

**2005**

**Behavioral Risk Factor Surveillance System**

**Texas**

# **Behavioral Risk Factor Surveillance System 2005 State Questionnaire**

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\*Modules 5 and 7 were added beginning in March.

Interviewer's Script

HELLO, I am calling for the **Texas Department of State Health Services**. My name is **(name)**. We are conducting a survey to gather information about the health of **Texas** residents. The survey is conducted by the **Texas Department of State Health Services** with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this **(phone number)** ? If **"No"**, thank you very much, but I seem to have dialed the wrong number. It is possible that your number may be called at a later time. **STOP**

Is this a **cellular telephone**? If **"Yes"**, thank you very much, but we are only interviewing landline telephones in private residences. **STOP**

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

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

\_\_\_ Number of men

\_\_\_ Number of women

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

**If "You", Go to Page 5**

**To Correct Respondent:** My name is **(name)** calling for the **Texas Department of State Health Services**. We are conducting a survey to gather information about the health of        **Texas** residents. The survey is conducted by the **Texas Department of State Health Services** 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.

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

**[This call may be monitored for quality assurance purposes.]**

## Core Sections

### Section 1: Health Status

---

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

**Please read**

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

**DO NOT READ**

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

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

---

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

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

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

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

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

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

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

### Section 3: Health Care Access

---

- 3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

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

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

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

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

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

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

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

### Section 4: Exercise

---

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

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

## Section 5: Diabetes

---

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

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

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

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

## Module 1: Diabetes

---

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

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

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

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

- 1 Yes
- 2 No
- 9 Refused

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

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

Mod1\_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (205-207)

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

Mod1\_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (208-210)

- 1 \_\_ Times per day

- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 8 8 8 Never
- 5 5 5 No feet
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

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

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

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

Mod1\_8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?  
(214-215)

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

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

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

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

Mod1\_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.  
(218)

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never

**Do not read**

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

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

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

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

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

## Section 6: Hypertension Awareness

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

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

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

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

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

## Section 7: Cholesterol Awareness

---

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

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

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

**Read only if necessary:**

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

4        5 or more years ago

**Do not read**

7        Don't know / Not sure

9        Refused

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

1        Yes

2        No

7        Don't know / Not sure

9        Refused

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

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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

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

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

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

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

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

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

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

## Section 11: Tobacco Use

---

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

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

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

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

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

- 7 Don't know / Not sure **[Go to next section]**  
 9 Refused **[Go to next section]**
- 11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)
- 1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused

## Section 12: Alcohol Consumption

---

- 12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (102)
- 1 Yes  
 2 No **[Go to next section]**  
 7 Don't know / Not sure **[Go to next section]**  
 9 Refused **[Go to next section]**
- 12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)
- 1 \_\_ Days per week  
 2 \_\_ Days in past 30 days  
 8 8 8 No drinks in past 30 days **[Go to next section]**  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused
- 12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many drinks did you drink on the average? (106-107)
- \_\_ \_\_ Number of drinks  
 7 7 Don't know / Not sure  
 9 9 Refused
- 12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)
- \_\_ \_\_ Number of times  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused
- 12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)
- \_\_ \_\_ Number  
 7 7 Don't know / Not sure  
 9 9 Refused

## Section 13: Demographics

---

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

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

13.2. Are you Hispanic or Latino? (114)

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

13.3. Which one or more of the following would you say is your race? (115-120)

**[Check all that apply]**

**Please read**

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

**DO NOT READ**

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

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

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

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

13.5. Are you...? (122)

**Please read**

- 1 Married  
2 Divorced  
3 Widowed  
4 Separated  
5 Never married  
or

6 A member of an unmarried couple

**DO NOT READ**

9 Refused

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

-- Number of children

8 8 None

9 9 Refused

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

**Read only if necessary:**

1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

5 College 1 year to 3 years (Some college or technical school)

6 College 4 years or more (College graduate)

9 Refused

13.8. Are you currently? (126)

**Please read**

1 Employed for wages

2 Self-employed

3 Out of work for more than 1 year

4 Out of work for less than 1 year

5 A homemaker

6 A student

7 Retired,

or

8 Unable to work

**DO NOT READ**

9 Refused

13.9. Is your annual household income from all sources...? (127-128)

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

**Read only if necessary:**

0 4 Less than \$25,000 If "no", ask 05; if "yes", ask 03  
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 If "no", code 04; if "yes", ask 02  
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 If "no", code 03; if "yes", ask 01  
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 If "no", code 02

0 5 Less than \$35,000 If "no", ask 06  
(\$25,000 to less than \$35,000)

- 0 6      Less than \$50,000 **If “no”, ask 07**  
             (\$35,000 to less than \$50,000)
- 0 7      Less than \$75,000 **If “no”, code 08**  
             (\$50,000 to less than \$75,000)
- 0 8      \$75,000 or more

**DO NOT READ**

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

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

**{Note:    If respondent answers in metrics, put “9” in column 129.}**

**[Round fractions up]**

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

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

**{Note:    If respondent answers in metrics, put “9” in column 133.}**

**[Round fractions down]**

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

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

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

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

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

13.14.    Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (145)

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

- 13.15. How many of these phone numbers are residential numbers? (146)
- Residential telephone numbers [6=6 or more]  
7 Don't know / Not sure  
9 Refused
- 13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (147)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- 13.17. Indicate sex of respondent. [Ask only if necessary]. (148)
- 1 Male [Go to next section]  
2 Female {If respondent is 45 years old or older, [Go to next section]}
- 13.18. To your knowledge, are you now pregnant? (149)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 14: Veteran's Status

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

- 14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (150)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 15: Disability

---

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

- 15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- 15.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (152)

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

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

## Section 16: Arthritis Burden

---

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

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

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

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

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

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

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

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

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

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

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

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

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

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

## Section 17: Fruits & Vegetables

---

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

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

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

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

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

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

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

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

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month

4 \_ \_ Per year  
 5 5 5 Never  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

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

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

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

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

## Section 18: Physical Activity

---

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

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

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

**Please read**

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

**DO NOT READ**

7 Don't know / Not sure  
 9 Refused

**Please read**

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

18.2. Now, thinking about the moderate activities you do **[fill in "when you are not working" if "employed" or self-employed]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (177)

1 Yes

- 2 No **[Go to Q18.5]**  
 7 Don't know / Not sure **[Go to Q18.5]**  
 9 Refused **[Go to Q18.5]**
- 18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?  
 (178-179)
- Days per week  
 8 8 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to Q18.5]**  
 7 7 Don't know / Not sure **[Go to Q18.5]**  
 9 9 Refused **[Go to Q18.5]**
- 18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?  
 (180-182)
- Hours and minutes per day  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused
- 18.5. Now, thinking about the vigorous activities you do **[fill in “when you are not working” if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?  
 (183)
- 1 Yes  
 2 No **[Go to next section]**  
 7 Don't know / Not sure **[Go to next section]**  
 9 Refused **[Go to next section]**
- 18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?  
 (184-185)
- Days per week  
 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to next section]**  
 7 7 Don't know / Not sure **[Go to next section]**  
 9 9 Refused **[Go to next section]**
- 18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?  
 (186-188)
- Hours and minutes per day  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

## Section 19: HIV/AIDS

---

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

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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

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

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

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

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

19.3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (196-197)

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

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

**Please read**

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

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

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

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

---

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

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

**Please read**

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

**DO NOT READ**

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

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

**Please read**

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

**DO NOT READ**

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

Go to modules and/or state-added questions

## Optional Modules

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

### State-Added 5: Child Selection

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

If Core Q13.6 = 1: **INTERVIEWER:** "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to mod10\_2].

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

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

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

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

TX5\_1. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

TX5\_2. In what month and year was [FILL: he/she] born?

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

7 7/ 7 7 7 7  
9 9/ 9 9 9 9

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

## Module 11: Childhood Asthma Prevalence

---

{If Core S13q6=00, 88, or 99 (no children under age 18 in the household, or refused); Else, Go to next module.}  
{The "child" is the same child selected in State-Added 5: Child Selection}

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

Mod11\_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (310)

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

Mod11\_2. Does the child still have asthma? (311)

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

## Module 19: Indoor Air Quality

---

The next five questions are about the air quality in your home.

**[Note:** Home refers to the respondent's primary residence.]

Mod19\_1. Is your home heated with a furnace or boiler that burns oil, gas, coal, or other fuel? (340)

**[Read only if necessary:** "Not a total electric furnace or boiler".]

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

Mod19\_2. Does your home have any of the following appliances powered by natural gas: a stove, an oven, a water heater, or clothes dryer? (341)

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

Mod19\_3. During the past 12 months, on how many days have you used a wood or coal stove, fireplace, or kerosene heater inside your home? (342-344)

**[Note:** If response is '777' (Don't know/Not sure), probe for approximate number of days.]

- Number of days
- 5 5 5 Do not have

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

Mod19\_4. A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home? (345)

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

Mod19\_5. Do you currently have mold in your home on an area greater than the size of a dollar bill? (346)

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

## Module 20: Home Environment

---

The next four questions are about water used in your home and home pest control practices.

Mod20\_1. What is the main source of your home water supply? (347)

**[Read only if necessary:** *"This refers to the water supply to taps or outlets inside the home".]*

- 1 A city, county, or town water system
- 2 A small water system operated by a home association
- 3 A private well serving your home
- 4 Other source
- 7 Don't know / Not sure
- 9 Refused

Mod20\_2. Which of the following best describes the water that you drink at home **most often**? (348)

**Please read**

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water
- 4 Water from another source

**DO NOT READ**

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

Mod20\_3. During the past 12 months, on how many days were pesticides, sprays, or chemicals applied inside your home to kill bugs, mice, or other pests? (349-351)

**[Read only if necessary:** *"Include pesticide powders, but do not include pest traps, pest strips, or herbal treatments".]*

**[Note:** If response is '777' (Don't know/Not sure), probe for approximate number of days.]

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

Mod20\_4. During the past 12 months, on how many days were pesticides or chemicals applied in your yard or garden to kill plant, animal, or insect pests, including applications by lawn care services? (352-354)

**[Read only if necessary:** "Do not include lime or fertilizer if no weed or bug killer used".]

**[Note:** If response is '777' (Don't know/Not sure), probe for approximate number of days.]

|       |                              |
|-------|------------------------------|
| ---   | Number of days               |
| 5 5 5 | Do not have a yard or garden |
| 8 8 8 | None                         |
| 7 7 7 | Don't know / Not sure        |
| 9 9 9 | Refused                      |

## Module 5: Cardiovascular Health

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

**CATI Note: If Core Q8.1=1(Yes); ask Q1. If Core Q8.1=2, 7, 9 (No, Don't know, Refused); Skip Q1.**

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

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

**CATI Note: If Core Q8.3=1(Yes); ask Q2. If Core Q8.3=2, 7, 9 (No, Don't know, Refused); Skip Q2.**

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

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

**[Question 3 is asked of all respondents.]**

3. Do you take aspirin daily or every other day? (251)

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

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

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

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

## Module 7: Heart Attack & Stroke

---

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

Which of the following do you think is a symptom of a heart attack? For each, tell me “Yes”, “No”, or you’re “Not sure”:

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

|   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |
2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack)? (264)  

|   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |
3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (265)  

|   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |
4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack)? (266)  

|   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |
5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack)? (267)  

|   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |
6. (Do you think) shortness of breath (is a symptom of a heart attack)? (268)  

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

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

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

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

9        Refused

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

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

9.        (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke)?        (271)

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

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

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

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

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

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

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

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

**Please read**

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

**DO NOT READ**

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

## **Module 3: Visual Impairment and Access to Eye Care**

---

I would like to ask you questions about how much difficulty, if any, you have doing certain activities. If you usually wear glasses or contact lenses, please rate your ability to do them while wearing glasses or contact lenses.

**{If respondent is <50 years of age; Go to next module.}**

Mod3\_1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say:  
(224)

**Please read**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

**DO NOT READ**

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

Mod3\_2. How much difficulty, if any, do you have watching television? Would you say: (225)

**Please read**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

**DO NOT READ**

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

Mod3\_3. How much difficulty, if any, do you have reading print in newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say: (226)

**Please read**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

**DO NOT READ**

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

Mod3\_4. When was the last time you visited ANY eye care professional? (227)

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago) [Go to Mod3\_6.]
- 2 Within the past year (1 month but less than 12 months ago) [Go to Mod3\_6.]
- 3 Within the past 2 years (more than 1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

**Do not read**

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

**{Ask Mod3\_5 only if Mod3\_4=3-7 or 9; else go to Mod3\_6.}**

Mod3\_5. What is the main reason you have not visited an eye care professional in the past 12 months? (228-229)

**Read only if necessary:**

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment
- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other
- 0 8 Not Applicable (Blind) [Go to next module]

**Do not read**

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

**{CATI Note: if response to Mod1\_10=1, 2, 3, 4, 7, 8, or 9, go to Mod3\_7}**

Mod3\_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. (230)

**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 (more than 1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

**Do not read**

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

Mod3\_7. Do you have any kind of health insurance coverage for eye care? (231)

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

Mod3\_8. Have you been told by an eye doctor or other health care professional that you NOW have cataracts? (232)

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Mod3\_9. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma? (233)

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

Mod3\_10. Macular Degeneration (MD) is a disease that blurs the sharp, central vision you need for "straight-ahead" activities such as reading, sewing, and driving. MD affects the macula, the part of the eye that allows you to see fine detail.

Have you EVER been told by an eye doctor or other health care professional that you had macular degeneration? (234)

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

Mod3\_11. Have you EVER had an eye injury that occurred at your workplace while you were doing your work? (235)

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

Mod3\_12. About how many days did this injury cause you to miss work? (236-238)

Number of days  
 [Enter response 001-553]  
 554 554 or more

|       |                       |
|-------|-----------------------|
| 5 5 5 | None                  |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

## Module 9: Adult Asthma History

---

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

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

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

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

{If "Yes" to Core S9q2; continue; Else, Go to next module.}

Mod9\_2. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?  
(283-284)

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

Mod9\_3. [If one or more visits to Q3, fill in (Besides those emergency room visits)], During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?  
(285-286)

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

Mod9\_4. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?  
(280-281)

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

Mod9\_5. During the past 12 months, have you had an episode of asthma or an asthma attack?  
(282)

|   |                                      |
|---|--------------------------------------|
| 1 | Yes                                  |
| 2 | No [Go to Mod9_7]                    |
| 7 | Don't know / Not sure [Go to Mod9_7] |
| 9 | Refused [Go to Mod9_7]               |

Mod9\_6. During the past 12 months, how many days were you unable to work or carry out your usual activities

because of your asthma?

(287-289)

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

Mod9\_7. During the past 30 days, how often did you have any symptoms of asthma? Would you say?  
(290)

**Please read**

8      Not at any time **[Go to Mod9\_9]**  
1      Less than once a week  
2      Once or twice a week  
3      More than 2 times a week, but not every day  
4      Every day, but not all the time  
or  
5      Every day, all the time

**DO NOT READ**

7      Don't know / Not sure  
9      Refused

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

**Please read**

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

**DO NOT READ**

7      Don't know / Not sure  
9      Refused

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

**Please read**

8      **Never**  
1      **1 to 14 days**  
2      **15 to 24 days**  
3      **25 to 30 days**

**Do not read**

7      Don't know / Not sure  
9      Refused

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

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

**Read only if necessary**

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

**Do not read**

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

## **Module 21: Smoking Cessation**

---

{If response to Core S11q2 =3 (Not at all), continue; If Core S11q2=1 or 2 ('every day' or 'some days'), Go to Mod21\_2; IF S11q2=7,9, go to next module}

**Previously you said you have smoked cigarettes:**

Mod21\_1. About how long has it been since you last smoked cigarettes? (355-356)

**Read only if necessary:**

- 0 1 Within the past month (anytime less than 1 month ago) [Go to Mod21\_2]
- 0 2 Within the past 3 months (1 month but less than 3 months ago) [Go to Mod21\_2]
- 0 3 Within the past 6 months (3 months but less than 6 months ago) [Go to Mod21\_2]
- 0 4 Within the past year (6 months but less than 1 year ago) [Go to Mod21\_2]
- 0 5 Within the past 5 years (1 year but less than 5 years ago) [Go to next module]
- 0 6 Within the past 10 years (5 years but less than 10 years ago) [Go to the next module]
- 0 7 10 or more years ago [Go to next module]

**Do not read**

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

{If response to Mod21\_1= 01, 02, 03, or 04, Or if Core S11q2=1 or 2 continue; else go to next module}

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

Mod21\_2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (357-358)

- Number of times [01-76]
- 8 8 None [Go to next module]
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod21\_3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (359-360)

- Number of visits [01-76]
- 8 8 None

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

Mod21\_4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion? (361-362)

**(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)**

- Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod21\_5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking? (363-364)

- Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## Module 22: Secondhand Smoke Policy

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Mod22\_1. Which statement best describes the rules about smoking inside your home? (365)

**Please read**

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

**DO NOT READ**

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

**{If response to Core S13q8= 1 or 2 ('employed' or 'self-employed'), continue; Else, Go to next module.}**

Mod22\_2. While working at your job, are you indoors most of the time? (366)

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

Mod22\_3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (367)

**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 in any public areas

- 2 Allowed in some public areas
- 3 Allowed in all public areas
- or
- 4 No official policy

**DO NOT READ**

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

Mod22\_4. Which of the following best describes your place of work's official smoking policy for work areas?  
(368)

**Please read**

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas
- or
- 4 No official policy

**DO NOT READ**

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

## State Added 1: Access to Care

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{If Q3.1 = 1 continue; Else go to TX1\_3}

**TX1\_1.** Does your current health insurance cover any of the costs for routine check-ups?

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

**TX1\_2.** Does your current health insurance cover any of the costs for health promotion and wellness programs?

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

{Ask of all}

**TX1\_3.** Was there a time in the past 12 months when you or a member of your household needed counseling or other mental health treatment but could not get it because of the cost?

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

**TX1\_4.** Do you or a member of your household currently have any unpaid medical bills?

- 1 Yes
- 2 No

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

**TX1\_5.** Have you or a member of your household ever been contacted by a collection agency about any unpaid medical bills?

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

**TX1\_6.** Have you or a member of your household declared bankruptcy due to unpaid medical bills?

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

## State Added 2: Epilepsy

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**TX2\_1.** Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

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

**TX2\_2.** Are you currently taking any medicine to control your seizure disorder or epilepsy?

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

## State Added 3: Folic Acid

---

{Ask of All}

**TX3\_1.** Do you currently take any vitamin pills or supplements?  
[Include liquid supplements.]

- 1 Yes
- 2 No **[Go to TX3.5]**
- 7 Don't know/Not sure **[Go to TX3.5]**
- 9 Refused **[Go to TX3.5]**

**TX3\_2.** Are any of these a multivitamin?

- 1 Yes **[Go to TX3\_4]**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**TX3\_3.** Do any of the vitamin pills or supplements you take contain folic acid?

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

**TX3\_4.** How often do you take this vitamin pills or supplements?

- 1 \_\_\_ 101-199 = Times per day
- 2 \_\_\_ 201-299 = Times per week
- 3 \_\_\_ 301-399 = Times per month
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

**{If Q13.17=2 (female) and Q13.1=18-44, continue; Else go to next module.}**

**TX3\_5.** Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons:

**Please Read**

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

**Do not read**

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

## **State Added 4: HIV/STD**

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**{This section to be asked last.}**

**{Ask if Q13.1 = 18-49; else go to next section}**

The next three questions are about behavior that may put you at risk of getting HIV or AIDS. I want to remind you that your answers are strictly confidential. By sex, we mean vaginal, oral, or anal sex.

**TX4\_1.** Which of the following best describes your sexual partner(s) in the past year?

**Please Read**

- 1 Men only
- 2 Women only
- 3 Men and women
- 4 No sexual partners in the past year

**Do not read**

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

**{If TX4\_1=4,7,9 go to TX4\_3; Else continue.}**

**TX4\_2.** I'm going to read you a list and when I'm finished reading the list I'd like you to tell me if ANY of the situations

apply to you but you don't need to tell me which one(s). In the past year have you:

- \* Had sex with a bi-sexual man
- \* Had sex with an injecting drug user
- \* Exchanged sex for drugs or money or
- \* Been treated for a sexually transmitted disease
- \* Had sex with an HIV Positive person

Do any of these situations apply to you?

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

**TX4\_3** Have you injected drugs in the past 12 months?

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

## **Closing Statement**

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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.