

Rhode Island

2007

**Behavioral Risk Factor Surveillance System
Questionnaire**

(Version 5: Fielded January 2007)

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Introduction and Selection

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?

If "no,"

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

Is this a cellular telephone?

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 Confidentiality Statement.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent".**

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

___ Number of men

___ Number of women

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

If "you," go to Confidentiality Statement.

To the correct respondent:

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:

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, I will provide a telephone number for you to call to get more information.

The interview takes approximately {xx} minutes to complete.

(The interview may be monitored for quality assurance purposes.)

Section 1: Health Status

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

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

- – Number of days
- 8 8 None **{If Q2.1 and Q2.2 = 88 (None), go to next section}**
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans

such as HMOs, or government plans such as Medicare? (80)

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

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

[NOTE: 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

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

(82)

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

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

(83)

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

Section 4: Exercise

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

(84)

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

Section 5: Diabetes

5.1 Have you ever been told by a doctor that you have diabetes?

[NOTE: If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”]

[NOTE: If respondent says pre-diabetes or borderline diabetes, use response code 4.]

(85)

- 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 for Diabetics

{CATI: If Core Q5.1 = 1, continue; Else go to next section}

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]
- 88 None **[go to RI1_3]**
- 98 Never heard of “A one C” test **[go to RI1_3]**
- 77 Don't know/not sure **[go to RI1_3]**
- 99 Refused **[go to RI1_3]**

{CATI: If RI1_1=1-76, continue; else go to RI1_3}

RI1_2. When your “A one C” was last checked, what was your “A one C” number?

- __._ A1c number **{CATI: 2 places to left of decimal point, one to right}**
- 77.7 Don't know the number
- 99.9 Refused

RI1_3. 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]
- 98 No feet **[go to RI1_5]**
- 88 None
- 77 Don't know/not sure
- 99 Refused

RI1_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.

- 1 __ times per day
- 2 __ times per week
- 3 __ times per month
- 4 __ times per year
- 888 never
- 555 no feet
- 777 don't know/not sure
- 999 refused

RI1_5. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- 1 yes
- 2 no
- 7 don't know/not sure
- 9 refused

RI1_6. 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_7. 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_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: Pre-Diabetes

{CATI: If Q5.1 = 2,3,4,7,9 (no), continue; else go to next section}

RI2_1 Have you had a test for high blood sugar or diabetes within the past three years?

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

RI2_2 Has a doctor, nurse or health professional ever told you that you have pre-diabetes or borderline diabetes?

- 1 yes
- 2 no
- 7 don't know/not sure
- 9 refused

State-Added 3: Hypertension for Diabetics

{CATI: Insert BEFORE Core Section 6 – Hypertension awareness}

{CATI: If Core Q5.1 = 1 (yes), continue; else go to next section}

RI3_1. About how long has it been since you last had your blood pressure taken by a doctor, nurse or other health professional?

Read Only If Necessary

- 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 Q6.1]**

Do not read

- 7 don't know/not sure **[go to Q6.1]**
- 8 never **[go to Q6.1]**
- 9 refused **[go to Q6.1]**

RI3_2. When your blood pressure was last taken what was your blood pressure number?

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

Section 6: Hypertension Awareness

6.1 Have you EVER been told by a doctor, nurse, or other health professional that you have

high blood pressure? (86)

[NOTE: If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”]

- 1 Yes
- 2 Yes, but female told only during pregnancy {Go to next section}
- 3 No {Go to next section}
- 7 Don't know / Not sure {Go to next section}
- 9 Refused {Go to next section}

4

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

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

Section 7: Cholesterol Awareness

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

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

7.2 About how long has it been since you last had your blood cholesterol checked? (89)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

State-Added 4: Cholesterol for Diabetics

{CATI: Insert after core cholesterol Q7.3}

{CATI: If Core Q5.1 = 1 and Core Q7.1 = 1, continue; else go to next section}

RI4_1. When you last had your blood cholesterol checked, what was your cholesterol number?

— — — Enter Cholesterol number
7 7 7 Don't know the number
9 9 9 Refused

Section 8: Cardiovascular Disease Prevalence

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

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

8.1 Ever told you had a heart attack, also called a myocardial infarction? (91)

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

8.2 (Ever told) you had angina or coronary heart disease? (92)

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

8.3 (Ever told) you had a stroke? (93)

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

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

9.2 Do you still have asthma? (95)

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

Section 10: Immunization

10.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)

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

10.2 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™. (97)

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

10.3 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? (98)

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

10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (99)

[NOTE: Response is "Yes" only if respondent has received the entire series of three shots.]

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

The next question is about behaviors related to Hepatitis B.

10.5 Please tell me if ANY of these statements are true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You have had sex with a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you?

(100)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 11: Tobacco Use

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

(101)

[NOTE: 5 packs = 100 cigarettes]

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

11.2 Do you now smoke cigarettes every day, some days, or not at all?

(102)

- 1 Every day
- 2 Some days
- 3 Not at all {Go to next section}
- 7 Don't know/Not sure {Go to next section}
- 9 Refused {Go to next section}

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

(103)

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

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

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 or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

{CATI: If more than one response to Q12.3; continue. Otherwise, go to RI5_1.}

12.4 Which one of these groups would you say best represents your race? (113)

- 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

State-Added 5a: Demographics – where born/years in US

{CATI: Insert after Core question Q12.4}

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 s12q5]**
- 2 in a different state in the US? (includes DC) **[Go to s12q5]**
- 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 s12q5]**
- 9 Refused **[Go to s12q5]**

{CATI: If RI5_1 = 3, 4, or 5 continue, else go to Q12.5}

RI5_2. How old were you when you came to live in the United States?

[NOTE: record response as whole years only]

[NOTE: 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 (<18 years old)
- 8 8 Adult (18 years or older)
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 12: Demographics, Continued

12.5 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)

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

12.6 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

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

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

12.8 What is the highest grade or year of school you 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

12.9 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

State-Added 5b: Demographics – Unable to Work

{If core Q12.9=8, continue; else go to core Q12.10}

RI5_3 What is the main reason you are unable to work?

- Do not read**
- 1 Disabled
- 2 Unpaid caregiver
- 3 Transportation
- 4 **Other [SPECIFY: _____]**
- 7 Don't know / Not sure
- 9 Refused

Section 12: Demographics, Continued

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

[NOTE: If respondent refuses at ANY income level, code '99' (Refused)]

Read only if necessary:

- 04 Less than \$25,000 {CATI: If "no," ask 05; if "yes," ask 03}
(\$20,000 to less than \$25,000)
 - 03 Less than \$20,000 {CATI: If "no," code 04; if "yes," ask 02}
(\$15,000 to less than \$20,000)
 - 02 Less than \$15,000 {CATI: If "no," code 03; if "yes," ask 01}
(\$10,000 to less than \$15,000)
 - 01 Less than \$10,000 {CATI: If "no," code 02}
 - 05 Less than \$35,000 {CATI: If "no," ask 06}
(\$25,000 to less than \$35,000)
 - 06 Less than \$50,000 {CATI: If "no," ask 07}
(\$35,000 to less than \$50,000)
 - 07 Less than \$75,000 {CATI: 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

12.11 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

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

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

Round fractions down

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

If 12.11=7777 (Don't Know/Not sure) or 9999(Refused) go to 12.15

12.13 How much did you weigh a year ago? *[Female respondent: 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 Don't know / Not sure
 9 9 9 9 Refused

{CATI: Subtract weight one year ago from current weight. If weight is same, go to RI6_1.}

{If Q12.11 = 9999 (refused), go to RI6_1}

12.14 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 6: Town

{CATI: Insert after core Q12.14}

RI6_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 Q12.15 will not be asked of respondent. County will be auto-coded during processing based on city/town.}

12.15 What county do you live in?

(130-132)

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

12.16 What is your ZIP Code where you live?

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

12.17 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. (138)

1	Yes	
2	No	{Go to Q12.19}
7	Don't know / Not sure	{Go to Q12.19}
9	Refused	{Go to Q12.19}

12.18 How many of these telephone numbers are residential numbers? (139)

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

12.19 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. (140)

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

12.20 **Indicate sex of respondent. Ask only if necessary.** (141)

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

12.21 To your knowledge, are you now pregnant? (142)

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

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (143)

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (144-146)

- 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

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (147-148)

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

13.4 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? (149-150)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (151-152)

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

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (153)

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

14.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (154)

[NOTE: Include occasional use or use in certain circumstances.]

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

State-Added 7: Disability Screening

{CATI: Insert after core Q14.2}

RI7_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

Section 15: Arthritis Burden

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

15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (155)

- 1 Yes
- 2 No {Go to Q15.4}
- 7 Don't know / Not sure {Go to Q15.4}
- 9 Refused {Go to Q15.4}

15.2 Did your joint symptoms first begin more than 3 months ago? (156)

- 1 Yes
- 2 No {Go to Q15.4}
- 7 Don't know / Not sure {Go to Q15.4}
- 9 Refused {Go to Q15.4}

15.3 Have you ever seen a doctor or other health professional for these joint symptoms? (157)

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

15.4 Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (158)

[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 No
7 Don't know / Not sure
9 Refused

{CATI: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section.}

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (159)

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

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

Section 16: 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.

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (160-162)

- 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

16.2 Not counting juice, how often do you eat fruit? (163-165)

- 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

16.3 How often do you eat green salad? (166-168)

- 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

16.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (169-171)

- 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

16.5 How often do you eat carrots? (172-174)

- 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

16.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (175-177)

- 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

State-Added 8: Adult Sugar Sweetened Beverages and Fast Food

{CATI: Place after Q16.6; To be asked of all}

RI8_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

RI8_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

Section 17: Physical Activity

{CATI: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.}

17.1 When you are at work, which of the following best describes what you do? Would you say— (178)

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

Please read:

1 Mostly sitting or standing

- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work
- Do not read:**
- 7 Don't know / Not sure
- 9 Refused

Please read:

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

17.2 Now, thinking about the moderate activities you do **{fill in “when you are not working” if “employed” or self-employed}** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?
(179)

- 1 Yes
- 2 No **{Go to Q17.5}**
- 7 Don't know / Not sure **{Go to Q17.5}**
- 9 Refused **{Go to Q17.5}**

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?
(180-181)

- __ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **{Go to Q17.5}**
- 7 7 Don't know / Not sure **{Go to Q17.5}**
- 9 9 Refused **{Go to Q17.5}**

17.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
(182-184)

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

17.5 Now, thinking about the vigorous activities you do **{fill in “when you are not working” if “employed” or “self-employed”}** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
(185)

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

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?
(186-187)

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

17.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (188-190)

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

State-Added 9: Screen Time

{CATI: Insert after core Q17.7; To be asked of all }

RI9_1. Yesterday, not including time on the computer, about how many hours did you sit and watch television, videos or DVDs?

- __ Enter Number of hours
- 88 None
- 77 Don't know
- 99 Refused

RI9_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.

- __ Enter Number of Hours
- 88 None
- 77 Don't know
- 99 Refused

Section 18: HIV/AIDS

{CATI: If core Q12.1>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.

18.1 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. (191)

- 1 Yes
- 2 No {Go to next section}
- 7 Don't know / Not Sure {Go to next section}
- 9 Refused {Go to next section}

18.2 Not including blood donations, in what month and year was your last HIV test? (192-197)

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

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

18.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (198-199)

- 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

{CATI: Ask Q.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.}

18.4 Was it a rapid test where you could get your results within a couple of hours? (200)

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

Section 19: Emotional Support and Life Satisfaction

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

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

[NOTE: If asked, say "please include support from any source".]

(201)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes

- 4 Rarely
- 5 Never
- Do not read:**
- 7 Don't know / Not sure
- 9 Refused

19.2 In general, how satisfied are you with your life? (202)

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

Section 20: Gastrointestinal Disease

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness

.20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea is defined as 3 or more loose stools or bowel movements in a 24-hour period.* (208)

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

20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?

Note: Do not answer "Yes" if you just had telephone contact with a health professional.

(209)

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

20.3 When you visited your health care professional, did you provide a stool sample for testing?

(210)

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

Transition to Modules and State-Added Questions

Finally, I have some more questions left about other health topics.

State-Added 10: Random Child Selection

{CATI note: If Core s12q7 = 88, or 99 (no children under age 18 in the household, or refused), go to next section.}

{CATI: 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 RI10_1]}

{CATI: 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: 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."

RI10_1. What is the birth month and year of the "Xth" child?

(203-208)

__/__/____	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	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).}

RI10_2. Is the child a boy or a girl?

(209)

1	Boy
2	Girl
9	Refused

RI10_3. How are you related to the child?

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 11: Children's Health Care Coverage

{CATI: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next section. }

RI11_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

Module 2: Childhood Asthma Prevalence

{CATI: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next section. }

~~The next two questions are about the "Xth" {CATI: please fill in correct number} child.~~

Mod2_1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (219)

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

Mod2_2 Does the child still have asthma? (220)

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

State-Added 12: Child Nutrition

{CATI: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next section. }

Now I'm going to ask about the foods this child ate yesterday, including meals and snacks..

RI12_1a Yesterday, how many servings of fruit, such as an apple or banana did this child eat? Do not include fruit juice.

[Read if necessary: A serving is the child's regular portion of this food.]

__ Enter number of servings **[range 1-15]**
88 None
77 Don't know
99 Refused

RI12_1b. Yesterday, not including potatoes, how many servings of vegetables, like corn, green beans, carrots, green salad, or other vegetables did this child eat?

[Read if necessary: A serving is the child's regular portion of this food.]

__ Enter number of servings **[range 1-15]**
88 None
77 Don't know
99 Refused

RI12_1c. 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 this child drink. Do not include diet or sugar free drinks.

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

[DO NOT READ. THIS ALSO 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]

__ **[range 1-15] glasses, cans or bottles**
88 None
77 Don't know
99 Refused

RI12_1d. In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru.

[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 13: Child Screen Time

{CATI: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next section. }

~~{Cati: If Xth childage = 1-14 years old, continue, else go to next section.}~~

RI13_1. Yesterday, not including time on the computer, about how many hours did this child sit and watch television, videos or DVDs?

__ Enter number of hours [1-24]

88 None

77 Don't know

99 Refused

RI13_2. Yesterday, about how many hours did this child spend playing video games or on the computer? Please include time spent on the Internet, playing computer games or doing schoolwork on the computer.

__ Enter number of hours

88 None

77 Don't know

99 Refused

State-Added 14: Health Insurance Coverage

{If core Q3.1=1, go to RI14_1; If core Q3.1=2, 7, 9 go to RI14_2}

RI14_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:

[NOTE: 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

{CATI: If core Q3.1=2, 7, 9, continue; If core Q3.1=1, go to next section}

RI14_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: Coverage through:

[NOTE: 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 15: Tobacco Control

{CATI: If core Q11.2 = 1 or 2. (current smokers), continue; Else go to RI15_2.}

RI15_1. Previously you said you smoke cigarettes. 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

{CATI: Ask RI15_2 of ALL}

RI15_2. 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?

[NOTE: 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

{CATI: If Core Q12.9 = 1 or 2 (employed or self-employed), continue; else go to RI15_4.}

RI15_3. 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?

[NOTE: 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

{If core Q12.9 = 1 or 2 continue, else go to question RI15_4}

RI15_7. 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

{RI15_4 thru RI15_6 and RI15_8 thru RI15_9 to be asked of ALL}

RI15_4. In the past 12 months, have you heard, read, or seen anti-smoking information?

- 1 Yes
- 2 No **[Go to RI15_7]**
- 7 Don't know / Not sure **[Go to RI15_7]**
- 9 Refused **[Go to RI15_7]**

RI15_5. 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

RI15_6. 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

RI15_8 During the past 6 months, when you have gone out to restaurants in Rhode Island, how often did you see people smoking inside restaurants?

Would you say...

Please Read

- 01 never
- 02 rarely
- 03 sometimes
- 04 often
- 05 always

Do not read

- 06 I never go out to restaurants in Rhode Island
- 07 I haven't gone out to a restaurant in Rhode Island in the past 6 months
- 77 don't know / not sure
- 99 refused

RI15_9 During the past 6 months, when you have gone out to stand alone bars or nightclubs in Rhode Island, how often have you seen people smoking inside? [A stand alone bar is one that is not part of a restaurant.]

Would you say...

Please Read

- 01 never
- 02 rarely
- 03 sometimes
- 04 often
- 05 always

Do not read

- 06 I never go out to bars or clubs in Rhode Island
- 07 I haven't gone out to a bar or club in Rhode Island in the past 6 months
- 77 don't know / not sure
- 99 refused

State-Added 16: Prostate Cancer Screening

{CATI: if core Q12.1 < 40 or if core Q12.20=2 (female), go to next section.}
 {If core Q12.1 > 39 and core Q12.20=1 (male), continue}

Now, I will ask you some questions about prostate cancer screening.

RI16_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 RI16_3]**
- 7 Don't Know / Not Sure **[Go to RI16_3]**

9 Refused [Go to RI16_3]

RI16_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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read

- 7 Don't know
- 9 Refused

RI16_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. How long has it been since your last digital rectal exam or have you never had one?

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 6 Never had one

Do not read

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

RI16_4. 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

State-Added 17: Colorectal Cancer Screening

{CATI: If core Q12.1 < 50, go to next section. If core Q12.1 > 49, continue}

RI17_1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test using a home kit or have you never had the 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 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 5 Never had the test

Do not read

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

RI17_2 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]**

For a **sigmoidoscopy**, a flexible tube is inserted into the rectum to look for problems. It is usually done without any medication to make you sleepy. A **colonoscopy** is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

RI17_3 How long has it been since you had your last **Sigmoidoscopy**, or have you never had the test?

[NOTE: A sigmoidoscopy is usually done without any medication to make you sleepy.]

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
- 6. Never had the test

Do not read

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

RI17_4 How long has it been since you had your last **colonoscopy**, or have you never had the test?

[NOTE: For a colonoscopy you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the 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 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
- 6. Never had the test

Do not read

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

Module 13: Arthritis Management

{CATI: If Core Q15.2 or Q15.4 = 1 (Yes), continue. Otherwise, go to next section.}

Mod13_1 Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (322)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

Mod13_2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (323)

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

Mod13_3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (324)

[Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.]

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

Mod13_4 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (325)

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

State-Added 18: Seat Belt Use

{CATI: Ask of All}

RI18.1 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 19: Caregiver

{CATI: Ask of All}

RI19_1 People may provide regular care or assistance to someone who has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend?

[NOTE: IF MORE THAN ONE PERSON IS CARED FOR, SAY “JUST TELL ME ABOUT THE PERSON YOU TAKE CARE OF MOST OFTEN”]

- 1 Yes **[Go to RI19_2]**
- 2 No **[go to next section]**
- 3 Volunteered – Care for more than one person **[Go to RI19_2]**
- 7 Don't know / Not sure **[go to next section]**
- 9 Refused **[go to next section]**

RI19_2 What age is the person to whom you are giving care?

[PROBE for age -- If more than one ask “What is the age of the person to whom you are giving the most care?”]

- Code age in years
- 77 Don't know / Not sure
- 99 Refused

RI19_3 Is the person you are caring for male or female?

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

RI19_4 What is this person's relationship to you? For example, is this a parent, grandparent, in-law, spouse, or an unrelated friend?

[PROBE FOR RELATIONSHIP – IF MORE THAN ONE PERSON IS CARED FOR, ASK “WHICH IS THE PERSON YOU TAKE CARE OF MOST OFTEN?”]

- 1 Aunt

- 2 Brother
- 3 Daughter
- 4 Daughter-in-law
- 5 Father
- 6 Father-in-law
- 7 Friend
- 8 Granddaughter
- 9 Grandfather
- 10 Grandmother
- 11 Grandparent-in-law
- 12 Grandson
- 13 Husband
- 14 Mother
- 15 Mother-in-law
- 16 Neighbor
- 17 Nephew
- 18 Niece
- 19 **Other Relative**
- 20 Client / Patient **Non-relative**
- 21 Partner
- 22 Sister
- 23 Son
- 24 Son-in-law
- 25 Uncle
- 26 Wife
- 77 Don't know / Not sure
- 99 Refused

{Ask RI19_5 if RI19_4 = 01 through 26}

The following questions will relate to your **{CATI: fill-in with relationship coded in RI19_4}**

RI19_5. What do you think or what has a doctor said is the major health problem that your **{CATI: fill-in with relationship coded in RI19_4}** has?

[NOTE: ALZHEIMERS IS CODED AS 27]

Do Not Read

- 01 Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
- 02 AIDS/HIV
- 03 Arthritis/rheumatism
- 04 Asthma
- 05 Cancer
- 06 Cerebral Palsy
- 07 Chromosomal anomaly
- 08 Dementia
- 09 Depression
- 10 Down's syndrome
- 11 Anxiety and/or other emotional problem
- 12 Developmental delays
- 13 Diabetes
- 14 Eye/vision problem (blindness)
- 15 Hearing problems (deafness)
- 16 Heart disease

- 17 Hypertension/high blood pressure
- 18 Lung disease/emphysema
- 19 Multiple Sclerosis
- 20 Muscular Dystrophy
- 21 Osteoporosis
- 22 Parkinson's
- 23 Spinal Cord Injury (SCI)
- 24 Stroke
- 25 Traumatic Brain Injury (TBI)
- 26 Other: Specify (_____)**
- 27 Alzheimer's**
- 77 Don't know / Not sure
- 99 Refused

RI19_6. Given this condition, with which TWO of the following areas does your **{CATI: fill-in with relationship coded in RI19 4}** most need your help? Are they with:

{CHECK UP TO TWO}

Please Read

- 01 Learning, remembering, and confusion
- 02 Seeing or hearing
- 03 Self-care, such as eating, dressing, bathing, or toileting;
- 04 Communicating with others;
- 05 Moving around;
- 06 Getting along with people; or
- 07 Feeling anxious or depressed
- 77 Don't know / Not sure
- 99 Refused

RI19_7. How long have you provided care for your **{CATI: fill-in with relationship coded in RI19 4}**?

[Note: CODE USING RESPONDENT'S UNIT OF TIME]

DO NOT READ.

- 1__ Days
- 2__ Weeks
- 3__ Months
- 4__ Years
- 777 Don't know / Not sure
- 999 Refused

RI19_8. In an average week, how many hours do you provide care for your **{CATI: fill-in with relationship coded in RI19 4}** because of his/her long-term illness or disability?

DO NOT READ

- __ __ hours per week **[Range 1-168]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

RI19_9. I am going to read a list of difficulties you may have faced as a caregiver. Please

tell me which **TWO** of the following are the greatest difficulties YOU have faced in your care giving:

[Note: CHECK UP TO TWO]

Please read

- 01 creates a financial burden
- 02 doesn't leave enough time for yourself
- 03 doesn't leave enough time for your family
- 04 interferes with your work
- 05 creates or aggravates health problems for you
- 06 affects your family relationships
- 07 creates stress or
- 08 creates some other difficulty (**specify** _____)

Do not read

- 77 Don't know / Not sure
- 88 No difficulties
- 99 Refused

Ri19_10. In the past 12 months have you been injured while helping your **{CATI: fill-in with relationship coded in RI19_4}**?

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

RI19_11. How far away do you live from your **{CATI: fill-in with relationship coded in RI19_4}**? Do you live.....

Please Read

- 1 In the same house
- 2 Less than 20 minutes away
- 3 Between 20 and 60 minutes away
- 4 Between 1 and 2 hours away, or
- 5 More than two hours away?

Do not read

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

State-Added 20: Community Life Quality

The following questions are about the community where you live.

RI20_1 How long have you lived at your current address?

- ___ Number of years **{Go to RI20_3 if > 2 years}**
- 7 7 Don't know / Not sure
- 8 8 Less than one
- 9 9 Refused

RI20_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

RI20_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

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

RI20_4 Not counting people you live and work with, how often do you talk to friends or family?

- 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

RI20_5 In the past 6 months, that is since **{CATI: fill in month that was 6 months prior to current month}** 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

RI20_6. All together, how many days **in the past 6 months, that is since {CATI: fill in month that was 6 months prior to current month}** did you work as a volunteer in your local school, church, senior center or other community organization?

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

RI20_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

RI20_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

RI20_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

Module 16: Mental Illness & Stigma

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

Mod16_1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (335)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_2 During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (336)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_3 During the past 30 days, about how often did you feel **restless** or **fidgety**?

[NOTE: If necessary: all, most, some, a little, or none of the time?]

(337)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_4 During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[NOTE: If necessary: all, most, some, a little, or none of the time?]

(338)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_5 During the past 30 days, about how often did you feel that **everything was an effort**?

[NOTE: If necessary: all, most, some, a little, or none of the time?]

(339)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_6 During the past 30 days, about how often did you feel **worthless**?

[NOTE: If necessary: all, most, some, a little, or none of the time?]

(340)

- 1 All
- 2 Most
- 3 Some

- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

Mod16_7 During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities? (341-342)

[NOTE: If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.]

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

Mod16_8 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (343)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

Mod16_9 Treatment can help people with mental illness lead normal lives. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly? (344)

[NOTE: If asked for the purpose of Q9 or Q10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".]

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

Mod16_10 People are generally caring and sympathetic to people with mental illness. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly? (345)

[NOTE: If asked for the purpose of Q9 or Q10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".]

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

Module 15: Reactions to Race

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

Mod15_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?

(329)

[NOTE: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself".]

- 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

Mod15_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?

(330)

[NOTE: 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.]

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

{CATI: If core Q12.9=1, 2, or 4 (employed, self-employed, out of work for less than one year), continue; else go to Mod15_4}

Mod15_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? (331)

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

Mod15_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? (332)

[NOTE: 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".]

- 1 Worse than other races
 - 2 The same as other races
 - 3 Better than other races
- Do not read:**
- 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

Mod15_5 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? (333)

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

Mod15_6 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? (334)

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

State-Added 21: Contact Letter

{CATI: Ask of All}

RI21_1 Before I called you today, did you or anyone in your household get a letter from the Rhode Island Department of Health saying that we would be calling about this survey?

- 1 Yes
- 2 No **{go to closing statement}**
- 7 Don't Know **[go to closing statement]**
- 9 Refused **[go to closing statement]**

RI21_2 If you hadn't received the letter before we called, how likely is it that you would have done this interview?

Please Read

- 1 Very likely
- 2 Somewhat likely
- 3 Not likely

Do Not Read

- 7 Don't Know
- 9 Refused

Closing statement

Please read:

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

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

- 01 English
- 02 Spanish