



2014

**Behavioral Risk Factor Surveillance System
Delaware Questionnaire**

December 3, 2013

Behavioral Risk Factor Surveillance System 2014 Questionnaire

Table of Contents

Table of Contents	2
Core Sections.....	7
Section 1: Health Status	7
Section 2: Healthy Days — Health-Related Quality of Life	7
Section 3: Health Care Access	8
Section 4: Exercise	9
Section 5: Inadequate Sleep	9
Section 6: Chronic Health Conditions	10
Section 7: Oral Health.....	13
Section 8: Demographics.....	13
Section 9: Tobacco Use.....	22
Section 10: Alcohol Consumption.....	23
Section 11: Immunization	24
Section 12: Falls	24
Section 13: Seatbelt Use	26
Section 14: Drinking and Driving	26
Section 15: Breast and Cervical Cancer Screening	27
Section 16: Prostate Cancer Screening	29
Section 17: Colorectal Cancer Screening.....	30
Section 18: HIV/AIDS	31
Optional Modules	35
State Added Questions: Other Tobacco Products	34
Module 1: Pre-Diabetes	35
Module 2: Diabetes.....	35
Module 4: Health Care Access.....	38
Module 11: Adult Human Papillomavirus (HPV) - Vaccination.....	40
Module 16: Sexual Orientation	41

Interviewer's Script

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

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 reside 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**

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

___ Number of women

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

If "you," go to page 6



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 health and health practices.

Core Sections

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

Section 1: Health Status

1.1 Would you say that in general your health is —? (80)

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? (81–82)

- — 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? (83–84)

- | | | | |
|---|---|-----------------------|---|
| – | – | 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? (85-86)

- | | | |
|---|---|-----------------------|
| – | – | 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? (87)

- | | | |
|---|-----------------------|--|
| 1 | Yes | [If PPHF state go to Module 4, Question 1, else continue] |
| 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?” (88)

- | | |
|---|-----------------------|
| 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? (89)

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

CATI Note: If PPHF State go to Module 4, Question 3, 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. (90)
- 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 PPHF State and Q3.1 = 1 go to Module 4, Question 4a or if PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State 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? (91)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5: Inadequate Sleep

I would like to ask you about your sleep pattern.

- 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. (92-93)

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 6: Chronic Health Conditions

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

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

- 6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (94)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 6.2** (Ever told) you had angina or coronary heart disease? (95)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 6.3** (Ever told) you had a stroke? (96)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 6.4** (Ever told) you had asthma? (97)
- | | | |
|---|-----------------------|--------------|
| 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? (98)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

6.6 (Ever told) you had skin cancer? (99)

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

6.7 (Ever told) you had any other types of cancer? (100)

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

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (101)

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? (102)

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? (103)

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. (104)

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

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

6.12 (Ever told) you have diabetes? (105)

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.

6.13 How old were you when you were told you have diabetes? (106-107)

— —	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. (108)

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.

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

(109)

Section 8: Demographics

- 8.1** What is your age? (110-111)

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

8.2 Are you Hispanic, Latino/a, or Spanish origin?

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

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

(116-143)

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 Q8.3; continue. Otherwise, go to Q8.5.

8.4 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.

(144-145)

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

8.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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.
(146)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...?

(147)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

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

(148-149)

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

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

(150)

Read only if necessary:

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

Do not read:

- 9 Refused

8.9 Are you currently...? (151)

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

8.10 Is your annual household income from all sources— (152-153)

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

Read only if necessary:

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

Do not read:

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

8.11 About how much do you weigh without shoes? (154-157)

NOTE: If respondent answers in metrics, put "9" in column 154.

Round fractions up

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

8.12 About how tall are you without shoes? (158-161)

NOTE: If respondent answers in metrics, put "9" in column 158.

Round fractions down

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

8.13 What county do you live in? (162-164)

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

8.14 What is the ZIP Code where you live? (165-169)

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

8.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (170)

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

8.16 How many of these telephone numbers are residential numbers? (171)

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

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

- 1 Yes [Go to Q8.19]
- 2 No [Go to Q8.19]
- 7 Don't know / Not sure [Go to Q8.19]
- 9 Refused [Go to Q8.19]

~~**8.18** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (173-175)~~

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

8.19 Have you used the Internet in the past 30 days? (176)

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

8.20 Do you own or rent your home? (177)

- 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.

8.21 Indicate sex of respondent. **Ask only if necessary.** (178)

- 1 Male **[Go to Q8.23]**
- 2 Female **[If respondent is 45 years old or older, go to Q8.23]**

8.22 To your knowledge, are you now pregnant? (179)

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

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

8.23 Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

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

8.24 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? (181)

NOTE: Include occasional use or use in certain circumstances.

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

8.25 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

8.26 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

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

8.27 Do you have serious difficulty walking or climbing stairs? (184)

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

8.28 Do you have difficulty dressing or bathing? (185)

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

8.29 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

- 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?

(187)

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] |

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."

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

(188)

- | | | |
|---|-----------------------|--------------|
| 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?

(189)

- | | | |
|---|-----------------------|--------------|
| 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?

(190-191)

- | | |
|-----|--|
| 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 |
| 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. (192)

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

Do not read:

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

Section 10: Alcohol Consumption

10.1 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? (193-195)

- 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]**

10.2 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? (196-197)

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

10.3 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? (198-199)

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

- 10.4** During the past 30 days, what is the largest number of drinks you had on any occasion?
(200-201)
- | | |
|-----|-----------------------|
| __ | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 11: 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™.

- 11.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?
(202)

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 Q11.3] |
| 7 | Don't know / Not sure | [Go to Q11.3] |
| 9 | Refused | [Go to Q11.3] |

- 11.2** 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?
(203-208)

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

- 11.3** 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?
(209)

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

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

The next question is about the Shingles vaccine.

- 11.4** Have you ever had the shingles or zoster vaccine? (210)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine.

Section 12: Falls

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

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

- 12.1** In the past 12 months, how many times have you fallen? (211-212)
- – 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]

- 12.2** [Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 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. (213-214)

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

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say— (215)

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 Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

14.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (216-217)

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

Section 15: Breast and Cervical Cancer Screening

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (218)

- 1 Yes
- 2 No **[Go to Q15.3]**
- 7 Don't know / Not sure **[Go to Q15.3]**
- 9 Refused **[Go to Q15.3]**

15.2 How long has it been since you had your last mammogram? (219)

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

15.3 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? (220)

- 1 Yes
- 2 No **[Go to Q15.5]**
- 7 Don't know / Not sure **[Go to Q15.5]**
- 9 Refused **[Go to Q15.5]**

15.4 How long has it been since your last breast exam? (221)

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (222)

- 1 Yes
- 2 No [Go to Q15.7]
- 7 Don't know / Not sure [Go to Q15.7]
- 9 Refused [Go to Q15.7]

15.6 How long has it been since you had your last Pap test? (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

CATI note: If response to Core Q8.22 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (224)

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 16: Prostate Cancer Screening

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

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

16.1 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? (225)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (226)

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (227)

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

16.4. Have you EVER HAD a PSA test? (228)

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

16.5. How long has it been since you had your last PSA test? (229)

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

16.6. What was the MAIN reason you had this PSA test – was it ...? (230)

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 17: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

17.1 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? (231)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2 How long has it been since you had your last blood stool test using a home kit? (232)

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

17.3 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? (233)

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

17.4 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? (234)

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

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (235)

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 18: 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.

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (236)

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

18.2 Not including blood donations, in what month and year was your last HIV test? (237-242)

NOTE: If response is before January 1985, code "Don't know."
CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

18.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (243-244)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 9 Emergency room
- 0 3 Hospital inpatient
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

Transition to Modules and/or State-Added Questions

Please read:

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

2014 State-Added Questions about Tobacco Use

[Ask SA1 of ALL respondents]

Previously, we asked you about cigarette smoking and use of chewing tobacco, snuff, or snus. Now, we'd like to know more about use of other tobacco products.

SA1. In the past 12 months, have you used **any** of the following products – little cigars or cigarillos, cigars, e-cigarettes, hookas or pipes, bidis, kreteks, dissolvable orbs or strips?

[Interviewer Note: “little cigars or cigarillos” are the same size as cigarettes, but are wrapped in tobacco leaves, and sometimes flavored; brands include Black and Mild, Swisher Sweets, and Tiparillos. E-cigarettes” include brands such as Blu, Greensmoke and Njoy. A hookah is a water pipe shared by multiple smokers, often using flavored tobacco products.]

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

If any SA1 response is “1 Yes” or “7 DK/NS,” ask follow-up questions below. If SA1 response is “2 No” or “9 Refused,” go to Module 1.

SA.2 Do you currently smoke little cigars or cigarillos every day, some days, or not at all? (_)

[Interviewer Note: If the respondent asks about “some days,” it can also be described as “on at least one day in the past month.”]

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

SA.3 Do you currently smoke regular cigars every day, some days, or not at all? (_)

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

SA.4 Do you currently use or “vape” e-cigarettes every day, some days, or not at all? (_)

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

SA.5 In the past month, have you smoked tobacco products in a hookah or water pipe? (_)

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

SA.6 In the past month, have you used any other tobacco products (pipes, bidis, kreteks, or dissolvable orbs or strips)? (_)

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

CATI INSTRUCTION: Ask SA.7 after Core 6.7, but store data with state-added questions.

If Core 6.7 response is 1-“Yes,” go to SA.7.

SA. 7 How old were you the first time you were ever diagnosed with cancer? (__-__)

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

Go back to Core 6.8

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years? (255)

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

CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

- 2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

(256)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes

CATI note: To be asked following Core Q6.13; if response to Q6.12 is “Yes” (code = 1)

1. Are you now taking insulin? (257)

- 1 Yes
- 2 No
- 9 Refused

2. 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.

(258-260)

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

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

3. 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.

(261-263)

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

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

(264-265)

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

5. 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"?

(266-267)

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

CATI note: If Q3 = 555 (No feet), go to Q7.

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

(268-269)

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

7. 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.

(270)

Read only if necessary:

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

Do not read:

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

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

(271)

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

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

(272)

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

Module 4: Health Care Access

1. Do you have Medicare? (281)
- 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.

2. What is the primary source of your health care coverage? Is it... (282-283)

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 other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source
- 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 (name of state 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 (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

CATI NOTE: If PPHF State, go to Core Q3.2.

3. 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. (284)

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) (285-309)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CATI NOTE: If PPHF State, go to Core Q3.4.

CATI NOTE: If Q3.1 = 1 (Yes) continue, else go to Q4b.

4a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (310)

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

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5).

4b. About how long has it been since you last had health care coverage? (311)

- 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

5. How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (312-313)

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

6. 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. (314)

- 1 Yes
- 2 No

Do not read:

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

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

Please read: (315)

- 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

8. Do you currently have any health care bills that are being paid off over time? (316)

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

CATI NOTE: If PPHF state, Go to Core Section 4.

Module 11: Adult Human Papillomavirus (HPV) - Vaccination

CATI note: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

NOTE: Human Papillomavirus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh- seel); Cervarix (Sir-var- icks)

1. A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female “GARDASIL or CERVARIX”; if male “ or GARDASIL”]**. Have you EVER had an HPV vaccination? (348)

- | | | |
|---|---------------------------|----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 3 | Doctor refused when asked | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

2. How many HPV shots did you receive? (349-350)

- | | | |
|---|---|-----------------------|
| – | – | Number of shots |
| 0 | 3 | All shots |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Module 16: Sexual Orientation

The next question is about sexual orientation.

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: (582)

Please read:

- | | |
|---|--------------------|
| 1 | 1 - Straight |
| 2 | 2 - Lesbian or gay |
| 3 | 3 - Bisexual |

Do not read:

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

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.