

2000 Maryland Behavioral Risk Factor Surveillance System Questionnaire

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Introduction:

HELLO, I'm _____ calling for the Maryland Department of Health and Mental Hygiene and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Maryland residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this _____ ? **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? **No** Thank you very much, but we are only interviewing private residences. **Stop**

We 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?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.
If "you," go to page 3

To correct respondent HELLO, I'm _____ calling for the Maryland Department of Health and Mental Hygiene and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Maryland residents to guide state health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day

living habits that may affect health. We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes 15 minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1. Would you say that in general your health is: (66)

Please Read

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

1.2. 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? (67-68)

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

1.3. 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? (69-70)

a. Number of days	--
b. None If Q1.2 also "None," go to Q2.1	8 8
Don't know/Not sure	7 7
Refused	9 9

1.4. 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? (71-72)

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

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)

- a. Yes 1
- b. No **Go to Q2.3a** 2
 - Don't know/Not sure **Go to Q2.6** 7
 - Refused **Go to Q2.6** 9

2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (74)

- a. Yes **Go to Q2.6** 1
- b. No 2
 - Don't know/not sure 7
 - Refused 9

2.3. What type of health care coverage do you use to pay for most of your medical care?(75-76)

Is it coverage through: Coverage Code — —

Please Read

a. Your employer	Go to Q2.4	0 1	
b. Someone else=s employer	Go to Q2.4	0 2	
c. A plan that you or someone else buys on your own	Go to Q2.4	0 3	
d. Medicare	Go to Q2.6	0 4	
e. Medicaid or Medical Assistance [or substitute state program name]	Go to Q2.4	0 5	
f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]	Go to Q2.4	0 6	
g. The Indian Health Service [or the Alaska Native Health Service]	Go to Q2.4	0 7	
or			
h. Some other source	Go to Q2.4	0 8	
Do not read these responses	None	Go to Q2.5	8 8
	Don't know/Not sure	Go to Q2.4	7 7
	Refused	Go to Q2.4	9 9

2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (77-78)

Coverage through: Coverage Code — —

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 Go to Q2.6	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service]	0 7
	or	
h. Some other source	0 8	
Do not read these responses	None Go to Q2.5	8 8
	Don't know/Not sure Go to Q2.6	7 7
	Refused Go to Q2.6	9 9

- 2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (79)
- a. Yes **Go to Q2.6** 1
 - b. No **Go to Q2.6** 2
 - Don't know/Not sure **Go to Q2.6** 7
 - Refused **Go to Q2.6** 9
- 2.5. About how long has it been since you had health care coverage? (80)
- 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
- 2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (81)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

2.7. About how long has it been since you last visited a doctor for a routine checkup? (82)

Read Only if Necessary

A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition	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: Asthma

3.1	Did a doctor ever tell you that you had asthma?	(83)
a.	Yes	1
b.	No Go to Q4.1	2
	Don=t know/Not sure Go to Q4.1	7
	Refused Go to Q4.1	9
3.2	Do you still have asthma?	(84)
a.	Yes	1
b.	No	2
	Don=t know/Not sure	7
	Refused	9

Section 4: Diabetes

4.1. Have you ever been told by a doctor that you have diabetes?
(85)

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 5: Care Giving

5.1. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older? (86)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don=t Know/Not Sure | 7 |
| Refused | 9 |

5.2. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves? (87-88)

Read Only if Necessary

- | | |
|------------------------------|-----|
| a. Relative or friend | 0 1 |
| b. Would provide care myself | 0 2 |
| c. Nursing home | 0 3 |
| d. Home health service | 0 4 |
| e. Personal physician | 0 5 |
| f. Area Agency on Aging | 0 6 |
| g. Hospice | 0 7 |
| h. Hospital nurse | 0 8 |
| i. Minister/priest/rabbi | 0 9 |
| j. Other | 1 0 |
| k. Don=t know who to call | 1 1 |
| Refused | 9 9 |

Section 6: Exercise

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

6.1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (89)

- a. Yes 1
- b. No **Go to Q7.1** 2
- Don't know/Not sure **Go to Q7.1** 7
- Refused **Go to Q7.1** 9

6.2. What type of physical activity or exercise did you spend the most time doing during the past month? (90-91)

- Activity [specify]: **See coding list A** --
- Refused **Go to Q6.6** 9 9

Ask Q6.3 only if answer to Q6.2 is running, jogging, walking, or swimming. All others, go to Q6.4.

6.3. How far did you usually walk/run/jog/swim? (92-94)

- See coding** Miles and tenths -- --
- list B if**
- response is** Don't know/Not sure 7 7 7
- not in miles**
- and tenths** Refused 9 9 9

6.4. How many times per week or per month did you take part in this activity during the past month? (95-97)

- a. Times per week 1 _ _
- b. Times per month 2 _ _

Don't know/Not sure

7 7 7

Refused

9 9 9

6.5. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (98-100)

Hours and minutes	---
Don't know/Not sure	7 7 7
Refused	9 9 9

6.6. Was there another physical activity or exercise that you participated in during the last month? (101)

a. Yes	1
b. No Go to Q7.1	2
Don't know/Not sure Go to Q7.1	7
Refused Go to Q7.1	9

6.7. What other type of physical activity gave you the next most exercise during the past month? (102-103)

Activity [specify]: _____ See coding list A	--
Refused Go to Q7.1	9 9

Ask Q6.8 only if answer to Q6.7 is running, jogging, walking, or swimming. All others go to Q6.9 (p.15).

6.8. How far did you usually walk/run/jog/swim? (104-106)

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

6.9. How many times per week or per month did you take part in this activity?	(107-109)
a. Times per week	1 _ _
b. Times per month	2 _ _
Don't know/Not sure	7 7 7
Refused	9 9 9

6.10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (110-112)

Hours and minutes	_ : _ _
Don't know/Not sure	7 7 7
Refused	9 9 9

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life?	(113)
5 packs	
= 100 cigarettes	
a. Yes	1
b. No Go to Q8.1	2
Don't know/Not sure Go to Q8.1	7
Refused Go to Q8.1	9
7.2. Do you now smoke cigarettes everyday, some days, or not at all?	(114)
a. Everyday	1
b. Some days Go to Q7.3a	2
c. Not at all Go to Q7.5	3
Refused Go to Q8.1	9
7.3. On the average, about how many cigarettes a day do you now smoke?	(115-116)
1 pack = 20 cigarettes	
Number of cigarettes [76 = 76 or more]	
Go to Q7.4	--
Don't know/Not sure Go to Q7.4	7 7
Refused Go to Q7.4	9 9
7.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?	(117-118)
1 pack = 20 cigarettes	
Number of cigarettes [76 = 76 or more]	
Go to Q8.1	--
Don't know/Not sure Go to Q8.1 (p. 18)	7 7

Refused **Go to Q8.1**

9 9

7.4. During the past 12 months, have you quit smoking for 1 day or longer?	(119)
a. Yes Go to Q8.1	1
b. No Go to Q8.1	2
Don't know/Not sure Go to Q8.1	7
Refused Go to Q8.1	9

7.5. About how long has it been since you last smoked cigarettes regularly, that is, daily? (120-121)

Time code — —

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 8: Fruits and Vegetables

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.

- 8.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (122-124)
- 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
- 8.2. Not counting juice, how often do you eat fruit? (125-127)
- 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

8.3. How often do you eat green salad?	(128-130)
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

8.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (131-133)

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

8.5. How often do you eat carrots?	(134-136)
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

8.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (137-139)

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 9: Weight Control

9.1. Are you now trying to lose weight?		(140)
a. Yes Go to Q. 9.3		1
b. No		2
Don't know/Not sure		7
Refused		9
9.2. Are you now trying to maintain your current weight, that is to keep from gaining weight? (141)		
a. Yes		1
b. No Go to Q. 9.5		2
Don't know/Not sure Go to 9.5		7
Refused Go to Q. 9.5		9
9.3. Are you eating either fewer calories or less fat to...		
lose weight? [if "Yes" on Q. 9.1]		
keep from gaining weight? [if "Yes" on Q. 9.2]		(142)
Probe	a. Yes, fewer calories	1
for	b. Yes, less fat	2
which	c. Yes, fewer calories and less fat	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

9.4. Are you using physical activity or exercise to...

lose weight? [if "Yes" on Q. 9.1]

keep from gaining weight? [if "Yes" on Q. 9.2] (143)

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

9.5. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (144)

- | | | |
|--------------------------------|---------------------------------|---|
| 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 10: Demographics

10.1. What is your age? (145-146)

Code age in years --

Don't know/Not sure 0 7

Refused 0 9

10.2. What is your race? (147)

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 Don't know/Not sure 7

read these

responses Refused 9

10.3. Are you of Spanish or Hispanic origin? (148)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

10.4. Are you: (149)

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 | |

10.5. How many children live in your household who are... **Please Read**

- | | | |
|----------------------|-----------------------------|---------|
| Code 1-9 | a. less than 5 years old? | _ (150) |
| 7 = 7 or more | | |
| 8 = None | b. 5 through 12 years old? | _ (151) |
| 9 = Refused | | |
| | c. 13 through 17 years old? | _ (152) |

10.6. What is the highest grade or year of school you completed?
(153)

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

10.7. Are you currently:	Please Read	(154)
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
10.8. Is your annual household income from all sources:	Read as Appropriate	(155-156)
If res-	a. Less than \$25,000 If "no," ask e; if "yes," ask b	
pondent	(\$20,000 to less than \$25,000)	0 4
refuses	b. Less than \$20,000 If "no," code a; if "yes," ask c	
at any	(\$15,000 to less than \$20,000)	0 3
income	c. Less than \$15,000 If "no," code b; if "yes," ask d	
level,	(\$10,000 to less than \$15,000)	0 2
code	d. Less than \$10,000 If "no," code c	0 1
refused		
	e. Less than \$35,000 If "no," ask f	
	(\$25,000 to less than \$35,000)	0 5
	f. Less than \$50,000 If "no," ask g	
	(\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 If "no," code h	
	(\$50,000 to \$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

10.9. 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? (157)

- a. Yes 1
- b. No **Go to Q10.12** 2
- Don't know/Not sure **Go to Q10.12** 7
- Refused **Go to Q10.12** 9

10.10. Which of the following best describes your current military status? (158)

Are you: **Please Read**

- a. Currently on active duty **Go to Q10.12** 1
- b. Currently in reserves **Go to Q10.12** 2
- c. No longer in military service 3

Do not read these responses	Don't know/Not sure Go to Q10.12	7
	Refused Go to Q10.12	9

10.11. In the last 12 months have you received some or all of your health care from VA facilities?

(159)

- | | | |
|------------------------|-----------------------------------|---|
| Probe for which | a. Yes, all of my health care | 1 |
| | b. Yes, some of my health care | 2 |
| | c. No, no VA health care received | 3 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

10.12.	About how much do you weigh without shoes?	(160-162)
Round fractions up	Weight	--- pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
10.13.	How much would you like to weigh?	(163-165)
	Weight	--- pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
10.14.	About how tall are you without shoes?	(166-168)
Round fractions down	Height	/_ _ ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9
10.15.	What county do you live in?	(169-171)
	FIPS county code	---
	Don't know/not sure	7 7 7
	Refused	9 9 9
10.16.	Do you have more than one telephone number in your household?	(172)
	a. Yes	1
	b. No Go to Q10.18	2

Refused **Go to Q10.18**

9

10.17.	How many residential telephone numbers do you have?	(173)
Exclude ded- icated fax and computer lines	Total telephone numbers [8 = 8 or more]	-
	Refused	9
10.18.	Indicate sex of respondent. Ask Only if Necessary	(174)
	Male Go to Section 12: HIV/AIDS	1
	Female	2

Section 11: Women's Health

11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (175)

- a. Yes 1
- b. No **Go to Q11.4** 2
 - Don't know/Not sure **Go to Q11.4** 7
 - Refused **Go to Q11.4** 9

11.2. How long has it been since you had your last mammogram? (176)
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

11.3. 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? (177)

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

11.4. 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? (178)

- a. Yes 1
- b. No **Go to Q11.7** 2
- Don't know/Not sure **Go to Q11.7** 7
- Refused **Go to Q11.7** 9

11.5. How long has it been since your last breast exam? (179)

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

11.6. 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?	(180)
a. Routine Checkup	1
b. Breast problem other than cancer	2
c. Had breast cancer	3
Don't know/Not sure	7
Refused	9
11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?	(181)
a. Yes	1
b. No Go to Q11.10	2
Don't know/Not sure Go to Q11.10	7
Refused Go to Q11.10	9
11.8. How long has it been since you had your last Pap smear? Read Only if Necessary	(182)
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

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?	(183)	
a. Routine exam		1
b. Check current or previous problem		2
Other		3
Don't know/Not sure		7
Refused		9
11.10. Have you had a hysterectomy?	(184)	
a. Yes Go to Section 12: HIV/AIDS		1
A hysterectomy is an operation to remove the uterus (womb)	b. No	2
	Don't know/Not sure	7
	Refused	9
If respondent 45 years old or older, go to Section 12: HIV/AIDS (p. 33)		
11.11 To your knowledge, are you now pregnant?	(185)	
a. Yes		1
b. No		2
Don't know/Not sure		7
Refused		9

Section 12: HIV/AIDS

If respondent is 65 years old or older, go to Transition to Modules.

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.

12.1. 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? (186-187)

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

12.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (188)

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

12.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (189)

Would you say: **Please Read**

- a. High 1
- b. Medium 2
- c. Low 3
- or**
- d. None 4

Not applicable **Go to Q12.7a** 5

Do not read these responses Don't know/Not sure 7

Refused 9

12.4. Have you donated blood since March 1985? (190)

a. Yes 1

b. No **Go to Q12.6a** 2

Don't know/Not sure **Go to Q12.6a** 7

Refused **Go to Q12.6a** 9

12.5. Have you donated blood in the past 12 months? (191)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

12.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (192)

Include saliva tests	a. Yes Go to Q12.7	1
	b. No Go to Transition to Modules	2
	Don=t know/Not sure Go to Transition to Modules	7
	Refused Go to Transition to Modules	9

12.6a. Have you ever been tested for HIV? (193)

Include saliva tests	a. Yes Go to Q12.7a	1
	b. No Go to Transition to Modules	2
	Don=t know/Not sure Go to Transition to Modules	7
	Refused Go to Transition to Modules	9

12.7. Not including your blood donations, have you been tested for HIV in the past 12 months? (194)

Include saliva tests	a. Yes Go to Q12.8	1
	b. No Go to Transition to Modules	2
	Don=t know/Not sure Go to Transition to Modules	7
	Refused Go to Transition to Modules	9

12.7a. Have you been tested for HIV in the past 12 months? (195)

Include saliva tests	a. Yes	1
	b. No Go to Transition to Modules	2
	Don=t know/Not sure Go to Transition to Modules	7
	Refused Go to Transition to Modules	9

12.8. What was the main reason you had your last test for HIV? (196-197)

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	
Go to Transition to Modules	1 2
m. For routine check-up	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

12.9. Where did you have your last test for HIV? (198-199)

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	87
Don't know/Not sure	77
Refused	99

12.10. Did you receive
the results of your last test?
(200)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Transition to Modules | 2 |
| Don't know/Not sure Go to Transition to Modules | 7 |
| Refused Go to Transition to Modules | 9 |

12.11. Did you receive counseling or talk with a health care professional about the results
of your test? (201)

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

Transition to Modules and/or State-added Questions

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

Module 6: Oral Health

MOD 6_1. How long has it been since you last visited a dentist or a dental clinic for any reason? (263)

Read only if necessary

Include visits to dental specialists, such as orthodontists	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

MOD6_2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (264)

Include teeth lost due to "infection"	a. 1 to 5	1
	b. 6 or more but not all	2
	c. All	3
	d. None	8
	Don=t know/Not sure	7
	Refused	9

If "never" to Q1 or "all" to Q2, go to 4.

MOD6_3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? **Read only if necessary** (265)

- | | |
|---|---|
| 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 |

If "within the past year," to Q1 or Q3, go to Q5.

MOD6_4. What is the main reason you have not visited the dentist in the last year? (266-267)

- | Read Only if Necessary | Reason code |
|---|--------------------|
| a. Fear, apprehension, nervousness, pain, dislike going | 0 1 |
| b. Cost | 0 2 |
| c. Do not have/know a dentist | 0 3 |
| d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 0 4 |
| e. No reason to go (no problems, no teeth) | 0 5 |
| f. Other priorities | 0 6 |
| g. Have not thought of it | 0 7 |

h. Other		0 8
Don't know/Not sure		7 7
Refused		9 9
MOD6_5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?	(268)	
a. Yes		1
b. No		2
Don't know/Not sure		7
Refused		9

Module 14: Arthritis

MOD14_1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (314)

- a. Yes 1
- b. No **Go to MOD14_4** 2
 - Don't know/Not sure **Go to MOD14_4** 7
 - Refused **Go to MOD14_4** 9

MOD14_2. Were these symptoms present on most days for at least one month? (315)

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

MOD14_3. Are you now limited in any way in any activities because of joint symptoms? (316)

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

MOD14_4. Have you ever been told by a doctor that you have arthritis? (317)

- a. Yes 1
- b. No **Go to Module 17** 2

Don't know/Not sure	Go to Module 17	7
Refused	Go to Module 17	9

MOD14_5. What type of arthritis did the doctor say you have? (318-319)

Type Code _ _

Read Only if Necessary

a. Osteoarthritis/degenerative arthritis	0 1
b. Rheumatism	0 2
c. Rheumatoid Arthritis	0 3
d. Lyme disease	0 4
e. Other [specify]_____	0 7
f. Never saw a doctor	8 8
Don't know/Not sure	7 7
Refused	9 9

MOD14_6. Are you currently being treated by a doctor for arthritis? (320)

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

Module 17: Skin Cancer

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

MOD17_1. When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock? (352)

Would you say: **Please Read**

Summer means June, July, and August. Sunny is what respondent considers sunny or	a. Always	1
	b. Nearly always	2
	c. Sometimes	3
	d. Seldom	4
	e. Never Go to MOD17_3	5
Do not read these responses	Don't stay out more than an hour Go to MOD17_6	8
	Don't know/Not sure Go to MOD17_3	7
	Refused Go to MOD17_3	9

MOD17_2. What is the Sun Protection Factor or SPF of the sunscreen you use most often? (353-354)

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

MOD17_3. When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade? (355)

Would you say: **Please Read**

- | | |
|------------------|---|
| a. Always | 1 |
| b. Nearly always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| or | |
| e. Never | 5 |

Do not

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

read these responses

Refused	9
---------	---

MOD17_4. 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? (356)

Would you say: **Please Read**

- | | |
|------------------|---|
| a. Always | 1 |
| b. Nearly always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| or | |
| e. Never | 5 |

Do not

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

**read these
responses**

Refused	9
---------	---

MOD17_5. When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts? (357)

Would you say: **Please Read**

- | | |
|------------------|---|
| a. Always | 1 |
| b. Nearly always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| or | |
| e. Never | 5 |

Do not

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

**read these
responses**

Refused	9
---------	---

MOD17_6. Suppose that after several months of not being out in the sun, you then went out in the sun without a hat, sunscreen, or protective clothing for an hour. (358)

Would you: **Please Read**

- | | |
|--|---|
| a. Sunburn | 1 |
| b. Darken without sunburn Go to Module 19 | 2 |
| or | |
| c. Not have anything happen Go to Module 19 | 3 |

Do not

Don't know/Not sure Go to Module 19	7
--	---

**read these
responses**

Refused **Go to Module 19** 9

MOD17_7. Would you: (359)

Please Read

a. Burn severely with blisters 1

b. Burn severely with peeling for a few days 2

or

c. Burn mildly without peeling 3

Do not

Don=t know/Not sure 7

**read
responses**

Refused 9

Module 19: Smokeless Tobacco Use

MOD19_1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (369)

Probe for chewing tobacco, snuff, or both	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither Go to Colon Cancer Screening	4
	Don't know/Not sure Go to Colon Cancer Screening	7
	Refused Go to Colon Cancer Screening	9

MOD19_2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (370)

"Yes" includes occasional use	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

State-Added: Colon Cancer Screening

If Age<50, Go to State-Added Sun Exposure

MD1_1.	Has your stool ever been tested for colorectal cancer by a doctor, nurse or other health professional?	(400)
a.	Yes	1
b.	No Go to State-Added Sun Exposure	2
	Don't know/Not sure Go to State-Added Sun Exposure	7
	Refused Go to State-Added Sun Exposure	9
MD1_2.	When was this test last performed?	(401)
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

State-Added: Sun Exposure

Ask if respondent has a child age 12 or younger (Q#10.5a = 1 - 7 or Q#10.5b = 1 - 7). If no children age 12 or younger, go to next module.

MD2_1. When the youngest child under the age of 13 in your household is outdoors for an hour or more, how often is his or her skin protected from the sun, such as using sun screens or sun block or wearing hats or protective clothing? (402)

- | | |
|---------------------------|---|
| a. Always | 1 |
| b. Nearly always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| e. Never | 5 |
| Doesn't go out in the sun | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

State-Added: Health Care Access for Children

Ask if respondent has a child less than 5 years old (Q#10.5a = 1 - 7).

Please add a consistency check for children age 5 or younger.

MD3_1 How many of the children less than 5 years old in your household are covered by any kind of health insurance? (403-404)

Code Number	(range 1-7)	—
None		8 8
Don=t know		7 7
Refused		9 9

Ask if respondent has a child 5 - 12 years old (Q#10.5b = 1 - 7).

Please add a consistency check for children age 5 - 12.

MD3_2. How many of the children between 5 and 12 years old in your household are covered by any kind of health insurance? (405-406)

Code Number	(range 1-7)	—
None		8 8
Don=t know		7 7
Refused		9 9

Ask if respondent has a child 13 - 17 years old (Q#10.5c = 1 - 7)

Please add a consistency check for children age 13-17.

MD3_3. How many of the children between 13 and 17 years old in your household are covered by any kind of health insurance? (407-408)

Code Number	(range 1-7)	—
None		8 8
Don=t know		7 7

Refused

99

State-Added: Family Planning

If respondent is male or age 45 years old or older, go to next module.

The next few questions ask about pregnancy and ways to prevent pregnancy.

If pregnant now ("Yes" to core Q10.11), go to MD4_2a.

MD4_1. Have you been pregnant in the last 5 years?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to MD4_3 | 2 |
| Don=t know/Not sure Go to MD4_3 | 7 |
| Refused Go to MD4_3 | 9 |

MD4_2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (410)

Would you say: **Please Read**

- | | |
|--|---|
| a. You wanted to be pregnant sooner Go to MD4_3 | 1 |
| b. You wanted to be pregnant later Go to MD4_3 | 2 |
| c. You wanted to be pregnant then Go to MD4_3 | 3 |
| d. You didn=t want to be pregnant then or at any time in the future Go to MD4_3 | 4 |
| or | |
| e. You don=t know Go to MD4_3 | 7 |
| Do not read Refused Go to MD4_3 | 9 |

MD4_2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (411)

Would you say: **Please Read**

- | | |
|---|---|
| a. You wanted to be pregnant sooner | 1 |
| b. You wanted to be pregnant later | 2 |
| c. You wanted to be pregnant then | 3 |
| d. You didn't want to be pregnant then or at any time in the future | 4 |
| or | |
| e. You don't know | 7 |
| Do not read Refused | 9 |

If respondent had hysterectomy (Q11.10=1) or is pregnant now (Q11.11=1), Go to Readiness to Quit Smoking.

MD4_3. Are you or your [fill in (husband/partner) from core Q10.4] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (412)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to MD4_5 | 2 |
| c. Not sexually active Go to Readiness to Quit Smoking | 3 |

Don't know/Not sure	Go to Readiness to Quit Smoking	7
Refused	Go to Readiness to Quit Smoking	9

MD4_4. What kinds of birth control are you or your **[fill in (husband/partner) from core Q10.4]** using now? (413-416)

Kind Code

Read Only if Necessary

a. Tubes tied (sterilization)		0 1
b. Vasectomy (sterilization)		0 2
If more than one, code other and specify each method code	c. Pill	0 3
	d. Condoms	0 4
	e. Foam, jelly, cream	0 5
	f. Diaphragm	0 6
	g. Norplant	0 7
	h. Shots (Depo-Provera)	0 8
	I. Withdrawal	0 9
	j. Other [specify: _____]	8 7
	Don't know/Not sure	7 7
	Refused	9 9

Go to Readiness to Quit Smoking

MD4_5. What are your reasons for not using any birth control now? (417-420)

Reason Code

--

Read Only if Necessary

If more than one, code other and specify each method code	a. I am not having sex	0 1
	b. I want to get pregnant	0 2
	c. I don=t want to use birth control	0 3
	d. My husband or partner doesn=t want to use birth control	0 4
	e. I don=t think I can get pregnant	0 5
	f. I can=t pay for birth control	0 6
	g. Other [specify]_____	8 7
	Don't know/Not sure	7 7
	Refused	9 9

State-Added Readiness to Quit Smoking

Ask if Q7.2=1 or 2, otherwise, go to the next module.

MD5_1.	Have you seriously considered quitting smoking in the next 6 months?	(421)
a.	Yes	1
b.	No Go to Tobacco Prevention	2
	Don't know/Not sure Go to Tobacco Prevention	7
	Refused Go to Tobacco Prevention	9
MD5_2.	Are you planning to quit within the next 30 days?	(422)
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

State-Added Tobacco Prevention

MD6_1. In the past 30 days, has anyone other than yourself smoked a cigarette, cigar, or pipe in your presence while indoors? (423)

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

If Q10.7=1 or 2, continue. Otherwise, go to MD6_4.

MD6_2. In the past 30 days, has anyone other than yourself smoked a cigarette, cigar, or pipe in your presence at work? (424)

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

MD6_3. While working at your job, are you indoors most of the time? (425)

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

MD6_4.	In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?	(426)
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

If core Q7.1= 2, 7, or 9 or core Q7.2= 3 or 9, go to Lead Abatement

MD6_5.	Has a doctor or other health professional advised you to quit smoking?	(427)
	Yes, within the past 12 months (1 to 12 months ago)	1
	Yes, within the past 3 years (1 to 3 years ago)	2
	Yes, 3 or more years ago	3
	Never	4
	Don=t know/Not sure	7
	Refused	9

State-Added Lead Abatement

MD7_1. I would like to ask you your opinion about **how children in Maryland** might be exposed to lead in the home. **In your opinion**, what do you think are the most important sources of lead exposure for children in and around the home. Please list the most important first.

[Interviewer prompt as necessary: Anything else?@] {MUL 9} (428-445)

House dust	01
Soil/dirt	02
Air	03
Old house paint	04
Drinking water	05
Food	06
Gasoline	07
Ceramic glazes	08
Other (specify)	09
Don=t know/Not sure	77
Refused	99

MD7_2. I would like to ask you your opinions about the health effects of lead for children. Please tell me, in your opinion, what you think are the most serious health effects of lead for children? {MUL 9} (446-461)

Brain damage	01
Learning problems	02
Headaches	03
Nervous system damage	04
Slowed growth	05
Hearing problems	06
Behavior problems	07
Hyperactivity	09
Other (specify)	08
Don't know/Not sure	77
Refused	99

MD7_3. In 1996, Maryland enacted a Reduction of Lead Risk in Housing law, also called House Bill 760. The aim of this law is to reduce the number of children poisoned by lead paint in older rental housing. It requires that owners of rental units built before 1950 take certain actions and gives certain rights to tenants. Can you name any actions owners or tenants should take?
{MUL 8} (462-477)

Owners must repair the house/apartment or pass a dust test for lead each time the property becomes vacant	01
Owners must give informational materials to tenants about lead poisoning .	02
Owners must give informational materials to tenants about the law.	03
Owners must provide lead-safe housing to the families of children under the age of 6 who are found to have high levels of lead in their blood.	04
Owners must provide lead-safe housing to pregnant women who are found to have high levels of lead in their blood.	05
Owners must register their property with the state.	06
Tenants can ask owners to repair unsafe lead conditions.	07
Other (Specify)	08
Don=t know/Not sure	77
Refused	99

MD7_4. Have you ever received information about this law?	(478)
[Interviewers: Please repeat name of law (Reduction of Lead Risk in Housing law, also called House Bill 760) if necessary.]	
a. Yes	1
b. No	2

Don't know/Not sure	7
Refused	9
MD7_5. In your opinion, is the State of Maryland taking...	(479)
Too many actions to protect against lead poisoning	1
The right number of actions to protect against lead poisoning	2
Too few actions to protect against lead poisoning	3
Don=t know/Not sure	7
Refused	9
MD7_6. Please tell me if you fit within any of the following categories... {MUL 4}	(480-
483)	
Owner or manager of a rental property built before 1950	1
Owner or manager of a rental property built between 1950 and 1977	2
Resident of a rental property sometime during the past 4 years that was built before 1950	3
Resident of a rental property sometime during the past 4 years but don=t know if it was built before 1950	4
None of the above	5
Don=t know/Not sure	7
Refused	9

Thank you very much for your help in this section of the survey. If you'd like the correct answers to these questions or other information about lead please call the Maryland Lead Hotline at (410) 631-4199 or (800) 776-2706.

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.

Activity List for Common Leisure Activities

Coding List A

Code Description

- | | |
|---|--------------------------------|
| 01. Aerobics class | 28. Racketball |
| 02. Backpacking | 29. Raking lawn |
| 03. Badminton | 30. Running |
| 04. Basketball | 31. Rope skipping |
| 05. Bicycling for pleasure | 32. Scuba diving |
| 06. Boating (canoeing, rowing,
sailing for pleasure or
camping) | 33. Skating - ice or roller |
| 07. Bowling | 34. Sledding, tobogganing |
| 08. Boxing | 35. Snorkeling |
| 09. Calisthenics | 36. Snowshoeing |
| 10. Canoeing/rowing - in
competition | 37. Snow shoveling by hand |
| 11. Carpentry | 38. Snow blowing |
| 12. Dancing-aerobics/ballet | 39. Snow skiing |
| 13. Fishing from river bank or boat | 40. Soccer |
| 14. Gardening (spading, weeding,
digging, filling) | 41. Softball |
| 15. Golf | 42. Squash |
| 16. Handball | 43. Stair climbing |
| 17. Health club exercise | 44. Stream fishing in waders |
| 18. Hiking - cross-country | 45. Surfing |
| 19. Home exercise | 46. Swimming laps |
| 20. Horseback riding | 47. Table tennis |
| 21. Hunting large game - deer, elk | 48. Tennis |
| 22. Jogging | 49. Touch football |
| 23. Judo/karate | 50. Volleyball |
| 24. Mountain climbing | 51. Walking |
| 25. Mowing lawn | 52. Waterskiing |
| 26. Paddleball | 53. Weight lifting |
| 27. Painting/papering house | 54. Other _____ |
| | 55. Bicycling machine exercise |
| | 56. Rowing machine exercise |

Coding List B

Lap Swimming

**Size pool/Laps
(1 lap = 2 lengths)**

50 ft. pool

5 laps (10 lengths) = .1 mile

100 ft. pool

22 laps (5 lengths) = .1 mile

50 meter pool

12 laps (3 lengths) = .1 mile

Running/Jogging/Walking

2 mile = .5 mile

1/4 mile = .3 mile

1/8 mile = .1 mile

1 block = .1 mile