

1996 Behavioral Risk Factor Questionnaire

FIPS STATE CODE	STRATUM CODE	PSU NUMBER	RECORD NUMBER	DATE OF INTERVIEW MM DD YY	ID
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(1-2)	(3)	(4-8)	(9)	(10-15)	(16-17)

HELLO, I'm _____ calling for the _____.
 We're doing a study of the health practices of _____ residents.
 Your phone number has been chosen randomly by the _____ to be
 included in the study, and we'd like to ask some questions about things people do which may affect
 their health.

Is this Area code Prefix Suffix _____

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?

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

	Date	Time	Time	Time	Comments
<input type="radio"/> Line busy	_____	_____	_____	_____	
<input type="radio"/> No answer	_____	_____	_____	_____	

Appointments:

	Today's date/time	Spoke with	Ask for	Callback date/time	ID	Comments
1.	_____	_____	_____	_____	_____	
2.	_____	_____	_____	_____	_____	

Refusals:

	Date/time	Spoke with	ID	Comments
1st	_____	_____	_____	
2nd	_____	_____	_____	

Call Disposition Codes	
01 - Completed interview. 02 - Refused interview. 03 - Nonworking number. 04 - Ring, no answer. 05 - Not a private residence. 06 - No eligible respondent at this number.	07 - Selected respondent not available during the interviewing period. 08 - Language barrier. 09 - Interview terminated within questionnaire. 10 - Line busy. 11 - Selected respondent unable to communicate due to physical or mental impairment.

Edited by: _____
 Date: ____/____/____
 Final disposition of telephone call: (26-27)
 Wind down: (28)

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is: (33)

Please Read

	a. Excellent	1
	b. Very good	2
	c. Good	3
	d. Fair	4
	or	
	e. Poor?	5
Do not read these responses.	Don't know/Not sure	7
	Refused	9

2. 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? (34–35)

a. Number of days		— —
b. None		8 8
	Don't know/Not sure	7 7
	Refused	9 9

3. 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? (36–37)

a. Number of days		— —
b. None <i>If Q. 2 also "None," go to Q. 5 (p. 5)</i>		8 8
	Don't know/Not sure	7 7
	Refused	9 9

4. 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? (38–39)
- | | |
|---------------------------|-----|
| a. Number of days | — — |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (40)
- a. Yes 1
 - b. No *Go to Q. 7b (p. 7)* 2
 - Don't know/Not sure *Go to Q. 12 (p. 10)* 7
 - Refused *Go to Q. 12 (p. 10)* 9
6. Do you have Medicare? (41)
- Medicare is a coverage plan for people 65 or over and for certain disabled people.
- a. Yes *Go to Q. 8 (p. 8)* 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

7a. What type of health care coverage do you use to pay for most of your medical care? (42–43)

Is it coverage through: *Please Read*

	a. Your employer <i>Go to Q. 8 (p. 8)</i>	0 1
	b. Someone else’s employer <i>Go to Q. 8 (p. 8)</i>	0 2
	c. A plan that you or someone else buys on your own <i>Go to Q. 8 (p. 8)</i>	0 3
	d. Medicare <i>Go to Q. 8 (p. 8)</i>	0 4
	e. Medicaid or Medical Assistance [<i>or substitute state program name</i>] <i>Go to Q. 8 (p. 8)</i>	0 5
	f. The military, CHAMPUS, or the VA [<i>or CHAMP-VA</i>] <i>Go to Q. 8 (p. 8)</i>	0 6
	g. The Indian Health Service [<i>or the Alaska Native Health Service</i>] <i>Go to Q. 8 (p. 8)</i>	0 7
	or	
	h. Some other source <i>Go to Q. 8 (p. 8)</i>	0 8
Do not read these responses.	None <i>Go to Q. 11 (p. 9)</i>	8 8
	Don’t know/Not sure <i>Go to Q. 8 (p. 8)</i>	7 7
	Refused <i>Go to Q. 8 (p. 8)</i>	9 9

7b. There are some types of coverage you may not have considered.
 Please tell me if you have any of the following: (44-45)

Coverage through: *Please Read*

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [<i>or substitute state program name</i>]	0 5
	f. The military, CHAMPUS, or the VA [<i>or CHAMP-VA</i>]	0 6
	g. The Indian Health Service [<i>or the Alaska Native Health Service</i>]	0 7
	h. Some other source	0 8
Do not read these responses.	None <i>Go to Q. 11 (p. 9)</i>	8 8
	Don't know/Not sure <i>Go to Q. 12 (p. 10)</i>	7 7
	Refused <i>Go to Q. 12 (p. 10)</i>	9 9

8. About how long have you had *[fill in type (Medicare/Medicaid/this particular health care coverage) from Q. 6, Q. 7a, or Q. 7b]*? (46)

Read Only if Necessary

If necessary, say "The coverage you use currently to pay for most of your medical care."	a.	For less than 12 months (1 to 12 months)	1
	b.	For less than 2 years (1 to 2 years)	2
	c.	For less than 3 years (2 to 3 years)	3
	d.	For less than 5 years (3 to 5 years)	4
	e.	For 5 or more years	5
		Don't know/Not sure	7
		Refused	9

9. Is there a book or list of doctors associated with your *[fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b]* plan? (47)

If necessary, say "The coverage you use currently to pay for most of your medical care." If "no" or "Dk/Ns," probe "Is there a certain number you are supposed to call to find a doctor to go to?"	a.	Yes	1
	b.	No	2
		Don't know/Not sure	7
		Refused	9

10. Does your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan require you to select a certain doctor or clinic for all of your routine care? (48)

If necessary, say "The coverage you use currently to pay for most of your medical care."

- | | | |
|--|--|---|
| Do not include emergency care or referral to a specialist. | a. Yes <i>Go to Q. 12 (p. 10)</i> | 1 |
| | b. No <i>Go to Q. 12 (p. 10)</i> | 2 |
| | Don't know/Not sure <i>Go to Q. 12 (p. 10)</i> | 7 |
| | Refused <i>Go to Q. 12 (p. 10)</i> | 9 |

11. About how long has it been since you had health care coverage? (49)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (50)

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

13. About how long has it been since you last visited a doctor for a routine checkup? (51)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Never 8
- Refused 9

Section 3: Diabetes

14. Have you ever been told by a doctor that you have diabetes? (52)

If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy.....	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

Section 4: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

15. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (53)

- a. Yes 1
- b. No *Go to Q. 25 (p. 15)* 2
- Don't know/Not sure *Go to Q. 25 (p. 15)* 7
- Refused *Go to Q. 25 (p. 15)* 9

16. What type of physical activity or exercise did you spend the most time doing during the past month? (54–55)

Activity (specify): _____
See coding list A

Refused *Go to Q. 20 (p. 13)* 9 9

➡ Ask Q. 17 only if answer to Q. 16 is running, jogging, walking, or swimming. All others go to Q. 18.

17. How far did you usually walk/run/jog/swim? (56–58)

See coding list B if response is not in miles and tenths.

- Miles and tenths _____
- Don't know/Not sure 7 7 7
- Refused 9 9 9

18. How many times per week or per month did you take part in this activity during the past month? (59–61)

- a. Times per week 1 ___
- b. Times per month 2 ___
- Don't know/Not sure 7 7 7
- Refused 9 9 9

19. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (62–64)

Hours and minutes : ..

Don't know/Not sure 7 7 7

Refused 9 9 9

20. Was there another physical activity or exercise that you participated in during the last month? (65)

a. Yes 1

b. No *Go to Q. 25 (p. 15)* 2

Don't know/Not sure *Go to Q. 25 (p. 15)* 7

Refused *Go to Q. 25 (p. 15)* 9

21. What other type of physical activity gave you the next most exercise during the past month? (66–67)

Activity (specify): _____
See coding list A

Refused *Go to Q. 25 (p. 15)* 9 9

➡ Ask Q. 22 only if answer to Q. 21 is running, jogging, walking, or swimming. All others go to Q. 23 (p. 13).

22. How far did you usually walk/run/jog/swim? (68–70)

See coding list B if response is not in miles and tenths.

Miles and tenths

Don't know/Not sure 7 7 7

Refused 9 9 9

23. How many times per week or per month did you take part in this activity? (71-73)

a. Times per week 1 _ _

b. Times per month 2 _ _

Don't know/Not sure 7 7 7

Refused 9 9 9

24. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (74-76)

Hours and minutes _ : _ _

Don't know/Not sure 7 7 7

Refused 9 9 9

Section 5: Tobacco Use

25. Have you smoked at least 100 cigarettes in your entire life? (77)

5 packs = 100 cigarettes	a. Yes	1
	b. No <i>Go to Section 6: Nutrition (p. 17)</i>	2
	Don't know/Not sure <i>Go to Section 6: Nutrition (p. 17)</i>	7
	Refused <i>Go to Section 6: Nutrition (p. 17)</i>	9

26. Do you now smoke cigarettes everyday, some days, or not at all? (78)

a. Everyday	1
b. Some days <i>Go to Q. 27a</i>	2
c. Not at all <i>Go to Q. 29 (p. 16)</i>	3
Refused <i>Go to Section 6: Nutrition (p. 17)</i>	9

27. On the average, about how many cigarettes a day do you now smoke? (79–80)

1 pack = 20 cigarettes	Number of cigarettes <i>Go to Q. 28 (p. 16)</i>	___
	Don't know/Not sure <i>Go to Q. 28 (p. 16)</i>	7 7
	Refused <i>Go to Q. 28 (p. 16)</i>	9 9

27a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (81–82)

1 pack = 20 cigarettes	Number of cigarettes <i>Go to Section 6: Nutrition (p. 17)</i>	___
	Don't know/Not sure <i>Go to Section 6: Nutrition (p. 17)</i>	7 7
	Refused <i>Go to Section 6: Nutrition (p. 17)</i>	9 9

28. During the past 12 months, have you quit smoking for 1 day or longer?	(83)
a. Yes <i>Go to Section 6: Nutrition (p. 17)</i>	1
b. No <i>Go to Section 6: Nutrition (p. 17)</i>	2
Don't know/Not sure <i>Go to Section 6: Nutrition (p. 17)</i>	7
Refused <i>Go to Section 6: Nutrition (p. 17)</i>	9

29. About how long has it been since you last smoked cigarettes regularly, that is, daily?	(84-85)
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Read Only if Necessary

a. Within the past month (0 to 1 month ago)	0 1
b. Within the past 3 months (1 to 3 months ago)	0 2
c. Within the past 6 months (3 to 6 months ago)	0 3
d. Within the past year (6 to 12 months ago)	0 4
e. Within the past 5 years (1 to 5 years ago)	0 5
f. Within the past 15 years (5 to 15 years ago)	0 6
g. 15 or more years ago	0 7
Don't know/Not sure	7 7
Never smoked regularly	8 8
Refused	9 9

Section 6: Nutrition

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

30. How often do you drink fruit juices such as orange, grapefruit, or tomato? (86–88)

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

31. Not counting juice, how often do you eat fruit? (89–91)

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

32. How often do you eat green salad? (92–94)

- a. Per day 1 __ __
- b. Per week 2 __ __
- c. Per month 3 __ __
- d. Per year 4 __ __
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

33. How often do you eat potatoes not including french fries,
fried potatoes, or potato chips? (95–97)

- a. Per day 1 __ __
- b. Per week 2 __ __
- c. Per month 3 __ __
- d. Per year 4 __ __
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

34. How often do you eat carrots? (98–100)

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

35. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (101–103)

Example: a serving of vegetables at both lunch and dinner would be two servings.

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

Section 7: Weight Control

36. Are you now trying to lose weight? (104)
- a. Yes *Go to Q. 38* 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
37. Are you now trying to maintain your current weight, that is, to keep from gaining weight? (105)
- a. Yes 1
 - b. No *Go to Q. 40 (p. 21)* 2
 - Don't know/Not sure *Go to Q. 40 (p. 21)* 7
 - Refused *Go to Q. 40 (p. 21)* 9
38. Are you eating either fewer calories or less fat to ... (106)
lose weight? [*If yes on Q. 36*]
keep from gaining weight? [*If yes on Q. 37*]
- | | |
|------------------------|---|
| Probe
for
which. | a. Yes, fewer calories 1 |
| | b. Yes, less fat. 2 |
| | c. Yes, fewer calories and less fat 3 |
| | d. No 4 |
| | Don't know/Not sure 7 |
| | Refused 9 |

39. Are you using physical activity or exercise to . . . (107)
 lose weight? *[If yes on Q. 36]*
 keep from gaining weight? *[If yes on Q. 37]*

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

40. In the past 12 months, has a doctor, nurse, or other health professional
 given you advice about your weight? (108)

- | | | |
|------------------------|---|---|
| Probe
for
which. | a. Yes, lose weight | 1 |
| | b. Yes, gain weight | 2 |
| | c. Yes, maintain current weight | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 8: Demographics

41. What is your age? (109–110)

Code age in years — —

Don't know/Not sure 0 7

Refused 0 9

42. What is your race? (111)

Would you say: *Please Read*

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

or

e. Other: (specify) 5

Do not read
these
responses.

Don't know/Not sure 7

Refused 9

43. Are you of Spanish or Hispanic origin? (112)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

44. Are you: (113)

Please Read

- a. Married 1
- b. Divorced 2
- c. Widowed 3
- d. Separated 4
- e. Never been married 5
- or**
- f. A member of an unmarried couple 6
- Refused 9

45. How many children live in your household who are . . .

Please Read

- | | | |
|--|--------------------------------------|----------|
| Code 1-9
7 = 7 or more
8 = none
9 = refused | a. less than 5 years old | __ (114) |
| | b. 5 through 12 years old | __ (115) |
| | c. 13 through 17 years old | __ (116) |

45d. Of the children aged 5-12 who live in your household, how many are 12? (330)

46. What is the highest grade or year of school you completed? (117)

Read Only if Necessary

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

47. Are you currently: (118)

Please Read

a. Employed for wages	1
b. Self-employed.	2
c. Out of work for more than 1 year	3
d. Out of work for less than 1 year	4
e. Homemaker	5
f. Student	6
g. Retired	7
or	
h. Unable to work	8
Refused	9

48. Is your annual household income from all sources: (119–120)

Please Read

If respondent refuses at any income level, code refused.	a. Less than \$25,000 <i>If "no," ask e; if "yes"ask b</i> (\$20,000 to less than \$25,000)	0 4
	b. Less than \$20,000 <i>If "no," code a; if "yes"ask c</i> (\$15,000 to less than \$20,000)	0 3
	c. Less than \$15,000 <i>If "no," code b; if "yes"ask d</i> (\$10,000 to less than \$15,000)	0 2
	d. Less than \$10,000 <i>If "no," code c</i>	0 1
	e. Less than \$35,000 <i>If "no," ask f</i> (\$25,000 to less than \$35,000)	0 5
	f. Less than \$50,000 <i>If "no," ask g</i> (\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 <i>If "no," code h</i> (\$50,000 to less than \$75,000)	0 7
	h. \$75,000 or more	0 8
Do not read these responses.	Don't know/Not sure	7 7
	Refused	9 9

49. About how much do you weigh without shoes? (121–123)

Round fractions up.	Weight	— — — pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

50. How much would you like to weigh? (124–126)

Weight	— — — pounds
Don't know/Not sure	7 7 7
Refused	9 9 9

51. About how tall are you without shoes? (127–129)

Round fractions down.	Height	— / — — ft / inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

52. What county do you live in? (130–132)

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

53. Do you have more than one telephone number in your household? (133)

a. Yes	1
b. No <i>Go to Q. 55 (p. 26)</i>	2
Refused <i>Go to Q. 55 (p. 26)</i>	9

54. How many residential telephone numbers do you have? (134)

Total telephone numbers [*8 = 8 or more*] —

Refused 9

55. Indicate sex of respondent. (135)

Ask Only if Necessary

Male *Go to Section 10: HIV/AIDS (p. 31)* 1

Female 2

Now I have some questions about other health services you may have received.

Section 9: Women's Health

56. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (136)

- a. Yes 1
- b. No *Go to Q.58c* 2
- Don't know/Not sure *Go to Q.58c* 7
- Refused *Go to Q.58c* 9

57. How long has it been since you had your last mammogram? (137)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

57a. What is the most important reason that you never had a mammogram in the last year? (331)

Do Not Read List. Record Only One Answer

- a. Not recommended by doctor/ doctor never said it was needed .. 1
- b. Not needed/ not necessary 2
- c. Never heard of mammogram 3
- d. Cost 4
- e. No insurance to pay for it 5
- f. Other 6
- Don't know/Not sure 7
- Refused 9

57b. About how many mammograms have you had in the last five years?
(332-333)

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

58. Was your last mammogram done as part of a routine checkup, because
of a breast problem other than cancer, or because you've already had
breast cancer? (138)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

58a. Whose idea was it for you to have this last mammogram – was it your idea,
your doctor's idea, or someone else's idea? (334)

- a. Respondent's idea 1
- b. Doctor's idea 2
- c. Someone else's idea 3
- Don't know/ Not sure 7
- Refused 9

Probe for the
most
influential.
Record only
one response

58b. Was this your first mammogram?	(335)
a. Yes <i>Go to Q.59</i>	1
b. No <i>Go to Q.59</i>	2
Don't know/Not sure <i>Go to Q.59</i>	7
Refused <i>Go to Q.59</i>	9

58c. What is the most important reason that you never had a mammogram? (336)

Do Not Read List. Record Only One Answer

a. Not recommended by doctor/ doctor never said it was needed . .	1
b. Not needed/ not necessary	2
c. Never heard of mammogram	3
d. Cost	4
e. No insurance to pay for it	5
f. Other	6
Don't know/Not sure	7
Refused	9

59. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (139)

- a. Yes 1
- b. No *Go to Q. 62 (p. 29)* 2
- Don't know/Not sure *Go to Q. 62 (p. 29)* 7
- Refused *Go to Q. 62 (p. 29)* 9

60. How long has it been since your last breast exam? (140)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

61. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (141)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

62. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (142)

- a. Yes 1
- b. No *Go to Q. 65 (p. 30)* 2
- Don't know/Not sure *Go to Q. 65 (p. 30)* 7
- Refused *Go to Q. 65 (p. 30)* 9

63. How long has it been since you had your last Pap smear? (143)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

64. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (144)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

65. Have you had a hysterectomy? (145)

A hysterectomy is an operation to remove the uterus (womb).

- a. Yes *Go to Section 10: HIV/AIDS (p. 31)* 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

➡ If respondent is 45 years old or older, go to Section 10: HIV/AIDS (p. 31).

66. To your knowledge, are you now pregnant? (146)

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

Section 10: HIV/AIDS



If respondent is 65 years old or older, go to Closing Statement.

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 don't want to.

67. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (147–148)

Code 01 through 12	a. Grade	— —
	b. Kindergarten	5 5
	c. Never	8 8
	Don't know/Not sure	7 7
	Refused	9 9

68. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (149)

a. Yes	1
b. No	2
Would give other advice	3
Don't know/Not sure	7
Refused	9

69. What are your chances of getting infected with HIV, the virus that causes AIDS? (150)

Would you say:

Please Read

	a. High	1
	b. Medium	2
	c. Low	3
	or	
	d. None	4
Do not read these responses.	Not applicable <i>Go to Q. 71 (p. 33)</i>	5
	Don't know/Not sure	7
	Refused	9

70. Have you ever had your blood tested for HIV? (151)

a. Yes <i>Go to Q. 71 (p. 33)</i>	1
b. No	2
Don't know/Not sure	7
Refused	9

71a. Have you donated blood since March 1985? (152)

a. Yes	1
b. No <i>Go to Q. 76 (p. 36)</i>	2
Don't know/Not sure <i>Go to Q. 76 (p. 36)</i>	7
Refused <i>Go to Q. 76 (p. 36)</i>	9

72a. When did you last donate blood? (153–156)

Code month and year *Go to Q. 76 (p. 36)* — — / — —

Don't know/Not sure *Go to Q. 76 (p. 36)* 7 7 7 7

Refused *Go to Q. 76 (p. 36)* 9 9 9 9

71. When was your last blood test for HIV? (157–160)

Code month and year — — / — —

Don't know/Not sure 7 7 7 7

Refused 9 9 9 9

72. What was the main reason you had your last blood test for HIV? (161–162)

Reason code — —

Read Only if Necessary

- a. For hospitalization or surgical procedure 0 1
- b. To apply for health insurance 0 2
- c. To apply for life insurance 0 3
- d. For employment 0 4
- e. To apply for a marriage license 0 5
- f. For military induction or military service 0 6
- g. For immigration 0 7
- h. Just to find out if you were infected 0 8
- i. Because of referral by a doctor 0 9
- j. Because of pregnancy 1 0
- k. Referred by your sex partner 1 1
- l. Because it was part of a blood donation process 1 2
Go to Q, 76 (p. 36)
- m. For routine checkup 1 3
- n. Because of occupational exposure 1 4
- o. Because of illness 1 5
- p. Because I am at risk for HIV 1 6
- q. Other 8 7
- Don't know/Not sure 7 7
- Refused 9 9

73. Where did you have your last blood test for HIV? (163–164)

Facility Code — —

Read Only if Necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home, using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

74. Did you receive the results of your last test?	(165)
a. Yes	1
b. No <i>Go to Q. 76</i>	2
c. Don't know/Not sure <i>Go to Q. 76</i>	7
Refused <i>Go to Q. 76</i>	9

75. Did you receive counseling or talk with a health care professional about the results of your test?	(166)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

76. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose?	(167)
--	-------

Would you say:

Please Read

a. Very effective	1
b. Somewhat effective	2
or	
c. Not at all effective	3
Don't know how effective	4
Don't know method	5
Refused	9

Do not read
these
responses.

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

77. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months?	(168)
a. Yes	1
b. No <i>Go to Closing Statement</i>	2
Don't know/Not sure <i>Go to Closing Statement</i>	7
Refused <i>Go to Closing Statement</i>	9

78. Have you:

<i>Please Read</i>	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Had sexual intercourse with only one partner?	1	2	7	9	(169)
b. Used condoms for protection? ..	1	2	7	9	(170)
c. Been more careful in selecting sexual partners?	1	2	7	9	(171)

Closing Statement

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

or

Transition to Modules, or State-Added Questions, or Both

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

Module 1: Prostate Screening

If respondent is 40 years or older and male, continue with this module, otherwise, go to Closing Statement

1. A PSA (Protein Specific Antigen) test is a blood test which looks for indicators of prostate cancer. Have you ever heard of a PSA test? (337)
 - a. Yes1
 - b. No . .*Go to Closing Statement*2
 - Don't know/Not sure *Go to Closing Statement*7
 - Refused *Go to Closing Statement*9

2. Have you ever had the PSA test ? (338)
 - a. Yes1
 - b. No . .*Go to Closing Statement*2
 - Don't know/Not sure *Go to Closing Statement*7
 - Refused *Go to Closing Statement*9

3. When did you have your last PSA test done? (339)
 - a. Within the past year (1 to 12 months ago)1
 - b. Within the past 2 years (1 to 2 years ago)2
 - c. Within the past 5 years (2 to 5 years ago)3
 - d. 5 or more years ago4
 - Don't know/ Not sure7
 - Refused9

Module 2: Colon Cancer Screening (ask only of adults aged 50 and older).

1. Have you ever tested your stool for blood by placing the stool on a paper strip and sending it to the laboratory? This test is called a fecal occult blood test or hemoccult. (340)
 - a. Yes1
 - b. No2
 - c. Don't know7
 - d. Refused9

2. When did you perform this test? (341)
 - a. Within the past year (1 to 12 months ago)1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know 7
 - Refused. 9

3. Has your doctor ever tested your stool for blood? (342)
 - a. Yes1
 - b. No2
 - Don't know7
 - Refused9

3. When did the Doctor perform the test? (343)
 - a. Within the past year (1 to 12 months ago)1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know7
 - Refused. 9

Module 13: Immunization

1. During the past 12 months, have you had a flu shot? (283)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
2. Have you ever had a pneumonia vaccination? (284)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Module 18: Social Context

These next questions are about your daily life.

1. How safe from crime do you consider your neighborhood to be? (317)

Would you say:

Please Read

- a. Extremely safe 1
- b. Quite safe 2
- c. Slightly safe 3
- d. Not at all safe 4
- Don't know/Not sure 7
- Refused 9

2. Do you own or rent your home? (318)

- a. Own 1
- b. Rent 2
- Refused 9

3. How long have you lived at your current address? (319)

Read Only if Necessary

- a. Less than six months (1 to 6 months) 1
- b. Less than one year (6 to 12 months) 2
- c. Less than two years (1 to 2 years) 3
- d. 2 or more years 4
- Don't know/Not sure 7
- Refused 9

4. How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (320)
- a. 3 or more 1
 - b. 2 2
 - c. 1 3
 - d. None 4
 - Don't know/Not Sure 7
 - Refused 9
5. In the past 30 days, have you been concerned about having enough food for you or your family? (321)
- a. Yes 1
 - b. No 2
 - Don't know/Not Sure 7
 - Refused 9

Module 17: Firearms

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (307)
 - a. Yes 1
 - b. No *Go to Next Module* 2
 - Don't know/Not sure *Go to Next Module* 7
 - Refused *Go to Next Module* 9

2. Are any of the firearms handguns, such as pistols or revolvers? (308)
 - a. Yes 1
 - b. No *Go to Q. 4* 2
 - Don't know/Not sure 7
 - Refused 9

3. Are any of the firearms long guns, such as rifles or shotguns? (309)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

4. What is the main reason that there are firearms in or around your home? (310)

Would you say for...

Please Read


- a. Hunting or sport 1
- b. Protection 2
- c. Work 3
- or**
- d. Some other reason 4

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

5. Is there a firearm in or around your home that is now both loaded and unlocked? (311)

- a. Yes 1
- b. No 2

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

 Read the following if "employed" or "self-employed" on core Q. 47. Otherwise, go directly to Q. 6.

The next three questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm use associated with your job.

6. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people? (312)

- a. Yes 1
- b. No 2

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

7. During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm? (313)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
8. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else? (314)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
9. In the past three years, have you attended a firearm safety workshop, class, or clinic? (315)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
10. Do any of the firearms kept in or around your home belong to you, personally? (316)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Module 19: Violence

Now I would like to ask you a few questions about physical violence between adults. By this I mean situations in which a person hits, slaps, pushes, or otherwise strikes another person. This includes fights between friends or family members, physical or sexual assaults, and being hit by objects or with weapons.

1. During the past 12 months, have you been subject to any physical violence? (344)

- a. Yes1
- b. No **Go to Q.6**2
- Don't know/Not sure **Go to Q.6**7
- Refused **Go to Q.6**9

2. During the past 12 months, on how many different occasions have you been subject to physical violence?

- Number of times _____
- Don't know/Not sure 7 7
- Refused 9 9

3. On the most recent occasion, was the person who did this to you.. (347 – 348)

Please Read

- a. A stranger 01
- b. An acquaintance02
- c. A friend03
- d. A relative04
- e. A boyfriend or girlfriend 05
- f. A former boyfriend or girlfriend 06
- g. A spouse07
- h. A former spouse08
- or
- i. More than one person 09

Do not read
these responses

- Don't know/ Not sure 7 7
- Other 8 8
- Refused 9 9

4. On the most recent occasion, were you injured? (349)
- a. Yes1
 - b. No *Go to Q.6*2
 - Don't know/Not sure *Go to Q.6*7
 - Refused *Go to Q.6*9

5. Did you go through an emergency room, hospital, doctor, dentist, or other medical care facility to get treatment for this injury?
- a. Yes1
 - b. No2
 - Don't know/Not sure *Go to Q.6*7
 - Refused *Go to Q.6*9

6. Now I would like to ask you how you feel about a man and a woman hitting each other. Are any of the following circumstances okay for a man to hit his wife or girlfriend? Is it okay to hit her.....

	Yes	No	Dk/Ns	Ref	
a. if she hits him fist	1	2	7	9	(351)
b. to discipline or keep her in line	1	2	7	9	(352)
c. anytime he wants	1	2	7	9	(353)

7. Now I would like to ask you how you feel about a man and a woman hitting each other. Are any of the following circumstances okay for a woman to hit her husband or boyfriend? Is it okay to hit him.....

	Yes	No	Dk/Ns	Ref	
a. if he hits him fist	1	2	7	9	(354)
b. to discipline or keep him in line	1	2	7	9	(355)
c. anytime she wants	1	2	7	9	(356)