\_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. (205-207)

- 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

Mod1\_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. (208-210)

- 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

Mod1\_6. Have you EVER had any sores or irritations on your feet that took more than four weeks to heal? (211)

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

Mod1\_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (212-213)

- Number of times [76=76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod1\_8. A test for "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 "A one C"? (214-215)

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

{If Mod1\_5= 555 (No Feet), Go to Q10; else continue}

Mod1\_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (216-217)

- Number of times [76=76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod1\_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. (218)



**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
- Do not read
- 7 Don't know / Not sure
- 9 Refused

Mod1\_11. Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy? (219)

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

Mod1\_12. Have you EVER taken a course or class in how to manage your diabetes yourself? (220)

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

## **Section 6: Hypertension Awareness**

---

6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

[If "Yes" and respondent is female, ask: "*Was this only when you were pregnant?*"]

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to next section]
- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

6.2. Are you currently taking medicine for your high blood pressure? (87)

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

## **Section 7: Cholesterol Awareness**

---

7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]

- 9 Refused [Go to next section]
- 7.2. About how long has it been since you last had your blood cholesterol checked? (89)

**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  
Do not read  
7 Don't know / Not sure  
9 Refused
- 7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## **Section 8: Cardiovascular Disease Prevalence**

---

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure":

- 8.1. (Ever told) you had a heart attack, also called a myocardial infarction? (91)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- 8.2. (Ever told) you had angina or coronary heart disease? (92)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- 8.3. (Ever told) you had a stroke? (93)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## **Section 9: Asthma**

---

- 9.1. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma?

(94)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

9.2. Do you still have asthma? (95)

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

## **Section 10: Immunization (& Adult Flu Supplemental Questions)**

Q10.1 A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

[Read if necessary: We want to know if you had a flu shot injected in your arm.]

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

Q10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™.

- 1 Yes
- 2 No [Jan-Feb only: If Q10.1 is "Yes" go to Q10.4, otherwise go to Q10.6]
- 7 Don't know/Not sure [Jan-Feb only: If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]
- 9 Refused [Jan-Feb only: If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]

**{Supplemental Flu questions Q10.4-Q10.7 to be asked January-February only.}**

Q10.4 During what month and year did you receive your most recent flu vaccination?

{If "Yes" to both Q10.1 and Q10.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."}

[If Don't Know, probe: "Was it before or after September 2004?"]

\_\_/\_\_\_\_ Month / Year Code approximate month and year)

77/7777 Don't know/Not Sure

99/9999 Refused

{If Q10.4 is DK or RF go to Q10.5}

Q10.5. Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]? {CATI fill in appropriate response from Q10.1 and q10.2.}

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center  
[Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital [Example: in-patient]
- 07 An emergency room
- 08 Workplace
- or
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico
- 77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

{If Q10.4 is before 9/2004 go to Q10.6, if Q10.4 is DK or RF, go to Q10.6, otherwise go to Q10.7}

- Q10.6. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

[Do not read answer choices below. Select category that best matches response.]

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
  
- 77 Don't know/Not sure [Probe: "What was the main reason?"]
- 99 Refused

{ If Q10.4=09/2003-03/2004 go to Q10.3; Else if Q10.4=04/2004-present, DK, REF or Blank, continue.}

- Q10.7 Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
- 7 Don't know/Not sure [Do not probe]
- 9 Refused

{Ask of all}

- Q10.3 Have you EVER had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 1 Yes
- 2 No
- 7 Don't know/Not sure [Do not probe]
- 9 Refused

**{Supplemental Flu questions Q10.8-Q10.11 to be asked January-February only.}**

Q10.8 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

**Read each problem listed below:**

- Asthma
- Lung problems, other than asthma
- Heart problems
- Diabetes
- Kidney problems
- Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
- or-
- Sickle cell anemia or other anemia

- 1 Yes
- 2 No [Go to Q10.10]
- 7 Don't know/Not sure [Go to Q10.10]
- 9 Refused [Go to Q10.10]

Q10.9 Do you still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 Don't know/Not sure [Do not probe]
- 9 Refused

Q10.10. Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

[If necessary say: This includes part-time and volunteer work.]

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know/Not sure (Do not probe) [Go to next section]
- 9 Refused [Go to next section]

Q10.11. Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

- 1 Yes
- 2 No
- 7 Don't know/Not sure [Probe by repeating question]
- 9 Refused

## **Section 11: Tobacco Use**

---

11.1. Have you smoked at least 100 cigarettes in your entire life?

(99)

**[Note:** 5 packs = 100 cigarettes]

- 1 Yes
  - 2 No **[Go to next section]**
  - 7 Don't know / Not sure **[Go to next section]**
  - 9 Refused **[Go to next section]**
- 11.2. 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 next section]**
  - 7 **Don't know / Not sure [Go to next section]**
  - 9 Refused **[Go to next section]**
- 11.3. 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 12: Alcohol Consumption**

---

- 12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (102)
- 1 Yes
  - 2 No **[Go to next section]**
  - 7 Don't know / Not sure **[Go to next section]**
  - 9 Refused **[Go to next section]**
- 12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)
- 1 \_\_ Days per week
  - 2 \_\_ Days in past 30 days
  - 8 8 8 No drinks in past 30 days **[Go to next section]**
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused
- 12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (106-107)
- \_\_ Number of drinks
  - 7 7 Don't know / Not sure
  - 9 9 Refused
- 12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)
- \_\_ Number of times
  - 8 8 None

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

12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)

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

## Section 13: Demographics

---

13.1. What is your age? (112-113)

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

13.2. Are you Hispanic or Latino? (114)

- 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? (115-120)

[Check all that apply]

**Please read**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- or
- 6 Other [specify] \_\_\_\_\_

**DO NOT READ**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

{If more than one response to S13q3; continue. Otherwise, Go to S13q5.}

13.4. Which one of these groups would you say BEST represents your race? (121)

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

13.5. Are you...? (122)

**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

## **State-Added 2: Sexual Orientation**

---

ME2\_1. Now I'll read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual (gay or lesbian); and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself:

**Please Read**

- 1 Heterosexual or straight
- 2 Homosexual (gay or lesbian)
- 3 Bisexual
- 4 Other

**Do Not Read**

- 7 Don't know
- 9 Refused

13.6. How many children less than 18 years of age live in your household? (123-124)

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

13.7. What is the highest grade or year of school you completed? (125)

**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? (126)

**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...? (127-128)

**[If respondent refuses at ANY income level, code 99 (Refused).]**

Read only if necessary:

- 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**

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

13.10. About how much do you weigh without shoes? (129-132)

**[Note: If respondent answers in metrics, put "9" in column 129.]**

**[Round fractions up]**

- Weight
- (pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

13.11. About how tall are you without shoes? (133-136)

**[Note: If respondent answers in metrics, put "9" in column 133.]**

[Round fractions down]

\_\_/\_ \_\_ Height  
(ft/ inches/meters/centimeters)  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

13.12. What county do you live in? (137-139)

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

### State-Added 3: Demographics

---

ME3\_1 What Town do you live in?

\_\_ \_\_ \_\_ \_\_ \_\_ GEOCODE CODE  
7 7 7 7 7 Don't know/Not sure  
9 9 9 9 9 Refused

13.13. What is your ZIP Code where you live? (140-144)

\_\_ \_\_ \_\_ \_\_ \_\_ ZIP Code  
7 7 7 7 7 Don't know / Not sure  
9 9 9 9 9 Refused

13.14. 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. (145)

1 Yes  
2 No [Go to Q13.16]  
7 Don't know / Not sure [Go to Q13.16]  
9 Refused [Go to Q13.16]

13.15. How many of these phone numbers are residential numbers? (146)

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

13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (147)

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

13.17. Indicate sex of respondent. [Ask only if necessary]. (148)

1 Male [Go to next section]  
2 Female {If respondent is 45 years old or older, [Go to next section]}

13.18. To your knowledge, are you now pregnant? (149)

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

## **Section 14: Veteran's Status**

---

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (150)

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

## **Section 15: Disability**

---

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

15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)

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

15.2. 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? (152)

**[Note:** Include occasional use or use in certain circumstances.]

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

## **Section 16: Arthritis Burden**

---

The next questions refer to the joints in your body. Please do NOT include the back or neck.

16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

- 1 Yes

- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]
- 9 Refused [Go to Q16.4]

16.2. Did your joint symptoms FIRST begin more than 3 months ago? (154)

- 1 Yes
- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]
- 9 Refused [Go to Q16.4]

16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

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

16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (156)

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

{If either Q16.2=1 (Yes) or Q16.4=1 (Yes); continue. Otherwise, Go to next section.}

16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (157)

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

**Note:** If a respondent question arises about medication, then the interviewer should reply: *"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."*

## Section 17: Fruits & 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.

17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

- 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

17.2. Not counting juice, how often do you eat fruit? (161-163)

- 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

17.3. How often do you eat green salad? (164-166)

- 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

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)

- 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

17.5. How often do you eat carrots? (170-172)

- 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

17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (173-175)

- 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

## Section 18: Physical Activity

---

{If Core Q13.8=1(employed for wages) or 2(self-employed); continue. Otherwise, Go to Q18.2.}

18.1. When you are at work, which of the following best describes what you do? Would you say? (176)

**[Note:** If respondent has multiple jobs, include all jobs.]

**Please read**

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

**DO NOT READ**

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

**Please read**

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.

18.2. Now, thinking about the moderate activities you do [fill in "when you are not working" if "employed" or self-employed"] 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 some increase in breathing or heart rate? (177)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (178-179)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q18.5]
- 7 7 Don't know / Not sure [Go to Q18.5]
- 9 9 Refused [Go to Q18.5]

18.4. 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? (180-182)

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

- 18.5. Now, thinking about the vigorous activities you do [fill in "when you are not working" if "employed" or "self-employed"] 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? (183)

1 Yes  
2 No [Go to next section]  
7 Don't know / Not sure [Go to next section]  
9 Refused [Go to next section]

- 18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (184-185)

\_\_ Days per week  
8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]  
7 7 Don't know / Not sure [Go to next section]  
9 9 Refused [Go to next section]

- 18.7. 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? (186-188)

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

## Section 19: HIV/AIDS

---

{If respondent is 65 years or older; Go to next section}

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 do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth. (189)

1 Yes  
2 No [Go to Q19.4]  
7 Don't know / Not sure [Go to Q19.4]  
9 Refused [Go to Q19.4]

- 19.2. Not including blood donations, in what month and year was your last HIV test? (190-195)

[Note: If response is before January 1985, code "Don't know."]

\_\_/\_/\_\_\_\_ Code month and year  
7 7 7 7 7 7 Don't know / Not sure  
9 9 9 9 9 9 Refused

- 19.3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site,

at a hospital, at a clinic, in a jail or prison, at home, at a drug treatment facility, or somewhere else?  
(196-197)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 In a jail or prison (or other correctional facility)
- 0 6 Home
- 0 7 Somewhere else
- 0 8 Drug treatment facility
  
- 7 7 Don't know / Not sure
- 9 9 Refused

19.4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

**Please read**

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you? (198)

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

## **Section 20: Emotional Support & Life Satisfaction**

---

The next two questions are about emotional support and your satisfaction with life.

20.1. How often do you get the social and emotional support you need? (199)

**Please read**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**DO NOT READ**

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

20.2. In general, how satisfied are you with your life? (200)

**Please read**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied



4 Very dissatisfied

**DO NOT READ**

7 Don't know / Not sure

9 Refused

Go to modules and/or state-added questions

## Optional Modules

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

{Child Flu Supplemental questions Q13.20-Q13.26 and child selection questions mod10\_2 and Q13.19 to be asked January and February only. March-December, skip to Module 2: Oral Health.}

### FLU – Child – January – February

If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), Go to next module.

If Core Q13.6 = 1; **INTERVIEWER**: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." Go to Q13.18.

If Core Q13.6 is >1 and Core Q13.6 does not equal to 88 or 99; **INTERVIEWER**: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [second/third/fourth, etc.] child."

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.**

**INTERVIEWER**: "I have some additional questions about one specific child. The child I will be referring to is the [Fill: random number from CATI] child. All the questions about children will be about that child."

**Note:** If there are two children with the same birth date, randomly select one.

Q13.18 Is the child a boy or a girl?

1. Boy
2. Girl
9. Refused

Q13.19 In what month and year was [Fill: he/she] born?

\_\_/\_\_\_\_ Month / Year

7 7 / 7 7 7 7 Don't know/Not sure (Probe by repeating the question)

9 9 / 9 9 9 9 Refused

Q13.20 Has a doctor, nurse, or other health professional ever said that [Fill: he/she] has any of the following health problems?

Read each problem listed below:

Asthma  
 Lung problems, other than asthma  
 Heart problems  
 Diabetes  
 Kidney problems  
 Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids  
 Must take aspirin every day  
 -or-  
 Sickle cell anemia or other anemia

- 1 Yes
- 2 No [Go to Q13.22]
- 7 Don't know/Not sure [Probe by repeating the question] [Go to Q13.22]
- 9 Refused [Go to Q13.22]

Q13.21 Does [Fill: he/she] still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 Don't know/Not sure [Do not probe]
- 9 Refused

Q13.22 {if child is less than 6 months old, go to next module, otherwise ask}: During the past 12 months, has [Fill: he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

- 1 Yes
- 2 No
- 7 Don't know/Not sure [Do not probe]
- 9 Refused

Q13.23. During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™ .

- 1 Yes [Go to Q13.24]
- 2 No [If Q13.22 is "Yes" go to Q13.24, otherwise go to Q13.25]
- 7 Don't know/Not sure [Do not probe] [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]
- 9 Refused [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]

Q13.24 During what month and year did [Fill: he/she] receive the most recent flu vaccination?

If "Yes" to both Q13.22 and Q13.23, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."

\_\_/\_\_\_\_ Month / Year [If Q13.24 is before 09/2004 go to Q13.25, otherwise go to Q13.26]

77/7777 Don't know/Not Sure [Probe: "Was it before or after September 2004?"  
Code approximately month and year]

99/9999 Refused

{If Q13.24 is DK or RF, go to Q13.25}

Q13.25. What is the MAIN reason [Fill: he/she] has not received a flu vaccination for this current flu season?

[Interviewer note: The current flu season = Sept. '04 – Mar. '05]

Do not read answer choices below. Select category that best matches response.

- 01 Need: Child does not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that child should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Child had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get child vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
  
- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

Q13.26. If Q13.19 date is 09/2003 to present, go to next module; if Q13.24 is 04/2004 to present or if Q13.24 is DK or RF, continue (ask Q13.26), otherwise go to next module: Did [Fill: he/she] get the flu vaccine during the 'last flu season' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

## Module 2: Oral Health

---

Mod2\_1. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (221)

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

Do not read

- 8 Never
- 7 Don't know / Not sure
- 9 Refused

Mod2\_2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost due to infection but do **NOT** include teeth lost for other reasons, such as injury or orthodontics.

[**Note:** If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.] (222)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

{If Mod2\_1=8 (Never) or Mod2\_2=3 (All); Go to next section.}

Mod2\_3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (223)

**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
- 8 Never
- Do not read
- 7 Don't know / Not sure
- 9 Refused

## **State-Added 4: Oral Health**

---

ME4\_1. 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?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

{If Mod 2\_1 = 2, 3, 4, 8 ask; otherwise go to next section}

ME4\_2. What is the main reason you have not visited the dentist in the last year?

Would you say...

**Please Read**

- 01 Fear, apprehension, nervousness, pain, dislike going
- 02 Cost
- 03 Do not have/know a dentist
- 04 Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- 05 No reason to go (no problems, no teeth)
- 06 Other priorities
- 07 Have not thought of it

**Do not read**

- 08 Other
- 77 Don't Know/Not Sure
- 99 Refused

## Module 5: Cardiovascular Health

---

{If Core S8q1=1 'ever told one had a heart attack or myocardial infarction'; ask Mod5\_1; Else go to logic pre-Mod5\_2.}

I would like to ask you a few more questions about your cardiovascular or heart health.

Mod5\_1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (249)

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

{If Core S8q3=1 'ever told one had a stroke'; ask Mod5\_2; else go to Mod5\_3.}

Mod5\_2. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (250)

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

{Mod5\_3 is asked of all respondents}

Mod5\_3. Do you take aspirin daily or every other day? (251)

- 1 Yes [Go to next module]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod5\_4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (252)

[If "Yes," ask *"Is this a stomach condition?"* Code upset stomach as stomach problems.]

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

## Module 7: Heart Attack & Stroke

---

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

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":

Mod7\_1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack)? (263)

- 1 Yes
- 2 No

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

Mod7\_2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack)? (264)

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

Mod7\_3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (265)

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

Mod7\_4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack)? (266)

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

Mod7\_5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack)? (267)

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

Mod7\_6. (Do you think) shortness of breath (is a symptom of a heart attack?) (268)

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

Which of the following do you think is a symptom of a stroke? For each, tell me "Yes", "No", or you're "Not sure":

Mod7\_7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke)? (269)

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

Mod7\_8. (Do you think) sudden numbness or weakness of face, arm, leg, especially on one side, (are symptoms of a stroke)? (270)

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

Mod7\_9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke)?

(271)

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

Mod7\_10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke)? (272)

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

Mod7\_11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke)? (273)

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

Mod7\_12. (Do you think) severe headache with no known cause (is a symptom of a stroke)? (274)

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

Mod7\_13. If you thought someone was having a heart attack or stroke, what is the first thing you would do? (275)

**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**

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

**{Module 8 to be asked March-December 2005.}**

## **Module 8: Influenza**

---

{If Core S10q1 or S10q2= 1 (Yes), continue; else go to next section}

Mod8\_1. Where did you go to get your most recent flu shot / vaccine that was sprayed in your nose / vaccination (whether it was a shot or spray in your nose)? {CATI fill in appropriate response from Immunization Core Questions S10q1 and S10q2}. (276-277)

**Read only if necessary:**

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department

- 03 Another type of clinic or health center  
[*Example:* a community health center]
- 04 A senior, recreation, or community center
- 05 A store [*Examples:* supermarket, drug store]
- 06 A hospital [*Example:* in-patient]
- 07 An emergency room
- 08 Workplace
- or
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico

**Do not read**

- 77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

## **Module 9: Adult Asthma History**

---

{If "Yes" to Core S9q1; continue. Else, Go to next module.}

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

Mod9\_1. How old were you when you were first told by a doctor or other health professional that you had asthma? (278-279)

- – 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 S9q2, continue; Else, Go to next module.}

Mod9\_2. During the past 12 months, have you had an episode of asthma or an asthma attack? (282)

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

Mod9\_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (283-284)

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

Mod9\_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? (285-286)

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



Mod9\_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? (280-281)

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

Mod9\_6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (287-289)

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

Mod9\_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? Would you say? (290)

**Please read**

- 8 Not at any time [Go to Mod9\_9]
- 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**

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

Mod9\_8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say? (291)

**Please read**

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

**DO NOT READ**

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

Mod9\_9. During the past 30 days, how many days did you take a prescription asthma medication to prevent an asthma attack from occurring? (292)

**Please read**

- 8 Never
- 1 1 to 14 days

- 2 15 to 24 days
- 3 25 to 30 days
- Do not read
- 7 Don't know / Not sure
- 9 Refused

Mod9\_10. During the past 30 days, how often did you use a prescription asthma inhaler during an asthma attack to stop it? (293)

**[INTERVIEWER INSTRUCTION:** How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.]

**Read only if necessary**

- 8 Never (include no attack in past 30 days)
- 1 One to four times (in the past 30 days)
- 2 Five to fourteen times (in the past 30 days)
- 3 Fifteen to twenty-nine time (in the past 30 days)
- 4 Thirty to fifty-nine times (in the past 30 days)
- 5 Sixty to ninety-nine times (in the past 30 days)
- 6 More than 100 times (in the past 30 days)

**Do not read**

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

## State-Added 5: Asthma

---

{Ask if Core 9.1=1}

ME5\_1. Have you ever held a job outside the home?

- 1 Yes
- 2 No [go to next section]
- 7 Don't know/Not sure [go to next section]
- 9 Refused [go to next section]

ME5\_2. Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had?

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

ME5\_3. Did you ever tell a doctor or other medical person that your asthma was related to any job you ever had?

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

ME5\_4. Do you think your asthma has ever been made worse by any job you've had?

- 1 Yes

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

ME5\_5. Do you think your asthma was first caused by any job you ever had?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

## **Module 13: Women's Health**

---

{If the respondent is male (S13q17=1), Go to next module, else continue.}

Mod13\_1. A mammogram is an x-ray of each breast to look for breast cancer. Have you EVER had a mammogram? (314)

- 1 Yes
- 2 No [Go to Mod13\_3]
- 7 Don't know / Not sure [Go to Mod13\_3]
- 9 Refused [Go to Mod13\_3]

Mod13\_2. How long has it been since you had your last mammogram? (315)

**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
- Do not read
- 7 Don't know / Not sure
- 9 Refused

Mod13\_3. A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you EVER had a clinical breast exam? (316)

- 1 Yes
- 2 No [Go to Mod13\_5]
- 7 Don't know / Not sure [Go to Mod13\_5]
- 9 Refused [Go to Mod13\_5]

Mod13\_4. How long has it been since your last breast exam? (317)

**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
- Do not read
- 7 Don't know / Not sure
- 9 Refused

Mod13\_5. A Pap test is a test for cancer of the cervix. Have you EVER had a Pap test? (318)

- 1 Yes
- 2 No [Go to Mod13\_7]
- 7 Don't know / Not sure [Go to Mod13\_7]
- 9 Refused [Go to Mod13\_7]

Mod13\_6. How long has it been since you had your last Pap test? (319)

**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
- Do not read
- 7 Don't know / Not sure
- 9 Refused

{If response to Core Q13.18=1 (is pregnant), Go to next section; Else continue.}

Mod13\_7. Have you had a hysterectomy? (320)

**Read only if necessary:** "A hysterectomy is an operation to remove the uterus (womb)."

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

## **Module 15: Colorectal Cancer Screening**

---

{If S13q1=18-49, Go to next module; Else continue.}

Mod15\_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? (326)

- 1 Yes
- 2 No [Go to Mod15\_3]
- 7 Don't know / Not sure [Go to Mod15\_3]
- 9 Refused [Go to Mod15\_3]

Mod15\_2. How long has it been since you had your last blood stool test using a home kit? (327)

**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
- Do not read
- 7 Don't know / Not sure
- 9 Refused

Mod15\_3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you EVER had either of these exams? (328)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

Mod15\_4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (329)

**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
- Do not read
- 7 Don't know / Not sure
- 9 Refused

## State-Added 6: Radiation Control

---

ME6\_1 Has your household air been tested for the presence of radon gas?

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

{If ME6\_1=1, continue, else go to next section}

ME6\_2 Were the radon levels in your household above normal?

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

## State-Added 7: Binge Drinking

---

{Ask if Core Q12.4 = 1-30 (or does not equal 77, 88, 99); else go to next section}

**Intro:** The next questions are about the most recent occasion when you had 5 or more alcoholic beverages. One alcoholic beverage is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with 1 shot of liquor.

**Interviewer read only if necessary:**

NOTE: Occasion means in a row or within a few hours

NOTE: If the respondent asks about how to count an over-sized drink (e.g., a 40-ounce bottle of malt liquor), then repeat: "One alcoholic beverage is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with 1 shot of liquor".

ME7\_1 During the most recent occasion when you had 5 or more alcoholic beverages, about how many beers, including malt liquor, did you drink?

\_\_\_ Number (Round up)

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

**ME7\_2** During the same occasion, about how many drinks of liquor, including cocktails, did you have?

- \_\_\_ \_\_\_ Number (Round up)
- 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

**ME7\_3** During this most recent occasion, where were you when you did most of your drinking?

**Please read:**

- 1 At your home, for example, your house, apartment, condominium or dorm room
- 2 At another persons home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event
- 6 Other

**Do not read**

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

**ME7\_4** During this most recent occasion, how did you get most of the alcohol?

**Please read:**

- 1 Someone else bought it for me or gave it to me
- 2 I bought it at a store, such as a liquor store, convenience store, or grocery store
- 3 I bought it at a restaurant, bar or public place
- 4 Other

**Do not read**

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

## **Closing Statement**

---

That is 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.