

District of Columbia
Behavioral Risk Factor Surveillance System (BRFSS)
2003 Questionnaire

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

1.2 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

1.3 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 Q1.2 also "None," go to Q2.1**
- 7 7 Don't know / Not sure
- 9 9 Refused

1.4 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 2:

Health Care Access

2.1 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

2.2 Do you have one person you think of as your personal doctor or health care provider?
(If "No," ask: *"Is there more than one or is there no person who you think of?"*) (81)

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

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

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

Section 3:

Exercise

3.1 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? (83)

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

Section 4:

Diabetes

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

(If “Yes” and respondent is female, ask: “*Was this only when you were pregnant?*”)

(84)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 7 Don’t know / Not sure
- 9 Refused

Section 5:

Hypertension Awareness

5.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

(If “Yes” and respondent is female, ask: “*Was this only when you were pregnant?*”)

(85)

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

5.2 Are you currently taking medicine for your high blood pressure?

(86)

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

Section 6:

Cholesterol Awareness

6.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

(87)

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

6.2 About how long has it been since you last had your blood cholesterol checked? (88)

Read only if necessary:

- 1 Within the past year (less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

6.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (89)

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

Section 7:

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.

7.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- 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

7.2 Not counting juice, how often do you eat fruit? (93-95)

- 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

- 7.3** How often do you eat green salad? (96-98)
- 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
- 7.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (99-101)
- 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
- 7.5** How often do you eat carrots? (102-104)
- 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
- 7.6** 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.) (105-107)
- 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 8:

Weight Control

- 8.1** Are you now trying to lose weight? (108)
- 1 Yes [Go to Q8.3]
 2 No
 7 Don't know / Not sure
 9 Refused

8.2 Are you now trying to maintain your current weight that is to keep from gaining weight? (109)

- 1 Yes
- 2 No [Go to Q8.6]
- 7 Don't know / Not sure [Go to Q8.6]
- 9 Refused [Go to Q8.6]

8.3 Are you eating either fewer calories or less fat to... lose weight? [if "Yes" to Q8.1] (110)

keep from gaining weight? [If "Yes", to Q8.2]

Probe for which:

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know / Not sure
- 9 Refused

8.4 Are you using physical activity or exercise to lose weight? [If "Yes" to Q8.1] (111)

keep from gaining weight? [If "Yes" to Q8.2]

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

8.5 How much would you like to weigh? (112-114)

___ ___ Weight
pounds

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

8.6 In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

(115)

Section 9:

Asthma

- 9.1 Have you ever been told by a doctor, nurse or other health professional that you had asthma? (116)
- 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? (117)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10:

Immunization

- 10.1 During the past 12 months, have you had a flu shot? (118)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 10.2 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (119)
- 1 Yes
 - 2 No
 - 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? (120)
- 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? (121)
- 1 Everyday
 - 2 Some days

- 3 Not at all **[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? (122)

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

Section 12:

Alcohol Consumption

12.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (123-125)

- 1__ __ Days per week
- 2__ __ Days in past 30
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused **[Go to next section]**

12.2 On the days when you drank, about how many drinks did you drink on the average? (126-127)

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

12.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (128-129)

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

Section 13:

Excess Sun Exposure

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

(130)

13.1 Have you had a sunburn within the past 12 months?

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

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

(131)

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

Section 14:

Demographics

14.1 What is your age?

(132-133)

__ __ Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

14.2 Are you Hispanic or Latino?

(134)

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

14.3 Which one or more of the following would you say is your race?

(135-140)

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

Do not read:

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

If more than one response to Q14.3, continue. Otherwise, go to Q14.5

14.4 Which one of these groups would you say best represents your race? (141)

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

14.5 Are you? (142)

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

14.6 How many children less than 18 years of age live in your household? (143-144)

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

14.7 What is the highest grade or year of school you completed? (145)

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

14.8 Are you currently? (146)

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

14.9 Is your annual household income from all sources? (147-148)

If respondent refuses at ANY income level, code '99 Refused'

Read as appropriate:

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

- 07 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- Do not read:**
- 77 Don’t know / Not sure
- 99 Refused
- 14.10** About how much do you weigh without shoes? (149-151)
- Round fractions up**
- ___ ___ ___ Weight
pounds
7 7 7 Don’t know / Not sure
9 9 9 Refused
- 14.11** About how tall are you without shoes? (152-154)
- Round fractions down**
- ___/___ ___ Height
ft / inches
7 7 7 Don’t know / Not sure
9 9 9 Refused
- 14.12** What county do you live in? (155-157)
- ___ ___ ___ FIPS county code
7 7 7 Don’t know / Not sure
9 9 9 Refused
- 14.13** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (158)
- 1 Yes
- 2 No [Go to Q14.15]
- 7 Don’t know / Not sure [Go to Q14.15]
- 9 Refused [Go to Q14.15]
- 14.14** How many of these phone numbers are residential numbers? (159)
- ___ Residential telephone numbers [6=6 or more]
7 Don’t know / Not sure
9 Refused
- 14.15** During the past 12 months, has your household been without telephone service for 1 week or more? (160)
- 1 Yes
- 2 No
- 7 Don’t know/ Not sure
- 9 Refused
- 14.16** Indicate sex of respondent. Ask only if necessary.

- 1 Male [Go to next section] (161)
2 Female

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

- 14.17 To your knowledge, are you now pregnant? (162)
1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 15:

Arthritis

- 15.1 "The next questions refer to your joints. Please do **NOT** include the back or neck. **"DURING THE PAST 30 DAYS**, have you had any symptoms of pain, aching, or stiffness in or around a joint? (163)
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? (164)
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? (165)
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? (166)
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 Q15.2= 1 OR Q15.4 = 1 THEN 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? (167)

- 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."

***IF AGE IS BETWEEN 18-64 CONTINUE, OTHERWISE GO TO NEXT SECTION**

15.6 "In this next question we are referring to work for pay." Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (168)

NOTE: If respondent says he\she is retired or out-of-work, reply: "Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"

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

Section 16:

Falls

To be asked only of people 45 years or older.

"The next question asks about a recent fall. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level."

16.1 In the past 3 months, have you had a fall? (169)

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

16.2 Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (170)

- 1 Yes

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

Section 17:

Disability

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

- 17.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (171)

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

- 17.2** 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? (172)

Include occasional use or use in certain circumstances

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

Section 18:

Physical Activity

If "employed" or "self-employed" to core Q14.8 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? (173)

If respondent has multiple jobs, include all jobs

Please read:

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

Do not read:

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

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 as a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (174)

- 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?
(175-176)

___ ___ Days per week

7 7 Don't know / Not sure [Go to Q18.5]

8 8 Do not do any moderate physical activity for at least 10 minutes at a time [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?
(177-179)

___:___ ___ 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?
(180)

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?
(181-182)

___ ___ Days per week

7 7 Don't know / Not sure [Go to next section]

8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [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?
(183-185)

___:___ ___ Hours and minutes per day

7 7 7 Don't know / Not sure

9 9 9 Refused

Section 19:

Veteran's Status

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

19.1 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?
(186)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

[Go to next section]

[Go to next section]

[Go to next section]

19.2 Which of the following best describes your service in the United States military? (187)

Please read:

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

Do not read:

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

19.3 In the last 12 months have you received some or all of your health care from VA facilities? (188)

If "yes" probe for "all" or "some" of the health care.

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

Section 20:

HIV / AIDS

If respondent is 65 years old or older, go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

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

20.1 A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (189)

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

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

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

20.3 How important do you think it is for people to know their HIV status by getting tested? (191)

Please read:

Would you say?

- 1 Very important
 - 2 Somewhat important
- Or**
- 3 Not at all important

Do not read:

- 8 Depends on risk
- 7 Don't know / Not sure
- 9 Refused

20.4 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (192)

Include saliva tests

- 1 Yes
- 2 No [Go to Q20.8]
- 7 Don't know / Not Sure [Go to Q20.8]
- 9 Refused [Go to 20.8]

20.5 Not including blood donations, in what month and year was your last HIV test? (193-198)

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

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

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (199-200)

Please read:

___ Reason code

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

08 Or you were tested for some other reason

Do not read:

77 Don't know / Not sure
99 Refused

20.7 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?

(201-202)

___ Facility code
01 Private doctor or HMO
02 Counseling and testing site
03 Hospital
04 Clinic
05 In a jail or prison (or other correctional facility)
06 Home
07 Somewhere else
77 Don't know / Not sure
99 Refused

20.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

(203)

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?

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

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

20.9 In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (204)

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

Closing Statement

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

OR

Transition to Modules and/or State-added Questions.

Module 6:

Adult Asthma History

If "Yes" to core Q9.1, continue. .

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

1. How old were you when you were first told by a doctor, nurse or other health professional that you had asthma?

(244-245)

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

If "Yes" to core Q9.2, continue. .

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

(246)

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

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

(247-248)

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

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

(249-250)

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

5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?

(251-252)

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

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

(253-255)

___ ___ ___ Number of days

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you Don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma?

(256)

Please read:

Would you say?

- 8 Not at any time [Go to Q9]
- 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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep?

(257)

Please read:

Would you say?

- 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

9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler.

(258)

Please read:

Would you say?

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

Or

- 5 2 or more times every day

Do not read:

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

Module 9:

Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, are you.... (276)
 - a. Eating fewer high fat or high cholesterol foods?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - b. Eating more fruits and vegetables? (277)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - c. More physically active? (278)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
2. Within the past 12 months, has a doctor, nurse, or other health professional told you to... (279)
 - a. Eat fewer high fat or high cholesterol foods?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - b. Eat more fruits and vegetables? (280)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- c. Be more physically active? (281)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

3. Has a doctor, nurse or other health professional ever told you that you had any of the following? (282)

a. A heart attack, also called a myocardial infarction

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

b. Angina or coronary heart disease (283)

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

c. A stroke (284)

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

If "Yes" to Q3a continue. Otherwise, go to Q5.

4. At what age did you have your first heart attack? (285-286)

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

If "Yes" to Q3c, continue. Otherwise, go to Q6.

5. At what age did you have your first stroke? (287-288)

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

If "Yes" to question 3a or 3c, continue. Otherwise, go to Q7.

6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "Yes" to Q3c and "No" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (289)

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

If respondent is aged 35 years or older continue with Q7 otherwise go to the next module.

7. Do you take aspirin daily or every other day? (290)
- 1 Yes [Go to Q9]
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (291)
- If "Yes," ask "Is this a stomach condition?" Code upset stomachs as stomach problems
- 1 Yes, not stomach related [Go to next module]
 - 2 Yes, stomach problems [Go to next module]
 - 3 No [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]

9. Why do you take aspirin...
- a. To relieve pain? (292)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- b. To reduce the chance of a heart attack? (293)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- c. To reduce the chance of a stroke? (294)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

Sexual Behavior Questions (Have been modified)

1. During the past 12 months, with how many people have you had sexual intercourse?
- | | | |
|---------------------------|---|---|
| a. Number | | |
| b. None Go to Next Module | 8 | |
| c. Don't know/Not sure | | 7 |
| d. Refused | 9 | |
2. Was a condom used the last time you had sexual intercourse?
- | | | |
|-----------------------------------|---|---|
| a. Yes | | 1 |
| b. No Go to Q. 4 | | 2 |
| c. Don't know/Not sure Go to Q. 4 | 7 | |
| d. Refused Go to Q. 4 | | 9 |
3. The last time you had sexual intercourse, was the condom used...
Please Read
- | | | |
|---|---|---|
| a. To prevent pregnancy | | 1 |
| b. To prevent diseases like syphilis, Gonorrhea, and AIDS | 2 | |
| c. For both of these reasons or | | 3 |
| d. For some other reason | | 4 |
| e. Don't know/Not sure | | 7 |
| f. Refused | 9 | |
4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose?
Would you say: Please Read
- | | | |
|-----------------------------|---|---|
| a. Very effective | | 1 |
| b. Somewhat effective or | 2 | |
| c. Not at all effective | | 3 |
| d. Don't know how effective | 4 | |
| e. Don't know method | | 7 |
| f. Refused | 9 | |
5. How many new sex partners did you have during the past 12 months?
- | | | |
|---------------------------|--|---|
| a. Number (76=76 or more) | | |
| b. None | | 8 |

- c. Don't know/Not sure 7
- d. Refused 9
6. I'm going to read you a list. Please tell me if any of the situations apply to you.
- a. You have used intravenous drugs in the past year (1)
 - b. You have been treated for a sexually transmitted or venereal disease in the past year (2)
 - c. You tested positive for having HIV, the virus that causes AIDS (3)
 - d. You have given or received money or drugs in exchange for sex in the past year (4)
 - e. You had anal sex without a condom in the past year (5)
7. In the past five years, have you been treated for a sexually transmitted or venereal disease?
- a. Yes 1
 - b. No Go to Next Module 2
 - c. Don't know/Not sure Go to Next Module 7
 - d. Refused Go to Next Module 9
8. Were you treated at a health department STD clinic?
- a. Yes 1
 - b. No 2
 - c. Don't know/Not sure 7
 - d. Refused 9
9. If you thought that you might have a sexually transmitted disease, such as gonorrhea, or syphilis, where would you go for diagnosis and treatment?
- a. private physician 1
 - b. ER 2
 - c. Health Department STD clinic 3
 - d. Other clinic 4
 - e. Don't know 7
 - f. Refused 9

DATA LAYOUT - STATE-ADDED QUESTIONS Page 1
FOR 2003 BRFSS QUESTIONNAIRE - 04/16/01

District of Columbia

Field Size	Columns (beginning with 345; not to exceed 594)	Question	Response Categories (Code = Response)
		Women's Health Modified Module	
1	345	A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?	1. Yes 2. No 7. Don't know/Not sure 9. Refused
1	346	How long has it been since you had your last mammogram?	1. Yes 2. No 7. Don't know/Not sure 9. Refused
1	347	A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?	1 Less than 12 months before 2 1 year but less than 2 years before 3 2 years but less than 3 years before 4 3 years but less than 5 years before 5 5 or more years before

			6 Has had only one mammogram 7 Don't know / Not sure 9 Refused
1	348	How long has it been since your last breast exam?	1 Less than 12 months before 2 1 year but less than 2 years before 3 2 years but less than 3 years before 4 3 years but less than 5 years before 5 5 or more years before 6 Has had only one mammogram 7 Don't know / Not sure 9 Refused
1	349	A pap smear is a test for cancer of the cervix. Have you ever had a pap smear?	1 Less than 12 months before 2 1 year but less than 2 years before 3 2 years but less than 3 years before 4 3 years but less than 5 years before 5 5 or more years before 6 Has had only one mammogram 7 Don't know / Not sure 9 Refused
1	350	How long has it been since you had your last pap smear?	1 Less than 12 months before 2 1 year but less than 2 years before 3 2 years but less than 3 years before 4 3 years but less than 5 years before 5 5 or more years before 6 Has had only one mammogram 7 Don't know / Not sure 9 Refused

Tobacco Indicators Module has been modified

5	351	How old were you when you the first time you smoked a cigarette, even one or two puffs?	8. Never Smoked regularly 7 Don't know/Not sure 9 Refused
1	352	Do you now smoke cigars every day, some days, or not at all?	1. Everyday 2. Some days 3. Not at all 7. Don't know/Not sure 9. Refused
1	353	A bidi is a flavored cigarette from India. Do you now smoke bidis every day, some days, or not at all?	1. Everyday 2. Some days 3. Not at all 7. Don't know/Not sure 9. Refused
7	354	Which statement best describes the rules about smoking inside your home?	1. Smoking is not allowed anywhere inside your home 2. Smoking is allowed in some places or at sometime 3. Smoking is allowed anywhere inside the home Or 4. There are no rules about smoking inside the home Do not read 7. Don't know/Not sure 9. Refused
1	355	Which of the following best describes your place of work's official smoking policy for indoor public or common areas,	For workers who visit clients, "place of work" means their base location Please read. 1. Not allowed in any public area

		such as lobbies, rest rooms, and lunchrooms?	<ul style="list-style-type: none"> 2. Allowed in some public areas 3. Allowed in all public area OR <ul style="list-style-type: none"> 4. No official policy Do not read: <ul style="list-style-type: none"> 7. Don't know/Not sure 9. Refused
1	356	Which of the following best describes your place of work's official smoking policy for work areas?	For workers who visit clients, "place of work" means their base location Please read. <ul style="list-style-type: none"> 5. Not allowed in any public area 6. Allowed in some public areas 7. Allowed in all public area OR <ul style="list-style-type: none"> 8. No official policy Do not read: <ul style="list-style-type: none"> 7. Don't know/Not sure 9. Refused
Cardiovascular Disease State-Added Questions			
1	357	In your opinion, what percentage of restaurants and/or fast food establishments in your community provide heart-healthy choices, as indicated on their menus (low-fat, low cholesterol, low sodium)?	<ul style="list-style-type: none"> 1. 0-10% 2. 10-20% 3. 20-30% 4. 30-40% 5. 40-50% 6. Greater than 50% 7. Don't Know/Not sure 9. Refused
		READ RESPONSES	
	358	How many farmers markets, food co-ops or organic markets are there in your community?	<ul style="list-style-type: none"> 1. 1 to 2 2. 3 to 4 3. Greater than 4 4. None 7. Don't know/Not sure 9. Refused
2	359	Have you seen or heard media reports or newsletters (e.g. video, radio or print) that support change for improving the health of residents in your community?	<ul style="list-style-type: none"> 3. Yes 4. No 7. Don't know/Not sure 9. Refused
1	360	In your community, do you have access to places, either inside or outdoors, where you can participate in physical activities at no cost to you?	<ul style="list-style-type: none"> 1. Yes, both Inside and Outdoors 2. Yes, Inside only 3. Yes, Outdoors only 4. No 7. Don't know/Not sure 9. Refused
1	361	Where in your community do you exercise? CHECK ALL THAT APPLY	<ul style="list-style-type: none"> a. At home b. At work c. Park d. Recreation center e. Walking/Jogging trail or track f. School/University facility g. Basketball court h. Tennis court i. Swimming pool j. Gymnasium k. Health/fitness club

			<ul style="list-style-type: none"> l. Mall/Shopping /center m. Other: _____ n. I Don't Exercise o. Refused 																				
1	362	Some people say that they are unable to be more active because of conditions in their community or neighborhood. Are there things about your community or neighborhood that might keep you from being more active?	<ul style="list-style-type: none"> a. Not enough sidewalks or sidewalks are in bad condition b. Narrow shoulder c. Poor snow removal from sidewalks in the winter d. Not enough bike lanes e. Not enough recreation facilities f. Not enough physical activity programs g. High crime h. No street lights i. Unattended dogs j. Too many hills k. Bad weather l. Heavy or fast moving traffic m. Foul air from cars n. Poor scenery o. Remote area p. Other reason: _____ q. Not enough time r. No community or neighborhood reasons. 																				
22	363	Please respond to the following statement. A lot of people in my neighborhood are physically active. Do you believe this to be true? Read Responses	<p>Read Responses</p> <ul style="list-style-type: none"> 1. Not true 2. Somewhat true 3. Very true 8. Don't know/not sure 9. Refused 																				
14	364	Do you think local government funds should be spent on the following items:	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Walking/Jogging trail</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>Swimming Pools</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>Recreation Centers</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>Bicycle Paths</td> <td>1</td> <td>2</td> <td>7</td> </tr> </tbody> </table>		Yes	No	DK	Walking/Jogging trail	1	2	7	Swimming Pools	1	2	7	Recreation Centers	1	2	7	Bicycle Paths	1	2	7
	Yes	No	DK																				
Walking/Jogging trail	1	2	7																				
Swimming Pools	1	2	7																				
Recreation Centers	1	2	7																				
Bicycle Paths	1	2	7																				
1	365	Do you think zoning regulations should include walking or bike paths to promote exercise?	<ul style="list-style-type: none"> 1. Yes 2. No 7. Don't know/Not sure 9. Refused 																				
1	366	Do you think local schools should require physical education for all students?	<ul style="list-style-type: none"> 1. Yes 2. No 7. Don't know/Not sure 9. Refused 																				
1	367	Does your work place provide support or incentives for you to exercise? If NO, then go to #13	<ul style="list-style-type: none"> 1. Yes 2. No 7. Don't know/Not sure 9. Refused 																				
1	368	What types of support or incentive does your workplace provide?	<ul style="list-style-type: none"> 1. Time or breaks during the workday for exercise 2. Facilities to exercise (e.g., gym, trail, locker room, shower) 3. Equipment for exercise (e.g., treadmill, cycle, weights) 4. Memberships to local workout facility 5. Other: _____ 																				

	369	Do you think local employers should provide time during the workday for employees to exercise?	<ol style="list-style-type: none"> 1. Yes 2. No 7. Don't Know 9. Refused
	370	Where do you get most of your information about health care?	<ol style="list-style-type: none"> 1. Friend 2. Co-worker/Employer 3. Family member 4. Neighbor 5. Barbershop/ Beauty salon 6. Fitness trainer or instructor 7. Doctor/Health Professional 8. Magazine/newspaper 9. Health literature (e.g., pamphlets, books) 10. Local health agency 11. Minister/Clergy 12. Television/radio 13. Computer websites 14. Other (specify): _____ 15. None 77. Don't Know/Not sure 99. Refused
Diabetes			
	371	<p>What prompted you to get a flu shot? (Wait for response)</p> <p>Why did you choose not to get a flu vaccination? (Wait for response, prompt if needed)</p>	<ol style="list-style-type: none"> b. Diabetes related. c. My doctor me to get a flu shot. I asked my doctor about the flu shot. Other health professional told me to get a flu shot. d. A family member or friend suggested I get a flu shot. e. A community event was giving flu shots. An advertisement f. Other _____
	372	<p>Did you hear any radio advertisements or read any news articles encouraging patients with diabetes to get a flu vaccination?</p> <p>If yes, go to question 5.</p>	<ol style="list-style-type: none"> a. Flu shot will make me sick b. Couldn't afford it c. Didn't know I needed one. d. I don't get sick. e. Didn't know where to get a flu shot. f. Contraindication..
	373	What type of advertisements did you hear or read? (Please read and let respondent answer yes/no.)	<ol style="list-style-type: none"> b. Radio c. Newspaper d. Newspaper e. Television f. Brochure/poster g. Letter in the mail h. Billboard
Ward Information for the District of Columbia			
		What ward do you live in?	<ol style="list-style-type: none"> Ward 1 Ward 2 Ward 3 Ward 4 Ward 5

			Ward 6 Ward 7 Ward 9
		What is your Zip code?	Please enter number

NOTE: YOU MUST PLACE THE NUMBER ONE (1) IN POSITION 765.

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FAMILY PLANNING QUESTIONS

If respondent is male or age 45 years old or older, go to next module.

The next few questions ask about pregnancy and ways to prevent pregnancy.

If pregnant now (Yes" to core Q9.11), go to Q2a.

1. Have you been pregnant in the last 5 years?

- a. yes
- b. No Go to Q3
Don't know/Not sure Go to Q3
Refused Go to Q3

2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

Would you say: Please Read

- a. You wanted to be pregnant sooner Go to Q3
- b. You wanted to be pregnant later Go to Q3
- c. You wanted to be pregnant then Go to Q3
- d. You didn't want to be pregnant then or at anytime in the future Go to Q3 or
- e. You don't know Go to Q3

Do Not Read Refused Go to Q3

2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?

Would you say: Please Read

- a. You wanted to be pregnant sooner
- b. You wanted to be pregnant later
- c. You wanted to be pregnant then
- d. You didn't want to be pregnant then or at any time in the future
Or
- e. You don't know

Do Not Read Refused

If respondent had hysterectomy ("Yes" to core Q9.10) or is pregnant now ("Yes" to core Q9.11), go to Q6.

If respondent has no sex partners ("None" to Q1 in Sexual Behavior Module), go to Q6.

3. Are you or your (fill in (husband/partner) from core Q8.4) using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.

- a. Yes
- b. No Go to Q5
- c. Not sexually active Go to Q6
Don't know/Not sure Go to Q6
Refused Go to Q6

4. What kinds of birth control are you or your [fill in (husband/partner) from core Q8.4] using now?

- Kind Code
Read Only if Necessary
- a. Tubes tied (sterilization) Go to Q6
- b. Vasectomy (sterilization) Go to Q6
- c. Pill Go to Q6

- d. Condoms Go to Q6
- e. Foam, jelly, cream Go to Q6
- f. Diaphragm Go to Q6
- g. Norplant Go to Q6
- h. Shots (Depo-Provera) Go to Q6
- i. Withdrawal Go to Q6
- j. Other [specify]_____ Go to Q6
- Don't know/Not sure Go to Q6
- Refused Go to Q6

5. What are your reasons for not using any birth control now?

Reason Code **If more than one, code other and specify each method code**
Read Only if Necessary

- a. I am not having sex
- b. I want to get pregnant
- c. I don't want to use birth control
- d. My husband or partner doesn't want to use birth control
- e. I don't think I can get pregnant
- f. I can't pay for birth control
- g. Other [specify]_____
- Don't know/Not sure
- Refused

6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?

Would you say: Please Read

- a. A family planning clinic [Example: a Planned Parenthood clinic] Go to Q8
- b. A health department clinic
- c. A community health center
- d. A private gynecologist
- e. A general or family physician
- Or
- f. Some other kind of place
- Some other kind of place
- Don't know/not sure
- Refused

Do Not Read These Responses

7. Have you ever used the services at a family planning clinic?

- a. Yes
- b. No Go to Next Module
- Don't know/not sure Go to Next Module
- Refused Go to Next Module

8. How long has it been since you used the services at a family planning clinic?

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 3 years (2 to 3 years ago)
- d. Within the past 5 years (3 to 5 years ago)
- e. 5 or more years ago
- Don't know/Not sure
- Refused