

District of Columbia

2007

**Behavioral Risk Factor Surveillance System
Questionnaire**

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Introduction & Selection

HELLO, I am calling for the District of Columbia Department of Public Health. My name is (name). We are gathering information about the health of **DC** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

If "no,"

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

Is this a cellular telephone?

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

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to Confidentiality Statement.**

If "no,"

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

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

___ Number of men

___ Number of women

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

If "you," go to Confidentiality Statement

To the correct respondent:

HELLO, I am calling for the District of Columbia Department of Public Health. My name is (name). We are gathering information about the health of DC residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement:

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

Section 1: Health Status

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

Please read:

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

Or

- 5 Poor

Do not read:

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

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

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

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

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

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

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

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

Section 3: Health Care Access

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

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

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

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

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

(81)

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

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

(82)

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

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

(83)

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

Section 4: Exercise

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

(84)

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

9 Refused

Section 5: Diabetes

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

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

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

(85)

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

Module 3: Diabetes

{CATI: To be asked following Core Q5.1; If Q5.1=1, continue; else go to next section}

Mod3_1 How old were you when you were told you have diabetes?

(221-222)

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

Mod3_2 Are you now taking insulin?

(223)

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

Mod3_3 Are you now taking diabetes pills?

(224)

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

Mod3_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.

(225-227)

- 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

Mod3_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.

(228-230)

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

Mod3_6 Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(231)

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

Mod3_7 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(232-233)

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

Mod3_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"?

(234-235)

- _ _ 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

{CATI: If Mod3_5 = 555 (No feet), go to Mod3_10.}

Mod3_9 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (236-237)

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

Mod3_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. (238)

Read only if necessary:

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

Do not read:

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

Mod3_11 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (239)

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

Mod3_12 Have you ever taken a course or class in how to manage your diabetes yourself? (240)

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

Section 6: Hypertension Awareness

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

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

- 1 Yes
2 Yes, but female told only during pregnancy {Go to next section}
3 No {Go to next section}

4

- 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

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

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

- 8.1** Ever told you had a heart attack, also called a myocardial infarction? (91)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 8.2** (Ever told) you had angina or coronary heart disease? (92)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 8.3** (Ever told) you had a stroke? (93)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 9: Asthma

- 9.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)
- 1 Yes
2 No {Go to next section}
7 Don't know / Not sure {Go to next section}
9 Refused {Go to next section}
- 9.2** Do you still have asthma? (95)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 10: Immunization

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

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

10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (97)

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

10.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (98)

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

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

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

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

The next question is about behaviors related to Hepatitis B.

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

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

Are any of these statements true for you? (100)

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

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (101)

[NOTE: 5 packs = 100 cigarettes]

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

11.2 Do you now smoke cigarettes every day, some days, or not at all? (102)

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

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

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

Check all that apply

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

{CATI: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.}

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

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

Do not read:

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

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.* (114)

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

12.6 Are you...? (115)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

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

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

12.8 What is the highest grade or year of school you completed? (118)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

12.9 Are you currently...? (119)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

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

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

Read only if necessary:

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

- 06 Less than \$50,000 {CATI: If “no,” ask 07}
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 {CATI: If “no,” code 08}
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- Do not read:**
- 77 Don't know / Not sure
- 99 Refused

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

[Note: If respondent answers in metrics, put “9” in column 122.]

[NOTE: Round fractions up]

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

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

[Note: If respondent answers in metrics, put “9” in column 126.]

[NOTE: Round fractions down]

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

~~**12.13** What county do you live in? (130-132)~~

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

12.14 What is your ZIP Code where you live? (133-137)

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

DC5_1 What District Ward do you live in?

- 01 Ward 1
- 02 Ward 2
- 03 Ward 3
- 04 Ward 4

- 05 Ward 5
- 06 Ward 6
- 07 Ward 7
- 08 Ward 8
- 77 Don't know/Not sure
- 99 Refused

12.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (138)

- 1 Yes
- 2 No {Go to Q12.17}
- 7 Don't know / Not sure {Go to Q12.17}
- 9 Refused {Go to Q12.17}

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

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

12.17 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (140)

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

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

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

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

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

Section 13: Alcohol Consumption

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

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

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

- 1 _ _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days {Go to next section}
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

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

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** {CATI X = 5 for men, X = 4 for women} or more drinks on an occasion? (149-150)

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

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

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

Section 14: Disability

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

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

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

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

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

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

Section 15: Arthritis Burden

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

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

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

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

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

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

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

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

[NOTE: Arthritis diagnoses include:

- **rheumatism, polymyalgia rheumatica**
- **osteoarthritis (not osteoporosis)**
- **tendonitis, bursitis, bunion, tennis elbow**
- **carpal tunnel syndrome, tarsal tunnel syndrome**
- **joint infection, Reiter's syndrome**
- **ankylosing spondylitis; spondylosis**
- **rotator cuff syndrome**
- **connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome**

- **vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)]**

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

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

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

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

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

Section 16: Fruits and Vegetables

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 17: Physical Activity

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

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

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

Please read:

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

Do not read:

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

Please read:

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

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

(179)

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

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

(180-181)

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

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

(182-184)

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

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

(185)

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

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

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

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

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

Section 18: HIV/AIDS

{CATI: 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 do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (191)

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

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

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

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

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

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital

- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

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

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

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

Section 19: Emotional Support and Life Satisfaction

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

19.1 How often do you get the social and emotional support you need? (201)

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

Please read:

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

Do not read:

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

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

Please read:

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

Do not read:

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

Transition to Modules and State-Added Questions

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

Module 1: Random Child Selection

{CATI: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.}

{CATI: If Core Q12.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Mod1_1]}

{CATI: If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99}

Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.)

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

INTERVIEWER PLEASE READ:

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

Mod1_1 What is the birth month and year of the "Xth" child? (203-208)

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

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

Mod1_2 Is the child a boy or a girl? (209)

1	Boy
2	Girl
9	Refused

Mod1_3 Is the child Hispanic or Latino? (210)

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

Mod1_4 Which one or more of the following would you say is the race of the child? (211-216)

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

{CATI: If more than one response to Mod1_4, continue. Otherwise, go to Mod1_6.}

Mod1_5 Which one of these groups would you say best represents the child's race? (217)

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

Mod1_6 How are you related to the child? (218)

Please read:

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

Do not read:

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

Module 2: Childhood Asthma Prevalence

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

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

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

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

Mod2_2 Does the child still have asthma? (220)

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

Module 6: Cardiovascular Health

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

{CATI: If Core Q8.1 = 1 (Yes), ask Mod6_1. If Core Q8.1 = 2, 7, or 9, skip Mod6_1.}

Mod6_1 After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (262)

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

{CATI note: If Core Q8.3 = 1 (Yes), ask Mod6_2. If Core Q8.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Mod6_2.}

Mod6_2 After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (263)

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

{CATI: Question Mod6_3 is asked of all respondents.}

Mod6_3. Do you take aspirin daily or every other day? (264)

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

Mod6_4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (265)

[NOTE: 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: Actions to Control High Blood Pressure

{CATI: If Core Q6.1 = 1 (Yes); continue. Otherwise, go to next module.}

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

Mod7_1 Are you changing your eating habits to help lower or control your high blood pressure? (266)

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

Mod7_2 (Are you) cutting down on salt (to help lower or control your high blood pressure)? (267)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

Mod7_3 (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (268)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

Mod7_4 (Are you) exercising (to help lower or control your high blood pressure)? (269)

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

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

Mod7_5 Ever advised you to change your eating habits to help lower or control your high blood pressure? (270)

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

Mod7_6 (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (271)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

Mod7_7 (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (272)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

Mod7_8 (Ever advised you to) exercise (to help lower or control your high blood pressure)? (273)

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

Mod7_9 (Ever advised you to) take medication (to help lower or control your high blood pressure)? (274)

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

Mod7_10 Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (275)

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No

- 4 Told borderline or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

Module 8: Heart Attack and 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."

Mod8_1 Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (276)

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

Mod8_2 (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (277)

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

Mod8_3 (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (278)

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

Mod8_4 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (279)

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

Mod8_5 (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (280)

- 1 Yes
- 2 No

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

Mod8_6 (Do you think) shortness of breath (is a symptom of a heart attack?) (281)

- 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."

Mod8_7 Do you think sudden confusion or trouble speaking are symptoms of a stroke? (282)

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

Mod8_8 (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (283)

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

Mod8_9 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (284)

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

Mod8_10 (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (285)

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

Mod8_11 (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (286)

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

Mod8_12 (Do you think) severe headache with no known cause (is a symptom of a stroke?)

(287)

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

Mod8_13 If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

(288)

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 16: Mental Illness & Stigma

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

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

(335)

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

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

(336)

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

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

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

(337)

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

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

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

(338)

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

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

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

(339)

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

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

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

(340)

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

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

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

(341-342)

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

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

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

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

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

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

Read only if necessary:

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

Do not read:

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

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

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

Read only if necessary:

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

Do not read:

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

State-Added 1: Sexual Violence

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

{Cati: Read to All}

SVconsent. Are you in a safe place to answer these questions?

(346)

- 1 Yes
- 2 No **{Go to Sexual Violence closing statement}**

DC1_1 My first questions are about unwanted sexual experiences you may have had.

In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

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

DC1_2 Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[If female]**, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused

Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

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

DC1_3 Think about the time of the most recent incident involving a person who had sex with you –or- attempted to have sex with you after you said or showed that you didn't want to or without your consent? What was that person's relationship to you?

Do not read:

- 0 1 Current boyfriend/girlfriend
- 0 2 Former boyfriend/girlfriend
- 0 3 Fiancé
- 0 4 Spouse or live-in partner
- 0 5 Former spouse or former live-in partner
- 0 6 Someone you were dating
- 0 7 First Date

- 0 8 Friend
- 0 9 Acquaintance
- 1 0 A person known for less than 24 hours
- 1 1 Complete stranger
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Parent in-law
- 1 6 Other relative
- 1 7 Neighbor
- 1 8 Co-worker
- 1 9 Other non-relative
- 2 0 Multiple perpetrators [Go to closing statement]
- 7 7 Don't know / Not sure
- 9 9 Refused

DC1_4 Was the person who did this male or female?

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

Sexual Violence Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

State-Added 2: Intimate Partner Violence

The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

{CATI: read to all}

IPVconsent. Are you in a safe place to answer these questions?

- 1 Yes
- 2 No **{Go to IPV closing}**

DC2_1 Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.

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

DC2_2 Has an intimate partner EVER ATTEMPTED physical violence against your? This includes times when they tried to hit, slap, push, kick, or otherwise hurt you, BUT THEY WERE NOT ABLE TO

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

DC2_3 Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

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

Now, I am going to ask you some additional questions about unwanted sex. It may seem like you have already answered these questions. Although the questions are very similar to some that I may have already asked, it is important that we also ask them here.

DC2_4 Have you EVER experienced a Have you EVER experienced any unwanted sex by a current or former intimate partner?

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

{CATI: If DC2_3 = 1 (Yes) or DC2_4 = 1 (Yes), continue. Otherwise, go to IPV Closing}

DC2_5 In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?

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

DC2_6 In the past 12 months, have you had any physical injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence unwanted sex?

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

IPV Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat the number?

State-Added 3: Asthma Adult History

{CATI: If "Yes" to Core Q9.1, continue. Otherwise, go to next module.}

DC3_1 Previously you said you were told by a doctor, nurse or other health professional that you had asthma. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

- _ _ Age in years 11 or older [96 = 96 and older]
- 97 Age 10 or younger
- 98 Don't know / Not sure
- 99 Refused

{CATI note: If "Yes" to Core Q9.2, continue. Otherwise, go to next module}

DC3_2 During the past 12 months, have you had an episode of asthma or an asthma attack?

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

DC3_3 During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

- _ _ Number of visits [87 = 87 or more]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

DC3_4 {CATI: 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?

- _ _ Number of visits [87 = 87 or more]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

DC3_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?

- _ _ Number of visits [87 = 87 or more]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

DC3_6 During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

- _ _ _ Number of days
- 888 None
- 777 Don't know / Not sure
- 999 Refused

DC3_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? Would you say —

Please read:

- 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

DC3_8 During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

Please read:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

Or

- 5 More than ten

Do Not Read

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

State-Added 4: Diabetes

{CATI: Ask of ALL, regardless of Diabetes prevalence}

DC4_1 The District is considering requiring restaurants located in the District of Columbia to provide nutritional information such as calories, fat, sodium and carbohydrates on menus and menu signs. Would you support or oppose such a law in DC?

- 1 support
- 2 oppose
- 7 Don't know/Not sure
- 9 refused

DC4_2 Please name three things the District of Columbia or your doctor could provide to help people with diabetes manage their disease.

Do Not Read

- 01 Lower cost of medication or provide free medication
- 02 Provide diabetes education
- 03 Provide transportation to doctor appointments
- 04 Provide nutritional counseling and or education
- 05 Help with cost of blood glucose test strips or provide free test strips
- 06 Arrange all doctor appointments in one place or on one day
- 07 Find healthy food or learn to cook healthy food
- 08 Spend more time with my doctor
- 09 Dispose of insulin needles

- 10 Locate/identify a doctor or specialist
- 11 Improve or provide health insurance coverage
- 12 Other
- 77 Don't know/Not sure
- 99 Refused

Asthma Follow-up Questions

{DC will participate in the Adult & Child Asthma Callback survey in 2007}

{If s8q1 or s8q2=1 or mod3_1 or mod3_2=1 continue, else go to closing}

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

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

ast1. We would like to call to you again within the next 2 weeks to talk in more detail about **{CATI fill in: your/your child's}** experiences with asthma. The information will be used to help develop and improve the asthma programs in Montana.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No **{go to closing}**

ast2. Can I please have (**fill-in:** your/your child's) first name or initials so we will know who to ask for when we call back?

- 1 Gave Information
- 9 Refused

ast3. ENTER NAME: _____

Closing statement

Please read:

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