

Indiana 2002 BRFSS Questionnaire

Core Sections

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Module 9: Childhood Asthma
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State-Added Questions

Sexual Activity

Section 1: Health Status

1.1 Would you say that in general your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

7. DON'T KNOW/NOT SURE
9. REFUSED

Section 2: Health Care Access

2.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

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

If 'no', 'Is there more than one or is there no person who you think of?

1. Yes, only one
2. More than one
3. No
7. DON'T KNOW/NOT SURE
9. REFUSED

2.3 When you are sick or need advice about your health, to which one of the following places do you usually go?

Would you say:

1. A doctor's office
2. A public health clinic or community health center
3. A hospital outpatient department
4. A hospital emergency room
5. Urgent care center
6. Some other kind of place
8. No usual place
7. DON'T KNOW/NOT SURE
9. REFUSED

2.4 Was there a time in the past 12 months when you needed medical care, but could not get it?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

2.5 What is the main reason you did not get medical care?

Would you say: PLEASE READ

01. Cost [Include no insurance]
02. Distance
03. Office wasn't open when I could get there
04. Too long a wait for an appointment
05. Too long to wait in waiting room
06. No child care
07. No transportation
08. No access for people with disabilities
09. The medical provider didn't speak my language
10. Other
77. DON'T KNOW/NOT SURE
99. REFUSED

Section 3: Exercise

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Section 4: Fruits and Vegetables

4.1 How often do you drink fruit juices such as orange, grapefruit, or tomato?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year
5. 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

4.2 Not counting juice, how often do you eat fruit?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year
5. 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

4.3 How often do you eat green salad?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year
5. 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

4.4 How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year
5. 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

4.5 How often do you eat carrots?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year
5. 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

4.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

Example: A serving of vegetables at both lunch and dinner would be two servings.

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year
5. 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

Section 5: Asthma

5.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

5.2 Do you still have asthma?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Section 6: Diabetes

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

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

1. Yes
2. Yes, but female told only during pregnancy
3. No
7. DON'T KNOW/NOT SURE
9. REFUSED
- 10.

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.

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

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

Include teeth lost due to "infection"

1. 1 to 5
2. 6 or more but not all
3. All
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

7.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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

Section 8: Immunization

8.1 During the past 12 months, have you had a flu shot?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

8.2 At what kind of place did you get your last flu shot?

01. A doctor's office or health maintenance organization
02. A health department
03. Another type of clinic or health center [EXAMPLE: A COMMUNITY HEALTH CENTER]
04. A senior, recreation, or community center
05. A store [EXAMPLES: SUPERMARKET, DRUG STORE]
06. A hospital or emergency room
07. Workplace
08. Some other kind of place
77. DON'T KNOW/NOT SURE
99. REFUSED

8.3 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

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?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

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

1. Every day
2. Some days
3. Not at all
9. REFUSED

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Section 10: Alcohol Consumption

10.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?

__ __ __ Enter Days per week or per month

- 888. No drinks in past 30 days
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

10.2 On the days when you drank, about how many drinks did you drink on the average?

_____ Number of drinks

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

_____ Number of times

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

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

_____ Number of times

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

Section 11: Seat Belts

11.1 How often do you use seatbelts when you drive or ride in a car?

- 1. Always
- 2. Nearly always
- 3. Sometimes
- 4. Seldom
- 5. Never
- 7. DON'T KNOW/NOT SURE
- 8. NEVER DRIVE OR RIDE IN A CAR
- 9. REFUSED

Section 12: Demographics

12.12 What county do you live in?

__ __ __ FIPS county code

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

12.16 To your knowledge, are you now pregnant?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Section 13: Family Planning

13.1 Are you or your {husband/wife/partner) doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

1. Yes
2. No
3. No partner/not sexually active
4. Same sex partner
7. DON'T KNOW/NOT SURE
9. REFUSED

13.2 What are you or your husband/wife/partner doing to keep from getting pregnant?

01. Tubes tied (sterilization)
02. Vasectomy (sterilization)
03. Pill
04. Condoms
05. Foam, jelly, cream
06. Diaphragm
07. Norplant
08. IUD
09. Shots (Depo-Provera)
10. Withdrawal
11. Not having sex at certain times (rhythm)
12. No partner/Not sexually active
13. Other method(s)
77. DON'T KNOW/NOT SURE
99. REFUSED

13.3 What other method are you also using to prevent pregnancy?

01. Tubes tied (sterilization)
02. Vasectomy (sterilization)
03. Pill
04. Condoms
05. Foam, jelly, cream
06. Diaphragm
07. Norplant
08. IUD
09. Shots (Depo-Provera)
10. Withdrawal
11. Not having sex at certain times (rhythm)
12. No partner/Not sexually active
13. Other method(s)
77. DON'T KNOW/NOT SURE
99. REFUSED

13.4 What is your main reason for not doing anything to keep you from getting pregnant? [or] What is your main reason for not doing anything to keep your partner from getting pregnant?

01. Not sexually active/no partner
02. Didn't think was going to have sex/no regular partner
03. You want a pregnancy
04. You or your partner don't want to use birth control
05. You or your partner don't like birth control/fear side effects
06. You can't pay for birth control
07. Lapse in use of a method
08. Don't think you or your partner can get pregnant
09. You or your partner had tubes tied (sterilization)
10. You or your partner had a vasectomy (sterilization)
11. You or your partner had a hysterectomy
12. You or your partner are too old
13. You or your partner are currently breast-feeding
14. You or your partner just had a baby/postpartum
15. Other reason
16. Don't care if get pregnant
17. Same sex partner
18. Partner is pregnant now
77. DON'T KNOW/NOT SURE
99. REFUSED

Section 14: Women's Health

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

14.2 How long has it been since you had your last mammogram?

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 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

14.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

14.4 How long has it been since you had your last breast exam?

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 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)

5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

14.5 A pap smear is a test for cancer of the cervix. Have you ever had a pap smear?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

14.6 How long has it been since you had your last pap smear?

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 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

14.7 Have you had a hysterectomy?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Section 15: Prostate Cancer Screening

15.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

15.2 How long has it been since you had your last PSA test?

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
9. REFUSED

15.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. YES

2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

15.4 How long has it been since your last digital rectal exam?

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

15.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Section 16: Colorectal Cancer Screening

16.1 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?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

16.2 How long has it been since you had your last blood stool test using a home kit?

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
9. REFUSED

16.3 Sigmoidoscopy or colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

16.4 How long has it been since you had your last Sigmoidoscopy or colonoscopy?

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. Within the past 10 years (5 YEARS BUT LESS THAN 10 YEARS AGO)
5. 10 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

Section 17: HIV/AIDS

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

1. TRUE
2. FALSE
7. DON'T KNOW/NOT SURE
9. REFUSED

17.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

1. TRUE
2. FALSE
7. DON'T KNOW/NOT SURE
9. REFUSED

17.3 How important do you think it is for people to know their HIV status by getting tested?

Would you say very important, somewhat important, or not at all important?

1. Very important
2. Somewhat important
3. Not at all important
6. DON'T KNOW/NOT SURE
7. DEPENDS ON RISK
8. REFUSED

17.4 As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

Include saliva tests

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

17.5 Not including blood donations, in what month and year was your last HIV test?

Include saliva tests

__ __/__ __ month and year

7777. DON'T KNOW/NOT SURE
6666. REFUSED

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

01. It was required
02. Someone suggested you should be tested
03. You thought you may have gotten HIV through sex or drug use
04. You just wanted to find out whether you had HIV
05. You were worried that you could give HIV to someone
06. IF FEMALE: You were pregnant
07. It was done as part of a routine medical check-up
08. You were tested for some other reason
77. DON'T KNOW/NOT SURE
99. REFUSED

17.7 Where did you have the HIV test in [date]?

1. Private doctor or HMO
2. Counseling and testing site
3. Hospital
4. Clinic
5. In a jail or prison (or other correctional facility)
6. Home
7. Somewhere else
77. DON'T KNOW/NOT SURE
99. REFUSED

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

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

Do any of these situations apply to you?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Section 18: Firearms

18.1 Are any firearms now kept in or around your home?

1. YES

2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

18.2 Are any of these firearms now loaded?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

18.3 Are any of these loaded firearms also unlocked? By unlocked we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 1: Diabetes

M1.1 How old were you when you were told you have diabetes?

___ Code age in years

98. DON'T KNOW/NOT SURE
99. REFUSED

M1.2 Are you now taking insulin?

1. YES
2. NO
9. REFUSED

M1.3 Are you now taking diabetes pills?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M1.4 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

___ Enter times per day,
week, month or year

777. DON'T KNOW/NOT SURE
888. NEVER
999. REFUSED

M1.5 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

___ Enter times per day,
week, month or year

- 555. NO FEET
- 777. DON'T KNOW/NOT SURE
- 888. NEVER
- 999. REFUSED

M1.6 Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M1.7 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- ___ Number of times
- 77. DON'T KNOW/NOT SURE
 - 88. NONE
 - 99. REFUSED

M1.8 A test for hemoglobin "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 hemoglobin "A one C"?

- ___ Number of times
- 77. DON'T KNOW/NOT SURE
 - 88. NONE
 - 98. NEVER HEARD OF HEMOGLOBIN "A one C" TEST
 - 99. REFUSED

M1.9 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- ___ Number of times
- 77. DON'T KNOW/NOT SURE
 - 88. NONE
 - 99. REFUSED

M1.10 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

- 1. Within the past month (ANYTIME LESS THAN 1 MONTH AGO)
- 2. Within the past year (1 MONTH BUT LESS THAN 1 YEAR AGO)
- 3. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
- 4. 2 or more years ago
- 8. NEVER
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M1.11 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M1.12 Have you ever taken a course or class in how to manage your diabetes yourself?

1. YES
2. NO
7. DON'T KNOW/NOT SURE/REFUSED

Module 6: Quality of Life

M6.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M6.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone?

Include occasional use or use in certain circumstances.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M6.3 What is your major impairment or health problem?

01. Arthritis/rheumatism
02. Back or neck problem
03. Fractures, bone/joint injury
04. Walking problem
05. Lung/breathing problem
06. Hearing problem
07. Eye/vision problem
08. Heart problem
09. Stroke problem
10. Hypertension/high blood pressure
11. Diabetes
12. Cancer
13. Depression/anxiety/emotional problem
14. Other impairment/problem
- 7 7 DON'T KNOW/NOT SURE
- 9 9 REFUSED

M6.4 For how long have your activities been limited because of your major impairment or health problem?

- 1 ___ ___ Days
- 2 ___ ___ Weeks
- 3 ___ ___ Months
- 4 ___ ___ Years

- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

M6.5 Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M6.6 Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M6.7 During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

- ___ ___ Number of days
- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

M6.8 During the past 30 days, for about how many days have you felt sad, blue, or depressed?

- ___ ___ Number of days
- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

M6.9 During the past 30 days, for about how many days have you felt worried, tense, or anxious?

- ___ ___ Number of days
- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

M6.10 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

_____ _____ Number of days

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

M6.11 During the past 30 days, for about how many days have you felt very healthy and full of energy?

_____ _____ Number of days

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

Module 9: Childhood Asthma

M9.1 Earlier you said there were [**fill in**] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

_____ _____ Number of children

- 7 7 DON'T KNOW/NOT SURE
- 8 8 None
- 9 9 REFUSED

M9.2 [Fill in (Does this child/How many of these children)] still have asthma?

_____ _____ Number of children

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

Module 11: Cardiovascular Disease

M11.1a To lower your risk of developing heart disease or stroke, are you....

Eating fewer high fat or high cholesterol foods?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M11.1b Eating more fruits and vegetables?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M11.1c More physically active?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M11.2a Within the past 12 months, has a doctor, nurse, or other health professional told you to...

Eat fewer high fat or high cholesterol foods?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M11.2b Eat more fruits and vegetables?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M11.2c Be more physically active?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M11.3a Has a doctor, nurse or other health professional ever told you that you had any of the following?

A heart attack, also called a myocardial infarction

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M11.3b Angina or coronary heart disease

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M11.3c A stroke

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M11.4 At what age did you have your first heart attack?

____ ____ Code age in years

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M11.5 At what age did you have your first stroke?

____ ____ Code age in years

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M11.6 After you left the hospital following your [fill in (heart attack/stroke)], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M11.7 Do you take aspirin daily or every other day?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M11.8 Do you have a health problem or condition that makes taking aspirin unsafe for you?

- 1. Yes, not stomach related
- 2. Yes, stomach problems
- 3. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M11.9a Why do you take aspirin...

To relieve pain?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M11.9b To reduce the chance of a heart attack?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M11.9c To reduce the chance of a stroke?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 13: Folic Acid

M13.1 Do you currently take any vitamin pills or supplements?

Include liquid supplements.

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M13.2 Are any of these a multivitamin?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M13.3 Do any of the vitamin pills or supplements you take contain folic acid?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M13.4 How often do you take this vitamin pill or supplement?

___ Enter times per day,
week, or month

777. DON'T KNOW/NOT SURE
999. REFUSED

M13.5 Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons....

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

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 14: Tobacco Indicators

M14.1 Previously you said you have smoked cigarettes.

How old were you the first time you smoked a cigarette, even one or two puffs?

__ __ Code age in years

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14.2 How old were you when you first started smoking cigarettes regularly?

__ __ Code age in years

- 88. Never smoked regularly
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14.3 About how long has it been since you last smoked cigarettes regularly?

- 1. Within the past month (ANYTIME LESS THAN 1 MONTH AGO)
- 2. Within the past 3 months (1 MONTH BUT LESS THAN 3 MONTHS AGO)
- 3. Within the past 6 months (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
- 4. Within the past year (6 MONTHS BUT LESS THAN 1 YEAR AGO)
- 5. Within the past 5 years (1 YEAR BUT LESS THAN 5 YEARS AGO)
- 6. Within the past 10 years (5 YEARS BUT LESS THAN 10 YEARS AGO)
- 7. 10 or more years ago
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14.4 In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M14.5 In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M14.6 Which statement best describes the rules about smoking inside your home?

- 1. Smoking is not allowed anywhere inside your home
- 2. Smoking is allowed in some places or at some times
- 3. Smoking is allowed anywhere inside the home
- 4. There are no rules about smoking inside the home
- 7. DON'T KNOW/NOT SURE

9. REFUSED

M14.7 While working at your job, are you indoors most of the time?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M14.8 Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

Would you say not allowed in any public areas, allowed in some public areas, allowed in all public areas, or no official policy?

For workers who visit clients, "place of work" means their base location.

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas
4. No official policy
7. DON'T KNOW/NOT SURE
9. REFUSED

M14.9 Which of the following best describes your place of work's official smoking policy for work areas?

Would you say not allowed in any work areas, allowed in some work areas, allowed in all work areas, or no official policy?

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
4. No official policy
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 16: Arthritis

M16.1 The next questions refer to your joints. Please do NOT include the back or neck.

DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M16.2 Did your joint symptoms FIRST begin more than 3 months ago?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M16.3 Have you ever seen a doctor or other health professional for these joint symptoms?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M16.4 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M16.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M16.6 In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

State Added 1: Sexual Activity

IN1.1 Was a condom used the last time you had sexual intercourse?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
8. NO LAST TIME
9. REFUSED

IN1.2 Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say . . .

1. Very effective
2. Somewhat effective
3. Not at all effective
7. DON'T KNOW HOW EFFECTIVE
8. DON'T KNOW METHOD
9. REFUSED

IN1.3a Did you make any of the following changes in the past 12 months?

Did you become abstinent?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

IN1.3b Did you decrease the number of your sexual partners?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
8. NOT APPLICABLE
9. REFUSED

IN1.3c Do you now have sexual intercourse with only the same partner?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
8. NOT APPLICABLE
9. REFUSED

IN1.3d Do you now always use condoms for protection?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
8. NOT APPLICABLE
9. REFUSED