



**2011**

**District of Columbia  
Behavioral Risk Factor Surveillance System  
Questionnaire**

# Behavioral Risk Factor Surveillance System 2011 Draft Questionnaire

## Table of Contents

Table of Contents .....	2
Interviewer's Script .....	3
Core Sections .....	3
Section 1: Health Status .....	3
Section 2: Healthy Days — Health-Related Quality of Life .....	3
Section 3: Health Care Access .....	4
Section 4: Hypertension Awareness .....	5
Section 5: Cholesterol Awareness .....	5
Section 6: Chronic Health Conditions .....	6
Section 7: Tobacco Use .....	9
Section 8: Demographics .....	10
Section 9: Fruits and Vegetables .....	16
Section 10: Exercise (Physical Activity) .....	19
Section 11: Disability .....	21
Section 12: Arthritis Burden .....	22
Section 13: Seatbelt Use .....	23
Section 14: Immunization .....	23
Section 15: Alcohol Consumption .....	24
Section 16: HIV/AIDS .....	25
Closing/Transition Statement .....	25
Optional Modules .....	27
Module 1: Pre-Diabetes .....	27
Module 2: Diabetes .....	27
Module 9: Cardiovascular Health .....	30
Module 10: Actions to Control High Blood Pressure .....	31
Module 11: Heart Attack and Stroke .....	33
Module 32: Random Child Selection .....	38
Module 33: Childhood Asthma Prevalence .....	40

## Interviewer's Script

HELLO, I am calling for the   (health department)  . My name is      (name)     . We are gathering information about the health of   (state)   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.

## Core Sections

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

### 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 or Indian Health Services? (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?  
 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: Hypertension Awareness

---

**Read only if necessary:**

By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

**4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84)

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

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

**4.2** Are you currently taking medicine for your high blood pressure? (85)

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

## Section 5: Cholesterol Awareness

---

**5.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

- 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** About how long has it been since you last had your blood cholesterol checked? (87)

**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

**5.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (88)

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

## Section 6: Chronic Health Conditions

---

Now I would like to ask you some questions about general health conditions.

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."

**6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (89)

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

**6.2** (Ever told) you had angina or coronary heart disease? (90)

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

**6.3** (Ever told) you had a stroke? (91)

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

**6.4** (Ever told) you had asthma? (92)

- 1 Yes
- 2 No [Go to Q6.6]
- 7 Don't know / Not sure [Go to Q6.6]
- 9 Refused [Go to Q6.6]

**6.5** Do you still have asthma? (93)

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

**6.6** (Ever told) you had skin cancer? (94)

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

**6.7** (Ever told) you had any other types of cancer? (95)

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

- 6.8** (Ever told) you have COPD (chronic obstructive pulmonary disease, emphysema or chronic bronchitis)? (96)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

- 6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (97)
- |   |                       |
|---|-----------------------|
| 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)

- 6.10** (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (98)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

- 6.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (99)
- INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |



- 6.12** (Ever told) you have vision or eye problems? (100)
- 1 Yes
  - 2 No
  - 3 Respondent is blind
  - 7 Don't know / Not sure
  - 9 Refused

- 6.13** (Ever told) you have diabetes? (101)

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 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

**CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q6.13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.**

## Section 7: Tobacco Use

---

- 7.1** Have you smoked at least 100 cigarettes in your entire life? (102)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

- 7.2** Do you now smoke cigarettes every day, some days, or not at all? (103)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q7.4]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**7.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (104)

- |   |                       |              |
|---|-----------------------|--------------|
| 1 | Yes                   | [Go to Q7.5] |
| 2 | No                    | [Go to Q7.5] |
| 7 | Don't know / Not sure | [Go to Q7.5] |
| 9 | Refused               | [Go to Q7.5] |

**7.4** How long has it been since you last smoked a cigarette, even one or two puffs? (105-106)

- |     |  |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago)                  |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago)  |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago)       |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago)     |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago)  |
| 0 7 | 10 years or more   |
| 0 8 | Never smoked regularly   |
| 7 7 | Don't know / Not sure  |
| 9 9 | Refused  |

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

**Snus (rhymes with 'goose')**

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

(107)

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

**Do not read:**

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

## Section 8: Demographics

---

**8.1** What is your age? (108-109)

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

**8.2** Are you Hispanic or Latino?

(110)

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

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

(111-116)

**(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

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

(117)

**Please read:**

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

**Or**

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

**Do not read:**

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

**8.5** 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. (118)

- 1 Yes
- 2 No

**Do not read:**

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

**8.6** Are you...? (119)

**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

**8.7** How many children less than 18 years of age live in your household? (120-121)

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

**8.8** What is the highest grade or year of school you completed? (122)

**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

**8.9** Are you currently...?

(123)

**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

**8.10** Is your annual household income from all sources—

(124-125)

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

**Read only if necessary:**

- 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If "no," code 02
- 0 5 Less than \$35,000 If "no," ask 06  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If "no," ask 07  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If "no," code 08  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read:**

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

**8.11** About how much do you weigh without shoes? (126-129)

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

**Round fractions up**

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

**8.12** About how tall are you without shoes? (130-133)

**NOTE: If respondent answers in metrics, put "9" in column 130.**

**Round fractions down**

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

**8.15** 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. (142)

1 Yes  
2 No [Go to Q8.17]  
7 Don't know / Not sure [Go to Q8.17]  
9 Refused [Go to Q8.17]

**8.16** How many of these telephone numbers are residential numbers? (143)

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

**8.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (144)

1 Yes [Go to Q8.19]  
2 No

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

**8.18** Do you share a cell phone for personal use (at least one-third of the time) with other adults? (145)

- 1 Yes [Go to Q8.20]
- 2 No [Go to Q8.21]
- 7 Don't know / Not sure [Go to Q8.21]
- 9 Refused [Go to Q8.21]

**8.19** Do you usually share this cell phone (at least one-third of the time) with any other adults? (146)

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

**8.20** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (147-149)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**8.21** Do you own or rent your home? (150)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE:** "Other arrangement" may include group home, staying with friends or family without paying rent.

**NOTE:** Home is defined as the place where you live most of the time/the majority of the year.

**8.22** Indicate sex of respondent. Ask only if necessary. (151)

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

**8.23** To your knowledge, are you now pregnant?

(152)

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

## Section 9: Fruits and Vegetables

---

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

**INTERVIEWER NOTE:** If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

**9.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

(153-155)

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

**INTERVIEWER NOTE:** Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 9.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.



**9.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (156-158)

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

**Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."**

**INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.**

**Do not include dried fruit in ready-to-eat cereals.**

**Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.***

**Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.**

**Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).**

**9.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (159-161)

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

**Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."**

**INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

**9.4** During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(162-164)

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

**INTERVIEWER NOTE:** Each time a vegetable is eaten it counts as one time.

**INTERVIEWER NOTE:** Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**

**9.5** During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(165-167)

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

**Read only if needed:** "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

**FOR INTERVIEWER:** Include all forms of carrots including long or baby-cut.

**Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).**

**Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.**

**Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.**

**Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).**

**9.6** Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables



include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(168-170)

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

**Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."**

**INTERVIEWER NOTE:** Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

**Include any form of the vegetable (raw, cooked, canned, or frozen).**

**Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.**

**Do include tomato juice if respondent did not count in fruit juice.**

**Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).**

**Do not include rice or other grains.**

## Section 10: Exercise (Physical Activity)

---

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**INTERVIEWER INSTRUCTION:** If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

- 10.1** 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?

(171)

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q10.8] |
| 7 | Don't know / Not sure | [Go to Q10.8] |
| 9 | Refused               | [Go to Q10.8] |

- 10.2.** What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)

	(Specify)	[See Coding List A]
7 7	Don't know / Not Sure	[Go to Q10.8]
9 9	Refused	[Go to Q10.8]

**INTERVIEWER INSTRUCTION:** If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

**INTERVIEWER NOTE:** Housework may be included as a physical activity or exercise spent and can be coded as "Other".

**10.3** How many times per week or per month did you take part in this activity during the past month? (174-176)

1 _ _	Times per week
2 _ _	Times per month
7 7 7	Don't know / Not sure
9 9 9	Refused

**10.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

: _ _	Hours and minutes
7 7 7	Don't know / Not sure
9 9 9	Refused

**10.5** What other type of physical activity gave you the next most exercise during the past month? (180-181)

	(Specify)	[See Coding List A]
8 8	No other activity	[Go to Q10.8]
7 7	Don't know / Not Sure	[Go to Q10.8]
9 9	Refused	[Go to Q10.8]

**INTERVIEWER INSTRUCTION:** If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

**INTERVIEWER NOTE:** Housework may be included as a physical activity or exercise spent and can be coded as "Other".

**10.6** How many times per week or per month did you take part in this activity during the past month? (182-184)

1 _ _	Times per week
-------	----------------

2\_\_ Times per month  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

- 10.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

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

- 10.8** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (188-190)

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

## Section 11: Disability

---

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

- 11.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)

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

- 11.2** 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? (192)

**NOTE: Include occasional use or use in certain circumstances.**

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

## Section 12: Arthritis Burden

---

**If Q6.9 = 1 (yes) then continue, else go to next section.**

Next, I will ask you about your arthritis.

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

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (193)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

**INTERVIEWER NOTE:** Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** 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? (194)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

- 12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (195)
- Please read [1-3]:**
- 1 A lot
  - 2 A little
  - 3 Not at all
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused

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

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

(196-197)

— —	Enter number [00-10]
7 7	Don't know / Not sure
9 9	Refused

## Section 13: Seatbelt Use

---

- 13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (198)

**Please read:**

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

**Do not read:**

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

## Section 14: Immunization

---

- 14.1** Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

(199)

1	Yes	
2	No	[Go to Q14.4]
7	Don't know / Not sure	[Go to Q14.4]
9	Refused	[Go to Q14.4]

- 14.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (200-205)

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

- 14.3** At what kind of place did you get your last flu shot/vaccine? (206-207)

0 1      A doctor's office or health maintenance organization (HMO)  
 0 2      A health department  
 0 3      Another type of clinic or health center (Example: a community health center)  
 0 4      A senior, recreation, or community center  
 0 5      A store (Examples: supermarket, drug store)  
 0 6      A hospital (Example: inpatient)  
 0 7      An emergency room  
 0 8      Workplace  
 0 9      Some other kind of place  
 1 0      Received vaccination in Canada/Mexico (Volunteered – Do not read)  
 1 1      A school  
 7 7      Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

**Do not read:**

9 9      Refused

- 14.4** 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? (208)

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

## Section 15: Alcohol Consumption

- 15.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (209-211)

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      **[Go to next section]**  
 9 9 9      Refused      **[Go to next section]**

- 15.2** 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?



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

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

- 15.3** 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? (214-215)

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

- 15.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

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

## Section 16: HIV/AIDS

**CATI NOTE: 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.

- 16.1** 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. (218)

1	Yes	
2	No	[Go to Q16.3]
7	Don't know / Not sure	[Go to Q16.3]
9	Refused	[Go to Q16.3]

- 16.2** Not including blood donations, in what month and year was your last HIV test? (219-224)

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

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

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

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

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

Do any of these situations apply to you?

(225)

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

## **Closing Statement or Transition to Modules and/or State-Added Questions**

### **Closing Statement**

#### **Please read:**

That was 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**

#### **Please read:**

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

## Optional Modules

### Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.13 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years? (245)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**CATI NOTE: If Core Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).**

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (246)
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | Yes, during pregnancy |
| 3 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

### Module 2: Diabetes

---

**To be asked following Core Q6.13; if response is "Yes" (code = 1)**

1. How old were you when you were told you have diabetes? (247-248)
- |     |                                       |
|-----|---------------------------------------|
| — — | Code age in years [97 = 97 and older] |
| 9 8 | Don't know / Not sure                 |
| 9 9 | Refused                               |

2. Are you now taking insulin?

(249)

- 1 Yes
- 2 No
- 9 Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(250-252)

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

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(253-255)

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

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

(256-257)

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

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

(258-259)

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

**CATI NOTE: If Q4 = 555 "No feet", go to Q8.**

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

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

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (262)

**Read only if necessary:**

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

**Do not read:**

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)

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

## Module 9: Cardiovascular Health

---

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

**CATI NOTE:** If Core Q6.1 = 1 (Yes), continue. If Core Q6.1 = 2, 7, or 9 (No, Don't know, or Refused), skip Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (312)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**CATI NOTE:** If Core Q6.3 = 1 (Yes), ask Q2. If Core Q6.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (313)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

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

3. Do you take aspirin daily or every other day? (314)
- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1 | Yes                   | <b>[Go to next module]</b> |
| 2 | No                    |                            |
| 7 | Don't know / Not sure |                            |
| 9 | Refused               |                            |

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (315)
- 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 10: Actions to Control High Blood Pressure

---

**CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next module.**

Earlier you stated that you had been diagnosed with high blood pressure.

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

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (316)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (317)

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

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318)

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

4. (Are you) exercising (to help lower or control your high blood pressure)? (319)

- 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?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (320)

- 1 Yes

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (321)

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

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (322)

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

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (323)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (324)

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

10. Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure? (325)

**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 11: 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."

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (326)

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

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (327)

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

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (328)

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

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (329)

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

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (330)

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

9 Refused

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (331)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (332)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (333)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (334)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (335)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (336)
- 1 Yes

- 2 No  
7 Don't know / Not sure  
9 Refused
12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (337)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (338)

**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 17: Adult Asthma History

---

**CATI NOTE: If "Yes" to Core Q6.4; continue. Otherwise, go to next module.**

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? (378-379)

- — 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

**CATI NOTE: If "Yes" to Core Q6.5, continue. Otherwise, go to next module.**

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (380)

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

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (381-382)

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 or urgent care center 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? (383-384)

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? (385-386)

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? (387-389)

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? Would you say — (390)

**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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say — (391)

**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

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring? (392)

**Please read:**

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

**Do not read:**

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

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? (393)

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

**Read only if necessary:**

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

**Do not read:**

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

(396)

## Module 32: Random Child Selection

**CATI NOTE:** If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

**If Core Q8.7 = 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 Q1]**

**If Core Q8.7 is >1 and Core Q8.7 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 INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.**

**INTERVIEWER PLEASE READ:**

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

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

(488-493)

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

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



**CHLDAGE1 and 0 in CHLDAGE2. If the child is  $\geq$  12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).**

**2.** Is the child a boy or a girl? (494)

- 1 Boy
- 2 Girl
- 9 Refused

**3.** Is the child Hispanic or Latino? (495)

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

**4.** Which one or more of the following would you say is the race of the child? (496-501)

**[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 NOTE: If more than one response to Q4, continue. Otherwise, go to Q6.**

**5.** Which one of these groups would you say best represents the child's race? (502)

- 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

6. How are you related to the child? (503)

**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 33: Childhood Asthma Prevalence

---

**CATI NOTE: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.**

Now, I would like to ask you about the "Xth" **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (504)

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

2. Does the child still have asthma? (505)

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

## Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

---

**Code Description (Physical Activity, Questions 10.2 and 10.5 above)**

- |  |                   |
|--|-------------------|
| 0 1 Active Gaming Devices (Wii Fit,<br>Dance Dance revolution) | 4 1 Rugby         |
| 0 2 Aerobics video or class                                    | 4 2 Scuba diving  |
|  | 4 3 Skateboarding |





0 3 Backpacking  
0 4 Badminton  
0 5 Basketball  
0 6 Bicycling machine exercise  
0 7 Bicycling  
0 8 Boating (Canoeing, rowing, kayaking,  
sailing for pleasure or camping)  
0 9 Bowling  
1 0 Boxing  
1 1 Calisthenics  
1 2 Canoeing/rowing in competition  
1 3 Carpentry  
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc  
1 5 Elliptical/EFX machine exercise  
1 6 Fishing from river bank or boat  
1 7 Frisbee  
1 8 Gardening (spading, weeding, digging, filling)  
1 9 Golf (with motorized cart)  
2 0 Golf (without motorized cart)  
2 1 Handball  
2 2 Hiking – cross-country  
2 3 Hockey  
2 4 Horseback riding  
2 5 Hunting large game – deer, elk  
2 6 Hunting small game – quail  
2 7 Inline Skating  
2 8 Jogging  
2 9 Lacrosse  
3 0 Mountain climbing  
3 1 Mowing lawn  
3 2 Paddleball  
3 3 Painting/papering house  
3 4 Pilates  
3 5 Racquetball  
3 6 Raking lawn  
3 7 Running  
3 8 Rock Climbing  
3 9 Rope skipping  
4 0 Rowing machine exercise

4 4 Skating – ice or roller  
4 5 Sledding, tobogganing  
4 6 Snorkeling  
4 7 Snow blowing  
4 8 Snow shoveling by hand  
4 9 Snow skiing  
5 0 Snowshoeing  
5 1 Soccer  
5 2 Softball/Baseball  
5 3 Squash  
5 4 Stair climbing/Stair master  
5 5 Stream fishing in waders  
5 6 Surfing  
5 7 Swimming  
5 8 Swimming in laps  
5 9 Table tennis  
6 0 Tai Chi  
6 1 Tennis  
6 2 Touch football  
6 3 Volleyball  
6 4 Walking  
6 6 Waterskiing  
6 7 Weight lifting  
6 8 Wrestling  
6 9 Yoga  
7 0 Other \_\_\_\_\_  
  
9 9 Refused

## List of Health Problems to Accompany Module 8, Question 3

---

### [DO NOT READ]

#### Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioleiomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

#### Kidney Problems

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

#### Anemia

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

**Causes of Weak Immune System**

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines

Changes made to the 2011 BRFSS Questionnaire since the November 8<sup>th</sup> version.

1. In section 14 (immunization) question 3, “[you/he/she] get [your/his/her]” has been changed to “you get your.”
2. There were two columns with 506 as their column number. One has been changed to 505 in Module 33.
3. In Module 27, question 9, if Q1 = 1, the words “Have you” would be inserted rather than just the word “you”.
4. In section 8, question 14, ZIP Code changed to ANSI Code.
5. Module 15 Smoking Cession, question 6. The pronunciation spelling of Chantix revised.

November 18<sup>th</sup>

**Module 27--** Add “CATI NOTE: If Q1 = 1 and Q2 < 7, go to Q4.” before Q2