



**2008**

**UTAH**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

# 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                  | <b>[If Q2.1 and Q2.2 = 88 (None), go to next section]</b> |
| 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 (**Skip to Module 2**)
- 2 Yes, but female told only during pregnancy (**Skip to Module 1**)
- 3 No (**Skip to Module 1**)
- 4 No, pre-diabetes or borderline diabetes (**Skip to Module 1**)
- 7 Don't know / Not sure (**Skip to Module 1**)
- 9 Refused (**Skip to Module 1**)

## 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

**STD0M3.** Are you now taking diabetes pills?

1. Yes  
 2. No  
 7. Don't know / Not sure  
 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 (**Don't ask question 7 of this module**)  
 8 8 8 Never  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**STDOM6.** Have you EVER had any sores or irritations on your feet that took more than four weeks to heal?

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

**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 (**Skip to STDM1**)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**STDM1.** Please think only about the courses or classes you took that were taught by a nurse, dietitian or pharmacist who is a diabetes educator.

When was the last time you took a course or class in how to manage your diabetes yourself from one of the diabetes educators I mentioned?

- 1 Within the past 6 months (anytime less than 6 months ago)
- 2 Within the past year (6 months but less than 1 year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 to less than 5 years ago (2 years to less than 5 years ago)
- 5 5 to less than 10 years ago (5 years to less than 10 years ago)
- 6 10 to less than 15 years ago (10 years to less than 15 years ago)
- 7 15 to less than 20 years ago (15 years to less than 20 years ago)
- 8 20 or more years ago
- 10 Never
- 77 Don't know/Not sure
- 99 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

## 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	Don't know / Not sure
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	<b>[Go to Q12.19]</b>
7	Don't know / Not sure	<b>[Go to Q12.19]</b>
9	Refused	<b>[Go to Q12.19]</b>

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

—	Residential telephone numbers <b>[6 = 6 or more]</b>
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	<b>[Go to next section]</b>
2	Female	<b>[If respondent is 45 years old or older, go to next section]</b>

**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                    | <b>[Go to next section]</b> |
| 7 | Don't know / Not sure | <b>[Go to next section]</b> |
| 9 | Refused               | <b>[Go to next section]</b> |

**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 | <b>[Go to next section]</b> |
| 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
- 7 7 / 7 7 7 7 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
- 7 7 / 7 7 7 7 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 question asks 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       | <b>[76 = 76 or more]</b>    |
| 8 | 8 | None                  | <b>[Go to next section]</b> |
| 7 | 7 | Don't know / Not sure | <b>[Go to next section]</b> |
| 9 | 9 | Refused               | <b>[Go to next section]</b> |

**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       | <b>[76 = 76 or more]</b> |
| 8 | 8 | None                  |                          |
| 7 | 7 | Don't know / Not sure |                          |
| 9 | 9 | Refused               |                          |

## 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                   | <b>[Go to 18.2]</b>  |
| 2 | No                    | <b>[Go to STMAM1 only if age &gt;= 40; if &lt;40 go to 18.3]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q18.3]</b>   |
| 9 | Refused               | <b>[Go to Q18.3]</b>   |

**STMAM1.** What is the most important reason you have never had a mammogram?

- 01 Not recommended by Doctor/Doctor never said it was needed.
- 02 Not needed/No breast problems/No family history of breast cancer.
- 03 Cost/Not covered by insurance.
- 04 Too old.
- 05 Too young
- 06 No time.
- 07 Services not available/Not convenient/Lack of transportation
- 08 Fear/Uncomfortable/Painful.
- 09 Embarrassing.
- 10 Afraid of that they might find.
- 11 Put it off/Too lazy
- 12 Hasn't thought about it
- 13 Test doesn't work/Effectiveness of test/Cause Cancer
- 14 Don't want to have one
- 15 No regular doctor/Don't go to doctor
- 16 Nursing

- 17 Other (specify)
- 77 Don't know/Not sure.
- 99 Refused.

**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) **(Go to 18.3)**
- 2 Within the past 2 years (1 year but less than 2 years ago) **(Go to 18.3)**
- 3 Within the past 3 years (2 years but less than 3 years ago) **(Go to STMAM2)**
- 4 Within the past 5 years (3 years but less than 5 years ago) **(Go to STMAM2)**
- 5 5 or more years ago **(Go to STMAM2)**

**Do not read:**

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

**STMAM2** What is the most important reason you have not had a mammogram in the last two years?

- 01 Not recommended by Doctor/Doctor never said it was needed.
- 02 Not needed/No breast problems/No family history of breast cancer.
- 03 Cost/Not covered by insurance.
- 04 Too old.
- 05 Too young
- 06 No time.
- 07 Services not available/Not convenient/Lack of transportation
- 08 Fear/Uncomfortable/Painful.
- 09 Embarrassing.
- 10 Afraid of that they might find.
- 11 Put it off/Too lazy
- 12 Hasn't thought about it
- 13 Test doesn't work/Effectiveness of test/Cause Cancer
- 14 Doesn't want to have one
- 15 No regular doctor/don't got to doctor
- 16 Nursing
- 17 Other (specify)
- 77 Don't know/Not sure.
- 99 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?

**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  $\leq 39$  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 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

**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 [Go to 20.4]
- 2 No [Go to STCC1]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

**STCC1** What is the most important reason you have never had a sigmoidoscopy or colonoscopy?

**(Interviewer: Do not read. Mark only ONE)**

- 01 Not recommended by Doctor/Doctor never said it was needed.
- 02 Not needed/No symptoms/No family history of cancer.
- 03 Cost/Not covered by insurance.
- 04 Too old.
- 05 Too young.
- 06 No time.
- 07 Services not available/Not convenient/Lack of transportation
- 08 Fear/Uncomfortable/Painful.
- 09 Embarrassing.
- 10 Afraid of that they might find.
- 11 Put it off/Too lazy
- 12 Hasn't thought about it
- 13 Test doesn't work/Effectiveness of test/Cause Cancer
- 14 Don't want to have one
- 15 No regular doctor/Don't go to doctor
- 16 Other (write in)
- 77 Don't know/Not sure.
- 99 Refused.

**If 20.3 = 2, 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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

## Section 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

## Optional Modules

### 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)

--/---  
77/7777      Code month and year  
99/9999      Don't know / Not sure  
                 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  $\geq$  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?

- 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 Questions**

### **State-Added: Child Obesity**

**Ask if selected child is  $\geq 5$ .**

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

**STCHILD1** On a typical SCHOOL DAY, how many hours does your child usually spend watching television or videos? Include DVD and video movies. Do not count video or computer games.

1. Less than 1 hour
2. 1-2 hours (1 hour to less than 2 hours)
3. 2-3 hours (2 hours to less than 3 hours)
4. 3-4 hours (3 hours to less than 4 hours)
5. 4-5 hours (4 hours to less than 5 hours)
6. 5 hours or more
7. Don't know/Not sure
8. None
9. Refused

**STCHILD2** On a typical SCHOOL DAY, how many hours does your child usually spend playing video or computer games?

1. Less than 1 hour
2. 1-2 hours (1 hour to less than 2 hours)
3. 2-3 hours (2 hours to less than 3 hours)
4. 3-4 hours (3 hours to less than 4 hours)
5. 4-5 hours (4 hours to less than 5 hours)
6. 5 hours or more
7. Don't know/Not sure
8. None
9. Refused

**STCHILD3** On a typical WEEKEND DAY, how many hours does your child usually spend watching television or videos? Include DVD and video movies. Do not count video or computer games.

1. Less than 1 hour
2. 1-2 hours (1 hour to less than 2 hours)
3. 2-3 hours (2 hours to less than 3 hours)
4. 3-4 hours (3 hours to less than 4 hours)
5. 4-5 hours (4 hours to less than 5 hours)
6. 5 hours or more
7. Don't know/Not sure
8. None

9. Refused

**STCHILD4** On a typical WEEKEND DAY, how many hours does your child usually spend playing video or computer games?

1. Less than 1 hour
2. 1-2 hours (1 hour to less than 2 hours)
3. 2-3 hours (2 hours to less than 3 hours)
4. 3-4 hours (3 hours to less than 4 hours)
5. 4-5 hours (4 hours to less than 5 hours)
6. 5 hours or more
7. Don't know/Not sure
8. None
9. Refused

**STCHILD5** How many times in an average week does your child eat breakfast?

\_\_\_ \_\_\_ Number of days (0-7)

88. None
77. Don't know/Not sure
99. Refused

**STCHILD6** How often does your child have soft drinks? One drink is a tall glass or 12 ounce can. Do not include diet soft drinks.

- 1 \_\_\_ \_\_\_ Per day
- 2 \_\_\_ \_\_\_ Per week
- 3 \_\_\_ \_\_\_ Per month
- 4 \_\_\_ \_\_\_ Per year
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

## State-Added Macular Degeneration

**STDM2** **If 6.1 = 1, ask STDM2; otherwise, skip to STFF.**

Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

Have you EVER been told by an eye doctor or other health care professional that you had macular degeneration?

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

## State-Added Fast Food

**[STFF questions are asked of all diabetics on both questionnaires, and only on Questionnaire 1 for non-diabetics.]**

**STFF1** How often do you eat food purchased from a fast-food restaurant?

- 1\_\_ per day
- 2\_\_ per week
- 3\_\_ per month
- 4\_\_ per year
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

**STFF2** How often do you eat breakfast, lunch, or dinner at a restaurant or cafeteria?  
(**Interviewer note:** eat-in or take-out, but not fast food.)

- 1\_\_ per day
- 2\_\_ per week
- 3\_\_ per month
- 4\_\_ per year
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

### State-Added Adult Obesity

**STAOB1** The next two questions are about biking and walking as a means of transportation.

During the past 30 days, on how many days did you bicycle to and from work, to do errands, or to go from place to place? Only include days that you bicycled for at least 10 minutes and do not include biking for recreation or exercise.

- \_\_ days in the last 30
- 77. Don't know
- 88. None
- 99. Refused

**STAOB2** During the last 30 days, on how many days did you walk to and from work, to do errands, or to go from place to place? Only include days that you walked for at least 10 minutes and do not include walking for recreation or exercise.

- \_\_ days in the last 30
- 77. Don't know
- 88. None
- 99. Refused

**If Questionnaire 1, go to Skin Cancer. If Questionnaire 2, go to Genomics.**

### State-Added Skin Cancer

**STSKIN1** The next questions are about what you do to protect your skin when you go outside.

When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock?

**(Interviewer note: Summer means June, July and August. Sunny is what the respondent considers sunny.)**

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never (**go to STSKIN3**)
  
8. Don't stay out more than one hour (**Go to next section**)
7. Don't know/Not sure (**Go to STSKIN3**)
9. Refused (**Go to STSKIN3**)

**STSKIN2** What is the Sun Protection Factor or SPF of the sunscreen you use most often?

- \_\_\_ \_\_\_ Number
77. Don't know/Not sure
  99. Refused

**STSKIN3** When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
  
7. Don't know/Not sure
9. Refused

**STSKIN4** When you go outside on a sunny summer day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
  
7. Don't know/Not sure
9. Refused

**STSKIN5** When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts?

Would you say: Always, Nearly Always, Sometimes, Seldom or Never?

1. Always
2. Nearly Always

3. Sometimes
4. Seldom
5. Never
  
7. Don't know/Not sure
9. Refused

## State-Added Genomics

**STGENE1** Now think about your immediate family including your grandparents, parents, brothers, sisters, and children, both living and those deceased. To the best of your knowledge, does one or more chronic disease, such as heart disease, stroke, diabetes, or cancer tend to run in your family?

1. Yes
2. No
3. Adopted **(Skip to STG7.)**
7. Don't know/ Not sure
9. Refused

**STGENE2** Have any of your immediate family members ever been told by a doctor, nurse, or other health professional that they had diabetes? (Do not include a female relative who only had diabetes during pregnancy)

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

**STGENE3** In the past year, have you read or heard about the importance of knowing your family's health history?

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

**STGENE4** Have you ever actively collected health information from your relatives for the purpose of developing a family health history?

1. Yes
2. No **(Go to STG7)**
7. Don't know/ Not sure **(Go to STG7)**
9. Refused **(Go to STG7)**

**STGENE5** Have you shared the information you collected on your family's health history with a doctor, nurse, or other health care professional?

1. Yes **(Go to STG7)**
2. No **(Go to STG6)**
7. Don't know/ Not sure **(Go to STG7)**
9. Refused **(Go to STG7)**



**STGENE6** Why have you not shared your family's health history with a medical professional?

**Mark all that apply. Do Not Read**

1. Do not have a family history
2. It's not important
3. Confidential, not to be shared outside the family
4. Not yet, but I plan to in the future
5. Worried it may affect my job
6. Worried it may affect my ability to get health insurance
7. Worried it may affect my ability to get life insurance
8. Other (please specify)
77. Don't know/Not sure
99. Refused

**STGENE7** Some companies are offering genetic tests of your DNA that are advertised to improve your health and prevent disease. You can order these tests directly, without the involvement of a healthcare provider. Have you heard about these tests?

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

## State-Added Smoking

**Ask after STSKIN on Questionnaire 1 and after STGENE on Questionnaire 2.**

**If (1 or 2) "everyday" or "some days" to C11Q02, continue. Otherwise, go to STT4.**

**STSMK1** On the average, about how many cigarettes a day do you now smoke?

- \_\_\_ \_\_\_ Number of cigarettes  
7 Don't Know / Not Sure  
9 Refused

**STSMK2** Are you seriously considering stopping smoking within the next six months?

1. Yes
2. No (**go to STT5**)
7. Don't know / Not sure
9. Refused

**STSMK3** Are you planning to stop smoking within the next 30 days?

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

**If "(3) Not at all" to core Q10.2, continue. Otherwise go to Q5.**

**STSMK4** Previously you said you have smoked cigarettes:

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

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago) **[Go to STT5]**
- 2 Within the past 3 months (1 month but less than 3 months ago) **[Go to STT5]**
- 3 Within the past 6 months (3 months but less than 6 months ago) **[Go to STT5]**
- 4 Within the past year (6 months but less than 1 year ago) **[Go to STT5]**
- 5 Within the past 5 years (1 year but less than 5 years ago) **[Go to STT9]**
- 6 Within the past 10 years (5 years but less than 10 years ago) **[Go to STT9]**
- 7 10 or more years ago **[Go to STT9]**

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

**If (former smoker) STSMK4 = 01, 02, 03, or 04 and C11Q02 = 3 OR if (current smoker) C11Q02 = 1 or 2 continue.**

**STSMK5** In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

1. Yes
2. No **(Go to STT9)**
7. Don't know / Not sure
9. Refused

**STSMK6** In the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking?

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

**STSMK7** In the past 12 months, did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion (Well BYOU trin/ZEYE ban/byou PRO pee on)?

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

**STSMK8** In the past 12 months, did your doctor or health provider recommend or discuss a smoking cessation class or program, a telephone quitline, or one-on-one counseling from a health-care provider to assist you with quitting smoking?

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

**[All respondents]**

**STSMK9** Which statement best describes the rules about smoking inside 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

**[All respondents]**

**STSMK10** In the past twelve months, how often have you seen or heard anti-smoking messages on TV or the radio?

- 1 At least once a week
- 2 At least once a month
- 3 Less than once a month
- 4 Never
- 7 Don't know/Not sure
- 9 Refused

**State-Added Folic Acid**

**(women 18-44 only)**

**SPRL1** Do you currently take any vitamin pills or supplements?  
**(Interviewer instruction: Include liquid supplements.)**

1. Yes
2. No **(Go to SPRL5)**
7. Don't know/Not sure **(Go to SPRL5)**
9. Refused **(Go to SPRL5)**

**SPRL2** Are any of these a multivitamin?

1. Yes **(Go to SPRL4)**
2. No
7. Don't know/Not sure
9. Refused

**SPRL3** Do any of the vitamin pills or supplements you take contain folic acid?

1. Yes
2. No **(Go to SPRL5)**
7. Don't know/Not sure **(Go to SPRL5)**
9. Refused **(Go to SPRL5)**

**SPRL4** How often do you take this vitamin pill or supplement?

Enter times per Day, per Week or per Month

- 1 \_\_\_ Times per day
- 2 \_\_\_ Times per week
- 3 \_\_\_ Times per month
- 777. Don't know/Not sure
- 999. Refused

**SPRL5** Have you ever heard of the B vitamin folic acid?

- 1. Yes
- 2. No (**Go to SPRL7**)
- 7. Don't know/Not sure (**Go to SPRL7**)
- 9. Refused (**Go to SPRL7**)

**SPRL6.** [Flow instruction: only ask of those who answered “yes” to SPRL5]  
Where did you hear or read about it?

(Interviewer note: Do not probe. Mark all mentioned)

- 1. Physician/OB/GYN/GP/FP
  - 2. Nurse/nurse practitioner
  - 3. Other Health Clinic Staff
  - 4. Brochures/literature at health care provider's office
  - 5. Friend or relative/co-worker
  - 6. Label on consumer product (i.e. food, vitamins)
  - 7. Magazine or newspaper
  - 8. Radio or Television
  - 9. School
  - 10. Books
  - 11. Internet
  - 12. Professional Journal
  - 13. Other (**Allow 'other' responses to be written in**)
77. Don't know/Not sure  
99. Refused

**SPRL7** Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons....

To make strong bones, To prevent birth defects, To prevent high blood pressure or Some other reason.

**Please Read**

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

**Do not read these responses**

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

## State-Added Intimate Partner Violence

### Ask of all women

**STIPVi:** The next questions are about different type of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers of organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

### Are you in a safe place to answer these questions?

- 1 Yes
- 2 No [Go to closing statement]

**CATI note:** If Q1 = 1 (Yes), continue. Otherwise, go to closing statement at end of module.

**STIPV1** Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

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

**STIPV2** In the past 12 months, have you experienced any physical violence with an intimate partner?

- 1 Yes
- 2 No [Go to STIPV4]
- 7 Don't know / Not sure [Go to STIPV4]
- 9 Refused [Go to STIPV4]

**STIPV3** In the past 12 months, have you had any physical injuries, such as bruises, cuts, scrapes, black eyes, or broken bones, as a result of this physical violence?

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

**STIPV4** At the time of the most recent incident involving an intimate partner who was physically violent with you, what was that person's relationship to you?

#### Do not read:

- 01 Current boyfriend
- 02 Current girlfriend
- 03 Former boyfriend
- 04 Former girlfriend

- 05 Fiancé (male)
- 06 Fiancé (female)
- 07 Male you were dating
- 08 Female you were dating
- 09 Female first date
- 10 Male first date
- 11 Husband or male live-in partner
- 12 Wife or female live-in partner
- 13 Former husband or former male live-in partner
- 14 Former wife or former female live-in partner
- 15 Other
- 77 Don't know / Not sure
- 99 Refused

**Closing Statement:**

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is 1-800-897-LINK (5465). Would you like me to repeat the number?

## State-Added Substance Abuse

**If yes to Core Q13.1, skip to STSA2\*\***

**STSA1** Now we would like to ask you some questions about alcohol and drug use.

In the past 12 months, have you had at least one drink of any alcoholic beverage or used drugs at least one time?

**(INTERVIEWER NOTE:** Using drugs refers to illicit drugs, or prescription drugs not taken as prescribed by a doctor)

- 1. YES
- 2. NO **(SKIP to STSA7)**

- 7. Don't know/not sure
- 9. Refuse

**STSA2** **(If STSA1 was skipped, include intro statement:** Now we would like to ask you some questions about alcohol and drug use.)

In the past 12 months, have you spent more time drinking or using drugs than you intended? **(INTERVIEWER NOTE:** Using drugs refers to illicit drugs, or prescription drugs not taken as prescribed by a doctor)

- 1. YES
- 2. NO
- 7. Don't know/not sure
- 9. Refuse

**STSA3** In the past 12 months, have you neglected some of your usual responsibilities due to alcohol or drug use?

- 1. YES
- 2. NO

- 7. Don't know/not sure
- 9. Refuse

**STSA4** In the past 12 months, have you wanted or needed to cut down on your drinking or drug use?

- 1. YES
- 2. NO
- 7. Don't know/not sure
- 9. Refuse

**STSA5** In the past 12 months, has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?

- 1. YES
- 2. NO
- 7. Don't know/not sure
- 9. Refuse

**STSA6** In the past 12 months, did you use alcohol or drugs to relieve feelings such as sadness, anger or boredom?

- 1. YES
- 2. NO
- 7. Don't know/not sure
- 9. Refuse

**STSA7** In the past 12 months, have you found yourself thinking a lot about drinking or using drugs?

- 1. YES
- 2. NO
- 7. Don't know/not sure
- 9. Refuse

### State-Added Prescription Pain Medication

**STPPM1** In the past year, did you use any pain medications that were prescribed to you by a doctor?

- 1. Yes
- 2. No (include "not prescribed" and "prescribed but did not use") (**skip to STPPM8**)
- 7. Don't know / Not Sure (**skip to STPPM8**)
- 9. Refused (**skip to STPPM8**)

**STPPM2** In the past year, what prescription pain medications were prescribed to you by a doctor? (Interviewer, **DO NOT READ RESPONSES, Record all**) - Anything else?

1. Codeine
2. Darvocet

3. Darvon
4. Demerol
5. Dilaudid
6. Fentanyl
7. Hydrocodone
8. Hydromorphone
9. Lortab
10. Lorcet
11. Meperidine
12. Methadone
13. Morphine
14. Oxycodone
15. Oxycontin
16. Percocet
17. Percodan
18. Propoxyphene
19. Roxicet
20. Tramadol
21. Tylenol with codeine (Tylenol #3)
22. Tylox
23. Ultram
24. Ultracet
25. Vicodin
26. Other (write in response) <b>Skip to STPPM7 if OTHER is only response</b>
77. Don't know / not sure
99. Refused ( <b>Skip to STPPM7</b> )

**STPPM3** The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

1. Yes
2. No (**skip to STPPM5**)
7. Don't know / Not sure (**skip to STPPM5**)
9. Refused (**skip to STPPM5**)

**STPPM4** We want to understand why people use prescription medication other than prescribed. What were the reasons you used the medication differently than prescribed? (Interviewer, **DO NOT READ RESPONSES**, CHECK ALL THAT APPLY) – Anything else?

1. To relieve pain
2. To relieve other physical symptoms
3. To relieve anxiety or depression
4. For fun, good feeling, getting high, peer pressure (friends were doing it)
5. To prevent or relieve withdrawal symptoms
6. Other (SPECIFY): \_\_\_\_\_
7. Don't know / Not Sure
9. Refused



**STPPM5** The last time you filled a prescription for pain medication was there any medication leftover?

1. Yes
2. No (**skip to STPPM7**)
7. Don't know / Not sure (**skip to STPPM7**)
9. Refused (**skip to STPPM7**)

**STPPM6** What did you do with the leftover prescription pain medication?

(Interviewer, **DO NOT READ RESPONSES**)

1. Kept it
2. Disposed of it
3. Gave it to someone else
4. Sold it
5. Other (SPECIFY): \_\_\_\_\_
7. Don't know / Not sure
9. Refused

**STPPM7** This question asks about pain. SHORT-TERM PAIN is from an injury or surgery, and is expected to resolve after a few days, weeks or months. LONG-TERM PAIN lasts over a prolonged period and may never be fully cured.

The last time you used a prescription pain medication that was prescribed for you by a doctor, was it to relieve SHORT-TERM pain, or LONG-TERM PAIN, or both?

1. Short-term Pain
2. Long-term Pain
3. Both
7. Don't know / Not Sure
9. Refused

**STPPM8** Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.

Please remember that your answers are strictly confidential and you do not have to answer any question you don't want to.

In the past year, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication NOT medication that is available over the counter.

(**DO NOT READ RESPONSES**)

1. Yes
2. No (**skip to closing**)
7. Don't know / Not sure (**skip to closing**)
9. Refused (**skip to closing**)

**STPPM9** What were the prescription pain medications you took that were not prescribed specifically to you by a doctor?

1. Codeine
2. Darvocet

3. Darvon
4. Demerol
5. Dilaudid
6. Fentanyl
7. Hydrocodone
8. Hydromorphone
9. Lortab
10. Lorcet
11. Meperidine
12. Methadone
13. Morphine
14. Oxycodone
15. Oxycontin
16. Percocet
17. Percodan
18. Propoxyphene
19. Roxicet
20. Tramadol
21. Tylenol with codeine (Tylenol #3)
22. Tylox
23. Ultram
24. Ultracet
25. Vicodin
26. Other (write in response)
77. Don't know / not sure
99. Refused

**STPPM10** We want to understand why people use prescription medication that was not prescribed specifically to them. The last time you used prescription pain medication that was not prescribed to you, what were the reasons?

(Interviewer, this question refers only to medications not available over the counter.) – Anything else?

1. To relieve pain
2. To relieve other physical symptoms
3. To relieve anxiety or depression
4. For fun, good feeling, getting high, peer pressure (friends were doing it)
5. To prevent or relieve withdrawal symptoms
6. Other (SPECIFY): \_\_\_\_\_
7. Don't know / Not Sure
9. Refused

**STPPM11** From whom did you obtain the prescription pain medication?

(Interviewer can clarify with: “referring to the last time you used prescription pain medication not available over the counter and not prescribed specifically for you”.)

**READ RESPONSES IF NECESSARY**

1. From a friend OR relative
2. From an acquaintance

- 3. From a street dealer or other person I did not know
- 4. Online
- 5. Other
  
- 7. don't know/not sure
- 9. refused

**STPPM12** How did you obtain the prescription pain medication from this source?

(Interviewer can clarify with: "referring to the last time you used prescription pain medication not available over the counter and not prescribed specifically for you".)

**READ RESPONSES**

- 1. given to you
- 2. purchased
- 3. took it without person's knowledge or permission
  
- 4. Other (do not read)
- 7. don't know/not sure (do not read)
- 9. refused (do not read)

State-Added Mental Illness and Stigma

**STMIS1** Now, I am going to ask you some questions about how you have been feeling during the past 30 days.

About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**STMIS2** During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**STMIS3** During the past 30 days, about how often did you feel **restless** or **fidgety**?

**[If necessary: all, most, some, a little, or none of the time?]**

- 1 All
- 2 Most
- 3 Some

- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**STMIS4** During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

**[If necessary: all, most, some, a little, or none of the time?]**

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**STMIS5** During the past 30 days, about how often did you feel that **everything was an effort?**

**[If necessary: all, most, some, a little, or none of the time?]**

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**STMIS6** During the past 30 days, about how often did you feel **worthless?**

**[If necessary: all, most, some, a little, or none of the time?]**

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**STMIS7** The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

**INTERVIEWER NOTE:** If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

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

**STMIS8** Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

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

**STMIS9** These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

Treatment can help people with mental illness lead normal lives. Do you –**agree** slightly or strongly, or **disagree** slightly or strongly?

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

**STMIS10** People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

## State-Added Heart Attack & Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me “yes,” “no,” or you’re “not sure.”

**STHAS1** (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)

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

**STHAS2** (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)

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

**STHAS3** (Do you think) chest pain or discomfort (are symptoms of a heart attack?)

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

**STHAS4** (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

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

**STHAS5** (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

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

**STHAS6** (Do you think) shortness of breath (is a symptom of a heart attack?)

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

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

**STHAS7** (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)

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

**STHAS8** (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)

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

**STHAS9** (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

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

**STHAS10** (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

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

**STHAS11** (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

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

**STHAS12** (Do you think) severe headache with no known cause (is a symptom of a stroke?)

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

**STHAS13** If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

Please read:

- 1 Take them to the hospital
  - 2 Tell them to call their doctor
  - 3 Call 911
  - 4 Call their spouse or a family member
- Or
- 5 Do something else

Do not read:

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

## State-Added Garden Questions

**(January & February Only!)**

My last few questions are about gardening.

**STGARD1** Have you ever gardened?

1. Yes
2. No (skip to **STGARD3**)
7. Don't know/Not sure
9. Refused (skip to **STGARD3**)

**STGARD2** Have you gardened in the past 12 months?

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

**STGARD3** What do you feel are the greatest benefits of gardening?

(Interviewer note: Check all that apply. Ask 'anything else?' but do not read.)

1. Healthy diet/Improve diet
2. Having fresh fruits and vegetables and/or for canning & preserving
3. Physical activity
4. Being outside/sunshine/Vitamin D/fresh air
5. Social activity
6. Family bonding
7. Satisfaction of eating what you grow
8. Seeing things grow
9. Help with managing arthritis
10. Self-reliance
11. Self-gratification
12. Low-cost alternative to buying produce
13. Promote mental health/piece of mind/peaceful/relieve stress/relaxation
14. Keeping things looking nice
15. Other (specify)\_\_\_\_\_
77. Don't know/Not sure
88. There are no benefits
99. Refused

**STGARD4** In the past 12 months have you seen or heard anything in the media about community gardens?

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



**Asthma Follow-up Adult**

**Asthma Follow-up Child**

**Follow-up Script**

**Closing Statement**

**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.