



2005

Behavioral Risk Factor Surveillance System

BRFSS Questionnaire

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

Indiana BRFSS 2005 Questionnaire

Core 1: Health Status	3
Core 2: Healthy Days.....	3
Core 3: Health Care Access	4
Core 4: Exercise	5
Core 5: Diabetes	5
Module 1: Diabetes.....	5
Core 6: Hypertension Awareness	7
Core 7: Cholesterol Awareness	8
Core 8: Cardiovascular Disease Prevalence.....	9
Core 9: Asthma	9
Core 10: Immunization	10
Core 11: Tobacco Use.....	10
Core 12: Alcohol Consumption.....	11
Core 13: Demographics	12
Core 14: Veteran's Status	16
Core 15: Disability	16
Core 16: Arthritis Burden	17
Core 17: Fruits & Vegetables.....	18
Core 18: Physical Activity	19
Core 19: HIV/AIDS	21
Core 20: Emotional Support & Life Satisfaction.....	22
Module 9: Adult Asthma History	23
Module 10: Random Child Selection.....	25
Module 11: Childhood Asthma Prevalence	27
Module 15: Colorectal Cancer Screening	27
Module 17: Arthritis Management	28
Module 21: Smoking Cessation.....	29
State Added Section 1: Air Quality	30
State Added Section 2: Weight Management.....	32
State Added Section 3: Women's Health	33
State Added Section 4: Lead Poisoning (July to Dec 05 only)	34

Core 1: Health Status

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

Core 2: Healthy Days

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?

__ __ Number of days

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

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?

__ __ Number of days

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

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?

__ __ Number of days

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

Core 3: Health Care Access

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

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?")

- 1 Yes, only one
- 2 More than one
- 3 No

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

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

- 1 Yes
- 2 No

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

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 past yr (1-12 months ago)
- 2 Within past 2 yrs (1-2 years ago)
- 3 Within past 5 yrs (2-5 years ago)
- 4 5 or more years ago

- 7 DON'T KNOW / NOT SURE
- 8 Never
- 9 REFUSED

Core 4: Exercise

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?

- 1 Yes
- 2 No

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

Core 5: Diabetes

Have you EVER been told by a doctor that you have diabetes?

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

Module 1: Diabetes

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

- _ _ Code age in years [**97=97 and older**]
- 7 DON'T KNOW
- 9 REFUSED

Are you now taking insulin?

- 1 Yes
- 9 REFUSED

Are you now taking diabetes pills?

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

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.

- Times per week
- Times per month
- Times per year
- 8 8 8 Never
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

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.

- Times per day
- Times per week
- Times per month
- Times per year
- 8 8 8 Never
- 5 5 5 NO FEET
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

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

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 [76=76 or more]
- 8 8 None
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

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

- Number of times [**76=76 or more**]
- 8 8 None
- 9 8 NEVER HEARD OF "**A ONE C**" TEST
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

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

- __ Number of times [76=76 or more]
- 8 8 None
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

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.

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 3 Within the past year (1 month but less than 12 months ago)
- 4 Within the past 2 years (1 year but less than 2 years ago)
- 5 2 or more years ago
- 6 Never

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

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

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
- 9 REFUSED

Core 6: Hypertension Awareness

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

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

- 1 Yes
- 2 Yes, but female told only during pregnancy ⇒ **Go to next section**
- 3 No ⇒ **Go to next section**
- 4 Told borderline high or pre-hypertensive ⇒ **Go to next section**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to next section**
- 9 REFUSED ⇒ **Go to next section**

Are you currently taking medicine for your high blood pressure?

- 1 Yes
- 2 No

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

Core 7: Cholesterol Awareness

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

- 1 Yes
- 2 No ⇒ **Go to next section**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to next section**
- 9 REFUSED ⇒ **Go to next section**

About how long has it been since you last had your blood cholesterol checked?

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

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

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

- 1 Yes
- 2 No

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

Core 8: Cardiovascular Disease Prevalence

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

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

(Ever told) you had a heart attack, also called a myocardial infarction?

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

(Ever told) you had a stroke?

- 1 Yes
- 2 No

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

Core 9: Asthma

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

- 1 Yes
- 2 No – **SKIP TO C10Q01**

- 7 DON'T KNOW / NOT SURE – **SKIP TO C10Q01**
- 8 REFUSED – **SKIP TO C10Q01**

Do you still have asthma?

- 1 Yes
- 2 No

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

Core 10: Immunization

A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

A pneumonia shot or pneumococcal vaccine is usually give only once or twice in a person's lifetime and is different from the flue shot. Have you ever had a pneumonia shot?

- 1 Yes
- 2 No

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

Core 11: Tobacco Use

Have you smoked at least 100 cigarettes in your entire life?

Note: 5 packs = 100 cigarettes

- 1 Yes
- 2 No ⇒ **Go to next section**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to next section**
- 9 REFUSED ⇒ **Go to next section**

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

- 1 Every day
- 2 Some days
- 3 Not at all ⇒ **Go to next section**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to next section**
- 9 REFUSED ⇒ **Go to next section**

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

Core 12: Alcohol Consumption

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

- 1 Yes
- 2 No ⇒ **Go to next section**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to next section**
- 9 REFUSED ⇒ **Go to next section**

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

- 1 __ Days per week
- 2 __ Days in past 30 days

- 8 8 No drinks in past 30 days ⇒ **Go to next section**
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

One drink is the 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?

- 1 __ Number of drinks

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

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

- 1 __ Number of times

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

During the past 30 days, what is the largest number of drinks you had on any occasion?

- 1 _ _ Number of drinks
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

Core 13: Demographics

What is your age?

- _ _ Code age in years
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Are you Hispanic or Latino?

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

Which one or more of the following would you say is your race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or Other?

(Check all that apply)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native or
- 6 Other **[specify]** _____
- 8 NO ADDITIONAL CHOICES
- 7 DON'T KNOW NOT SURE
- 9 REFUSED

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

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

- 8 NO ADDITIONAL CHOICES
- 7 DON'T KNOW NOT SURE
- 9 REFUSED

Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never Married
- 6 A member of an unmarried couple

- 9 REFUSED

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

- __ Number of children
- 8 NONE
 - 9 REFUSED

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

Read only if necessary:

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

- 9 REFUSED

Are you currently: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

Read only if necessary:

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

- 9 REFUSED

Is your annual household income from all sources?

- 1 Less than \$10,000
- 2 Less than \$15,000 (\$10,000 to less than \$15,000)
- 3 Less than \$20,000 (\$15,000 to less than \$20,000)
- 4 Less than \$25,000 (\$20,000 to less than \$25,000)
- 5 Less than \$35,000 (\$25,000 to less than \$35,000)
- 6 Less than \$50,000 (\$35,000 to less than \$50,000)
- 7 Less than \$75,000 (\$50,000 to less than \$75,000)
- 8 \$75,000 or more

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

About how much do you weigh without shoes?

Round fractions up

___ ___ ___ Weight (*pounds*)
___ ___ ___ Weight (*kilograms*)

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

About how tall are you without shoes?

Round fractions down

___ ___ ___ Height ft/inches (Ex. 5 feet 9 inches = 509)
___ ___ ___ Height meters/centimeters

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

What county do you live in?

__ __ __ FIPS county code

777 DON'T KNOW / NOT SURE

999 REFUSED

What is your ZIP Code where you live?

__ __ __ __ __ ZIP Code

7 7 7 7 7 DON'T KNOW / NOT SURE

9 9 9 9 9 REFUSED

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.

1 Yes

2 No – **SKIP TO C13Q16**

7 DON'T KNOW / NOT SURE – **SKIP TO C13Q16**

9 REFUSED – **SKIP TO C13Q16**

How many of these phone numbers are residential numbers?

_ Residential telephone numbers [**6=6 or more**]

7 DON'T KNOW / NOT SURE

9 REFUSED

During the past 12 months, has your household been without telephone service for 1 week or more?

Note: Do not include interruptions of phone service due to weather or natural disasters.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Indicate sex of respondent. Ask only if necessary.

1 Male

2 Female

To your knowledge, are you now pregnant?

- 1 Yes
- 2 No

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

Core 14: Veteran's Status

The next question relates to military service.

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?

- 1 Yes
- 2 No

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

Core 15: Disability

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

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

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?

Note: Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No

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

Core 16: Arthritis Burden

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

- 1 Yes
- 2 No ⇒ **Go to Q16.4**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to Q16.4**
- 9 REFUSED ⇒ **Go to Q16.4**

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

- 1 Yes
- 2 No ⇒ **Go to Q16.4**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to Q16.4**
- 9 REFUSED ⇒ **Go to Q16.4**

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

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

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

Note: If a respondent question arises about medication, then the interviewer should reply: *“Please answer the question based on how you are when you are taking any of the medications or treatments you might use.”*

Core 17: Fruits & Vegetables

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

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

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

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

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

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

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

Core 18: Physical Activity

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate. When you are at work, which of the following best describes what you do? Would you say?

Note: If respondent has multiple jobs, include all jobs.

Please read

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

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

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

- 1 Yes
- 2 No ⇒ **Go to Q18.5**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to Q18.5**
- 9 REFUSED ⇒ **Go to Q18.5**

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

__ Days per week

8 8 Do not do any moderate physical activity for at least 10 minutes at a time ⇒Go to Q18.5

7 7 DON'T KNOW / NOT SURE ⇒Go to Q18.5

9 9 REFUSED ⇒Go to Q18.5

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

_:__ Hours and minutes per day

7 7 7 DON'T KNOW / NOT SURE

9 9 9 REFUSED

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

1 Yes

2 No ⇒Go to next section

7 DON'T KNOW / NOT SURE ⇒Go to next section

9 REFUSED ⇒Go to next section

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

__ Days per week

8 8 Do not do any vigorous physical activity for at least 10 minutes at a time ⇒Go to next section

7 7 DON'T KNOW / NOT SURE ⇒Go to next section

9 9 REFUSED ⇒Go to next section

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

_:__ Hours and minutes per day

7 7 7 DON'T KNOW / NOT SURE

9 9 9 REFUSED

Core 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 do not 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.

Have you ever been tested for HIV? Do not count tests you many have had as part of a blood donation.

Include test-using fluid from your mouth.

- 1 Yes
- 2 No – **SKIP TO C19Q04**

- 7 DON'T KNOW/ NOT SURE – **SKIP TO C19Q04**
- 8 REFUSED – **SKIP TO C19Q01**

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

(Include saliva tests)

NOTE: If response is before January 1985, code "777777" = DON'T KNOW/NOT SURE.

___ ___ / ___ ___ ___ ___ Code month and year

777777 DON'T KNOW / NOT SURE
999999 REFUSED

Where did you have your last HIV test at, a private doctor or HMO, at counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, drug treatment facility or somewhere else?

___ ___ Facility code

- 1 Private doctor or HMO office
- 2 Counseling and testing site
- 3 Hospital
- 4 Clinic
- 5 Jail or prison
- 6 At home
- 7 Somewhere else
- 8 Drug treatment facility

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

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 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

Core 20: Emotional Support & Life Satisfaction

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

How often do you get the social and emotional support you need?

Please read

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

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

In general, how satisfied are you with your life?

Please read

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

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

Module 9: Adult Asthma History

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

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

- _ _ 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

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

- 1 Yes
- 2 No

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

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

- _ _ Number of visits [**87=87 or more**]
- 8 8 None
- 9 8 DON'T KNOW / NOT SURE
- 9 9 REFUSED

During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- _ _ Number of visits [**87=87 or more**]
- 8 8 None
- 9 8 DON'T KNOW / NOT SURE
- 9 9 REFUSED

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

— — Number of visits [**87=87 or more**]

8 8 None

9 8 DON'T KNOW / NOT SURE

9 9 REFUSED

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

— — — Number of days

8 8 8 None

7 7 7 DON'T KNOW / NOT SURE

9 9 9 REFUSED

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

Please read

8 Not at any time ⇒ **Go to Q9**

1 Less than once a week

2 Once or twice a week

3 More than 2 times a week, but not every day

4 Every day, but not all the time

or

5 Every day, all the time

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

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

Please read

8 None

1 One or two

2 Three to four

3 Five

4 Six to ten

or

5 More than ten

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

During the past 30 days, how many days did you take a prescription asthma medication **to prevent** an asthma attack from occurring?

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

During the past 30 days, how often did you use a prescription asthma inhaler **during an asthma attack** to stop it?

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 One to four times (in the past 30 days)
- 2 Five to fourteen times (in the past 30 days)
- 3 Fifteen to twenty-nine times (in the past 30 days)
- 4 Thirty to fifty-nine times (in the past 30 days)
- 5 Sixty to ninety-nine times (in the past 30 days)
- 6 More than 100 times (in the past 30 days)

DO NOT READ

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

Module 10: Random Child Selection

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

- __ / __ __ __ Code month and year
- 7 7 / 7 7 7 7 DON'T KNOW / NOT SURE
- 9 9 / 9 9 9 9 REFUSED

Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 REFUSED

Is the child Hispanic or Latino?

- 1 Yes
- 2 No

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

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

[Check all that apply]

Please read

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

DO NOT READ

- 8 No additional choices
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

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

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

How are you related to the child?

Please read

- 1 Parent (mother or father) include biologic, step or adoptive parent
- 2 Grandparent
- 3 Foster parent or guardian [other than parent or grandparent]
- 4 Sibling (brother or sister) 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 11: Childhood Asthma Prevalence

Has a doctor, nurse, or other medical professional EVER said that the child has asthma?

- 1 Yes
- 2 No ⇒ **Go to next module**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to next module**
- 9 REFUSED ⇒ **Go to next module**

Does the child still have asthma?

- 1 Yes
- 2 No

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

Module 15: Colorectal Cancer Screening

A blood 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 ⇒ **Go to Q3**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to Q3**
- 9 REFUSED ⇒ **Go to Q3**

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

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)

DO NOT READ

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

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?

- 1 Yes
- 2 No ⇒ **Go to next module**

- 7 DON'T KNOW / NOT SURE ⇒ **Go to next module**
- 9 REFUSED ⇒ **Go to next module**

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

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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ

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

Module 17: Arthritis Management

"Earlier you indicated that you had arthritis or joint systems." Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY?

Please read

- 1 I can do everything I would like to do
 - 2 I can do most things I would like to do
 - 3 I can do some things I would like to do
 - 4 I can hardly do anything I would like to do
-
- 7 DON'T KNOW / NOT SURE
 - 9 REFUSED

Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

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

Module 21: Smoking Cessation

Previously you said you have smoked cigarettes.

About how long has it been since you last smoked cigarettes?

Read only if necessary

- 0 1 Within the past month (anytime less than 1 month ago) ⇒Go to Q2
- 0 2 Within the past 3 months (1 month but less than 3 months ago) ⇒Go to Q2
- 0 3 Within the past 6 months (3 months but less than 6 months ago) Go to Q2
- 0 4 Within the past year (6 months but less than 1 year ago) ⇒Go to Q2
- 0 5 Within the past 5 years (1 year but less than 5 years ago) ⇒Go to next module
- 0 6 Within the past 10 years (5 years but less than 10 years ago) ⇒Go to the next module
- 0 7 10 or more years ago ⇒Go to next module

DO NOT READ

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

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

- ___ Number of times [01-76]
- 88 None ⇒Go to next module
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

In the last 12 months, on how many visits were you advised to quick smoking by a doctor or other health professional?

- ___ Number of visits [01-76]
- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?

- ___ Number of visits [01-76]
- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

On how many visits did your doctor or other health provider recommend or discuss methods and strategies other than medication assist you with quitting smoking.

- ___ Number of visits [01-76]
- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

State Added Section 1: Air Quality

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

Things like dust, mold, smoke, and chemicals inside the home or workplace can cause poor indoor air quality. In the past 12 months, have you had an illness or symptom that you think was caused by something in the air *inside* a home, workplace, or other building?

INTERVIEWER NOTE: If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air [he/she] encountered more than 12 months ago, the answer is "Yes".

- 1 Yes
- 2 No

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

Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months, have you had an illness or symptom that you think was caused by pollution in the air *outdoors*?

INTERVIEWER NOTE: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is "Yes".

- 1 Yes
- 2 No

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

The next couple of questions are about the outdoor air quality where you live. In these questions, air quality refers to how clean the air is, or how polluted the air is.

Please think of the past 12 months. How many times did you reduce or change your outdoor activity level because you thought the air quality was bad or was affecting how well you felt? For example, avoiding outdoor exercise or strenuous outdoor activity. Please do not include times when you made changes because of high pollen levels.

PLEASE READ:

- 1 None
- 2 1 to 3 times
- 3 4 to 6 times
- 4 More than 6 times

DO NOT READ:

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

The government routinely collects information on air quality that may be distributed by local radio, TV and newspapers to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live? Please do not include times when you may have heard or read about high pollen counts.

- 1 YES
- 2 NO -- SKIP TO IN01Q06

- 7 DON'T KNOW/NOT SURE -- SKIP TO IN01Q06
- 9 REFUSED -- SKIP TO IN01Q06

Please think of the past 12 months. How many times did you reduce or change your outdoor activity level based on the air quality index or air quality alerts? For example, avoiding outdoor exercise or strenuous outdoor activity. Please do not include times when you may have heard or read about high pollen counts.

PLEASE READ:

- 1 None
- 2 1 to 3 times
- 3 4 to 6 times
- 4 More than 6 times

DO NOT READ:

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

Has a doctor, nurse, or other health professional ever told you to reduce your outdoor activity level when the air quality is bad?

- 1 Yes
- 2 No

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

State Added Section 2: Weight Management

Note: Only asked of Marion County Fips = 097

Are you now trying to lose weight?

- 1 Yes
- 2 No

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

Are you now trying to maintain your current weight, that is, to keep from gaining weight?

- 1 Yes
- 2 No

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

Are you eating either fewer calories or less fat to...

[If IN02Q01=1] lose weight? **[If IN02Q01=2]** keep from gaining weight?

Probe for which:

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No

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

Are you using physical activity or exercise to...

[If IN02Q01=1] lose weight? **[If IN02Q01=2]** keep from gaining weight?

- 1 Yes
- 2 No

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

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

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No

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

State Added Section 3: Women's Health

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

- 1 Yes
- 2 No – SKIP TO IN04Q01

- 7 DON'T KNOW / NOT SURE – SKIP TO IN04Q01
- 9 REFUSED – SKIP TO IN04101

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

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

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

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

- 1 Yes
- 2 No-- SKIP TO IN04Q01

- 3 DON'T KNOW / NOT SURE-- SKIP TO IN04Q01
- 4 REFUSED-- SKIP TO IN04Q01

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

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

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

State Added Section 4: Lead Poisoning (July to Dec 05 only)

The following questions are intended to gauge people's awareness of lead and lead poisoning.

Which one of the following hazards, in a house or apartment built before 1978, would affect children's health the most?

- 1 Corroded pipes
- 2 Poor electrical wiring
- 3 Asbestos in the insulation
- 4 Chipping peeling paint

- 5 DON'T KNOW / NOT SURE
- 6 REFUSED

Which one of the following hazards, in a house or apartment built before 1978, would affect children's health the most?

- 1 Corroded pipes
- 2 Poor electrical wiring
- 3 Asbestos in the insulation
- 4 Chipping, peeling paint

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

Which one of the following groups of people are *most* at risk for suffering the effects of lead poisoning?

- 1 People older than 65 years of age
- 2 Adults 20 to 65 years old
- 3 Teenagers
- 4 Children under 6 years of age

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

Do you think the effects of lead poisoning are easily recognizable?

- 1 Yes
- 2 No

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

Which one of the following tests would show if a child has been lead poisoned?

- 1 Saliva test
- 2 Blood test
- 3 Urine test
- 4 None of the above, lead poisoning cannot be determined by a test

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

Which one of the following is an effect of lead poisoning in children?

- 1 Chronic cough
- 2 Hair loss
- 3 Permanent brain damage/learning disabilities
- 4 Autism

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

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