



**2004**

**Behavioral Risk Factor Surveillance System**

**State Questionnaire**

**Rhode Island**

**Draft** (February 9, 2004)

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention

**National Center for Chronic Disease Prevention and Health Promotion**

**Division of Adult and Community Health**

**2004 DRAFT QUESTIONNAIRE  
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM  
0116/04**

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

## **Section 1: Health Status**

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

**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?

- \_\_\_ \_\_\_ Number of days
- 8 8 None
  - 7 7 Don't know / Refused
  - 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?

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

**{If Q2.1 and Q2.2 are 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?

- \_\_\_ \_\_\_ 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?

- 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?

**[If "NO", ask "Is there more than one or is there no person who you think of?"]**

- 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 the cost?

- 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?

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

## **Section 5: Environmental Factors**

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

**5.1.** Things like dust, mold, smoke and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptoms that you think was caused by something in the air inside a home, office, or other building?

**[Read if necessary: If YOU are experiencing an illness or symptom within the past 12 months that was caused by something in the air YOU encountered over 12 months ago, the answer is "Yes".]**

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

**5.2.** Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptoms that you think was caused by pollution in the air outdoors?

**[Read if necessary: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptoms within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is "Yes".]**

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

## **Section 6: Excess Sun Exposure**

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

**6.1** Have you had a sunburn within the past 12 months?

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

**6.2** Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

## **Section 7: Tobacco Use**

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

**[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]**

**7.2.** Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to next section]**
- 9 Refused **[Go to next section]**

**7.3.** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

## **Section 8: Alcohol Consumption**

**8.1.** 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 many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1\_\_ \_\_ Days per week
- 2\_\_ \_\_ Days in past 30
- 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 **[Go to next section]**

**8.2.** On the days when you drank, about how many drinks did you drink on the average?

- \_\_ \_\_ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

**8.3.** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

- \_\_ \_\_ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**8.4** During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- \_\_ \_\_ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## **Section 9: Asthma**

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

- 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?

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

**Section 10: Diabetes**

**10.1.** Have you ever been told by a doctor that you have diabetes?

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

**[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

**State-Added 1: Diabetes**

**{To be asked following core Q10.1 if response is "Yes" code=1.}**

**RI1\_1.** 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"?

- \_\_\_ \_\_\_ 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 RI1\_1 = 88,98,77,99, go to next question (RI1\_2), else continue.}**

**{RI1\_1a to be asked January through June 2004}**

**RI1\_1.a** When your "A one C" was last checked, what was your "A one C" number?

- \_\_\_ . \_\_\_ A1c number
- 77 Don't know the number
- 99 Refused

**RI1\_2.** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- \_\_\_ \_\_\_ Number of times [**76 = 76 or more**]
- 9 8 No feet
- 8 8 None

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

**RI1\_3.** 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.

**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

**RI1\_4.** Have you ever taken a course or class in how to manage your diabetes yourself?

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

**RI1\_5** Have any of your immediate blood relatives – your mother, father, brothers or sisters – had diabetes?

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

**RI1\_6** In the last 12 months did a doctor, nurse or other health professional give you advice about your weight to control your diabetes?

- 1 Yes
- 2 No **[go to RI1\_7]**
- 7 Don't know / Not sure **[go to RI1\_7]**
- 9 Refused **[go to RI1\_7]**

**RI1\_6a** Was the advice to lose weight, gain weight, or maintain your weight?

- 1 Lose weight
- 2 Gain weight
- 3 Maintain weight
- 7 Don't know / Not sure
- 9 Refused

**RI1\_7** In the last 12 months did a doctor, nurse or other health professional give you advice about physical activity to control your diabetes?

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

**RI1\_8** In the past 12 months have you attended at least one diabetes education group session or a one-on-one counseling session with a diabetes educator, nurse, dietician or pharmacist?

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

## **State Added 2: Cholesterol and Hypertension for Diabetics**

**RI2\_1** Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- 1 Yes
- 2 No **[go to RI2\_3]**
- 7 Don't know / Not sure **[go to RI2\_3]**
- 9 Refused **[go to RI2\_3]**

**{If RI2\_1=1 "yes," then continue, else go to RI2\_3 }**

**RI2\_2** When you last had your blood cholesterol checked, what was your cholesterol number?

- cholesterol number
- 7 7 7 Don't know the number
- 9 9 9 Refused

**RI2\_3** About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

- 1 within the past 6 months
- 2 within the past year
- 3 within the past 2 years
- 4 within the past 5 years
- 5 5 or more years ago **[go to next section]**
- 7 don't know/not sure **[go to next section]**
- 8 never **[go to next section]**
- 9 refused **[go to next section]**

**{If RI2\_3=1,2,3,4 continue, else go to next section.}**

**RI2\_4** When your blood pressure was last taken what was your blood pressure number?

- /      Enter number
- 7 7 7 7 don't know the number
- 9 9 9 9 refused

## **State-Added 3: Diabetes Awareness and Prevention**

**{Ask if Core 10.1=1 "yes", diabetic, if 10.1>1, go to RI3\_2}**

Does the following statement apply to you?

**RI3\_1** I get little or no exercise during a usual day.

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

**{If Core 10.1=1 "yes", go to next section; else if Core 10.1 = 2 – 9 (not diabetic), continue.}**

**RI3\_2** Have any of your immediate blood relatives – your mother, father, brothers or sisters – had diabetes?

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

**{If selected=female continue, else go to RI3\_4}**

**RI3\_3** Have you ever given birth to a baby that weighed more than 9 pounds (4.08 kg) at birth?

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

**RI3\_4** Have you ever had your blood (sugar-if respondent does not understand question say blood sugar.) tested to see if you have diabetes?

- 1 Yes
- 2 No **[go to RI3\_5]**
- 7 Don't know / Not sure **[go to RI3\_5]**
- 9 Refused **[go to RI3\_5]**

**{If RI3\_4=1 continue, else go to RI3\_5}**

**RI3\_4a** Did you have to fast for at least 8 hours before getting your test?

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

**RI3\_5** How worried are you that in the next 10 years you will get diabetes? Would you say you are very worried, somewhat worried, slightly worried, or not at all worried?

- 1 Very worried
- 2 somewhat worried
- 3 slightly worried
- 4 Not at all worried
- 7 Don't know/ Not sure
- 9 Refused

**RI3\_6** In the last 12 months did a doctor, nurse or other health professional give you advice about your weight ?

- 1 Yes
- 2 No **[go to RI3\_7]**
- 7 Don't know / Not sure **[go to RI3\_7]**
- 9 Refused **[go to RI3\_7]**

**{Ask only if RI3\_6=1}**

**RI3\_6a** Was the advice to lose weight, gain weight, or maintain your weight?

- 1 Lose weight
- 2 Gain weight
- 3 Maintain weigh
- 7 Don't know / Not sure
- 9 Refused

**RI3\_7** In the last 12 months did a doctor, nurse or other health professional give you advice about physical activity?

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

## **Section 11: Oral Health**

**11.1.** 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]**

**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
- 8 Never
- 9 Refused

**11.2.** 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.  
**[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 Q11.1 = 8/Never OR q11.2 = 3/All, SKIP TO NEXT SECTION}**

**11.3.** How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

**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

**State Added 4: Oral Health Questions**

**{If Q11.1=2,3,4,8 continue, else go to RI4\_2}**

**RI4\_1** What is the main reason you have not visited the dentist in the past year?

**Read only if necessary**

- 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
  - 08 Other
- Do not read**
- 77 Don't know/Not sure
  - 99 Refused

**RI4\_2** 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 / Not sure
- 9 Refused

**Section 12: Immunization**

**12.1.** 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

**12.2.** During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

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

**12.3.** 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 a pneumococcal vaccine.

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

## **Module 8: Influenza**

**{If Core Q12.1=1 continue, otherwise go to the next module}**

1. At what kind of place did you get your last flu shot?

**Read only if necessary**

- 01 A doctor's office or health maintenance organization
- 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 or emergency room
- 07 Workplace

**Or**

- 08 Some other kind of place

**Do not read**

- 77 Don't know
- 99 Refused

## **Section 13: Demographics**

**13.1** What is your age?

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

**13.2** Are you Hispanic or Latino?

- 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?

**[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 Q13.3, continue. Otherwise, go to RI5\_1}**

**13.4** Which one of these groups would you say best represents your race?

- 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

## **State Added 5: Demographics- Where born/Years in US**

**{Insert the following two questions in Core section 13 between Q13.4 & Q13.5}**

**RI5\_1** Where were you born? Were you born...

**[NOTE: US Territories: Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, Northern Mariana Islands, Midway Islands, Wake Island, Johnston Atoll, Baker, Howland, and Jarvis Islands, Kingman Reef, Navassa Island, Palmyra Atoll]**

**Please Read**

- 1 in Rhode Island? [**Go to Q13.5**]
- 2 in a different state in **the** US? (includes DC) [**Go to Q13.5**]
- 3 in a US territory? [**Go to RI5\_2**]
- 4 in another country to an American parent? [**Go to RI5\_2**]
- 5 in another country? [**Go to RI5\_2**]

**Do not read**

- 7 Don't know / Not sure [**Go to Q13.5**]
- 9 Refused [**Go to Q13.5**]

**{If RI5\_1 = 3, 4, or 5 continue, else go to Core Q13.5}**

**RI5\_2** How old were you when you came to live in the United States?

**[Interviewer: record response as whole years only]**

**[Interviewer: If respondent can't remember age probe: Were you a child or an adult?]**

\_\_\_ \_\_\_ Number of years [**01 = age one or younger; 75=75 or older**]  
7 6 Childhood  
8 8 Adult  
7 7 Don't know / Not sure  
9 9 Refused

**13.5** Are you?

**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?

\_\_\_ \_\_\_ Number of children  
8 8 None  
9 9 Refused

**13.7** What is the highest grade or year of school you completed?

**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?

**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?

**[Note: If respondent refuses at ANY income level, code '99 Refused']**

**Read as appropriate**

- 04 Less than \$25,000 [If "no," ask 05; if "yes," ask 03]  
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 [If "no," code 04; if "yes," ask 02]  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 [If "no," code 03; if "yes," ask 01]  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 [If "no," code 02]
- 05 Less than \$35,000 [If "no," ask 06]  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 [If "no," ask 07]  
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 [If "no," code 08]  
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

**Do not read**

- 77 Don't know / Not sure
- 99 Refused

**13.10** About how much do you weigh without shoes?  
[Note: If respondent answers in metrics, put "9" in column 126.]

**[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?  
[Note: If respondent answers in metrics, put "9" in column 130.]

**[Round fractions down]**

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

**RI5\_3.** What city or town do you live in?

\_\_\_ \_\_\_ Enter Town code {Autocode to county}  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**{Auto-code town question to county}**

**13.12** What county do you live in? \_\_\_\_\_

- |       |                       |
|-------|-----------------------|
| _____ | 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.

- 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 phone numbers are residential numbers?

- |       |  |
|-------|--|
| _____ | Residential telephone numbers <b>[6=6 or more]</b> |
| 7     | Don't know / Not sure                              |
| 9     | Refused  |

**13.15** During the past 12 months, has your household been without telephone service for 1 week or more?

**[Note: Do not include interruptions of phone service due to weather or natural disasters.]**

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

**13.16** Indicate sex of respondent. Ask only if necessary.

- 1 Male **[Go to next section]**
- 2 Female

**{If respondent 45 years old or older, go to next section.}**

**13.17** To your knowledge, are you now pregnant?

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

**Section 14: Veteran's Status**

**14.1** The next question relates to military service. 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?

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

9 Refused [**Go to next section**]

**14.2** Which of the following best describes your service in the United States Military?

**Please read**

- 1 Currently on active duty [Go to next section]
- 2 Currently in a National Guard or Reserve unit [**Go to next section**]
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

**Do not read:**

- 7 Don't know/not sure [**Go to next section**]
- 9 Refused [**Go to next section**]

**14.3** In the last 12 months have you received some or all of your health care from VA facilities?

**[If "Yes" probe for "all" or "some" of the health care.]**

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know/Not sure
- 9 Refused

## **Section 15: Women's Health**

**{If respondent is male go to next section}**

**15.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1 Yes
- 2 No [**Go to Q15.3**]
- 7 Don't know / Not sure [**Go to Q15.3**]
- 9 Refuse [**Go to Q15.3**]

**15.2** How long has it been since you had your last mammogram?

**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

**15.3** 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?

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

**15.4** How long has it been since your last breast exam?

**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

**15.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No **[Go to Q15.7]**
- 7 Don't know / Not sure **[Go to Q15.7]**
- 9 Refused **[Go to Q15.7]**

**15.6** How long has it been since you had your last Pap test?

**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

**{If response to Q13.17 is 1 (is pregnant), go to next section}**

**15.7** Have you had a hysterectomy?

**[Note: A hysterectomy is an operation to remove the uterus (womb).]**

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

- 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?

**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

**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?

- 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?

- 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?

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

## **Section 17: Colorectal Cancer Screening**

**{If respondent is 49 years old or younger, go to Q18.1}**

**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?

- 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?

**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 colon for signs of cancer or other health problems. Have you ever had either of these exams?

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

**17.4** How long has it been since you had your last sigmoidoscopy or colonoscopy?

**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: Family Planning**

**{If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.}**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

**18.1** Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing anything now to keep **[if female, insert 'you', if male, insert "her"]** from getting pregnant?

**[NOTE: If more than one partner, consider usual partner.]**

- 1 Yes
- 2 No **[Go to Q18.3]**
- 3 No partner/not sexually active **[Go to next section]**
- 4 Same sex partner **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

**18.2** What are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing now to keep **[if female, insert 'you', if male, insert "her"]** from getting pregnant?

**Read only if necessary**

- 01 Tubes tied **[Go to next section]**
- 02 Hysterectomy (female sterilization) **[Go to next section]**
- 03 Vasectomy (male sterilization) **[Go to next section]**

- 04 Pill, all kinds (Seasonale, etc.) **[Go to Q18.4]**
- 05 Condoms (male or female) **[Go to Q18.4]**
- 06 contraceptive implants (Jadelle or Implants) **[Go to Q18.4]**
- 07 Shots (Depo-Provera) **[Go to Q18.4]**
- 08 Shots (Lunelle) **[Go to Q18.4]**
- 09 Contraceptive Patch **[Go to Q18.4]**
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) **[Go to Q18.4]**
- 11 IUD (including Mirena) **[Go to Q18.4]**
- 12 Emergency contraception (EC) **[Go to Q18.4]**
- 13 Withdrawal **[Go to Q18.4]**
- 14 Not having sex at certain times (rhythm) **[Go to Q18.4]**
- 15 Other method (foam, jelly, cream, etc.) **[Go to Q18.4]**
- 77 Don't know / Not sure **[Go to Q18.4]**
- 99 Refused **[Go to Q18.4]**

**18.3** What is the main reason for not doing anything to keep **[if female, insert "you," if male, insert "your wife/partner"]** from getting pregnant?

**Read only if necessary**

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization) **[Go to next section]**
- 09 You or your partner had a vasectomy (sterilization) **[Go to next section]**
- 10 You or your partner had a hysterectomy **[Go to next section]**
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 Partner is pregnant now **[Go to next section]**

**Do not read**

- 77 Don't know / Not sure
- 99 Refused

**18.4** How do you feel about having a child now or sometime in the future? Would you say:

**Please read**

- 1 You don't want to have one **[Go to next section]**
- 2 You do want to have one **[Go to Q18.5]**
- 3 You're not sure if you do or don't **[Go to next section]**

**Do not read**

- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

**18.5** How soon would you want to have a child? Would you say:

**Please read**

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 More than 5 years from now

**Do not read**

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

**Section 19: Disability**

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

**19.1** Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

**19.2** 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?

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

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

**State Added 6: Disability Screening Question**

**RI6\_1.** Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

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

**State Added 7: Quality of Life**

**{If Q19.1=1 or Q19.2=1 or RI6\_1=1 continue, otherwise, go to next section}**

**RI7\_1.** What is your major impairment or health problem?

**[Read Only if Necessary]**

- \_\_ Reason Code
- 01 Arthritis/rheumatism
- 02 Back or neck problem
- 03 Fractures, bone/joint injury
- 04 Walking problem
- 05 Lung/breathing problem
- 06 Hearing problem
- 07 Eye/vision problem
- 08 Heart problem

- 09 Stroke problem
- 10 Hypertension/high blood pressure
- 11 Diabetes
- 12 Cancer
- 13 Depression/anxiety/emotional problem
- 14 Other impairment/problem (**Specify \_\_\_\_\_**)
- 77 Don't know / Not sure
- 99 Refused

**RI7\_2.** For how long have your activities been limited because of your major impairment or health problem?

- 1\_\_ Days
- 2\_\_ Weeks
- 3\_\_ Months
- 4\_\_ Years
- 777 Don't know / Not Sure
- 999 Refused

## **Section 20: HIV/AIDS**

**{If respondent is 65 year old 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 don't have to answer every question if you don't want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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

**20.1** A pregnant woman with HIV can get treatment to help reduce the chances she will pass the virus on to her baby.

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

**20.2** There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

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

**20.3** 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.

**[Note: Include Saliva tests]**

- 1 Yes
- 2 No **[Go to Q20.10]**
- 7 Don't know/ Not sure **[Go to Q20.10]**

9 Refused **[Go to Q20.10]**

**20.4** In the past 12 months, how many times have you been tested for HIV, including times you did not get your results:

\_\_\_ Times  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

**20.5** Not including blood donations, in what month and year was your last HIV test?

**[Note: Include Saliva tests]**

**[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

**20.6** I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

\_\_\_ \_\_\_ Reason Code

**Please Read**

01 It was required  
02 Someone suggested you should be tested  
03 You thought you may have gotten HIV through sex or drugs  
04 You just wanted to find out whether you had HIV  
05 You were worried that you could give HIV to someone  
06 **IF FEMALE:** You were pregnant  
07 It was done as part of a routine medical check-up  
08 Or you were tested for some other reason

**Do not read**

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

**20.7** Where did you have your last HIV test – at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else?

\_\_\_ \_\_\_ Facility code

**Please read**

01 Private doctor or HMO  
02 Counseling and testing site  
03 Hospital  
04 Clinic  
05 Jail or prison  
06 Drug treatment facility  
07 At home  
08 Somewhere else

**Do not read**

77 Don't know / Not sure  
99 Refused

**{If Q20.7 is "04" (clinic) continue, if Q20.7 is "07" (at home) go to Q20.9, else go to Q20.10}**

**20.8** What type of clinic did you go to for your last HIV test?

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure
- 9 Refused

**20.9** Was this test done by a nurse or other health worker, or with a home testing kit?

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know / Not sure
- 9 Refused

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 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

**20.10** Do any of these situations apply to you?

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

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

**20.11** In the past 12 months, has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use?

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

## **Section 21: Firearms**

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

**21.1** Are any firearms kept in or around your 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]**

**21.2** Are any of these firearms now loaded?

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

**21.3** Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

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

## **Module 5: Healthy Days (Symptoms)**

The next few questions are about health related problems or symptoms.

**1.** 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?

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

**2.** During the past 30 days, for about how many days have you felt sad, blue, or depressed?

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

**3.** During the past 30 days, for about how many days have you felt worried, tense or anxious?

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

**4.** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

- \_\_\_ \_\_\_ Number of days
- 8 8 None
- 7 7 Don't know / Not sure

9 9 Refused

5. During the past 30 days, for about how many days have you felt very healthy and full of energy?

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

## **State Added 8: Support/Satisfaction**

### **{Insert after Module 5: Healthy Days}**

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

**RI8\_1.** How often do you get the social and emotional support you need?  
Would you say:

**Please Read:**  
1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
8 Never  
**Do not read**  
7 Don't know / Not sure  
9 Refused

**RI8\_2.** In general, how satisfied are you with your life? Would you say...

**Please Read:**  
1 Very satisfied  
2 Satisfied  
3 Dissatisfied  
4 Very dissatisfied  
**Do not read**  
7 Don't know / Not sure  
9 Refused

## **Module 10: Childhood Asthma**

### **{If response to core Q13.6 is '88' (none) or '99' (refused) go to next module.}**

1. 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?

\_\_\_ \_\_\_ Number of children  
8 8 None **[Go to next section]**  
7 7 Don't know / Not sure **[Go to next section]**  
9 9 Refused **[Go to next section]**

2. **[Fill in (Does this child/How many of these children) from Q1]** still have asthma?

**[If only one child from Q1 and response is "Yes" to Q2, code '01'. If response is "No", code '88'.]**

- \_\_\_ \_\_\_ Number of children
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

### **State Added 9: Adult Asthma History**

**{This and remaining sections (except Lang1) should be inserted between Module 10: Childhood Asthma & Module 20: Reactions to Race.}**

**{If "Yes" to core Q9.1, continue}**

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

**RI9\_1** How old were you when you were first told by a doctor or other health professional that you had asthma?

- \_\_\_ \_\_\_ 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 Q9.2, continue, else go to next section.}**

**RI9\_2** During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

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

**RI9\_3 [If one or more visits to RI9\_2, 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?

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

**RI9\_4** 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?

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

**RI9\_5** During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

- \_\_\_ \_\_\_ \_\_\_ Number of days [**Range= 1-365**]
- 8 8 8 None

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

**RI9\_6** During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say...

**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

**RI9\_7** During the past 30 days, how often did you use a rescue inhaler to breathe better? Would you say...

**Please read.**

- 8 Didn't use rescue inhaler
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not everyday
- 4 Once every day

**or**

- 5 two or more times every day

**Do not read**

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

## **State Added 10: Health Coverage and Access to Health Care**

**{IF Core Q3.1= 1, ask RI10\_1}**

**{IF Core Q3.1 = 2, 7, or 9, GO TO RI10\_2}**

Earlier you said you have health care coverage.

**RI10\_1.** What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

**Please Read**

- 01 Your employer **[Go to next section]**
- 02 Someone else's employer **[Go to next section]**
- 03 A plan that you or someone else buys on your own **[Go to next section]**
- 04 Medicare **[Go to next section]**
- 05 Medicaid or Medical Assistance **[Go to next section]**
- 06 Rite Care **[Go to next section]**
- 07 The military, CHAMPUS or TriCare, or the VA **[Go to next section]**
- 08 The Indian Health Service [or the Alaska Native Health Service] **[Go to next section]**
- 09 Some other source **[Go to next section]**

**Do not read**

- 88 None **[Go to RI10\_3]**
- 77 Don't know / Not sure **[Go to next section]**
- 99 Refused **[Go to next section]**

**{If Core Q3.1=2,7,9, continue.}**  
**{Else If RI10\_1 = 88, GO TO RI10\_3.}**  
**{All others go to NEXT SECTION}**

**RI10\_2.** Earlier you said you do not have health care coverage or weren't sure you had health care coverage.

There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Do you have coverage through:

**PLEASE READ**

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 Rite Care
- 07 The military, CHAMPUS or TriCare, or the VA
- 08 The Indian Health Service [or the Alaska Native Health Service]
- 09 Some other source

**Do not read**

- 88 None **[GO TO RI10\_3]**
- 77 Don't know / Not sure
- 99 Refused

**{If RI10\_2 = 88, continue to RI10\_3. All others go to RI11\_1}**

**RI10\_3.** What is the main reason you are without health care coverage?

**[Read Only if Necessary]**

- 01 Lost job or changed employers
- 02 Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]
- 03 Became divorced or separated
- 04 Spouse or parent died
- 05 Became ineligible because of age or because left school
- 06 Employer doesn't offer or stopped offering coverage
- 07 Cut back to part time or became temporary employee
- 08 Benefits from employer or former employer ran out
- 09 Couldn't afford to pay the premiums
- 10 Insurance company refused coverage
- 11 Lost Medicaid or Medical Assistance eligibility
- 12 Other
- 77 Don't know / Not sure
- 99 Refused

## **State Added 11: Health Care Utilization**

**RI11\_1.** About how long has it been since you last visited a doctor for a routine checkup?

**[NOTE: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition]**

### **Read Only if Necessary**

- 1 Within the past year (anytime less than 1 year 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
- 7 Don't know / Not sure
- 9 Refused

## **State-added 12: Immunization**

**RI12\_1** In the last year, has a doctor or healthcare provider recommended you get a flu shot (or nasal spray)?

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

I am going to read you three statements. When I am done, please tell me if any of the statements apply to you. You don't need to tell me which one.

I have a chronic health condition such as heart disease, lung disease, HIV or cancer.

I am a healthcare worker.

I live with or take care of someone who is age 65 or older, age 2 or younger, or who has a chronic health condition such as diabetes, heart disease, lung disease, HIV or is on chemotherapy.

**RI12\_2** Do **any** of these statements apply to you?

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

## **State Added 13: Children's Health Care Coverage**

**{If Core Q13.6 = 88 or 99 go to next section}**

Earlier you said that there was/were **{Fill in response from Q13.6}** child/children in your household under the age of 18.

**{If Core Q13.6 > 1 but < 88, continue. If 13.6 = 1, go to RI13\_2}**

**RI13\_1.** Of the children under age 18, what is the age of the child who had a birthday most recently ...

- \_\_ Enter Child's age
- 77 Don't Know
- 99 Refused

**{ALL go to RI13\_3 from RI13\_1}**

**RI13\_2.** What is the child's age?

- \_\_ Enter Child's age
- 77 Don't Know
- 99 Refused

**RI13\_3.** Is this child covered by any kind of health care plan, such as health insurance, prepaid plans such as HMOs (Health Maintenance Organizations), or government plans such as Medicare, Medicaid, or Rite Care?

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

## **State Added 14: Tobacco**

**{If Core Q7.1 = 2,7 or 9, go to RI14\_5 (Tobacco Exposure questions)}**

**{If core Q7.2 = 3 or 9 GO to RI14\_3}**

Previously you said you smoke cigarettes.

**RI14\_1.** Have you smoked during the last 30 days?

- 1 Yes
- 2 No **[Go to RI14\_3]**
- 7 Don't know / Not sure **[Go to RI14\_3]**
- 9 Refused **[Go to RI14\_3]**

**RI14\_2.** On the average, when you smoked during the last 30 days, about how many cigarettes did you smoke a day?

- \_\_ Number of cigarettes **[76 = 76 or more]**
- 77 Don't know / Not sure
- 99 Refused

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

**RI14\_3.** In the last 12 months, how many times have you seen a doctor or other health professional to get any kind of care for yourself?

- \_\_ Number of times **[Range 01-76] [76=76 or more]**
- 88 None **[Go to RI14\_5]**

- 77 Don't know / Not sure
- 99 Refused [**Go to RI14\_ 5**]

**{If core Q7.2 = 1 or 2 and RI14\_3 = 1 – 76}**

**RI14\_4.** In the past 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

- \_\_\_ Number of times [**Range 01-76**] [**76=76 or more**]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**{RI14\_5 – RI14\_12 to be asked of ALL.}**

The next few questions are about your exposure to other people's tobacco smoke.

**RI14\_5.** Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke inside your house or apartment?

**[If respondent was exposed 1 hour or less, but more than none, enter 01]**

- \_\_\_ Number of hours [**If 95 or more, enter 95**]
- 98 Not exposed at all
- 97 Don't know / Not sure
- 99 Refused

**{If Core Q13.8 = 1 or 2 (employed or self-employed), continue; else go to RI14\_7.}**

**RI14\_6.** Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work?

**[If respondent was exposed 1 hour or less, but more than none, enter 01]**

- \_\_\_ Number of hours [**If 95 or more, enter 95**]
- 96 Do not work indoors
- 98 Not exposed at all
- 97 Don't know / Not sure
- 99 Refused

**RI14\_7.** In the past 12 months, have you heard, read, or seen anti-smoking information?

- 1 Yes
- 2 No [**Go to RI14\_9**]
- 7 Don't know / Not sure [**Go to RI14\_9**]
- 9 Refused [**Go to RI14\_9**]

Have you heard, read or seen anti-smoking information from any of these places --

**RI14\_8a.** from television?

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

**RI14\_8b.** from radio?

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

**RI14\_8c.** from a billboard?

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

**RI14\_8d.** from a newspaper or magazine?

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

**RI14\_9.** Concerning smoking in in-door work areas - should it be allowed in all areas, only in certain areas, or not be allowed at all?

- 1 Allowed in all areas
- 2 Allowed only in certain areas
- 3 Not allowed at all
- 7 Don't know / Not sure
- 9 Refused

**RI14\_10.** During the past 12 months have you received in the mail any promotional information, coupons or ads from tobacco companies?

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

**RI14\_11.** Which statement best describes the rules about smoking inside your home?

**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 your home

**Do not read**

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

**{If 13.8 = 1 or 2 continue, else go to next section.}**

**RI14\_12.** Which of the following best describes your place of work's official indoor smoking policy?

**[Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.]**

**Please read**

- 1 Not allowed anywhere anytime
- 2 Allowed in some places at all times
- 3 Allowed everywhere all the time

**Or**

- 4 No official policy

**Do not read**

- 6 Don't work indoors
- 7 Don't know / Not sure
- 9 Refused

## **State Added 15: Home Environment**

**{Ask of ALL}**

**RI15\_1.** Do you own or rent the apartment/house were you currently live?

- 1 Own
- 2 Rent
- 7 Don't know / Not sure
- 9 Refused

**RI15\_2.** Not counting kitchen and bathrooms, how many rooms are there in the apartment/house you live in?

- \_\_\_ Number of rooms
- 7 7 Don't know / Not sure
- 9 9 Refused

**RI15\_3.** How many of these rooms have wall-to-wall carpet?

- \_\_\_ Number of rooms
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

**RI15\_4.** During the past 12 months, how many times has there been water or dampness in the apartment/house where you live caused by broken pipes, leaks, heavy rain, or floods?

- \_\_\_ Number of times [**76=76 or more**]
- 7 7 Don't know / Not sure
- 9 9 Refused

**RI15\_5.** Is there visible mildew or mold on any surface inside your apartment/house?

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

**RI15\_6.** How often do you have roaches in your apartment/house? Would you say...

**Please read**

- 8 Never
- 1 Once or twice a year
- 2 Once every few months
- 3 Once every few weeks

**Or**

- 4 Once a week or more often

**Do not read**

- 7 Don't know
- 9 Refused

**State Added 16: Arthritis Modified Module:**

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

**RI16\_1.** DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

- 1 Yes
- 2 No [**Go to RI16\_3**]
- 7 Don't know / Not sure [**Go to RI16\_3**]
- 9 Refused [**Go to RI16\_3**]

**RI16\_2.** Did your joint symptoms FIRST begin more than 3 months ago?

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

**RI16\_3.** 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?

**[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**
- **Basulitis (giant cell arteritis, Henoch-Schonlein pupura, Wegener's granulomatosis, polyarteritis nodosa)]**

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

**{If RI16\_1=1 (yes) AND RI16\_2=1 (yes) or if RI16\_3=1 continue;}**

**{Else If RI16\_1=2 (no) AND RI16\_2=2 (no) AND RI16\_3=2,7,9 go to next section;}**

Please tell me if you are doing any of the following for your arthritis/joint symptoms.

**RI16\_4.** Are you exercising to help your arthritis/joint symptoms?

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

**RI16\_5.** Are you taking medication for your arthritis/joint symptoms?

- 1 Yes
- 2 No **[go to RI16\_7]**
- 7 Don't know / Not sure **[go to RI16\_7]**
- 9 Refused **[go to RI16\_7]**

**RI16\_6.** Was it prescribed by a doctor or nurse practitioner?

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

**RI16\_7.** Are you seeing an arthritis specialist for your arthritis/joint symptoms?

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

### **State-Added 17: Arthritis Awareness**

**RI17\_1.** Do you think a person can prevent or reduce the symptoms of arthritis?

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

**RI17\_2.** What do you think works? Would you say...

**{Programmer: Rotate a-d}**

**RI17\_2a** Taking medication?

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

**RI17\_2b** Seeing an arthritis specialist?

- 1 Yes
- 2 No

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

**RI17\_2c** Regular exercise?

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

**RI17\_2d** Losing excess weight?"

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

**State-added 18: Osteoporosis**

**{Ask all respondents}**

**RI18\_1.** Have you ever heard of osteoporosis?

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

**RI18\_2.** Has a doctor, nurse or other health care provider ever told you that you have bone loss, thin or brittle bones, or osteoporosis?

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

**RI18\_3.** Compared to other men or women of your age, do you think that your risk of getting bone loss, thin or brittle bones, or osteoporosis is about average or above average?

- 1 About average
- 2 Above average
- 7 Don't know / Not sure
- 9 Refused

**Module 20: Reactions to Race**

Earlier you told me your race. Now I will ask you some questions about reactions to your race.

1. How do other people usually classify you in this country? Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

- 1 White

- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (**please specify**) \_\_\_\_\_
- 7 Don't know / Not sure
- 9 Refused

2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 7 Don't know / Not sure
- 9 Refused

**[Instructions to reviewer: The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.]**

**{CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."}**

3. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

4. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

**[Instructions to interviewer: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is**

**asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.”]**

5. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
6. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 7 Refused

## **Language Indicator**

**[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]**

**Lang1.** In what language was this interview completed?

- 01 English
- 02 Spanish

## **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.