



2008

Behavioral Risk Factor Surveillance System

Questionnaire

December 17, 2007

Behavioral Risk Factor Surveillance System 2008 Questionnaire

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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 in (state) ?

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 5.**

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 4



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 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 this survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

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

Please read:

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

Or

- 5 Poor

Do not read:

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

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

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

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

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

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

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

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, 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: Sleep

The next question is about getting enough rest or sleep.

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

(84–85)

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

Section 5: Exercise

5.1 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?

(86)

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

Section 6: Diabetes

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

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

(87)

- 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

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.

(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

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.

(89)

- 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 Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.

7.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

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 8: Cardiovascular Disease Prevalence

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

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

8.1 (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

8.2 (Ever told) you had angina or coronary heart disease? (92)

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

8.3 (Ever told) you had a stroke? (93)

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

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

9.2 Do you still have asthma? (95)

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

Section 10: Disability

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

10.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

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

10.2 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? (97)

Include occasional use or use in certain circumstances.

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

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (98)

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]

11.2 Do you now smoke cigarettes every day, some days, or not at all? (99)

- 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]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

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

Section 12: Demographics

12.1 What is your age? (101–102)

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

12.2 Are you Hispanic or Latino? (103)

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

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

(104–109)

(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 Q12.3; continue. Otherwise, go to Q12.5

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

(110)

- 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

12.5 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? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

(111)

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

12.6 Are you...? (112)

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

12.7 How many children less than 18 years of age live in your household? (113–114)

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

12.8 What is the highest grade or year of school you completed? (115)

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

12.9 Are you currently...? (116)

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

12.10 Is your annual household income from all sources—

(117–118)

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

12.11 About how much do you weigh without shoes?

(119–122)

NOTE: If respondent answers in metrics, put “9” in column 119.

Round fractions up

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

CATI note: If Q12.11 = 7777 (Don't know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14).

12.12 About how tall are you without shoes? (123–126)

NOTE: If respondent answers in metrics, put “9” in column 123.

Round fractions down

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

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <46.** (127–130)

NOTE: If respondent answers in metrics, put “9” in column 127.

Round fractions up

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

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

12.14 Was the change between your current weight and your weight a year ago intentional? (131)

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

12.15 What county do you live in? (132–134)

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

12.16 What is your ZIP Code where you live? (135-139)

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

12.17 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. (140)

1	Yes	
2	No	[Go to Q12.19]
7	Don't know / Not sure	[Go to Q12.19]
9	Refused	[Go to Q12.19]

12.18 How many of these telephone numbers are residential numbers? (141)

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

12.19 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. (142)

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

12.20 **Indicate sex of respondent. Ask only if necessary.** (143)

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

12.21 To your knowledge, are you now pregnant? (144)

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? (145)

- | | | |
|---|-----------------------|-----------------------------|
| 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? (146–148)

- | | | |
|--------|---------------------------|-----------------------------|
| 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 | |
| 9 9 9 | Refused | |

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?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

(149–150)

- | | |
|-----|-----------------------|
| _ _ | 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? (151–152)

- | | |
|-----|-----------------------|
| _ _ | 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? (153–154)

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

Section 14: Immunization

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (155)

- 1 Yes
- 2 No [Go to Q14.3]
- 7 Don't know / Not sure [Go to Q14.3]
- 9 Refused [Go to Q14.3]

14.2 During what month and year did you receive your most recent flu shot? (156–161)

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

14.3 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™. (162)

- 1 Yes
- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]

14.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (163–168)

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

14.5 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? (169)

- 1 Yes
- 2 No
- 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? (170–171)

- | | | | |
|---|---|-----------------------|-----------------------------|
| – | – | 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] |

15.2 **[Fill in “Did this fall (from Q15.1) cause an injury?”]. If only one fall from Q15.1 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.

(172–173)

- | | | | |
|---|---|-----------------------|-----------------------------|
| – | – | 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— (174)

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? (175–176)

- | | | |
|---|---|-----------------------|
| – | – | 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? (177)

- | | | |
|---|-----------------------|----------------------|
| 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? (178)

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? (179)

- 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? (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 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? (181)

- 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? (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 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 Q12.21 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (183)

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? (184)

- 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? (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)
- 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

19.3 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? (186)

- 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? (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)
- 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? (188)

- 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? (189)

- 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? (190)

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? (191)

- 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 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? (192)

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

20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (193)

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. (194)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q21.5] |
| 7 | Don't know / Not sure | [Go to Q21.5] |
| 9 | Refused | [Go to Q21.5] |

21.2 Not including blood donations, in what month and year was your last HIV test? (195–200)

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77, and the last four digits for the year.

- | | |
|----------|-----------------------|
| __/__/__ | Code month and year |
| 77/7777 | Don't know / Not sure |
| 99/9999 | Refused |

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at 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? (201–202)

- | | |
|-----|---|
| 0 1 | Private doctor or HMO office |
| 0 2 | Counseling and testing site |
| 0 3 | Hospital |
| 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 |

CATI note: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.

21.4 Was it a rapid test where you could get your results within a couple of hours? (203)

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

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

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

Do any of these situations apply to you? (204)

- 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." (205)

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?

(206)

Please read:

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

Do not read:

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

Closing Statement or Transition to Modules and/or State-Added Questions

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.

or

Transition to modules and/or state-added questions.

Optional Modules

Module 1: Pre-Diabetes

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

1. Have you had a test for high blood sugar or diabetes within the past three years? (227)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

CATI note: If Core Q6.1 = 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? (228)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 2: Diabetes

To be asked following Core Q6.1; if response is "Yes" (code = 1)

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 |
2. Are you now taking insulin? (231)
- | | |
|---|---------|
| 1 | Yes |
| 2 | No |
| 9 | Refused |

3. 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. (232–234)

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

4. 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. (235–237)

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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (238–239)

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

6. 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"? (240–241)

–	–	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 Q4 = 555 (No feet), go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (242–243)

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

8. 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. (244)

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (245)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? (246)

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

Module 4: Visual Impairment and Access to Eye Care

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

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lens. If you wear glasses or contact lens, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say— (255)

Please read:

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

Or

- 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

2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

(256)

Please read:

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

Or

- 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

3. When was the last time you had your eyes examined by any doctor or eye care provider?
(257)

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 | |

4. What is the main reason you have not visited an eye care professional in the past 12 months?

(258–259)

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 2 (Diabetes) Q8.

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.
(260)

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

6. Do you have any kind of health insurance coverage for eye care?

(261)

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

7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

(262)

- 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

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

(263)

- 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 affects the macula, the part of the eye that allows you to see fine detail.

NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)

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

(264)

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

Module 8: Secondhand Smoke I

These next questions are about exposure to secondhand smoke.

NOTE: If Core Q12.9 = 1 (Employed) or Core Q12.9 = 2 (Self-employed); continue. Otherwise, go to Q2.

1. On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?

(285–286)

– – Number of days (1–7 days)
5 5 Did not work in the past 7 days
6 6 I do not work indoors most of the time
8 8 None

Do not read:

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

2. On how many of the past 7 days, did anyone smoke in your home while you were there?
(287–288)

– – Number of days (1–7 days)
5 5 I was not at home in the past 7 days
8 8 None

Do not read:

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

3. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.
(289)

Please read:

1 Smoking is not allowed anywhere inside my home
2 Smoking is allowed in some places or at some times
3 Smoking is allowed anywhere inside my home

Or

4 There are no rules about smoking inside my home

Do not read:

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

4. In bars, do you **THINK** smoking should be allowed in all areas, some areas or not allowed at all? (290)

Please read:

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

Do not read:

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

5. In restaurants, do you **THINK** smoking should be allowed in all areas, some areas or not allowed at all? (291)

Please read:

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

Do not read:

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

6. Inside indoor workplaces, do you **THINK** smoking should be allowed in all areas, some areas or not allowed at all? (292)

Please read:

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

Do not read:

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

Module 15: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q12.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

1. What is the birth month and year of the “Xth” child? (366–371)

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

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

2. Is the child a boy or a girl? (372)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (373)

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? (374–379)

[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? (380)

- 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? (381)

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 16: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 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? (382)

- 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? (383)

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

CATI Note: State-added questions begin in column 401.

State Added 1: Child Questions

CT1_1 (CHILD1) Does the “Xth” **{CATI: please fill in correct number}** 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 (CHILD2) Was there a time in the past 12 months the “Xth” **{CATI: please fill in correct number}** 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

CT1_4 (CHILD4) Was there a time in the past 12 months when the “Xth” **{CATI: please fill in correct number}** child needed to see a dentist but could not because of cost? (403)

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

CT1_5 (CHILD5) Was this child breastfed? (404)

- 1 Yes
- 2 No **{Go to next section}**
- 7 Don’t know / Not sure **{Go to next section}**
- 9 Refused **{Go to next section}**

CT1_6 (CHILD6) For about how many months was this child breastfed? (405-406)

- __ Number of Months
- 77 Don’t know / Not sure
- 99 Refused

CT1_7 (CHILD7) About how much does this child weigh without shoes? (407-410)

NOTE: If respondent answers in metrics, put "9" in column 407.

Round fractions up

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

CT1_8 (CHILD8) About how tall is this child without shoes? (411-414)

NOTE: If respondent answers in metrics, put "9" in column 411.

Round fractions down

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

CT1_9 (CHILD9) On an average day, not including time on the computer, about how many hours did this child watch television, videos or DVDs? (415-416)

__	Enter number of hours [1-24]
22	Less than one
88	None
77	Don't know
99	Refused

CT1_10 (CHILD10) On an average day, about how many hours did this child spend playing video games or on the computer? Please include time spent on the Internet of playing computer games, but not or doing schoolwork on the computer. (417-418)

__	Enter number of hours
22	Less than one
88	None
77	Don't know
99	Refused

CT1_11 (CHILD11) On an average day, how many glasses, bottles or cans of soda, such as Coke or Sprite, or other sweetened drinks, such as fruit punch or Sunny Delight, did this child drink. Do not include diet or sugar free drinks. (419-420)

[NOTE: That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ a can]

[DO NOT READ. THIS ALSO INCLUDES DRINKS SUCH AS, HAWAIIAN PUNCH, HI-C, SNAPPLE, GATORADE, OTHER SPORTS DRINKS WITH ADDED SUGAR, AND SUGAR SWEETENED MILK – E.G. COFFEE MILK, CHOCOLATE MILK]

- __ __ **[range 1-15] glasses, cans or bottles**
- 88 None
- 77 Don't know
- 99 Refused

CT1_12 (CHILD12) In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru. (421-423)

[Read if Necessary: “Such as food you get at McDonald’s, Burger King, Taco Bell, KFC, or Pizza Hut.”]

[IF STRONGLY NEEDED, SAY “Foods from American-style fast food restaurants.”]

- 1__ **PER DAY [101-115]**
- 2__ **PER WEEK [201-284]**
- 888 None
- 777 Don't know

State Added 2: Environment

Well-Water

CT2_1 (WWTR1) What is the main source of your home water supply? (424)

- 1 A private well serving your home
- 2 A city, county, or town water system
- 3 A small water system operated by a condo or home association
- 4 Other source
- 7 Don't know/Not sure
- 9 Refused

CT2_2 (WWTR2) Which of the following best describes the water that you drink at home most often? (425)

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water
- 4 Water from another source
- 7 Don't know/Not sure
- 9 Refused

{CATI: ASK ONLY IF CT2_1=1}

CT2_3 (WWTR3) Has your well water ever been tested? (426)

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

{CATI: If CT2_3 =1, continue; else go to CT2_7}

CT2_4 (WWTR4) When was the last time your well water was tested? (427)

- 1 Within the last year
- 2 More than one year ago but less than five years ago
- 3 More than five years ago
- 7 Don't know/Not sure
- 9 Refused

CT2_5 (WWTR5) Did the results from the well water testing indicate the presence of any volatile organic compounds (VOCs)? (428)

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

CT2_6 (WWTR6) Did the results from the well water testing indicate the presence of any pesticides? (429)

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

Carbon Monoxide

CT2_7 (IAQCODTR) 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 carbon monoxide detector in your home? (430)

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

Radon

Radon is a radioactive gas that occurs in nature

CT2_8 (TESTAIR) Has your household air been tested for the presence of radon gas? (431)

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

{CATI: ASK ONLY IF CT2_8=1 }

CT2_9 (RADLEVEL) If yes – what was the level? (432)

- 1 acceptable (less than 4 pico curies per liter)
- 2 high
- 7 Don't know/Not sure
- 9 Refused

{CATI: ASK ONLY IF CT2_9=2 }

CT2_9 (RADREM) If HIGH – did you do anything to reduce the radon level? (433)

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

CT2_10 (PLANTEST) Do you, or does anyone in your home plan to have your household air tested for radon within the next year? (434)

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

State Added 3: Genetics

CT3_1 (GENETEST) How would you describe your overall knowledge about genetic testing for breast and ovarian cancer? (435)

- 1 None
- 2 Little
- 3 Some
- 4 A lot
- 7 Don't know/Not sure
- 9 Refused

CT3_2 (HEARDTEST) Have you seen or heard an advertisement about a genetic test to determine a woman's risk for breast or ovarian cancer in the past 6 months? (436)

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

State Added 4: Obesity Related

CT4_1 (SUGARDRK) On an average day, how many glasses, bottles or cans of soda (such as Coke or Sprite) or other sweetened drinks (such as fruit punch or Sunny Delight) did you drink. Do not include diet or sugar free drinks. (437-438)

[Read if Necessary: That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ a can]

[FOR INTERVIEWER INFO ONLY: THIS INCLUDES DRINKS SUCH AS, HAWAIIAN PUNCH, HI-C, SNAPPLE, GATORADE, OTHER SPORTS DRINKS WITH ADDED SUGAR, AND SUGAR SWEETENED MILK – E.G. COFFEE MILK, CHOCOLATE MILK]

__	Enter Number of glasses, cans or bottles [range 1-15]
88	None
77	Don't know
99	Refused

CT4_2 (FASTFOOD) In the past week, how many times did you eat fast food or pizza at work, at home, at fast-food restaurants, carryout or drive thru, or somewhere else? (439-441)

[Read if Necessary: "Such as food you get at McDonald's, Burger King, Taco Bell, KFC, or Pizza Hut."]

[IF STRONGLY NEEDED, SAY "Foods from American-style fast food restaurants."]

1__	PER DAY [101-115]
2__	PER WEEK [201-284]
888	None
777	Don't know
999	Refused

CT4_3 (TVTIME) On an average day, not including time on the computer, about how many hours did you watch television, videos or DVDs? (442-443)

__	Enter Number of hours
22	less than one
88	None
77	Don't know
99	Refused

CT4_4 (SCREENTIME) On an average day, about how many hours did you spend on the computer or playing video games? Please Include time spent on the internet, playing games, and doing other work on the computer, but not including work time. (444-445)

__	Enter Number of Hours
22	Less than one
88	None
77	Don't know
99	Refused

State Added 5: Oral Health

Oral Health

To be inserted after 7.3

CT6_1 (ORALHTH) Would you say in general your oral health is: (446)

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

CT6_2 (PERIDON) Have you ever been told by a dental health provider that you have periodontal disease (gum disease)?

(447)

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

{CATI: ASK ONLY IF 7.1=1,2,3,4, or 7 }

CT6_3 (ORALSCREEN) The last time you saw your dental health provider, did he or she examine all surfaces of the inside of your mouth, including the back of your throat and under the tongue?

(448)

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

{CATI: ASK ONLY IF 7.1=1}

CT6_4 (DECAY) In the past year, have you been told by your dental health provider that you have dental decay (cavities)? (449)

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

{CATI: ASK ONLY IF 7.1=2,3,4,7 or 8}

CT6_5 (REASDENT) What is the main reason you have not visited the dentist in the last year? (450)

- 1 Fear, apprehension, nervousness, pain, dislike going
- 2 Cost
- 3 Do not have/know a dentist
- 4 Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- 5 No reason to go (no problems, no teeth)
- 6 Other

- 7 DK/NS
- 9 Refused

State-Added 6: Air Purification

CT6_1. (AIRPURE) A portable air purifier is any electric or battery-powered air purifying device that can be moved from room to room. Have you owned or used a portable air purifier, either electric or battery-powered? (451)

[NOTE: This would include small room air purifiers designed for small spaces such as a bathroom, or car air purifiers or personal air purifiers. A large portable "air purifier," includes any portable device that is designed to clean the air in a large room, several rooms, or the whole house. Please do NOT include air purifiers that are connected to or are part of central heating and air conditioning systems, or plug-in type fragrance air fresheners such as Glade plug-ins.

Have you owned or used a portable air purifier, either electric or battery-powered?

- 1 Yes [go to CT6_2]
- 2 No [go to next section]
- 7 Don't Know/Not sure [go to next section]
- 9 Refused [go to next section]

CT6_2 (AIROZONE) Does the air purifier intentionally emit ozone, or does the box or owner's manual mention that the air purifier releases ozone, O₃, "activated oxygen", "super oxygen", or another similar term?

(452)

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

State-Added 7: Colon Cancer Screening

To be inserted after 20.4 in the core

20.5. You said that you have had either a colonoscopy or sigmoidoscopy. Which test have you had most recently? [IF NEEDED: “For a colonoscopy you get complete sedation so that you are almost or completely asleep and you need to have someone else drive you home afterward. Did you receive sedation and have someone else drive you home?” IF STILL UNSURE ASK “Were you told you needed to have someone drive you home after the test?” If sedation was given/had to be driven home after the test, R had a colonoscopy.] (453)

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