

Connecticut

2006

**Behavioral Risk Factor Surveillance System /
Adult Tobacco Survey**

Split Design Questionnaire

Connecticut 2006 BRFSS Questionnaire

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Introduction and Screener

HELLO, I am calling for the **Connecticut Department of Public Health**. My name is (name) . We are gathering information about the health of **Connecticut** 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?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone? **Read only if necessary: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.**

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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 "confidentiality statement"**.

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 "correct respondent"

To the correct respondent:

HELLO, I am calling for the **Connecticut Department of Public Health**. My name is (name) . We are gathering information about the health of **Connecticut** 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.

Confidentiality Statement:

I will not ask for your 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, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1 Would you say that in general your health is— (73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

- – Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

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

Section 3: Health Care Access

- 3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 3.2** Do you have one person you think of as your personal doctor or health care provider?
If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)
- 1 Yes, only one
 - 2 More than one
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused
- 3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)
- 1 Within past year (anytime less than 12 months ago)
 - 2 Within past 2 years (1 year but less than 2 years ago)
 - 3 Within past 5 years (2 years but less than 5 years ago)
 - 4 5 or more years ago
 - 7 Don't know / Not sure
 - 8 Never
 - 9 Refused

Section 4: Exercise

- 4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

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

Section 5: Diabetes

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

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.

(85)

- 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

Module 4: Diabetes

To be asked following Core Q5.1 if response is "Yes" (code = 1)

Mod4_1. How old were you when you were told you have diabetes?

(229-230)

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

Mod4_2. Are you now taking insulin?

(231)

- 1 Yes
- 2 No
- 9 Refused

Mod4_3. Are you now taking diabetes pills?

(232)

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

Mod4_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. (233-235)

- 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

Mod4_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. (236-238)

- 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

Mod4_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (239)

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

Mod4_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (240-241)

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

Mod4_8. 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"? (242-243)

- _ _ 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 Q5 = 555 (No feet), go to Q10.

Mod4_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (244-245)

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

Mod4_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. (246)

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

Mod4_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (247)

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

Mod4_12. Have you ever taken a course or class in how to manage your diabetes yourself? (248)

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

Section 6: Oral Health

- 6.1** 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.

(86)

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

- 6.2** 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.

(87)

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

CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next section.

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

(88)

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

Section 7: 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.”

7.1 (Ever told) you had a heart attack, also called a myocardial infarction? (89)

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

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

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

7.3 (Ever told) you had a stroke? (91)

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

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)

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

8.2 Do you still have asthma? (93)

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

Section 9: Disability

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

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (94)

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

9.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (95)

Include occasional use or use in certain circumstances.

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

Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life? (96)

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]

10.2 Do you now smoke cigarettes every day, some days, or not at all? (97)

- 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]

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (98)

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

Section 11: Demographics

11.1 What is your age? (99-100)

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

11.2 Are you Hispanic or Latino? (101)

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

11.3 Which one or more of the following would you say is your race? (102-107)

(Check all that apply)

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q11.3; continue. Otherwise, go to Q11.5

11.4 Which one of these groups would you say best represents your race? (108)

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

Do not read:

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

11.5

Are you...?

(109)

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

11.6

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

(110-111)

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

11.7

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

(112)

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

11.8

Are you currently...?

(113)

Please read:

- 1 Employed for wages
- 2 Self-employed

- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- Or**
- 8 Unable to work

Do not read:

- 9 Refused

11.9 Is your annual household income from all sources—

(114-115)

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

Read only if necessary:

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

Do not read:

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

11.10 About how much do you weigh without shoes?

(116-119)

Note: If respondent answers in metrics, put "9" in column 116.

Round fractions up

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

11.11 About how tall are you without shoes? (120-123)

Note: If respondent answers in metrics, put "9" in column 120.

Round fractions down

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

State-Added: Town

11.12 What county do you live in? (124-126)

__ __ __ FIPS county code
7 7 7 Don't know / Not sure
9 9 9 Refused

11.13 What is your ZIP Code where you live? (127-131)

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

11.14 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. (132)

1 Yes
2 No [Go to Q11.16]
7 Don't know / Not sure [Go to Q11.16]
9 Refused [Go to Q11.16]

11.15 How many of these telephone numbers are residential numbers? (133)

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

11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (134)

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

11.17 **Indicate sex of respondent. Ask only if necessary.** (135)

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

11.18 To your knowledge, are you now pregnant? (136)

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

Section 12: Veteran's Status

The next question relates to military service.

12.1 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? (137)

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

Section 13: Alcohol Consumption

13.1 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? (138)

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

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

(139-141)

- 1_ _ _ Days per week
 - 2_ _ _ Days in past 30 days
 - 8 8 8 No drinks in past 30 days
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused
- [Go to next section]**

13.3 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? (142-143)

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

13.4 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? (144-145)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (146-147)

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

Section 14: Immunization/Adult Influenza Supplement

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (148)

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

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (149)

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

CATI note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.

NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.

14.3s During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray. (150-155)

-- / -- --
77 / 7777 Month / Year
77 / 7777 Don't know / Not sure (**Probe: "Was it before September 2005?" Code approximate month and year**)
99 / 9999 Refused

CATI note: If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue. Otherwise, go to Q14.5s.

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu season? (156-157)

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar .'06.

Do not read answer choices below. Select category that best matches response.

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (**Probe: "What was the main reason?"**)
- 9 9 Refused

14.5s Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? (158)

Read each problem listed below:

Lung problems, including asthma
Heart problems
Diabetes
Kidney problems
Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
-Or-
Sickle Cell Anemia or other anemia

- 1 Yes
- 2 No

[Go to Q14.8s]

- 7 Don't know / Not sure [Go to Q14.8s]
- 9 Refused [Go to Q14.8s]

14.6s Do you still have (this/any of these) problem(s)? (159)

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

14.7s Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work. (160)

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

14.8s Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? (161)

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

14.9 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? (162)

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

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (163)

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

The next question is about behaviors related to Hepatitis B.

{CATI note: If female, do not read response #2}

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

You have hemophilia and have received clotting factor concentrate
 You are a man who has had sex with other men, even just one time
 You have taken street drugs by needle, even just one time
 You traded sex for money or drugs, even just one time
 You have tested positive for HIV
 You have had sex (even just one time) with someone who would answer "yes" to any of these statements
 You had more than two sex partners in the past year

Are any of these statements true for you? (164)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

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

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

15.1 In the past 3 months, how many times have you fallen? (165-166)

- — 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]

If only one fall in Q15.1, fill in "Did this fall (from Q15.1) cause an injury"

15.2 Did any of these falls cause 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.

**If only one fall and respondent answers "yes", code as 01.
 If response is "no", code as 88** (167-168)

- — Number of falls [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]

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (169)

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 Q16.1=8 (Never drive or ride in a car), go to Section 18; otherwise continue}

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go to next section.

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)

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

Section 18: Women's Health

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

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (172)

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

18.2 How long has it been since you had your last mammogram? (173)

Read only if necessary:

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

Do not read:

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

18.3 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? (174)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.4 How long has it been since your last breast exam? (175)

Read only if necessary:

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

Do not read:

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (176)

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

18.6 How long has it been since you had your last Pap test? (177)

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 Q11.18 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (178)

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 19: 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.

19.1 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? (179)

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

19.2 How long has it been since you had your last PSA test? (180)

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
- 9 Refused

19.3 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? (181)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.4 How long has it been since your last digital rectal exam? (182)

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (183)

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

Section 20: Colorectal Cancer Screening

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

20.1 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? (184)

- 1 Yes

- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

20.2 How long has it been since you had your last blood stool test using a home kit? (185)

Read only if necessary:

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

Do not read:

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

20.3 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? (186)

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

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (187)

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

Section 21: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

21.1 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. (188)

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

21.2 Not including blood donations, in what month and year was your last HIV test? (189–194)

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

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

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (195-196)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

CATI note: Ask Q.21.4; if Q.21.2 = within last 12 months. Otherwise, go to next section.

21.4 Was it a rapid test where you could get your results within a couple of hours? (197)

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

Section 22: Emotional Support and Life Satisfaction

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

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

INTERVIEWER NOTE: If asked, say “please include support from any source”.

(198)

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life?

(199)

Please read:

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

Do not read:

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

Transition to Modules and/or State-Added Questions

Please read:

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

SPLIT ASSIGNMENT

Programmer: Randomly Assign Split 1: BRFSS or Split 2: ATS

Percentage of respondents for each split is as follows:

Split 1 (BRFSS): 37%

Split 2 (ATS): 63%

Sample for each Stratum will be similar to Jan-June (33% of cpls=strata 1, 67% of cpls=strata 2)

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

4. Which one or more of the following would you say is the race of the child? (208-213)

[Check all that apply]

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race? (214)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

6. How are you related to the child? (215)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

Module 2: Child Influenza Vaccination Supplement

{If split = 1, continue; if split = 2, go to next module}

CATI note: If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.

1. Has a doctor, nurse, or other health professional ever said that **[Fill: he/she]** has any of the following health problems? (216)

Read each problem listed below:

Lung problems, including asthma
 Heart problems
 Diabetes
 Kidney problems
 Sickle Cell Anemia or other anemia
 Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

-Or-

Take aspirin every day

- 1 Yes
- 2 No **[Go to Q3]**
- 7 Don't know / Not sure **[Go to Q3]**
- 9 Refused **[Go to Q3]**

2. Does **[Fill: he/she]** still have (this/any of these) problem(s)? (217)

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

CATI note: If child is less than 6 months old, go to next module; otherwise continue.

3. During the past 12 months, has **[Fill: he/she]** had a flu shot or flu vaccine sprayed in the nose? (218)

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

4. During what month and year did **[Fill: he/she]** receive the most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray. (219-224)

_ _ / _ _ _ _ Month / Year
 7 7 / 7 7 7 7 Don't know / Not sure (**Probe: "Was it before September 2005?" Code approximate month and year**)
 9 9 / 9 9 9 9 Refused

CATI note: If Q4 is before 09/2005 or Q4 = 77/777 (Don't know) or 99/9999 (Refused); continue. Otherwise, go to next module.

5. What is the MAIN reason **[Fill: he/she]** has not received a flu vaccination for this current flu season? (225-226)

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar .'06.

Do not read answer choices below. Select category that best matches response.

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (**Probe: "What was the main reason?"**)
- 9 9 Refused

Module 3: Childhood Asthma Prevalence

{Ask of both Split 1 and 2}

CATI note: If response to Core Q11.6 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (227)
- 1 Yes
 - 2 No **[Go to next module]**
 - 7 Don't know / Not sure **[Go to next module]**
 - 9 Refused **[Go to next module]**
2. Does the child still have asthma? (228)

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

State Added 1: Child Questions

{If Split=1, continue; if Split=2, go to next module)}

CT1_1. Does the ["X" month old/"Y" year old] child have any kind of health care coverage at this time? (401)

(READ IF NECESSARY: You may know private health insurance, HMO, HUSKY A or B, Medicaid, Title XIX, state children's health insurance program or by the names of the companies that provide coverage—BlueCare Family Plan, Community Health Network, First Choice, or HealthNet).

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

CT1_2. Was there a time in the past 12 months the ["X" month old/"Y" year old] child needed to see a doctor but could not because of cost? (402)

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

Dental sealants are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. A dentist or dental hygienist puts them on. They are different from fillings, caps, crowns, and fluoride treatments.

CATI note: If selected child is ≤ 5 years of age, go to question 4.

CT1_3. Has the ["X" month old/"Y" year old] child ever had dental sealants placed on their teeth? (403)

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

CT1_4. Was there a time in the past 12 months when the ["X" month old/"Y" year old] child needed to see a dentist but could not because of cost? (404)

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

Module 5: Visual Impairment and Access to Eye Care

{Ask of Split 1 and Split 2}

CATI note: If respondent is less than 40 years of age, go to next module.

I would like to ask you questions about how much difficulty, if any, you have doing certain activities. If you usually wear glasses or contact lenses, please rate your ability to do them while wearing glasses or contact lenses.

Mod5_1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

(249)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod5_2. How much difficulty, if any, do you have reading print in newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say—

(250)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod5_3. When was the last time you had your eyes examined by any doctor or eye care provider?

(251)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) **[Go to Q5]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to Q5]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

- 7 Don't know / Not sure

- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod5_4. What is the main reason you have not visited an eye care professional in the past 12 months? (252-253)

Read only if necessary:

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment
- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other

Do not read:

- 7 7 Don't know / Not sure
- 0 8 Not Applicable (Blind) **[Go to next module]**
- 9 9 Refused

CATI note: Skip Q5, if any response to Module 4 (Diabetes) Q10.

Mod5_5. 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. (254)

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
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod5_6. Do you have any kind of health insurance coverage for eye care? (255)

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

Mod5_7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts? (256)

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure

8 Not applicable (Blind) **[Go to next module]**
9 Refused
Mod5_8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?
(257)

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

Please read:

Age-related Macular Degeneration (AMD) is a disease that blurs the sharp, central vision you need for "straight-ahead" activities such as reading, sewing, and driving. AMD affects the macula, the part of the eye that allows you to see fine detail.

Mod5_9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?
(258)

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

Mod5_10. Have you EVER had an eye injury that occurred at your workplace while you were doing your work?
(259)

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

Module 8: Family Planning

If Split=1, continue; if split=2, go to ATS Section 6.1

If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years of age or older, go to next module.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Mod8_1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your **[If female, insert "husband/partner," if male, insert "wife/partner"]** doing anything now to keep **[If female, insert "you", if male, insert "her"]** from getting pregnant?
(286)

Note: If more than one partner, consider usual partner.

- 1 Yes

- | | | |
|---|--------------------------------|---------------------|
| 2 | No | [Go to Q3] |
| 3 | No partner/not sexually active | [Go to next module] |
| 4 | Same sex partner | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

Mod8_2.

What are you or your [If female, insert "husband/partner," if male, insert wife/partner"] doing now to keep [If female, insert "you", if male, insert "her"] from getting pregnant?

(287-288)

Read only if necessary:

- | | | |
|----|--|---------------------|
| 01 | Tubes tied | [Go to next module] |
| 02 | Hysterectomy (female sterilization) | [Go to next module] |
| 03 | Vasectomy (male sterilization) | [Go to next module] |
| 04 | Pill, all kinds (Seasonale, etc.) | [Go to Q4] |
| 05 | Condoms (male or female) | [Go to Q4] |
| 06 | Contraceptive implants (Jadelle or Implants) | [Go to Q4] |
| 07 | Shots (Depo-Provera) | [Go to Q4] |
| 08 | Contraceptive Ring (Nuvaring or others) | [Go to Q4] |
| 09 | Contraceptive Patch | [Go to Q4] |
| 10 | Diaphragm, cervical ring, or cap | [Go to Q4] |
| 11 | IUD (including Mirena) | [Go to Q4] |
| 12 | Emergency contraception (EC) | [Go to Q4] |
| 13 | Withdrawal | [Go to Q4] |
| 14 | Not having sex at certain times (rhythm) | [Go to Q4] |
| 15 | Other method (foam, jelly, cream, etc.) | [Go to Q4] |

Do not read:

- | | | |
|----|-----------------------|------------|
| 77 | Don't know / Not sure | [Go to Q4] |
| 99 | Refused | [Go to Q4] |

Mod8_3.

What is your main reason for not doing anything to keep [If female, insert "you", if male, insert "her"] from getting pregnant?

(289-290)

Read only if necessary:

- | | | |
|----|--|---------------------|
| 01 | Didn't think you were going to have sex/no regular partner | |
| 02 | You want a pregnancy | |
| 03 | You or your partner don't want to use birth control | |
| 04 | You or your partner don't like birth control/fear side effects | |
| 05 | You can't pay for birth control | |
| 06 | Lapse in use of a method | |
| 07 | Don't think you or your partner can get pregnant | |
| 08 | You or your partner had tubes tied (sterilization) | [Go to next module] |
| 09 | You or your partner had a vasectomy (sterilization) | [Go to next module] |
| 10 | You or your partner had a hysterectomy | [Go to next module] |
| 11 | You or your partner are too old | |
| 12 | You or your partner are currently breast-feeding | |
| 13 | You or your partner just had a baby/postpartum | |
| 14 | Other reason | |
| 15 | Don't care if you get pregnant | |
| 16 | Partner is pregnant now | [Go to next module] |

Do not read:

77 Don't know / Not sure
99 Refused

Mod8_4. How do you feel about having a child now or sometime in the future? Would you say:

(291)

Please read:

1 You don't want to have one [Go to next module]
2 You do want to have one [Go to Q5]
3 You're not sure if you do or don't [Go to next module]

Do not read:

7 Don't know / Not sure [Go to next module]
9 Refused [Go to next module]

Mod8_5. How soon would you want to have a child? Would you say:

(292)

Please read:

1 Less than 12 months from now
2 Between 12 months to less than two years from now
3 Between two years to less than 5 years from now, or
4 5 or more years from now

Do not read:

7 Don't know / Not sure
9 Refused

Module 11: Indoor Air Quality

The next five questions are about the air quality in your home.

Note: Home refers to the respondent's primary residence.

Mod11_1. Is your home heated with a furnace or boiler that burns oil, gas, coal, or other fuel?

(304)

Please read if necessary: Not a total electric furnace or boiler.

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

Mod11_2. Does your home have any of the following appliances powered by natural gas: a stove, an oven, a water heater, or a clothes dryer?

(305)

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

Mod11_3. During the past 12 months, on how many days have you used a wood or coal stove, fireplace, or kerosene heater inside your home? (306-308)

Note: If response is 777 (Don't know/Not sure) probe for approximate number of days.

-- Number of days
5 5 5 Do not have
8 8 8 None
7 7 7 Don't know / Not sure
9 9 9 Refused

Mod11_4. A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home? (309)

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

Mod11_5. Do you currently have mold in your home on an area greater than the size of a dollar bill? (310)

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

Module 14: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

Mod14_1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (325-326)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (327-328)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (329-330)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_4. Over the last 2 weeks, how many days have you felt tired or had little energy? (331-332)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (333-334)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (335-336)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (337-338)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (339-340)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (341)

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

Mod14_10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (342)

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

Module 17: General Preparedness

The next series of questions asks about large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

Some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question that you do not want to answer.

Mod17_1. How well prepared do you feel your household is to safely ride out or withstand a large-scale disaster or emergency? Would you say... (362)

Please read:

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

Do not read:

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

Mod17_2. Does your household have a disaster evacuation plan, a written plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (363)

- 1 Yes
- 2 No

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

Mod17_3. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day. (364)

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

Mod17_4. Does your household have a 3-day supply of non-perishable food for everyone who lives there? By non-perishable we mean food that does not require refrigeration or cooking. (365)

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

Mod17_5. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (366)

- 1 Yes
- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know/Not sure
- 9 Refused

Mod17_6. Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (367)

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

Mod17_7. Does your household have a working flashlight and working batteries for your use if the electricity is out? (368)

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

Mod17_8. If public authorities announced mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (369)

- 1 Yes **[Go to Q10]**
- 2 No
- 7 Don't know/Not sure

9 Refused

Mod17_9. What would be the main reason why you might not evacuate if asked to do so? (370-371)

Read only if necessary:

- 01 Lack of transportation
- 02 Lack of trust in public officials
- 03 Concern about leaving property behind
- 04 Concern about personal safety
- 05 Concern about family safety
- 06 Concern about leaving pets
- 07 Other

Do not read:

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

Mod17_10. In a large-scale disaster or emergency, what would be your main method of communicating with relatives and friends? (372)

Read only if necessary:

- 1 Regular home telephones
- 2 Cell phones
- 3 Email
- 4 Pager
- 5 2-way radios
- 6 Other

Do not read:

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

Mod17_11. What would be your main method of getting information from authorities in a large-scale disaster or emergency? (373)

Read only if necessary:

- 1 Television
- 2 Radio
- 3 Internet
- 4 Print media
- 5 Neighbors

Do not read:

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

State Added 2: Asthma

CT2_1. In the past 12 months, have you had wheezing or whistling in your chest? (405)

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

9 Refused
CT2_2. In the past 12 months, has your sleep been disturbed because of wheezing or coughing?
(406)

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

CT2_3. When you have a cold, does the cough usually last more than 10 days?
(407)

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

CT2_4. Have you had coughing, wheezing or shortness of breath with exercise or activity and had to stop because of these symptoms at any time in the past 12 months? (408)

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

State-Added 3: Second Hand Smoke

CT3_1. Which statement best describes the rules about smoking inside your home?
(409)

Please read:

- 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 your home

Or

- 4 There are no rules about smoking inside your home

Do not read:

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

State-Added 4: High Blood Pressure

CT4_1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
(410)

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

- 1 Yes
- 2 Yes, but female only told during pregnancy [Go to next section (skip 2-9)]
- 3 No [Go to next section (skip 2-9)]
- 4 Told Borderline high or pre hypertensive [Go to next section (skip 2-9)]
- 7 Don't know / Not sure [Go to next section (skip 2-9)]
- 9 Refused [Go to next section (skip 2-9)]

CT4_2. Is your blood pressure currently high? (411)

- 1 Yes
- 2 No
- 4 Borderline high or pre hypertensive
- 7 Don't know / Not sure
- 9 Refused

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

CT4_3. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (412)

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

CT4_4. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (413)

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

CT4_5. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (414)

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

CT4_6. (Are you) exercising (to help lower or control your high blood pressure)? (415)

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

CT4_7. Has a doctor or other health professional ever prescribed medication (to help lower or control your high blood pressure)? (416)

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

CT4_8. Are you currently taking prescribed medicine for your high blood pressure? (417)

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

CT4_9. Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure? (418)

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

- 1 Yes
- 2 Yes, but female only told during pregnancy
- 3 No
- 4 Borderline high or pre hypertensive
- 7 Don't know / Not sure
- 9 Refused

State-Added 5: Genomics

CT5_1. To the best of your knowledge, do you have a parent, brother or sister, or child related by blood, who has been diagnosed with heart disease by a health care provider? (419)

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

CT5_2. Has your doctor, nurse, or other health care provider collected information from you about your family history of heart disease? (420)

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

CT5_3. If you learned that you had a family history of heart disease, how likely would you be to make lifestyle changes to try and prevent yourself from getting heart disease? Lifestyle changes might include changing your diet, exercising more, or stopping smoking. Would you say that you would be:

(421)

[Please Read]

- 1 very likely
- 2 somewhat likely
- Or
- 3 not likely (to make lifestyle changes)

Do not read

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

Split 2: State-Added Section 6

ATS Section 6.1: Tobacco Use

{If split=1, go to Asthma Follow-up; if split=2, continue}

{If S10q1=1 and s10q2=1, go to CT6_1} [Current Daily]

{If S10q1=1 and s10q2=2, go to CT6_2} [Current Some Days]

{If s10q1=1 and s10q2=3, go to CT6_5} [Former]

{If s10q1=1 and s10q2=7 or 9, go to ATS Section 6.1: Environmental Tobacco Smoke}

{If s10q1=2, 7, or 9, go to ATS Section 6.1: Environmental Tobacco Smoke}

Previously you said you {fill-in: smoke/have smoked cigarettes}.

{ Asked of respondents who answered “every day” to s10Q2 (BRFSS s10q2=1) } **[Current Daily]**

{ If s10q1=2, go to ATS Section 6.3: Environmental Tobacco Smoke }

CT6_1. On average, about how many cigarettes a day do you now smoke?

[Note to interviewer: 1 pack = 20 cigarettes. Verify 61 or more cigarettes.]

__ _ Number of cigarettes 1-180 **[Skip to CT6_4]**

6 6 6 Less than 1 cigarette a day **[Skip to CT6_4]**

7 7 7 Don't know/Not sure **[Skip to CT6_4]**

9 9 9 Refused **[Skip to CT6_4]**

{ Asked of respondents who answered “some days” to s10Q2 (BRFSS s10q2=2) } **[Current Some Days]**

CT6_2. During the past 30 days, on how many days did you smoke cigarettes?

__ _ Number of days (0-30) **[If = 0 Skip to CT6_4]**

- 6 6 Less than 1 cigarette a day [**Skip to CT6_4**]
- 7 7 Don't know/Not sure [**Skip to CT6_4**]
- 9 9 Refused [**Skip to CT6_4**]

{ Asked of respondents who answered ≥ 1 day to CT6_2 } [**Current Some Days**]

CT6_3. On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

[**Note to interviewer: 1 pack = 20 cigarettes.**]

{**Verify 61 or more cigarettes.**}

- 1 Number of cigarettes_____
- 2 Less than 1 cigarette a day
- 7 Don't know/Not sure
- 9 Refused

{ Asked of current smokers only (s10q2=1 or 2) } [**Current**]

CT6_4. How soon after you wake up do you have your first cigarette?

- 1 Within 5 minutes
- 2 6-30 minutes
- 3 31-60 minutes
- 4 After 60 minutes
- Do not read:**
- 7 Don't know/Not sure
- 9 Refused

{ Current Smokers Skip to CT6_6 }

{ Ask CT6_5 if **FORMER SMOKER** [BRFSS s10q1=1 "yes") and (BRFSS s10q2=3 "not at all")] [**Former Smoker**]

CT6_5. About how long has it been since you last smoked cigarettes regularly?

Read if necessary

- 01 Within the past month (≤ 1 month ago)
- 02 Within the past 3 months (> 1 month but ≤ 3 months ago)
- 03 Within the past 6 months (>3 months but ≤ 6 months ago)
- 04 Within the past year (>6 months but ≤ 1 year ago)
- 05 Within the past 5 years (>1 year but ≤ 5 years ago)
- 06 Within the past 10 years (>5 years but ≤ 10 years ago)
- 07 Over 10 years ago

Do not read

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

[**Former Smokers Skip to ATS Section 6.3: Environmental Tobacco Smoke**]

{ CT6_6a-CT6_6c asked of current smokers only (s10q2=1 or 2) } [**Current**]

Purchase Patterns

CT6_6 In the last 12 months, have you ever bought cigarettes...

6a. In a neighboring state?

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

6b. On an Indian reservation?

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

6c. On the Internet?

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

ATS Section 6.2: Cessation

Quit Attempts

{CT6_7-CT6_12 asked of current smokers only} [Current]

CT6_7. Are you seriously considering quitting within the next 6 months?

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

CT6_8. Do you ever expect to quit smoking?

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

CT6_9. If you decided to give up smoking altogether, how likely do you think you would be to succeed?

Please read

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely

Do not read

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

CT6_10. Are you aware of assistance that is available from the Connecticut QuitLine to help you quit smoking?

- 1 Yes
- 2 No [**Skip to ATS Section 6.3: Environmental Tobacco Smoke**]
- 7 Don't know / Not sure [**Skip to ATS Section 6.3: Environmental Tobacco Smoke**]
- 9 Refused [**Skip to ATS Section 6.3: Environmental Tobacco Smoke**]

CT6_11. Have you called the Connecticut QuitLine for assistance?

- 1 Yes [**Skip to ATS Section 6.3: Environmental Tobacco Smoke**]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CT6_12. How likely are you to call the Connecticut QuitLine?

Please read

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very Unlikely

Do not read

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

ATS Section 6.3: Environmental Tobacco Smoke

{ Asked of all respondents } [ALL]

CT6_13. During the past 7 days, that is since [date fill], on how many days did anyone smoke anywhere inside your home?

- 1 Number of days (0-7) _____ [Enter number]
- 7 Don't know/Not sure
- 9 Refused

CT6_14. Which statement best describes the rules about smoking in your home?

Please Read

- 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 your home
- OR
- 4 There are no rules about smoking inside your home

Do not read

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

CT6_15. During the past 7 days, that is since [date fill], have you been in a car with someone who was smoking?

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

CT6_16. Now that Connecticut has a total ban on smoking in restaurants and bars, how much do you agree or disagree with the following statement?

Please Read: "I go out to restaurants or bars in Connecticut less frequently now that smoking is not allowed." Do you...

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
 - 5 Does not go to Connecticut restaurants or bars
- [Skip to CT6_19 for current smokers]**
[Skip to CT6_18 for others]

Do not read

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

{ Asked of all respondents where CT6_16=1,2,3,4,7 or 9 } **[All]**

CT6_17. In the past 12 months, have you observed smoking inside a Connecticut restaurant or bar?

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

{ Asked of non-smokers only s10q1=2 } **[Non-Smokers]**

CT6_18. In the past 12 months, have you ever asked a stranger not to smoke around you so you wouldn't have to breathe their smoke?

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

{Ask CT6_19—CT6_22 only if BRFSS Demographics s11q8 = 1 “employed for wages” or 2 “self-employed”}

[ALL]

Read:

I am now going to ask you some questions about workplace smoking policies.

CT6_19. While working at your job, are you indoors most of the time?

- 1 Yes
- 2 No [Current Smokers Skip to CT6_23]
[Skip to CT6_24 for all others]
- 7 Don't know / Not sure [Current Smokers Skip to CT6_23]
[Skip to CT6_24 for all others]
- 9 Refused [Current Smokers Skip to CT6_23]
[Skip to CT6_24 for all others]

CT6_20. At your primary place of employment, are there 5 or more employees?

- 1 Yes [Skip to CT6_22]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CT6_21. Which statement best describes your workplace's official smoking policy for work areas?

Please Read

- 1 Smoking is not allowed in any work area
 - 2 Smoking is allowed in some work areas
 - 3 Smoking is allowed in all work areas
- or
- 4 There is no official policy

Do not read

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

CT6_22. As far as you know, in the past 7 days, that is since [date fill], has anyone smoked in your work area?

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

{Skip to CT6_24 for all respondents except current smokers}

ATS Section 6.4: Risk Perception and Social Influences

{ Asked of current smokers only } [Current]

CT6_23. How much do you agree or disagree with the following statement?

Please read: "People who care about me are upset about my smoking." Do you...

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read

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

{ CT6_24-CT6_28 asked of all respondents } [ALL]

I'm going to read you a series of statements. After I finish, please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement.

CT6_24. If a person has smoked a pack of cigarettes for more than 20 years, there is little health benefit to quitting smoking. Do you...

Please Read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read

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

CT6_25. Smoking is physically addictive. Do you...

Please Read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read

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

CT6_26. Smoking light cigarettes is safer than smoking regular cigarettes. Do you...

Please Read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read

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

CT6_27. Smoking by a pregnant woman may harm the baby.

Please Read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read

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

Now I'm going to ask about smoke from other people's cigarettes.

CT6_28. Do you think that breathing smoke from other people's cigarettes is:

Please Read

- 1 Very harmful to one's health
- 2 Somewhat harmful
- 3 Not very harmful to one's health
- 4 Not at all harmful to one's health

Do not read

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

ATS Section 6.5: Policy Issues

{ Asked of all respondents }

CT6_29. How strongly do you agree or disagree with the following statement?

Please Read: "Tobacco use should not be allowed on school grounds or at any school events." Do you...

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read

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

Asthma Follow-up Questions

{Connecticut will participate in the Adult & Child Asthma Callback survey in 2006.}

{Include Split 1 and 2}

{If s8q1 or s8q2=1 or mod3_1 or mod3_2=1 continue, else go to closing}

{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD; If ADULT AND CHILD, proceed to Asthma Selection}

Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOOSE ADULT OR CHILD. (50% ADULT / 50% CHILD)}

ast1. We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Connecticut.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No **[go to closing]**

ast2. Can I please have (**fill-in:** your/your child's) first name or initials so we will know who to ask for when we call back?

- 1 Gave Information
- 9 Refused

ast3. ENTER NAME: _____

Closing statement

Please read:

That is 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.