



2016

**Behavioral Risk Factor Surveillance System
Questionnaire**

September 25, 2015

Behavioral Risk Factor Surveillance System 2016 Questionnaire

Table of Contents

Table of Contents	2
Interviewer’s Script	3
Landline	3
Cell Phone	7
Core Sections	10
Section 1: Health Status	10
Section 2: Healthy Days — Health-Related Quality of Life	10
Section 3: Health Care Access.....	11
Module 4: Health Care Access	11
Section 4: Exercise	15
Section 5: Inadequate Sleep	15
Section 6: Chronic Health Conditions.....	16
Section 7: Oral Health.....	18
Section 8: Demographics.....	19
Module 20: Industry and Occupation.....	24
Section 8: Demographics (continued)	25
Section 9: Tobacco Use.....	28
Section 10: E-Cigarettes.....	30
Section 11: Alcohol Consumption.....	31
Section 12: Immunization	31
Section 13: Falls	32
Section 14: Seatbelt Use	33
Section 15: Drinking and Driving	33
Section 16: Breast and Cervical Cancer Screening	34
Section 17: Prostate Cancer Screening	36
Section 18: Colorectal Cancer Screening.....	37
Section 19: HIV/AIDS	39
Optional Modules	41
Module 5: Health Literacy	41
Module 6: Caregiver	41
Module 12: Adult Asthma History	44
Module 21: Sexual Orientation and Gender Identity	47
Module 22: Random Child Selection	49
Module 23: Childhood Asthma Prevalence	52
Module 25: Disability.....	53
GA State - Added Module 1: Injury and Occupational Health	53
GA State - Added Module 2: Adverse Childhood Experience	54
GA State - Added Module 3: Stroke	56
GA State - Added Module 4: Medical Tourism	58



Interviewer's Script

Landline

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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.

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?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

Yes [Go to state of residence]
No [Go to college housing]

No, business phone only

If "No, business phone only".

Thank you very much but we are only interviewing persons on residential phones lines at this time.

STOP

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes **[Go to state of residence]**
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. STOP

State of Residence

Do you currently live in ____ (state) ____?

Yes **[Go to Cellular Phone]**
No

If "No"

**Thank you very much, but we are only interviewing persons who live in the state of _____ at this time.
STOP**

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Cellular Phone

Is this a cellular telephone?

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

Read only if necessary: "By cellular (or cell) 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 by land line telephones and for private residences or college housing. **STOP**
No

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection
Adult

Are you 18 years of age or older?

- | | | |
|---|---------------------------|----------------|
| 1 | Yes, respondent is male | [Go to Page 6] |
| 2 | Yes, respondent is female | [Go to Page 6] |
| 3 | No | |

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

If "no,"

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

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

___ Number of men

CATI NOTE: CATI program to subtract number of men from number of adults provided

So the number of adult women in the household is

___ Number of women

is that correct?

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

If "you," go to page # 10 (correct page).

To the correct respondent:

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 your health and health practices.

Cell Phone

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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.

Is this a safe time to talk with you?

Yes [Go to phone]
No

If "No",

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) **STOP**

Phone

Is this (phone number) ?

Yes [Go to cellular phone]
No [Confirm 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**

Cellular Phone

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.”

Yes [Go to adult]
No

If "No",

Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

Adult

Are you 18 years of age or older?

1 **Yes, respondent is male** [Go to Private Residence]
2 **Yes, respondent is female** [Go to Private Residence]
3 **No**

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Private Residence

Do you live in a private residence?

READ ONLY IF NECESSARY: “By private residence, we mean someplace like a house or apartment.”

Yes [Go to state of residence]
No [Go to college housing]

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

Yes [Go to state of residence]
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

Do you currently live in _____ (state) _____?

Yes [Go to landline]
No [Go to state]

State

In what state do you currently live?

_____ ENTER FIPS STATE

Landline

Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

Yes
No

If College Housing = “Yes”, do not ask Number of adults Questions, go to Core.

NUMADULT

How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

(Note: If college housing = “yes” then number of adults is set to 1.)

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

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, government plans such as Medicare, or Indian Health Service? (80)

- 1 Yes **[If using Health Care Access (HCA) Module go to Module 4, Q1, else continue]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 4: Health Care Access

ASK MEDICARE AND HLTHCVRG IF HLTHPLN1=1 AND STATERES=1 (GEORGIA RESIDENT)
MEDICARE Do you have Medicare?

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

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

HLTHCVRG What is the PRIMARY source of your health care coverage? Is it...

Please Read

- 01 A plan purchased through an employer or union **[includes plans purchased through another person's employer]**
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or Medical Assistance
- 05 TRICARE (formerly CHAMPUS), VA, or Military

- 06 Alaska Native, Indian Health Service, Tribal Health Services
- 07 Some other source, OR
- 08 None (no coverage)

Do not read:

- 77 Don't know/Not sure
- 99 Refused

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (Healthcare Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

PERSDOC2 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?”

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

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

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

ASK DELAYMED IF STATERES=1 (GEORGIA RESIDENT), ELSE SKIP TO CHECKUP1

DELAYMED Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

Please read

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other (specify) _____
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure

9 Refused

CHECKUP1 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.

- 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

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

IF STATERES=1 (GEORGIA RESIDENT) CONTINUE, ELSE SKIP TO SECTION 4.

CATI Note: If HLTHPLN1 = 1 (Yes) continue, else go to LSTCOVRG

NOCOV12 In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

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

CATI Note: If HLTHPLN1 = 2, 7, or 9 continue, else go to next question DRVISITS

LSTCOVRG About how long has it been since you last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

DRVISITS How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

- Number of times
- 88 None
- 77 Don't know/Not sure
- 99 Refused

MEDCOSTS Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

CARERCVD In general, how satisfied are you with the health care you received? Would you say—

READ LIST:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read

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

MEDBILLS Do you currently have any health care bills that are being paid off over time?

INTERVIEWER NOTE:

This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

- 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

CATI NOTE: If using HCA Module, go to Module 4, Q3, else continue.

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 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

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

CATI NOTE: If using HCA Module and Q3.1 = 1 go to Module 4, Question 4a or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not using HCA Module go to next section.

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: Inadequate Sleep

5.1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- $\bar{\bar{7}}$ Number of hours [01-24]
- $\bar{7}$ Don't know / Not sure

(85-86)

Section 6: Chronic 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? (87)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.2** (Ever told) you had angina or coronary heart disease? (88)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.3** (Ever told) you had a stroke? (89)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.4** (Ever told) you had asthma? (90)
- 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? (91)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.6** (Ever told) you had skin cancer?

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

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

(93)

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

6.8 (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?

(94)

- 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?

(95)

- 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)?

(96)

- 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.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

(97)

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

6.12 (Ever told) you have diabetes? (98)

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 Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

(99-100)

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

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

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Oral Health

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(101)

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
- 8 Never
- 9 Refused

7.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(102)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

Section 8: Demographics

8.1 Are you ...

(103)

- 1 Male
- 2 Female

Note: This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

8.2 What is your age? (104-105)

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

8.3 Are you Hispanic, Latino/a, or Spanish origin? (106-109)

If yes, ask: Are you...

INTERVIEWER NOTE: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

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

8.4 Which one or more of the following would you say is your race? (110-137)

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CATI NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.

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

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

(138-139)

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

8.6 Are you...? (140)

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 What is the highest grade or year of school you completed? (141)

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

8.8 Do you own or rent your home? (142)

- 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.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

8.9 In what county do you currently live? (143-145)

_____ ANSI County Code (formerly FIPS county code)
 7 7 7 Don't know / Not sure
 9 9 9 Refused

8.10 What is the ZIP Code where you currently live? (146-150)

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

CATI NOTE: If cellular telephone interview skip to 8.14 (QSTVER GE 20)

8.11 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. (151)

1 Yes
 2 No [Go to Q8.13]
 7 Don't know / Not sure [Go to Q8.13]
 9 Refused [Go to Q8.13]

8.12 How many of these telephone numbers are residential numbers? (152)

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

8.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (153)

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

8.14 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?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(154)

- 1 Yes
- 2 No

Do not read:

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

8.15 Are you currently...?

(155)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 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

Module 20: Industry and Occupation

If Core Q8.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

1. What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"

INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"

[Record answer] _____
99 Refused

(450-549)

Or

If Core Q8.15 = 4 (Out of work for less than 1 year) ask,

What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask “What was your job title?”

INTERVIEWER NOTE: If respondent has more than one job then ask, “What was your main job?”

[Record answer] _____
99 Refused

If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

2. What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
99 Refused

(550-649)

Or

If Core Q8.15 = 4 (Out of work for less than 1 year) ask,

What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
99 Refused

Section 8: Demographics (continued)

8.16 How many children less than 18 years of age live in your household?

(156-157)

— — Number of children
8 8 None
9 9 Refused

8.17 Is your annual household income from all sources—

(158-159)

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

8.18 Have you used the internet in the past 30 days? (160)

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

8.19 About how much do you weigh without shoes? (161-164)

NOTE: If respondent answers in metrics, put “9” in column 161.

Round fractions up

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

8.20 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put "9" in column 165.

Round fractions down

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

If male, go to 8.22, if female respondent is 45 years old or older, go to Q8.22

8.21 To your knowledge, are you now pregnant? (169)

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

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

Some people who are deaf or have serious difficulty hearing **may or may not** use equipment to communicate by phone.

8.22 Are you deaf or do you have serious difficulty hearing? (170)

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

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (171)

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

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (172)

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

9 Refused

8.25 Do you have serious difficulty walking or climbing stairs? (173)

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

8.26 Do you have difficulty dressing or bathing? (174)

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

8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (175)

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

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (176)

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.2 Do you now smoke cigarettes every day, some days, or not at all? (177)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (178)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (179-180)

- 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

9.5 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. (181)

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

Do not read:

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

Section 10: E-Cigarettes

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

10.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (182)

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

10.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (183)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not
- 9 Refused

Section 11: Alcohol Consumption

11.1 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? (184-186)

- 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]**

11.2 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? (187-188)

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

11.3 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? (189-190)

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

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (191-192)

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

Section 12: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

12.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (193)

Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No **[Go to Q12.3]**

- 7 Don't know / Not sure **[Go to Q12.3]**
- 9 Refused **[Go to Q12.3]**

12.2 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? (194-199)

- / ---- Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

12.3 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? (200)

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

12.4. Since 2005, have you had a tetanus shot? (201)

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

Section 13: Falls

If respondent is 45 years or older continue, otherwise go to next section.

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

13.1 In the past 12 months, how many times have you fallen? (202–203)

- Number of times **[76 = 76 or more]**
- 8 8 None **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

13.2 [Fill in “Did this fall (from Q13.1) cause an injury?”]. If only one fall from Q13.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(204–205)

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

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say—

(206)

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

CATI note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

Section 15: Drinking and Driving

CATI note: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

15.1 During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?

(207-208)

— —	Number of times
8 8	None
7 7	Don’t know / Not sure

Section 16: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

16.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (209)

- 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 How long has it been since you had your last mammogram? (210)

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

16.3 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (211)

- 1 Yes
- 2 No **[Go to Q16.5]**
- 7 Don't know / Not sure **[Go to Q16.5]**
- 9 Refused **[Go to Q16.5]**

16.4 How long has it been since you had your last Pap test? (212)

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

Now, I would like to ask you about the Human Papillomavirus (**Pap-uh-loh-muh virus**) or HPV.

16.5 An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test?

(213)

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

16.6 How long has it been since you had your last HPV test?

(214)

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

CATI NOTE: If response to Core Q8.21 = 1 (is pregnant); then go to next section.

16.7 Have you had a hysterectomy?

(215)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Section 17: Prostate Cancer Screening

CATI note: If respondent is \leq 39 years of age, or is female, go to next section.

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

17.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (216)

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

17.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (217)

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

17.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (218)

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

17.4. Have you EVER HAD a PSA test? (219)

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

17.5. How long has it been since you had your last PSA test? (220)

Read only if necessary:

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

Do not read:

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

17.6. What was the MAIN reason you had this PSA test – was it ...? (221)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do not read:

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

Section 18: Colorectal Cancer Screening

CATI note: If respondent is \leq 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

18.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (222)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 How long has it been since you had your last blood stool test using a home kit? (223)

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

Do not read:

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

18.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (224)

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

18.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (225)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

18.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (226)

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 19: HIV/AIDS

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.

19.1 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? Include testing fluid from your mouth. (227)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q19.3] |
| 7 | Don't know / Not sure | [Go to Q19.3] |
| 9 | Refused | [Go to Q19.3] |

19.2 Not including blood donations, in what month and year was your last HIV test? (228-233)

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 |
| 77/7777 | Don't know / Not sure |
| 99/9999 | Refused / Not sure |

19.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. (234)

- 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.
- You had four or more sex partners in the past year.
- Do any of these situations apply to you?

- | | |
|---|-----------------------|
| 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 help us provide 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.

Draft

Optional Modules

Module 5: Health Literacy

1. How difficult is it for you to get advice or information about health or medical topics if you need it?
(362)

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
5. I don't look for health information

7. Don't know/not sure
9. Refused

2. How difficult is it for you to understand information that doctors, nurses and other health professionals tell you?
(363)

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult

7. Don't know/not sure
9. Refused

3. You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information?
(364)

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
5. I don't pay attention to written health information

7. Don't know/not sure
9. Refused

Module 6: Caregiver

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (365)

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say “I’m so sorry to hear of your loss.” and code 8.

- | | |
|---|----------------------------|
| 1. Yes | |
| 2. | No |
| | [Go to Question 9] |
| 7 Don't know/Not sure | [Go to Question 9] |
| 8 Caregiving recipient died in past 30 days | [Go to next module] |
| 9 Refused | [Go to Question 9] |

2. What is his or her relationship to you?

INTERVIEWER NOTE: If more than one person, say: “Please refer to the person to whom you are giving the most care.”

(366-367)

- | | |
|----|----------------------------|
| 01 | Mother |
| 02 | Father |
| 03 | Mother-in-law |
| 04 | Father-in-law |
| 05 | Child |
| 06 | Husband |
| 07 | Wife |
| 08 | Live in partner |
| 09 | Brother or brother-in-law |
| 10 | Sister or sister-in-law |
| 11 | Grandmother |
| 12 | Grandfather |
| 13 | Grandchild |
| 14 | Other relative |
| 15 | Non-relative/Family friend |
| 77 | Don't know/Not sure |
| 99 | Refused |

3. For how long have you provided care for that person? Would you say... (368)

- | | |
|---|-------------------------------|
| 1 | Less than 30 days |
| 2 | 1 month to less than 6 months |
| 3 | 6 months to less than 2 years |

- 4 2 years to less than 5 years
- 5 More than 5 years

- 7 Don't Know/ Not Sure
- 9 Refused

4. In an average week, how many hours do you provide care or assistance? Would you say... (369)

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

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

5. What is the main health problem, long-term illness, or disability that the person you care for has? (370-371)

IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?

[DO NOT READ: RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia or other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension, Stroke
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

- 77 Don't know/Not sure
- 99 Refused

6. In the past 30 days, did you provide care for this person by... (372)

Managing personal care such as giving medications, feeding, dressing, or bathing?

- 1 Yes
- 2 No

- 7 Don't Know /Not Sure
- 9 Refused

7. In the past 30 days, did you provide care for this person by... (373)

Managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
 - 2 No

 - 7 Don't Know /Not Sure
 - 9 Refused
8. Of the following support services, which one do YOU most need, that you are not currently getting? (374)

[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]: Respite care means short-term or long-term breaks for people who provide care.

[READ OPTIONS 1 – 6]

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

[DO NOT READ]

- 7 Don't Know /Not Sure
- 9 Refused

[If Q1 = 1 or 8, GO TO NEXT MODULE]

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (375)
- 1 Yes
 - 2 No

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

Module 12: 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? (404-405)
- – 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? (406)
- 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? (407-408)
- – 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? (409-410)
- – 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? (411-412)
- – 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?

(413-415)

— — — 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 — (416)

NOTE: Phlegm ('flem')

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 — (417)

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? (418)

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? (419)

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

Module 21: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

1. Do you consider yourself to be: (650)

Please read:

- 1 Straight
- 2 Lesbian or gay
- 3 Bisexual

Do not read:

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

Draft

2. Do you consider yourself to be transgender? (651)

If yes, ask “Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?”

INTERVIEWER NOTE: Please say the number before the “yes” text response. Respondent can answer with either the number or the text/word.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

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

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Module 22: Random Child Selection

CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.16 = 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 Q8.16 is >1 and Core Q8.16 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? (652-657)

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

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

2. Is the child a boy or a girl? (658)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (659-662)

If yes, ask: Are they...

INTERVIEWER NOTE: *One or more categories may be selected*

1	Mexican, Mexican American, Chicano/a
2	Puerto Rican
3	Cuban
4	Another Hispanic, Latino/a, or Spanish origin

Do not read:

5	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? (663-692)

(Select all that apply)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

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

(693-694)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child?

(695)

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 23: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q8.16 = 88 (None) or 99 (Refused), go to next module.

The next two questions are 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?

(696)

- 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?

(697)

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

Module 25: Disability

1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
(699)

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

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?
(700)

NOTE: Include occasional use or use in certain circumstances.

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

GA State - Added Module 1: Injury and Occupational Health

GA2_1. About how long (IF EMPLOY2=1 OR 2, DISPLAY "have you been working" / IF EMPLOY2=4, DISPLAY "did you work") at this job or business?

- 1 Less than 1 year
- 2 1-2 years
- 3 3-5 years
- 4 6-10 years
- 5 11-19 years
- 6 20 years or longer
- 7 Don't Know
- 9 Refused

GA2_2. During the past 12 months, that is since {one year before today's date} were you injured seriously enough while performing your job that you got medical advice or treatment?

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

GA2_3. For your most recent work-related injury, who paid for your treatment?

- 01 Workers compensation
- 02 Private Insurance.
- 03 Medicare, Medicaid.
- 04 Indian Health Service/Alaska Native Health Service.
- 05 The military, Veterans Administration or Champus
- 06 Federal government (OWCP program)
- 07 You or your family; out of pocket.

- 08 Your employer through a workers compensation claim
- 09 Your employer without a workers compensation claim.
- 10 Your employer without a workers compensation claim and through on-site medical treatment.
- 11 The union.
- 12 Other source. [Specify: _____]
- 13 Workers' compensation claim filed, still in process or not resolved

Do not read these responses

- 88 No one paid; no treatment
- 77 Don't know/not sure
- 99 Refused

GA State - Added Module 2: Adverse Childhood Experience

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

1. Did you live with anyone who was depressed, mentally ill, or suicidal? (424)

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

2. Did you live with anyone who was a problem drinker or alcoholic? (425)

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

3. Did you live with anyone who used illegal street drugs or who abused prescription medications? (426)

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

4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail,

or other correctional facility?

(427)

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

5. Were your parents separated or divorced?

(428)

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

(429)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---

(430)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?

(431)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (432)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? (433)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

11. How often did anyone at least 5 years older than you or an adult, force you to have sex? (434)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial (place state or local hotline here) to reach a referral service to locate an agency in your area. **[Note: if no local or state hotline is available, give respondent the National Hotline for child abuse 1-800-4-A-CHILD (1-800-422-4453).**

GA State - Added Module 3: Stroke

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

1. Do you think sudden confusion or trouble speaking are symptoms of a stroke?
Values: 1 Yes

 2 No

 7 Don't know/Not sure

 9 Refused

2. Do you think sudden numbness or weakness of face, especially on one side is a symptom of a stroke?
Values: 1 Yes

 2 No

 7 Don't know/Not sure

 9 Refused

3. Do you think sudden numbness or weakness of arms, especially on one side is a symptom of a stroke?
Values: 1 Yes

 2 No

 7 Don't know/Not sure

 9 Refused

4. Do you think sudden trouble walking, dizziness, or loss of balance are symptoms of a stroke?
Values: 1 Yes

 2 No

 7 Don't know/Not sure

 9 Refused

5. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?
Values 1 Take them to the hospital

 2 Tell them to call their doctor

 3 Call 911

 4 Call their spouse or a family member

 5 Do something else

 7 Don't know/ Not sure

 9 Refused

Notes:

Questions derived from 2005 GA BRFSS Heart Attack and Stroke Module (State added)
 Questions are based on evaluating FAST educational campaign- **F**ace (Does one side of face droop),
Arms (Does one arm drift downward), **S**peech (Is speech slurred or strange), **T**ime (If you observe any
 of these signs- Call 9-1-1 immediately)

GA State - Added Module 4: Medical Tourism

1. During the past 12 months, did you travel outside of the United States to receive pre-planned medical, dental, or surgical procedures or treatments?

INTERVIEWER NOTE: This is referring to pre-planned care and not care that may have occurred during the trip due to an illness or injury.

- | | | |
|---|---------------------|-----------------------|
| 1 | Yes | |
| 2 | No | [SKIP TO NEXT MODULE] |
| 7 | Don't Know/Not Sure | [SKIP TO NEXT MODULE] |
| 9 | Refused | [SKIP TO NEXT MODULE] |

2. What specific countries outside of the United States did you travel to during the past 12 months for your pre-planned medical, dental, or surgical procedures or treatments? Please list up to 3.

INTERVIEWER NOTE: Respondent may list up to 3.

- | | |
|------|-----------------------|
| --- | ISO Country Code |
| 7777 | Don't know / Not sure |
| 9999 | Refused |

3. What types of procedures or treatments did you receive on your trips outside of the United States for your pre-planned medical, dental or surgical procedures or treatments?

INTERVIEWER NOTE: DO NOT read response options.

INTERVIEWER NOTE: Respondent may choose more than one option.

- Organ transplant
 - 11 Kidney
 - 12 Liver
 - 13 Heart
 - 14 Lung
 - 15 Corneal (eye)
- Cosmetic surgery
 - 21 Facial
 - 22 Liposuction
 - 23 Breast (implant, lift, or reduction)
 - 24 Abdominoplasty (tummy tuck)
 - 25 Hair transplant
- Dental surgery
 - 30 Dental Surgery

- Cardiac/Heart Surgery
 - 40 Cardiac/Heart Surgery
- Orthopedic surgery
 - 51 Hip replacement
 - 52 Knee replacement
 - 53 Other (specify)
- Medical treatment for illness
 - 61 Cancer treatment
 - 62 Drug and alcohol rehabilitation
 - 63 Fertility/infertility
 - 64 Other (specify)
- Other Procedures
 - 81 CT and MRI Scans
 - 82 Stem cell transplant
 - 83 Bariatric/Obesity Surgery
 - 84 Other (specify)
- 777 Don't Know/Not sure
- 999 Refused

4. Why did you travel outside of the United States for your pre-planned medical, dental, or surgical procedures or treatments? Please select all that apply.

INTERVIEWER NOTE: Read only if necessary

INTERVIEWER NOTE: Respondent may choose more than one answer

- 1 The treatment or procedure was not available in the United States
- 2 The treatment or procedure was not covered by your health insurance
- 3 The treatment or procedure was too expensive in the United States
- 4 Felt the quality of care or success of procedure or treatment would be better in another country
- 5 Felt more familiar or comfortable receiving the procedure or treatment in another country/Went back to home country
- 6 Other (specify)
- 7 Don't Know/Not sure
- 9 Refused

5. Did you have any unexpected problems, complications, or undesirable health outcomes as a result of the procedures or treatments you received outside of the United States?

- 1 Yes
- 2 No [SKIP TO NEXT MODULE]
- 7 Don't Know/Not sure [SKIP TO NEXT MODULE]
- 9 Refused [SKIP TO NEXT MODULE]

6. Did you see a doctor, nurse or other health care professional for these unexpected problems, complications, or undesirable health outcomes after returning to the United States?

- 1 Yes

2 No
7 Don't Know/Not sure
9 Refused

Draft