

**2009**

**Rhode Island**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

# Behavioral Risk Factor Surveillance System 2009 Draft Questionnaire

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# Interviewer's Script

## Intro1

HELLO, I am calling for the **Rhode Island Department of Health**. My name is       (name)      . We are gathering information about the health of **Rhode Island** residents. This project is conducted by the health department 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's possible that your number may be called at a later time. **STOP**

Is this a private residence in Rhode Island?

**If "no,"**

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone?

**1 No – Not a Cellular Telephone**

**2 Yes**

**Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood."**

**If "yes,"**

Thank you very much, but we are only interviewing land line telephones and 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 page 5.**

**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 the next page.**

How many of these adults are men?

\_\_\_ Number of men

How many of these adults are women?

\_\_\_ Number of women

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," go to page 4**

**To the correct respondent:**

(Intro2)

HELLO, I am calling for the Rhode Island Department of Health. My name is       (name)      . We are gathering information about the health of Rhode Island residents. This project is conducted by the health department 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**

(YOURTHE1)

I will not ask for your last 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 about the survey, please call (401)222-1247. **The survey will take approximately 20 minutes.**

The interview may be monitored for quality assurance purposes.

**Section 1: Health Status**

---

**//Ask of all//**

**S1q1**            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**

---

**//Ask of all//**

**S2q1**            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



**//Ask of all//**

**S2q2** 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 (If s2q1 and s2q2 = 88 (None), go to next section)  
7 7 DON'T KNOW / NOT SURE  
9 9 REFUSED

**//If s2q1 = 88 AND s2q2 = 88 go to next section; Else continue to s2q3//**

**s2q3** 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

---

**//ask of all//**

**s3q1** 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

**//ask of all//**

**s3q2** 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 as your personal doctor or health care provider?"** (81)

- 1 YES, ONLY ONE  
2 MORE THAN ONE  
3 NO  
7 DON'T KNOW / NOT SURE  
9 REFUSED

**//ask of all//**

**s3q3** 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

**//ask of all//**

**s3q4** 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)

**READ IF NECESSARY**

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within 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

## Section 4: Sleep

---

**//ask of all//**

The next question is about getting enough rest or sleep.

**s4q1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

- NUMBER OF DAYS
- 8 8 NONE
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

## Section 5: Exercise

---

**//ask of all//**

**s5q1** 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? (86)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 6: Diabetes

---

**//ask of all//**

**s6q1** 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.]  
(87)

- 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

## Module 1: Pre-Diabetes [Split 1]

---

**/SPLIT=1 continue; SPLIT=2 go to next section/**

**NOTE: Only asked of those not responding "Yes" (code = 1) to Core s6q1 (Diabetes awareness question).**

**/if s6q1=1 OR SPLIT=2 go to next section/**

**//ask if s6q1=2,3,4,7,9 AND SPLIT=1//**

**Mod1\_1.** Have you had a test for high blood sugar or diabetes within the past three years?

(245)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**/CATI: If Core s6q1=4 (No, pre-diabetes or borderline diabetes), answer Mod1\_2 "Yes" (code = 1).**

**Mod1\_2.** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

(246)

- 1 YES
- 2 YES, DURING PREGNANCY
- 3 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 2: Diabetes [Split 1]

---

/split=1 continue; split=2 go to next section/

/if s6q1 continue; if s6q1=2,3,4,7,9 OR SPLIT=2 go to next section/

//ask if s6q1=1 AND SPLIT=1//

**Mod2\_1.** How old were you when you were told you have diabetes?

(247-248)

- \_ \_ CODE AGE IN YEARS [97 = 97 AND OLDER]
- 9 8 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask of all (if s6q1=1)//

**Mod2\_2.** Are you now taking insulin?

(249)

- 1 YES
- 2 NO
- 9 REFUSED

//ask of all//

**Mod2\_3.** 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.

(250-252)

- 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

**//ask of all//**

**Mod2\_4.** 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.

(253–255)

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

**//ask of all//**

**Mod2\_5.** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(256-257)

–	–	Number of times [76 = 76 or more]
88		NONE
77		DON'T KNOW / NOT SURE
99		REFUSED

**//ask of all//**

**Mod2\_6.** 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"?

(258-259)

–	–	Number of times [76 = 76 or more]
88		NONE
98		NEVER HEARD OF "A ONE C" TEST
77		DON'T KNOW / NOT SURE
99		REFUSED

**/CATI note: If Mod2\_4 = 555 (No feet), go to Mod2\_8./**

**//ask if mod2\_4=1xx,2xx,3xx,4xx,777,888,999//**

**Mod2\_7.** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(260-261)

–	–	Number of times [76 = 76 or more]
88		NONE
77		DON'T KNOW / NOT SURE
99		REFUSED

**//ask of all//**

**Mod2\_8.** 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.

(262)

**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

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

**//ask of all//**

**Mod2\_9.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(263)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod2\_10.** Have you ever taken a course or class in how to manage your diabetes yourself?

(264)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## State-Added 1: Diabetes [Split 1]

---

**//Split=1 continue; Split=2 go to next section//**

**//ask of all (where split = 1)//**

**RI1\_1.** 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

## Section 7: Hypertension Awareness

---

**//ask of all//**

**s7q1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (88)

**IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"**

- 1 YES
- 2 **(GO TO NEXT SECTION)** YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
- 3 **(GO TO NEXT SECTION)** NO
- 4 **(GO TO NEXT SECTION)** TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE
- 7 **(GO TO NEXT SECTION)** DON'T KNOW / NOT SURE
- 9 **(GO TO NEXT SECTION)** REFUSED

**//if s7q1=2,3,4,7,9 go to next section/**

**//ask if s7q1=1//**

**s7q2** Are you currently taking medicine for your high blood pressure? (89)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 8: Cholesterol Awareness

---

**//ask of all//**

**s8q1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

- 1 YES
- 2 **(GO TO NEXT SECTION)** NO
- 7 **(GO TO NEXT SECTION)** DON'T KNOW / NOT SURE
- 9 **(GO TO NEXT SECTION)** REFUSED

**//if s8q1=2,7,9 go to next section/**

**//ask if s8q1=1//**

**s8q2** About how long has it been since you last had your blood cholesterol checked? (91)

**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

**//ask if s8q1=1//**

**s8q3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (92)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 9: Cardiovascular Disease Prevalence

---

**//Read to all//**

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."

**//ask of all//**

**s9q1** Ever told you had a heart attack, also called a myocardial infarction? (93)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**s9q2** Ever told you had angina or coronary heart disease?

(94)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**s9q3**      *Ever told you had a stroke?*

(95)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## State-Added 2: Adult Module on Wheezing [Split 2]

---

**/CATI: INSERT BEFORE SECTION 10 – Adult Asthma core questions./**

**/SPLIT=1 go to next section; SPLIT=2 continue/**

**//ask of all (where SPLIT=2)//**

I am now going to ask you some questions about your breathing.

**RI2\_1**      Have you had wheezing or whistling in your chest at any time in the last 12 months?

- 1 YES
- 2 **[GO TO RI2\_5]** NO
- 7 **[GO TO RI2\_5]** DON'T KNOW/NOT SURE
- 9 **[GO TO RI2\_5]** REFUSED

**/CATI: If RI2\_1=2,7,9 go to RI2\_5/**

**//ask if RI2\_1=1//**

**RI2\_2**      Have you been at all breathless when the wheezing noise was present?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**//ask if RI2\_1=1//**

**RI2\_3**      Have you had this wheezing or whistling when you did not have a cold?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**//ask if RI2\_1=1//**

**RI2\_4** How many attacks of wheezing or whistling have you had in the past 12 months?

**Read if necessary**

- 1 1 attack
- 2 2 or 3
- 3 4 or more

**Do not read**

- 7 DON'T KNOW
- 9 REFUSED

**//ask of all (where SPLIT=2)//**

**RI2\_5** Have you woken up with a feeling of tightness in your chest at any time in the last 12 months?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**RI2\_6** Have you been woken by an attack of coughing at any time in the last 12 months?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**RI2\_7** Have you been woken by an attack of shortness of breath at any time in the last 12 months?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**RI2\_8** Have you had an attack of shortness of breath that came on when you were at rest during the day at any time in the last 12 months?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE

9 REFUSED

**RI2\_9** Have you had an attack of shortness of breath that came on following strenuous activity at any time in the last 12 months?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

## Section 10: Asthma

---

**//ask of all//**

**s10q1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)

- 1 Yes
- 2 **(GO TO NEXT SECTION)** No
- 7 **(GO TO NEXT SECTION)** Don't know / Not sure
- 9 **(GO TO NEXT SECTION)** Refused

**//If s10q1=2,7,9 go to next section/**

**//Ask if s10q1=1//**

**s10q2** Do you still have asthma? (97)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 11: Tobacco Use

---

**//ask of all//**

**s11q1** Have you smoked at least 100 cigarettes in your entire life? (98)

**[NOTE: 5 PACKS = 100 CIGARETTES]**

- 1 YES
- 2 **(Go to s11q5)** NO
- 7 **(Go to s11q5)** DON'T KNOW / NOT SURE
- 9 **(Go to s11q5)** REFUSED

**//If s11q1=2,7,9 go to s11q5/**

**//Ask if s11q1=1//**

**s11q2** Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 EVERY DAY
- 2 SOME DAYS
- 3 **(Go to s11q4)** NOT AT ALL
- 7 **(Go to s11q5)** DON'T KNOW / NOT SURE
- 9 **(Go to s11q5)** REFUSED

**//If s11q2=3 go to s11q4; Else if s11q2=7,9 go to s11q5/**

**//ask if s11q2=1 or 2//**

**s11q3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 **(GO TO S11Q5)** YES
- 2 **(GO TO S11Q5)** NO
- 7 **(GO TO S11Q5)** DON'T KNOW / NOT SURE
- 9 **(GO TO S11Q5)** REFUSED

**//ask if s11q2=3//**

**s11q4** How long has it been since you last smoked cigarettes regularly? (101-102)

**Read if necessary**

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more

**Do not read**

- 08 NEVER SMOKED REGULARLY
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**s11q5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**[NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.]**

(103)

- 1 Every day
- 2 Some days
- 3 Not at all
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 12: Demographics

---

**//ask of all//**

**s12q1** What is your age? (104-105)

- CODE AGE IN YEARS
- 0 7 DON'T KNOW / NOT SURE
- 0 9 REFUSED

**//ask of all//**

**s12q2** Are you Hispanic or Latino? (106)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**s12q3** Which one or more of the following would you say is your race? (107-112)

**(Check all that apply) /MUL=6/**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify]\_\_\_\_\_

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//If s12q3 = MUL response continue with s12q4; Else if one response to s12q3, go to s12q5.**

**s12q4** Which one of these groups would you say best represents your race?

(113)

**//List only responses given at s12q3//**

**Please read**

- 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] \_\_\_\_\_

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**s12q5**

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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(114)

**Read if necessary**

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

**Do not read**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**s12q6**

Are you...?

(115)

**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

**//ask of all//**

**s12q7** How many children less than 18 years of age live in your household? (116-117)

— — CODE NUMBER OF CHILDREN  
8 8 NONE  
9 9 REFUSED

**S12q7chk** Just to be sure I got it right, you said there were XX children under 18 living in your household . Is that correct?

1 Yes  
2 No  
9 Refused

**//ask of all//**

**s12q8** What is the highest grade or year of school you have completed? (118)

**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)

**Do not read:**

9 REFUSED

**//ask of all//**

**s12q9** Are you currently...? (119)

**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

**//ask of all//**

**s12q10** Is your annual household income from all sources— (120-121)

**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

**//ask of all//**

**s12q11**    About how much do you weigh without shoes? (122-125)

**/Note: If respondent answers in metrics, put "9" in column 122./**

**ROUND FRACTIONS UP**

    \_ \_ \_ \_            Weight  
    (Pounds/Kilograms)  
7 7 7 7            Don't Know / Not Sure  
9 9 9 9            Refused

**//ask of all//**

**s12q12**    About how tall are you without shoes? (126-129)

**/Note: If respondent answers in metrics, put "9" in column 126./**

**ROUND FRACTIONS DOWN**

    \_ \_ / \_ \_            HEIGHT

(F T / INCHES/METERS/CENTIMETERS)  
7 7 / 7 7 DON'T KNOW / NOT SURE  
9 9 / 9 9 REFUSED

//If s12q11 = 7777 or 9999 skip s12q13 and s12q14; else continue//

s12q13 How much did you weigh a year ago?

/CATI: If female respondent and age <46, add: If you were pregnant a year ago, how much did you weigh before your pregnancy?

(130-133)

/Note: If respondent answers in metrics, put "9" in column 130./

ROUND FRACTIONS UP

\_\_\_\_ Weight  
(pounds/kilograms)  
7 7 7 7 (Go to s12q15) Don't know / Not sure  
9 9 9 9 (Go to s12q15) Refused

/CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14./

//ask if s12q11 and s12q13 answers are NOT the same//

s12q14 Was the change between your current weight and your weight a year ago intentional? (134)

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

State-Added 3: City/Town [Split 1 & 2]

/Split=1 and Split=2 continue/

{CATI: Insert after core s12q14}

//ask of all//

RI3\_1. What city or town do you live in?

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

{County question s12q15 will not be asked of respondent. County will be auto-coded during processing based on city/town.}

//ask of all//

~~s12q15~~ ~~What county do you live in?~~

~~(135-137)~~

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

//ask of all//

s12q16 What is your ZIP Code where you live?

(138-142)

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

//ask of all//

s12q17 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.

(143)

1 Yes  
2 **[Go to s12q19]** No  
7 **[Go to s12q19]** Don't know / Not sure  
9 **[Go to s12q19]** Refused

//if s12q17=2,7,9 go to s12q19/

//ask if s12q17=1//

s12q18 How many of these telephone numbers are residential numbers?

(144)

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

//ask of all//

s12q19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

(145)

1 Yes  
2 No

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

**[CELL PHONE QUESTIONS—to be inserted following Q12.19]**

**//ask of all//**

**s12q19a.** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1 **[GO TO s12q19c]** YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

**//ask if s12q19a=2,7,9//**

**s12q19b.** Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1) **[Go TO s12q19d]** YES
- 2) **[SKIP TO s12q20]** NO
- 7) **[SKIP TO s12q20]** DON'T KNOW
- 9) **[SKIP TO s12q20]** REFUSED

**//ask if s12q19a=1//**

**s12q19c.** Do you usually share this cell phone (at least one-third of the time) with any other adults?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

**//ask if s12q19b=1//**

**s12q19d.** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

- \_\_\_ % Record value between 0% and 100%,
- 777 Don't Know
- 999 Refused

**//ask of all//**

**s12q20 INDICATE SEX OF RESPONDENT. Ask only if necessary.**

(146)

- 1 Male **[Go to next section]**
- 2 Female **[If respondent is 45 years old or older, go to next section]**

**//ask if s12q20=2 AND s12q1>44//**

**s12q21** To your knowledge, are you now pregnant? (147)

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

## Section 13: Caregiver Status

---

**//ask of all//**

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

**s13q1** During the past month, did you provide any such care or assistance to a friend or family member? (148)

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

## Section 14: Disability

---

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

**//ask of all//**

**s14q1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (149)

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

**//ask of all//**

**s14q2** 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? (150)

[Include occasional use or use in certain circumstances.]

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

## Section 15: Alcohol Consumption

---

//ask of all//

**s15q1** 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? (151)

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

/if s15q1=2,7,9 go to next section/

//ask if s15q1=1//

**s15q2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (152-154)

- 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

/if s15q2=888 go to next section/

//ask if s15q2=1xx, 2xx, 777, 999//

**s15q3** 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? (155-156)

**Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

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

**//ask of all (who answered s15q3)//**

**s15q4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion?  
(157-158)

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

**//ask of all (who answered s15q3)//**

**s15q5** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(159-160)

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

## Section 16: Immunization

---

**//ask of all//**

**s16q1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?  
(161)

1 Yes  
2 **[Go to s16q3]** No  
7 **[Go to s16q3]** Don't know / Not sure  
9 **[Go to s16q3]** Refused

**/if s16q1=2,7,9 go to s16q3/**

**//ask if s16q1=1//**

**s16q2** During what month and year did you receive your most recent flu shot?  
(162-167)

— — / — — — — Month / Year  
7 7 / 7 7 7 7 Don't know / Not sure  
9 9 / 9 9 9 9 Refused

**//ask of all//**

**s16q3** During the past 12 months, have you had a flu vaccine that was sprayed in your nose?  
The flu vaccine sprayed in the nose is also called FluMist™.  
(168)

1 Yes

- 2     **[Go to s16q5]** No
- 7     **[Go to s16q5]** Don't know / Not sure
- 9     **[Go to s16q5]** Refused

**/if s16q3=2,7,9 go to s16q5/**

**//ask if s16q3=1//**

**s16q4**           During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (169-174)

- \_\_ / \_\_ \_\_     Month / Year
- 7 7 / 7 7 7 7     Don't know / Not sure
- 9 9 / 9 9 9 9     Refused

**//ask of all//**

**s16q5**           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? (175)

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

**Rhode Island is NOT including Pandemic Flu in their 2009 BRFSS questionnaire.**

**Pandemic Influenza Questions (Jan-Feb 2009 only)**

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**~~Pandemic Flu questions to be added after Immunization Questions s16q1-s16q5 for January-February 2009 only~~**

**//ask of all//**

**PF1.** \_\_\_\_\_ What do you think is the most effective ONE thing you can do to prevent getting sick from the flu? \_\_\_\_\_ (754)

- \_\_\_\_\_
- \_\_\_\_\_ **Please read:**
- \_\_\_\_\_ 1     Avoiding touching your eyes, nose or mouth as much as possible during the flu season
  - \_\_\_\_\_ 2     Avoiding close contact with others who may have the flu
  - \_\_\_\_\_ 3     Getting the flu vaccination
  - \_\_\_\_\_ 4     Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu
- \_\_\_\_\_
- \_\_\_\_\_ **Do not read:**
- \_\_\_\_\_ 7     DON'T KNOW / NOT SURE
  - \_\_\_\_\_ 9     REFUSED

**//ask of all//**

**PF2** \_\_\_\_\_ What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick? \_\_\_\_\_

(752)

\_\_\_\_\_ **Please read:**

- \_\_\_\_\_ 1 \_\_\_\_\_ Frequent hand washing
- \_\_\_\_\_ 2 \_\_\_\_\_ Covering your mouth and nose when coughing or sneezing
- \_\_\_\_\_ 3 \_\_\_\_\_ Staying home when you are sick with the flu
- \_\_\_\_\_ 4 \_\_\_\_\_ Getting the flu vaccination
- \_\_\_\_\_ OR \_\_\_\_\_
- \_\_\_\_\_ 5 \_\_\_\_\_ Something else

\_\_\_\_\_ **Do not read:**

- \_\_\_\_\_ 7 \_\_\_\_\_ DON'T KNOW / NOT SURE
- \_\_\_\_\_ 9 \_\_\_\_\_ REFUSED

**//ask of all//**

**PF3.** \_\_\_\_\_ If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu? \_\_\_\_\_

(753)

\_\_\_\_\_ **Interviewer Note: Please read both the subjective label and the percentage range.**

- \_\_\_\_\_ 1 \_\_\_\_\_ Very high (90-100%)
- \_\_\_\_\_ 2 \_\_\_\_\_ High (70-89%)
- \_\_\_\_\_ 3 \_\_\_\_\_ Average (50-69%)
- \_\_\_\_\_ 4 \_\_\_\_\_ Low (20-49%)
- \_\_\_\_\_ 5 \_\_\_\_\_ Very low (0-19%)

\_\_\_\_\_ **Do not read:**

- \_\_\_\_\_ 7 \_\_\_\_\_ DON'T KNOW / NOT SURE
- \_\_\_\_\_ 9 \_\_\_\_\_ REFUSED

**//ask of all//**

**PF4.** \_\_\_\_\_ If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you? \_\_\_\_\_

(754)

\_\_\_\_\_ **Please read:**

- \_\_\_\_\_ 1 \_\_\_\_\_ Definitely get one
- \_\_\_\_\_ 2 \_\_\_\_\_ Probably get one
- \_\_\_\_\_ 3 \_\_\_\_\_ Probably not get one
- \_\_\_\_\_ 4 \_\_\_\_\_ Definitely not get a pandemic flu vaccination

\_\_\_\_\_ **Do not read:**

- \_\_\_\_\_ 7 \_\_\_\_\_ DON'T KNOW / NOT SURE
- \_\_\_\_\_ 9 \_\_\_\_\_ REFUSED

**//ask of all//**

**PF5.** \_\_\_\_\_ If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you...  
\_\_\_\_\_

(755)

**Please read:**

- \_\_\_\_\_ 1 \_\_\_\_\_ Definitely go
- \_\_\_\_\_ 2 \_\_\_\_\_ Probably go
- \_\_\_\_\_ 3 \_\_\_\_\_ Probably not go
- \_\_\_\_\_ 4 \_\_\_\_\_ Definitely not go to a particular place to get vaccinated

**Do not read:**

- \_\_\_\_\_ 7 \_\_\_\_\_ DON'T KNOW / NOT SURE
- \_\_\_\_\_ 9 \_\_\_\_\_ REFUSED

**//ask of all//**

**PF6.** \_\_\_\_\_ Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know?  
\_\_\_\_\_

(756-757)

**Please read:**

- \_\_\_\_\_ 0 1 \_\_\_\_\_ How to prevent getting the flu
- \_\_\_\_\_ 0 2 \_\_\_\_\_ How to prevent spreading the flu
- \_\_\_\_\_ 0 3 \_\_\_\_\_ Symptoms of the flu
- \_\_\_\_\_ 0 4 \_\_\_\_\_ How to treat the flu
- \_\_\_\_\_ 0 5 \_\_\_\_\_ Cities where cases of the flu have been identified
- \_\_\_\_\_ 0 6 \_\_\_\_\_ Information about the flu vaccine
- \_\_\_\_\_ 0 7 \_\_\_\_\_ Something else

**Do not read:**

- \_\_\_\_\_ 7 7 \_\_\_\_\_ DON'T KNOW / NOT SURE
- \_\_\_\_\_ 9 9 \_\_\_\_\_ REFUSED

**//ask of all//**

**PF7.** \_\_\_\_\_ During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.  
\_\_\_\_\_

(758-759)

**Do not read:**

- \_\_\_\_\_ 0 1 \_\_\_\_\_ NEWSPAPERS
- \_\_\_\_\_ 0 2 \_\_\_\_\_ TELEVISION
- \_\_\_\_\_ 0 3 \_\_\_\_\_ RADIO
- \_\_\_\_\_ 0 4 \_\_\_\_\_ INTERNET WEBSITES
- \_\_\_\_\_ 0 5 \_\_\_\_\_ YOUR DOCTOR
- \_\_\_\_\_ 0 6 \_\_\_\_\_ THE CDC (CENTERS FOR DISEASE CONTROL AND PREVENTION)
- \_\_\_\_\_ 0 7 \_\_\_\_\_ STATE OR LOCAL PUBLIC HEALTH DEPARTMENTS
- \_\_\_\_\_ 0 8 \_\_\_\_\_ OTHER GOVERNMENT AGENCIES
- \_\_\_\_\_ 0 9 \_\_\_\_\_ FAMILY OR FRIENDS
- \_\_\_\_\_ 1 0 \_\_\_\_\_ RELIGIOUS LEADERS
- \_\_\_\_\_ 1 1 \_\_\_\_\_ SOME OTHER SOURCE
- \_\_\_\_\_ 7 7 \_\_\_\_\_ DON'T KNOW / NOT SURE

9 9 REFUSED

//ask of all//

**PF8.** Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list?

(760-761)

**Please read:**

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

**INTERVIEWER SAY: I will repeat the question and answer choices to assist your recall.**

**Do not read:**

- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

//ask of all//

**PF9.** If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month?

(762)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely to stay at home for a month
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask if s12q9=1, 2, 9

**PF10.** I'm going to read you a list of job types. Please tell me if you currently work in any of these fields.

(763)

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

- 1 — YES
- 2 — NO
- 7 — DON'T KNOW / NOT SURE
- 9 — REFUSED

## Section 17: Arthritis Burden

---

Next I will ask you about arthritis.

**//ask of all//**

**s17q1** 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?

(176)

**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)

- 1 YES
- 2 [GO TO NEXT SECTION] NO
- 7 [GO TO NEXT SECTION] DON'T KNOW / NOT SURE
- 9 [GO TO NEXT SECTION] REFUSED

**/if s17q1=2,7,9 go to next section/**

**//ask if s17q1=1//**

Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

**s17q2** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(177)

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**INTERVIEWER NOTE:** THIS QUESTION SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

//ask of all (if s17q1=1)//

**s17q3** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (178)

**INTERVIEWER INSTRUCTION:** If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all (if s17q1=1)//

**17.4** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (179)

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

**Please read [1-3]:**

- 1 A lot
- 2 A little
- 3 Not at all

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all (if s17q1=1)//

**s17q5** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.* (180-181)

- — Enter number [0-10]
- 9 7 Don't know / Not sure
- 9 9 Refused

## Section 18: Fruits and Vegetables

---

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

**//ask of all//**

**s18q1** How often do you drink fruit juices such as orange, grapefruit, or tomato? (182-184)

- 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

**//ask of all//**

**s18q2** Not counting juice, how often do you eat fruit? (185-187)

- 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

**//ask of all//**

**s18q3** How often do you eat green salad? (188-190)

- 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

**//ask of all//**

**s18q4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (191-193)

- 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

**//ask of all//**

**s18q5** How often do you eat carrots? (194-196)

- 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

**//ask of all//**

**s18q6** 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.) (197-199)

- 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 19: Physical Activity

---

**/CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2./**

**//ask if s12q9=1 or 2//**

**S19q1** When you are at work, which of the following best describes what you do? Would you say— (200)

**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

**//read to all//**

**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.

**//ask of all//**

**s19q2** 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?  
(201)

- 1 YES
- 2 [GO TO s19q5] NO
- 7 [GO TO s19q5] DON'T KNOW / NOT SURE
- 9 [GO TO s19q5] REFUSED

**/If s19q2=2,7,9 go to s19q5/**

**//ask if s19q2=1//**

**s19q3** How many days per week do you do these moderate activities for at least 10 minutes at a time?  
(202-203)

- \_ \_ Days per week [RANGE 01-07]
- 8 8 [Go to s19q5] Do not do any moderate physical activity for at least 10 minutes at a time?
- 7 7 [Go to s19q5] Don't know / Not sure
- 9 9 [Go to s19q5] Refused

**/if s19q3=88,77,99 go to s19q5/**

**//ask if s19q3=01-07//**

**s19q4** 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?  
(204-206)

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

//ask of all//

**s19q5** 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?

(207)

1	YES	
2	<b>[GO TO NEXT SECTION]</b>	NO
7	<b>[GO TO NEXT SECTION]</b>	DON'T KNOW / NOT SURE
9	<b>[GO TO NEXT SECTION]</b>	REFUSED

/if s19q5=2,7,9 go to next section/

//ask if s19q5=1//

**s19q6** How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(208-209)

— —	Days per week <b>[RANGE 01-07]</b>	
8 8	<b>[Go to next section]</b>	Do not do any vigorous physical activity for at least 10 minutes at a time
7 7	<b>[Go to next section]</b>	Don't know / Not sure
9 9	<b>[Go to next section]</b>	Refused

/if s19q6=88,77,99 go to next section/

//ask if s19q6=01-07//

**s19q7** 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?

(210-212)

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

## Section 20: HIV/AIDS

---

**/CATI note: If respondent is 65 years old or older (s12q1>64) 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 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.

//ask if s12q1<65//

**s20q1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (213)

- 1 YES
- 2 [GO TO S20Q5] NO
- 7 [GO TO S20Q5] DON'T KNOW / NOT SURE
- 9 [GO TO S20Q5] REFUSED

**/if s20q1=2,7,9 go to s20q5/**

**//ask if s20q1=1//**

**s20q2** Not including blood donations, in what month and year was your last HIV test? (214-219)

**NOTE: If response is before January 1985, code "Don't know."**

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

__/__/__	Code month and year
77/7777	Don't know / Not sure
99/9999	Refused

**//ask if s20q1=1//**

**s20q3** 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 a drug treatment facility, at home, or somewhere else? (220-221)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**/Ask s20q4 if s20q2 = within last 12 months. Otherwise, go to s20q5./**

**s20q4** Was it a rapid test where you could get your results within a couple of hours? (222)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE

9 REFUSED

**//ask of all (if s12q1<65)//**

**s20q5** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not 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.

Do any of these situations apply to you?

(223)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 21: Emotional Support and Life Satisfaction

---

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

**//ask of all//**

**s21q1** How often do you get the social and emotional support you need?

**INTERVIEWER NOTE: If asked, say "please include support from any source."**

(224)

**Please read:**

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

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**s21q2** In general, how satisfied are you with your life?

(225)

**Please read:**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Section 22: Cancer Survivors

---

Now I am going to ask you about cancer.

**//ask of all//**

**s22q1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

(226)

**Read only if necessary:** By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

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

**/if s22q1=2,7,9, go to next section/**

**//ask if s22q1=1//**

**s22q2** How many different types of cancer have you had?

(227)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 **[Go to next section (transition statement)]** Don't know / Not sure
- 9 **[Go to next section (transition statement)]** Refused

**/if s22q2=7 or 9 go to next section/**

**//ask if s22q2=1,2 or 3//**

**s22q3** At what age were you told that you had cancer?

**/CATI note: If s22q2 = 2 (Two) or 3 (Three or more), ask: "At what age was your first diagnosis of cancer?"**

(228-229)

-- AGE IN YEARS  
7 7 DON'T KNOW / NOT SURE  
9 9 REFUSED

**INTERVIEWER NOTE:** THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

**//ask of all (if s22q2=1,2,3)//**

**s22q4** What type of cancer was it?

**CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"**

(230-231)

**INTERVIEWER NOTE:** Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

**Breast**

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

**Gastrointestinal**

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

**Male reproductive**

1 8 Prostate cancer

1 9 Testicular cancer

**Skin**

- 2 0 Melanoma
- 2 1 Other skin cancer

**Thoracic**

- 2 2 Heart
- 2 3 Lung

**Urinary cancer:**

- 2 4 Bladder cancer
- 2 5 Renal (kidney) cancer

**Others**

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

**Do not read:**

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

## Transition to Modules and State-Added Questions

**//read to all//**

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

## Module 7: Actions to Control High Blood Pressure [Split 1]

---

**/Split=1 continue; split=2 go to next section/**

**/If Core s7q1 = 1 (Yes) continue. Otherwise, go to next module./**

Are you now doing any of the following to help lower or control your high blood pressure?

**//ask if s7q1=1//**

**Mod7\_1.** (Are you) changing your eating habits (to help lower or control your high blood pressure)?  
(295)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask if s7q1=1//**

**Mod7\_2.** (Are you) cutting down on salt (to help lower or control your high blood pressure)? (296)

- 1 YES
- 2 NO
- 3 DO NOT USE SALT
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask if s7q1=1//**

**Mod7\_3.** (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (297)

- 1 YES
- 2 NO
- 3 DO NOT DRINK
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask if s7q1=1//**

**Mod7\_4.** (Are you) exercising (to help lower or control your high blood pressure)? (298)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

**//ask if s7q1=1//**

**Mod7\_5.** (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (299)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask if s7q1=1//**

**Mod7\_6.** (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (300)

- 1 YES
- 2 NO
- 3 DO NOT USE SALT
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask if s7q1=1//**

**Mod7\_7.** (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (301)

- 1 YES
- 2 NO
- 3 DO NOT DRINK
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask if s7q1=1//**

**Mod7\_8.** (Ever advised you to) exercise (to help lower or control your high blood pressure)? (302)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask if s7q1=1//**

**Mod7\_9.** (Ever advised you to) take medication (to help lower or control your high blood pressure)? (303)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask if s7q1=1//**

**Mod7\_10.** Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (304)

**IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"**

- 1 YES
- 2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
- 3 NO
- 4 TOLD BORDERLINE OR PRE-HYPERTENSIVE

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 8: Heart Attack and Stroke [Split 1]

---

**/Split=1 continue; split=2 go to next section/**

**//read to all//**

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."

**//ask of all//**

**Mod8\_1.** Do you think pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (305)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_2.** Do you think feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (306)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_3.** *Do you think* chest pain or discomfort (are symptoms of a heart attack?) (307)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_4.** *Do you think sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)* (308)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_5.** *Do you think pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)* (309)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_6.** *Do you think shortness of breath (is a symptom of a heart attack?)* (310)

- 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."

**//ask of all//**

**Mod8\_7.** *Do you think sudden confusion or trouble speaking (are symptoms of a stroke?)* (311)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_8.** *Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)* (312)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_9.** *Do you think sudden trouble seeing in one or both eyes (is a symptom of a stroke?)*

(313)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_10.** *Do you think sudden chest pain or discomfort (are symptoms of a stroke?)*

(314)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_11.** *Do you think sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)*

(315)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_12.** *Do you think severe headache with no known cause (is a symptom of a stroke?)*

(316)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod8\_13.** *If you thought someone was having a heart attack or a stroke, what is the first thing you would do?*

(317)

**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

## State-Added 4: Tobacco control [Split 2]

---

**//If split=1 go to next section; If split = 2 continue/**

**//If s11q1=All others go to RI4\_3/**

**//Ask if core s11q1=1 and Split=2//**

**RI4\_1.** Previously you said you smoke {if s11q2=3, fill-in "used to smoke"} cigarettes.

Do (did) you smoke primarily menthol or plain cigarettes?

- 1 Menthol
- 2 Plain
- 3 Both
- 7 Do Not Know
- 9 Refused

**//If s11q2=3,7,9 go to RI4\_3/**

**//Ask if core s11q2 = 1 or 2//**

**RI4\_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
- 88 Didn't smoke in past 30 days
- 99 Refused

**//Ask of all (where split =2)//**

**RI4\_3.** Do you now smoke cigars, little cigars or cigarillos?

**Please read**

- 1 Every day
- 2 Some days
- 3 Not at all

**Do not read**

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

**/if s11q2=1 or 2 (current smoker) continue; if s11q1=2,7,9 OR s11q2=3,7,9 go to RI4\_5/**

**//ask if s11q2=1 or 2//**

**RI4\_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

**//ask of all (if split=2)//**

**RI4\_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 s12q9=3,4,5,6,7,8,9 go to RI4\_7/**

**//ask if s12q9=1 or 2//**

**RI4\_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

**//ask of all (if split = 2)//**

**RI4\_7.** In the past 12 months, have you heard, read, or seen anti-smoking information?

1 YES  
2 **[GO TO NEXT SECTION]** NO  
7 **[GO TO NEXT SECTION]** DON'T KNOW / NOT SURE  
9 **[GO TO NEXT SECTION]** REFUSED

**/if RI4\_7=2,7,9 go to next section/**

**//ask if RI4\_7=1//**

**RI4\_8.** Have you heard, read or seen anti-smoking information from television?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### State-Added 5: Seat Belt Use [Split 2]

---

**/if split=1 go to next section; if split=2 continue/**

**//ask of all where split =2//**

**RI5\_1** How often do you use seat belts when you drive or ride in a car? Would you say—

**Please read**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

### State-Added 6: Adult Sugar Sweetened Beverages and Fast Food [Split 1]

---

**/if split=1 continue; split=2 go to next section/**

**//ask of all (if split=1)//**

**RI6\_1.** Yesterday, how many glasses, bottles or cans of soda (such as Coke or Sprite) or other sweetened drinks (such as fruit punch or Sunny Delight) did you drink? Do not include diet or sugar free drinks.

**[Read if Necessary:** That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ a can]

**[FOR INTERVIEWER INFO ONLY: THIS INCLUDES DRINKS SUCH AS, HAWAIIAN PUNCH, HI-C, SNAPPLE, GATORADE, OTHER SPORTS DRINKS WITH ADDED SUGAR, AND SUGAR SWEETENED MILK – E.G. COFFEE MILK, CHOCOLATE MILK]**

- \_\_ Enter Number of glasses, cans or bottles [range 1-15]
- 88 None
- 77 Don't know
- 99 Refused

**//ask of all (if split=1)//**

**RI6\_2** In the past week, how many times did you eat fast food or pizza at work, at home, at fast-food restaurants, carryout or drive thru, or somewhere else?

**[Read if Necessary:** “Such as food you get at McDonald’s, Burger King, Taco Bell, KFC, or Pizza Hut.”]

**[IF STRONGLY NEEDED, SAY** “Foods from American-style fast food restaurants.”]

1\_\_ **PER DAY [101-115]**  
2\_\_ **PER WEEK [201-284]**  
888 None  
777 Don’t know  
999 Refused

## State-Added 7: Screen Time **[Split 1]**

---

**/if split=1 continue; if split=2 go to next section/**

**//ask of all (if split=1)//**

**RI7\_1.** Yesterday, not including time on the computer, about how many hours did you sit and watch television, videos or DVDs?

[INTERVIEWER: If respondent does not respond with a whole number, PROBE: “I can only record whole numbers, would you say X or Y is most accurate” (for example if respondent said 90 minutes, fill in “1 or 2”). If necessary, round up to nearest whole number.]

\_\_ Enter Number of hours [Range 1-24]  
33 Less than one, but more than none.  
88 None  
77 Don’t know  
99 Refused

**//ask if RI7\_1=8-24//**

**RI7\_1C.** **Just to confirm, you spent {response from RI7\_1} hours watching TV, videos or DVD’s. Is this correct?**

1 **[Continue] Yes**  
2 **[Re-ask RI7\_2] No**

**RI7\_2.** Yesterday, about how many hours did you spend on the computer or playing video games? Please Include time spent on the internet, playing games, and doing other work on the computer, **but not including work time.**

[INTERVIEWER: If respondent does not respond with a whole number, PROBE: "I can only record whole numbers, would you say X or Y is most accurate" (for example if respondent said 90 minutes, fill in "1 or 2"). If necessary, round up to nearest whole number.]

\_\_ Enter Number of Hours [Range 1-24]  
33 Less than one, but more than none  
88 None  
77 Don't know  
99 Refused

//ask if RI7\_2=8-24//

RI7\_2C. Just to confirm, you spent {response from RI7\_2} hours on the computer or playing video games. Is this correct?

1 [Continue] Yes  
2 [Re-ask RI7\_2] No

## Module 25: Random Child Selection [Split 1 & 2]

---

/Ask of Split=1 OR Split=2/

**CATI note: If Core s12q7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section.**

**If Core s12q7 = 1, Interviewer please read:** "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 Mod25\_1]

**If Core s12q7 is >1 and Core s12q7 does not equal 88 or 99, Interviewer please read:** "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 last." Please include children with the same birth date, including twins, in the order of their birth.

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.**

### INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in] child."

/ask of all (who qualified for section)//

Mod25\_1. What is the birth month and year of the "Xth" child?

(461-466)

\_\_/\_\_/\_\_\_\_ Code month and year  
77/7777 DON'T KNOW / NOT SURE  
99/9999 REFUSED

**CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).**

**//ask of all//**

**Mod25\_2.** Is the child a boy or a girl? (467)

- 1 BOY
- 2 GIRL
- 9 REFUSED

**//ask of all//**

**Mod25\_3.** Is the child Hispanic or Latino? (468)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**Mod25\_4.** **[MUL=6]** Which one or more of the following would you say is the race of the child? (469-474)

**[Check all that apply – up to 6]**

**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 **[NOT MUL]**
- 9 REFUSED **[NOT MUL]**

**/CATI note: If more than one response to Mod25\_4, continue. Otherwise, go to Mod25\_6./**

**Mod25\_5.** Which one of these groups would you say best represents the child's race? (475)

**/CATI: List only responses given as part of Mod25\_5/**

**Please read**

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

**Do not read**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

//ask of all//

**Mod25\_6.** How are you related to the child?

(476)

**Please read:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Do not read:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

State-Added 8: Childhood Wheezing [Split 2]

---

{CATI: INSERT following child selection module and prior to Child Asthma module}

/If split=1 go to next section; if split=2 continue/

/If Core s12q7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section./

//ask if s12q7=<88//

The next questions are about the same child...

**RI8\_1** Has this child ever had wheezing or whistling in the chest at any time in the past?

- 1 YES
- 2 [GO TO NEXT SECTION] NO
- 7 [GO TO NEXT SECTION] DON'T KNOW / NOT SURE
- 9 [GO TO NEXT SECTION] REFUSED

**/if RI8\_1=2,7,9 go to next section/**

**//ask if RI8\_1=1//**

**RI8\_2.** Has this child had wheezing or whistling in the chest in the last 12 months?

- |   |                             |                       |
|---|-----------------------------|-----------------------|
| 1 | YES                         |                       |
| 2 | <b>[GO TO NEXT SECTION]</b> | NO                    |
| 7 | <b>[GO TO NEXT SECTION]</b> | DON'T KNOW / NOT SURE |
| 9 | <b>[GO TO NEXT SECTION]</b> | REFUSED               |

**/if RI8\_2=2,7,9 go to next section/**

**//ask if RI8\_2=1//**

**RI8\_3.** How many attacks of wheezing has this child had in the last 12 months?

**Read if necessary**

- |   |              |
|---|--------------|
| 1 | None         |
| 2 | 1 to 3       |
| 3 | 4 to 12      |
| 4 | More than 12 |

**Do not read**

- |   |                       |
|---|-----------------------|
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED               |

**//ask of all (if RI8\_2=1)//**

**RI8\_4.** In the last 12 months, how often, on average, has this child's sleep been disturbed due to wheezing?

**Read if necessary**

- |   |                              |
|---|------------------------------|
| 1 | Never woken with wheezing    |
| 2 | Less than one night per week |
| 3 | One or more nights per week  |

**Do not read**

- |   |                       |
|---|-----------------------|
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED               |

**//ask of all (if RI8\_2=1)//**

**RI8\_5.** In the last 12 months, has wheezing ever been severe enough to limit this child's speech to only one or two words at a time between breaths?

- |   |                       |
|---|-----------------------|
| 1 | YES                   |
| 2 | NO                    |
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED               |

**//ask of all (if RI8\_2=1)//**

**RI8\_6.** In the last 12 months, has this child's chest sounded wheezy during or after exercise?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all (if RI8\_2=1)//**

**RI8\_7.** In the last 12 months, has this child had a dry cough at night, apart from a cough associated with a cold or chest infection?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all (if RI8\_2=1)//**

**RI8\_8.** Have you been told by a medical doctor on two or more occasions in the past 12 months that this child has had bronchitis or a chest infection?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 26: Childhood Asthma Prevalence [Split 1 & 2]

---

**/Ask of Split=1 OR Split=2/**

**/CATI note: If response to Core s12q7 = 88 (None) or 99 (Refused), go to next section./**

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

**//ask of all//**

**Mod26\_1.** Has a doctor, nurse or other health professional EVER said that the child has asthma?  
(477)

- 1 YES
- 2 **[GO TO NEXT SECTION]** NO
- 7 **[GO TO NEXT SECTION]** DON'T KNOW / NOT SURE
- 9 **[GO TO NEXT SECTION]** REFUSED

**/cati: if mod26\_1=2,7,9 go to next section/**

**//ask if mod26\_1=1//**

**Mod26\_2.** Does the child still have asthma?

(478)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

---

## State-Added 9: Children's Health Care Coverage [Split 1 & 2]

*/split=1 or split=2, continue/*

*/CATI note: If response to Core s12q7 = 88 (None) or 99 (Refused), go to next section./*

*//ask of all//*

**RI9\_1.** Is this child covered by any kind of health care plan, either a private plan such as Bluecross or United, or a government plan such as Medicaid, Rite Care, or Tricare?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

---

## State-Added 10: Adult Health Insurance Coverage [Split 2]

*/if split=1 go to next section; if split=2 continue/*

*/if core s3q1=2,7,9 go to RI10\_2]*

*//ask if s3q1=1//*

**RI10\_1** Earlier you said you have health care coverage.

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
- 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]
- Or
- 09 Some other source

**DO NOT READ**

88 NONE  
77 DON'T KNOW/NOT SURE  
99 REFUSED

**/if s3q1=1 or 9 go to next section]**

**//ask if s3q1=2 or 7//**

**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.

Is it coverage through...

**[IF MORE THAN ONE, ASK "Which type do you use to pay for most of your medical care?"]**

**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]  
Or  
09 Some other source

**DO NOT READ**

88 NONE  
77 DON'T KNOW/NOT SURE  
99 REFUSED

**State-Added 11: Community Life Quality [Split 2]**

---

**/split=1 go to next section; split=2 continue/**

**//ask of all//**

The following questions are about the community where you live.

**RI11\_1** How long have you lived at your current address?

\_\_\_ Number of years [Range 1-76]{Go to RI11\_3 if > 2 years}  
8 8 Less than one  
7 7 Don't know / Not sure 9 9 Refused

**/if RI11\_1=3-76, go to RI11\_3/**

**//ask if ri11\_1 = 1,2, 77,88,99//**

**RI11\_2** How many times have you moved in the past 2 years?

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

**//ask of all//**

**RI11\_3** How satisfied are you with your neighborhood as a place to live? Would you say:

**Please read**

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Slightly dissatisfied
- 5 Very dissatisfied

**Do not read**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

The next four questions are about your interactions with other people and participation in community events and groups.

**RI11\_4** Not counting people you live and work with, how often do you talk to friends or family?

**Please read**

- 1 Every day or almost every day
- 2 A few times a week
- 3 A few times a month
- 4 A few times a year
- 8 Never

**Do not read**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ask of all//**

**RI11\_5** In the past 6 months, that is since **{CATI fill in month that was 6 months prior }**, how many times have you attended a local community event? For example, an event at a church, school or community organization, a craft exhibit or fair, a parade, or a musical event.

- \_\_\_ Number of times **[Range 1-180]**
- 7 7 7 Don't know / Not sure
- 8 8 8 None

9 9 9 Refused

//ask of all//

RI11\_6. All together, how many days in the past 6 months, that is since {CATI fill in month that was 6 months prior}, did you work as a volunteer in your local school, church, senior center or other community organization?

\_\_ \_\_ Number of times [Range 1-180]  
8 8 8 None  
7 7 7 Don't know / Not sure  
9 9 9 Refused

//ask of all//

RI11\_7. How much do you think service organizations understand the needs of the people living in your community? By service organizations I mean providers of health or social services. Would you say they:

**Please read**

1 Understand a lot  
2 Understand somewhat  
3 Understand a little  
4 Don't understand at all

**Do not read**

7 DON'T KNOW / NOT SURE  
9 REFUSED

//ask of all//

RI11\_8. Do you feel you can make a difference in your community? Would you say:

**Please read**

1 A big difference  
2 Some difference  
3 A little difference  
4 No difference at all

**Do not read**

7 DON'T KNOW / NOT SURE  
9 REFUSED

//ask of all//

RI11\_9. To what extent do you agree or disagree with the following statement. By working together, people in my community can influence decisions that affect the community. Would you say you:

**Please read**

1 Strongly agree  
2 Agree

- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

**Do not read**

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

---

## State-Added 12: Indoor Air Module: HOME ENVIRONMENT [Split 2]

---

**/if split=1 go to next section; if split=2, continue/**

**//ask of all//**

**RI12\_1** Have you had any household pets in the previous 12 months that produce dander, such as dogs, cats, birds or rodents like hamsters, gerbils or mice?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

**//ask of all//**

**RI12\_2** Have you seen any cockroaches in your home in the previous 12 months?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

**//ask of all//**

**RI12\_3** During the past 12 months, were pesticides, sprays, or chemicals applied inside your home to kill bugs, mice, or other pests?

**[PLEASE READ IF NECESSARY: Include pesticide powders, but do not include pest traps, pest strips, or herbal treatments]**

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

---

## State-Added 13: Address for Census Block Group Coding [Split 1 & 2]

---

**/if split =1 or split=2 continue/**

**//ask of all//**

We need to know for each person we interview, what street block you are on. That's so the computer can figure out how close that block is to the nearest fire station and hospital.

**RI13\_1.** What street do you live on? And could you tell me the street address of any building on your side of the block: It doesn't have to be your address- just any address that would be on your side of your block.

- 1 **Specify:** \_\_\_\_\_ **[go to RI13\_1qc]**
- 9 Refused

**/if RI13\_1=9, go to RI13\_2a/**

**//ask if RI13\_1=1//**

**RI13\_1qc** I just want to make sure I got it right. The street address that is on your side of the block is: **{CATI FILL-IN RI13\_1\_specify.}** Is this correct?

- 1 Yes
- 2 No
- 9 Refused

**/if RI13\_1=1, go to next section/**

**//ask if RI13\_1=9//**

**RI13\_2a.** What are the names of the streets at the nearest intersection to your home?

- 1 **Specify street 1:** \_\_\_\_\_
- 7 **[go to next section]** Don't know / Not sure
- 9 **[go to next section]** Refused

**/if RI13\_2a=7 or 9 go to next section/**

**RI13\_2b.** (What are the names of the **other** streets at the nearest intersection to your home?)

- 1 **Specify street 2:** \_\_\_\_\_
- 8 No more streets
- 7 Don't know / Not sure
- 9 Refused

**/if RI13\_2b=1 continue; if RI13\_2b=8, go to RI13\_2qc; if RI13\_2b=7 or 9, go to next section/**

**RI13\_2c.** (What are the names of the **other** streets at the nearest intersection to your home?)

- 1 **Specify street 3:** \_\_\_\_\_
- 8 No more streets
- 7 Don't know / Not sure
- 9 Refused

**/if RI13\_2c=1 continue; if RI13\_2c=7, 8, or 9 go to RI13\_2qc /**

**RI13\_2d.** (What are the names of the **(other)** streets at the nearest intersection to your home?)

- 1 **Specify street 4:** \_\_\_\_\_
- 8 No more streets
- 7 Don't know / Not sure
- 9 Refused

**//ask if Ri13\_2a,b,c, or d=1/**

**RI13\_2qc** I just want to make sure I got it right, the streets at the intersection nearest your house are: **{CATI FILL-IN response 1 from RI13\_2a, b, c, d.}** Is this correct?

- 1 Yes
- 2 No
- 9 Refused

## **Asthma Call-Back Permission Script [Split 1 & 2]**

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**/Split=1 and split=2 continue/**

**/Rhode Island will participate in Adult and Child Asthma in 2009/**

**/Ask if s10q1=1 or Mod26\_1=1//**

**{If ADULT only, proceed with ADULT; If CHILD only, proceed with CHILD; If ADULT AND CHILD, proceed to Asthma Selection}**

**Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOOSE ADULT OR CHILD. (50% ADULT / 50% CHILD)}**

**ast1.** We would like to call to you again within the next 2 weeks to talk in more detail about **(your/your child's)** experiences with asthma.

The information will be used to help develop and improve the asthma programs in Rhode Island. The information you gave us today and any you give us in the future will be kept confidential.

If you agree to this, we will keep your phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 YES
- 2 **[GO TO CLOSING]** NO

## Sound Quality Check

---

**//ask of all//**

### **(INTERNAL QUALITY CONTROL QUESTION)**

**QCRESP** Please rate the sound quality of this telephone call on a scale from 1 to 10, with 1 being the lowest and 10 being the highest?

[Interviewer: PROMPT AS NEEDED: "A rating of 1 indicates the sound quality is "very poor" and a rating of 10 indicates the sound quality as "excellent".

\_\_ Record Number [RANGE: 1-10]  
9 9 Refused

## State-Added 15: Language Indicator [Split 1 & 2]

---

**//answer for all//**

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

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

01 English  
02 Spanish

## Closing statement [Split 1 & 2]

---

**//read to all//**

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