

Maryland

2006

Behavioral Risk Factor Surveillance System

Questionnaire

3/27/2006

Maryland Behavioral Risk Factor Surveillance System 2006

Table of Contents

Introduction & Screener	4
Split Assignment:	5
Core Sections.....	6
Section 1: Health Status	6
Section 2: Healthy Days — Health-Related Quality of Life	6
Section 3: Health Care Access	7
Section 4: Exercise	8
Section 5: Diabetes.....	8
Module 4: Diabetes.....	8
{Split 1}	8
Section 6: Oral Health.....	11
Section 7: Cardiovascular Disease Prevalence	12
Section 8: Asthma.....	12
Section 9: Disability	13
Section 10: Tobacco Use.....	13
Section 11: Demographics	14
Section 12: Veteran’s Status	18
Section 13: Alcohol Consumption.....	19
Section 14: Immunization/Adult Influenza Supplement	20
Section 15: Falls	23
Section 16: Seatbelt Use	23
Section 17: Drinking and Driving	24
Section 18: Women’s Health	24
Section 19: Prostate Cancer Screening	26
Section 20: Colorectal Cancer Screening.....	27
Section 21: HIV/AIDS	28
Section 22: Emotional Support and Life Satisfaction	29
Transition to Modules and/or State-Added Questions.....	31
Module 1: Random Child Selection	32
{Splits 1 and 2}	32
State-Added 1: Child Demographics (Weight and Height)	34
{Split 1 and 2}	34
Module 3: Childhood Asthma Prevalence	34
{Split 1 and 2}	34
Module 10: Secondhand Smoke Policy.....	35
{Split 2}	35
Module 14: Anxiety and Depression.....	36
{Split 1}	36
State-Added 2: Physical Activity.....	38
{Splits 1 and 2}	38
State-Added 3: Fruits And Vegetables	39
{Splits 1 and 2}	39
State-Added 4: Sun Exposure	41
{Split 1}	41
State-Added 5: Osteoporosis	42
{Split 2 only}.....	42
State-Added 6: Heart Attack & Stroke	44
{Split 2 only}.....	44
State-Added 7: Smoking Cessation.....	47
{Split 2 only}.....	47
Asthma Follow-up Questions (DRAFT)	48
{Split 1 and 2}	48

Closing Statement 49

Introduction & Screener

HELLO, I am calling for the **Maryland Department of Health and Mental Hygiene**. My name is **(name)**. We are gathering information about the health of **Maryland** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this **(phone number)** ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

If "no,"

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

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

If "yes,"

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

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to "confidentiality statement"**.

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

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

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to "correct respondent"

To the correct respondent:

HELLO, I am calling for the **Maryland Department of Health and Mental Hygiene**. My name is **(name)**. We are gathering information about the health of **Maryland** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement:

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

Split Assignment:

Assign Split Randomly:
50% Split 1
50% Split 2

Core Sections

Section 1: Health Status

- 1.1 Would you say that in general your health is— (73)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

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

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- – Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)
- – Number of days
 - 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
 - 7 7 Don't know / Not sure
 - 9 9 Refused

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

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

3.2 Do you have one person you think of as your personal doctor or health care provider?
If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” (81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

- 4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 5: Diabetes

- 5.1** Have you ever been told by a doctor that you have diabetes?
If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"
If respondent says pre-diabetes or borderline diabetes, use response code 4. (85)
- | | |
|---|--|
| 1 | Yes |
| 2 | Yes, but female told only during pregnancy |
| 3 | No |
| 4 | No, pre-diabetes or borderline diabetes |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 4: Diabetes

{Split 1}

{If split=2 go to next section}

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

- Mod4_1.** How old were you when you were told you have diabetes? (229-230)
- | | |
|-----|---------------------------------------|
| – – | Code age in years [97 = 97 and older] |
| 9 8 | Don't know / Not sure |
| 9 9 | Refused |

- Mod4_2.** Are you now taking insulin?

(231)

- 1 Yes
- 2 No
- 9 Refused

Mod4_3. Are you now taking diabetes pills?

(232)

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

Mod4_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(233-235)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Mod4_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(236-238)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

(239)

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

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

(240-241)

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

Mod4_8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(242-243)

- – Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of A 1 C test**
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI Note: If Mod4_5 = 555 (No feet), go to Mod4_10.

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

(244-245)

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

Mod4_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(246)

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

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

(247)

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

- Mod4_12.** Have you ever taken a course or class in how to manage your diabetes yourself? (248)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 6: Oral Health

- 6.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (86)

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

- 6.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

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

(87)

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

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

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 7: Cardiovascular Disease Prevalence

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

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

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

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

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

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

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

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

Section 8: Asthma

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

(92)

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

8.2 Do you still have asthma?

(93)

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

Section 9: Disability

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

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

(94)

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

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

(95)

Include occasional use or use in certain circumstances.

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

Section 10: Tobacco Use

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

(96)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to next section]

- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

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

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to next section]**
- 7 Don't know/Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

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

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

Section 11: Demographics

11.1 What is your age? (99-100)

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

11.2 Are you Hispanic or Latino? (101)

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

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

(Check all that apply)

Please read:

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

Or

6 Other [specify] _____

Do not read:

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

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

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

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

Do not read:

7 Don't know / Not sure
9 Refused

11.5 Are you...? (109)

Please read:

1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married

Or

6 A member of an unmarried couple

Do not read:

9 Refused

11.6 How many children less than 18 years of age live in your household? (110-111)

— — Number of children
8 8 None
9 9 Refused

11.7 What is the highest grade or year of school you completed? (112)

Read only if necessary:

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

Do not read:

- 9 Refused

11.8 Are you currently...? (113)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

11.9 Is your annual household income from all sources— (114-115)

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

Read only if necessary:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)

- 01 Less than \$10,000 **If “no,” code 02**
- 05 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

11.10 About how much do you weigh without shoes? (116-119)

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

Round fractions up

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

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

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

Round fractions down

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

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

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

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

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

11.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (132)

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

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

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

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

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

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

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

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

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

Section 12: Veteran's Status

The next question relates to military service.

- 12.1** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (137)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 13: Alcohol Consumption

- 13.1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (138)
- 1 Yes
 - 2 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**

- 13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (139-141)
- 1_ _ _ Days per week
 - 2_ _ _ Days in past 30 days
 - 8 8 8 No drinks in past 30 days **[Go to next section]**
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

- 13.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (142-143)
- _ _ Number of drinks
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- 13.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (144-145)
- _ _ Number of times
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

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

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

Section 14: Immunization/Adult Influenza Supplement

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

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

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

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

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

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

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

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

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

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu

season?

(156-157)

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

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

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

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

(158)

Read each problem listed below:

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

- 1 Yes
- 2 No **[Go to Q14.8s]**
- 7 Don't know / Not sure **[Go to Q14.8s]**
- 9 Refused **[Go to Q14.8s]**

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

(159)

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

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

(160)

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

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

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

14.9 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (162)

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

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

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

The next question is about behaviors related to Hepatitis B.

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

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

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

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

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

Section 15: Falls

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

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

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

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

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

15.2 Did any of these falls cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

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

— —	Number of falls	[76 = 76 or more]
8 8	None	[Go to next section]
7 7	Don't know / Not sure	[Go to next section]
9 9	Refused	[Go to next section]

Section 16: Seatbelt Use

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

Please read:

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

Do not read:

7	Don't know / Not sure
8	Never drive or ride in a car
9	Refused

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

Section 17: Drinking and Driving

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

The next question is about drinking and driving.

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

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

Section 18: Women's Health

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

The next questions are about breast and cervical cancer.

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

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

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

Read only if necessary:

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

Do not read:

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

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (174)

- 1 Yes

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

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

Read only if necessary:

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

Do not read:

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

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

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

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

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q11.18 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (178)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No

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

Section 19: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (179)

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

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

Read only if necessary:

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

Do not read:

- 7 Don't know
- 9 Refused

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (181)

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

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

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)

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

Do not read:

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

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

(183)

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

Section 20: Colorectal Cancer Screening

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

20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

(184)

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

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

(185)

Read only if necessary:

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

Do not read:

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

20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- (186)
- 1 Yes
 - 2 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**

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

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

Section 21: HIV/AIDS

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

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

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (188)

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

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

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

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

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

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

{ CATI Note: Ask Q21.4 only if Q21.2 is within the last 12 months; otherwise go to next section }

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

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

Section 22: Emotional Support and Life Satisfaction

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

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

INTERVIEWER NOTE: If asked, say “please include support from any source”. (198)

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life? (199)

Please read:

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

Do not read:

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

Transition to Modules and/or State-Added Questions

Please read:

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

Module 1: Random Child Selection

{Splits 1 and 2}

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

If Core Q11.6 = 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 Q11.6 is >1 and Core Q11.6 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."

Mod1_1. What is the birth month and year of the "Xth" child?

(200-205)

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

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

Mod1_2. Is the child a boy or a girl?

(206)

1	Boy
2	Girl
9	Refused

Mod1_3. Is the child Hispanic or Latino?

(207)

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

Mod1_4. Which one or more of the following would you say is the race of the child? (208-213)

[Check all that apply]

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

{CATI note: If more than one response to Mod1_4, continue. Otherwise, go to Mod1_6.}

Mod1_5. Which one of these groups would you say best represents the child's race? (214)

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

Mod1_6. How are you related to the child? (215)

Please read:

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

Do not read:

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

State-Added 1: Child Demographics (Weight and Height)

{Split 1 and 2}

{Select same child from RANDOM CHILD SELECTION MODULE}

MD1_1. About how tall is the child without shoes?

[Round fractions down]

__ / __ Height

ft / inches

777 Don't know / Not sure

999 Refused

MD1_2. About how much does this child weigh without shoes?

[Round fractions up]

___ Weight

pounds

777 Don't know / Not sure

999 Refused

Module 3: Childhood Asthma Prevalence

{Split 1 and 2}

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

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

Mod3_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (227)

1 Yes

2 No

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

9 Refused **[Go to next module]**

Mod3_2. Does the child still have asthma? (228)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Module 10: Secondhand Smoke Policy

{Split 2}

{If split=1, go to next section}

Mod10_1. Which statement best describes the rules about smoking inside your home? (300)

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

{CATI note: If response to Core Q11.8 = 1 (Employed) or 2 (Self-employed), continue. Otherwise, go to next module.}

Mod10_2. While working at your job, are you indoors most of the time? (301)

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

Mod10_3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (302)

[Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.]

Please read:

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

Or

- 4 No official policy

Do not read:

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

Mod10_4. Which of the following best describes your place of work's official smoking policy for work areas?

(303)

Please read:

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

Or

- 4 No official policy

Do not read:

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

Module 14: Anxiety and Depression

{Split 1}

{If Split=2, go to next section}

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

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

(325-326)

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

Mod14_2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

(327-328)

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

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

(329-330)

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

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

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

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

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

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

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

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

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

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

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

Mod14_9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-

compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

(341)

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

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

(342)

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

State-Added 2: Physical Activity

{Splits 1 and 2}

{If "employed" or "self-employed" to core Q11.8 continue, otherwise go to Q2}

MD2_1 When you are at work, which of the following best describes what you do? Would you say?

[If respondent has multiple jobs, include all jobs]

Please read:

- 1 Mostly sitting or standing
 - 2 Mostly walking
- or
- 3 Mostly heavy labor or physically demanding work

Do not read:

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

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

MD2_2 Now, thinking about the moderate activities you do [fill in (when you are not working,) if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

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

9 Refused [Go to Q5]

MD2_3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

___ Days per week
7 7 Don't know / Not sure [Go to Q5]
8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q5]
9 9 Refused [Go to Q5]

MD2_4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

__:__ Hours and minutes per day
7 7 7 Don't know / Not sure
9 9 9 Refused

MD2_5 Now, thinking about the vigorous activities you do [fill in (when you are not working) if "employed" or "self-employed"] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

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

MD2_6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

___ Days per week
7 7 Don't know / Not sure [Go to next section]
8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
9 9 Refused [Go to next section]

MD2_7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

__:__ Hours and minutes per day
7 7 7 Don't know / Not sure
9 9 9 Refused

State-Added 3: Fruits And Vegetables

{Splits 1 and 2}

{Ask of All}

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.

MD3_1 How often do you drink fruit juices such as orange, grapefruit, or tomato?

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MD3_2 Not counting juice, how often do you eat fruit?

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MD3_3 How often do you eat green salad?

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MD3_4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MD3_5 How often do you eat carrots?

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MD3_6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

State-Added 4: Sun Exposure

{Split 1}

{Ask of All in Split 1; **Split 2 go to next section**}

MD4_1 How often do you limit your exposure to the sun between the hours of 10:00am and 4:00pm?

- 1 Always
- 2 Nearly always
- 3 Sometime
- 4 Seldom
- 5 Never
- 6 Don't go out in the sun (Go to MD4_5)
- 7 Don't know/Not sure
- 9 Refused

MD4_2. When outdoors for an hour or more on a **sunny day**, how often do you use a sunscreen lotion with a rating of 15 or higher?

- 1 Always
- 2 Nearly always
- 3 Sometime
- 4 Seldom
- 5 Never
- 6 Don't go out in the sun
- 7 Don't know/Not sure
- 9 Refused

MD4_3. When outdoors for an hour or more on a **sunny day**, how often do you wear a hat with a broad brim?

- 1 Always
- 2 Nearly always
- 3 Sometime
- 4 Seldom
- 5 Never
- 6 Don't go out in the sun
- 7 Don't know/Not sure

9 Refused

MD4_4. When outdoors for an hour or more on a **sunny day**, how often do you wear protective clothing like a long sleeve shirt and long pants?

- 1 Always
- 2 Nearly always
- 3 Sometime
- 4 Seldom
- 5 Never
- 6 Don't go out in the sun
- 7 Don't know/Not sure
- 9 Refused

{Ask if respondent has a child aged 12 years or younger (core Q11.6). If no children aged 12 or younger, go to closing statement.}

MD4_5. When the youngest child under the age of 13 in your household is outdoors on a sunny day for an hour or more, how often is his or her skin protected from the sun, such as using sunscreens or sunblock or wearing hats or protective clothing.

- 1 Always
- 2 Nearly always
- 3 Sometime
- 4 Seldom
- 5 Never
- 6 Don't go out in the sun
- 7 Don't know/Not sure
- 9 Refused

State-Added 5: Osteoporosis

{Split 2 only}

{Split 1 go to closing}

MD5_1. Have you ever been told by a doctor, nurse, or other health professional how to prevent osteoporosis?

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

MD5_2. A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test?

[Interviewer Notes: Bone density tests can include ultrasound, x-ray, or DEXA and can be performed on the heel, finger, forearm/wrist, hip, or spine. Bone density tests take about 15 minutes to perform and are not the same as bone scans which can take hours to perform and use injections.]

- 1 Yes

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

MD5_3. Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?

[Interviewer Notes: Don't include osteopenia, or low bone mass]

- 1 Yes [Go To MD5_4]
- 2 No [Go To MD5_5]
- 7 Don't know / Not sure [Go To MD5_5]
- 9 Refused [Go To MD5_5]

{Ask only if MD5_3=1}

MD5_4. Are you currently taking prescription medicine for your osteoporosis other than calcium supplements and multivitamins?

[Interviewer Notes: Osteoporosis medications include:

- Actonel (Risedronate)
- Boniva (Ibandronate)
- Cholecalciferol
- Ergocalciferol
- Estrogen
- Evista (Raloxifene)
- Forteo (Teriparatide, Parathyroid Hormone)
- Fosamax (Alendronate)
- Miacalcin (Nasal spray calcitonin)
- Rocaltrol
- Testosterone
- Vitamin D by prescription

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

MD5_5. Are you currently taking calcium supplements, or antacids containing calcium for bone health?

Interviewer Notes: Antacids containing calcium include Rolaids and Tums. Calcium supplements include the following:

- | | |
|--------------------------|------------------------|
| <u>Calcium Carbonate</u> | <u>Calcium Citrate</u> |
| Generic Form | Citracal |
| Caltrate | Calcium Citrate |

Os-Cal
Tums Ultra
Viactiv

Calcium Complex
Calcet

Calcium Phosphate
Posture-D

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

MD5_6. How often do you do physical activities specifically designed to strengthen your muscles such as lifting weights, push-ups, or pull-ups?

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

MD5_7. How often do you eat foods that are high in calcium such as milk, yogurt, cheese, or calcium-fortified food?

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

State-Added 6: Heart Attack & Stroke

{Split 2 only}

{Ask of all in split 2}

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":

MD6_1. (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

MD6_2. (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

MD6_3. (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

MD6_4. (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

MD6_5. (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

MD6_6. (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":

MD6_7. (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

MD6_8. (Do you think) sudden numbness or weakness of face, arm, leg, especially on one side, (are symptoms of a stroke)?

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

MD6_9. (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

MD6_10. (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

MD6_11. (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

MD6_12. (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

MD6_13. If you thought someone was having a heart attack or 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 7: Smoking Cessation

{Split 2 only}

{If response to Core Q10.2 = "3" (Not at all); continue. Otherwise, if Core Q10.2= '1' (every day) or '2' (some days); Go to MD7_2.}

Previously you said you have smoked cigarettes:

MD7_1. About how long has it been since you last smoked cigarettes?

Read only if necessary:

- 0 1 Within the past month (anytime less than 1 month ago) [Go to MD7_2]
- 0 2 Within the past 3 months (1 month but less than 3 months ago) [Go to MD7_2]
- 0 3 Within the past 6 months (3 months but less than 6 months ago) [Go to MD7_2]
- 0 4 Within the past year (6 months but less than 1 year ago) [Go to MD7_2]
- 0 5 Within the past 5 years (1 year but less than 5 years ago) [Go to next module]
- 0 6 Within the past 10 years (5 years but less than 10 years ago) [Go to next module]
- 0 7 10 or more years ago [Go to next module]
- 7 7 Don't know / Not sure [Go to next module]
- 9 9 Refused [Go to next module]

{If response to MD7_1= 01, 02, 03, or 04"; or if Core Q10.2= "1 or 2," continue.}

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

MD7_2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

- Number of times [01-76]
- 8 8 None [Go to closing statement]
- 7 7 Don't know / Not sure
- 9 9 Refused

MD7_3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider

- Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

MD7_4. On how many visits 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?

(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)

- Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

MD7_5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

-- Number of visits [01-76]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Asthma Follow-up Questions (DRAFT)

{Split 1 and 2}

{Maryland will participate in the Adult & Child Asthma Callback survey}

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

{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD}

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

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

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

1 Yes
2 No [go to closing]

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

1 Gave Information
9 Refused

ast3. ENTER NAME: _____

Closing Statement

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.