



MARYLAND

2007

**Behavioral Risk Factor Surveillance System
Questionnaire**

Revised February 1, 2007

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Introduction and Selection

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."**

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 confidentiality statement



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 last 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.

001 Continue

The interview takes approximately xx minutes to complete. (The interview may be monitored for quality assurance purposes.)

Split Assignment:

Split 1= 50%

Split 2=50%

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? (81)
- [NOTE: 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?”]**
- 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?

[NOTE: 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 3: Diabetes **[Split 1]**

{SPLIT 1, continue; split 2 go to next section}

{To be asked following Core Q5.1; if core q5.1=1, continue, else go to next section}

Mod3_1 How old were you when you were told you have diabetes? (221-222)

- — Code age in years **[97 = 97 and older]**
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod3_2 Are you now taking insulin? (223)

- 1 Yes
- 2 No
- 9 Refused

Mod3_3 Are you now taking diabetes pills? (224)

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

Mod3_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. (225-227)

- 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

Mod3_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. (228-230)

- 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

Mod3_6 Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (231)

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

Mod3_7 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (232-233)

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

Mod3_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"? (234-235)

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

{CATI: If Mod3_5 = 555 (No feet), go to Mod3_10.}

Mod3_9 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (236-237)

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

Mod3_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. (238)

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

Mod3_11 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (239)

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

Mod3_12 Have you ever taken a course or class in how to manage your diabetes yourself? (240)

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

Section 6: Hypertension Awareness

6.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

[NOTE: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"]

- 1 Yes
- 2 Yes, but female told only during pregnancy {Go to next section}
- 3 No {Go to next section}

- 4 Told borderline high or pre-hypertensive {Go to next section}
- 7 Don't know / Not sure {Go to next section}
- 9 Refused {Go to next section}

6.2 Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

7.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

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

7.2 About how long has it been since you last had your blood cholesterol checked? (89)

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

7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

Section 8: Cardiovascular Disease Prevalence

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

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

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

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

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

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

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

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

Section 9: Asthma

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

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

9.2 Do you still have asthma? (95)

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

Section 10: Immunization

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

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

10.2 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™.

(97)

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

10.3 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?

(98)

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

State-Added 5: Immunizations-Site **[Split 2]**

{SPLIT 2, continue; split 1 go to core Q10.4}

{CATI: Ask these 3 questions after core Q10.3}

{CATI: If core Q10.1=1, continue; else go to pre-MD5_2}

MD5_1. In the past year where did you receive your flu shot?

Read only if necessary:

- 01 A doctors office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center [Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital [Example: in-patient]
- 07 An emergency room
- 08 Workplace

or

- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico

Do Not Read

- 77 Don't know/Not sure (**Probe: How would you describe the place where you went to get your most recent flu vaccine?**)
- 99 Refused

{CATI: If Core Q10.2=1, continue, else go to pre-MD5_3}

MD5_2. In the past year where did you receive your FluMist?

Read only if necessary:

- 01 A doctors office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center [Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital [Example: in-patient]
- 07 An emergency room
- 08 Workplace

or

- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico

Do Not Read

- 77 Dont know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

{CATI: If Core Q10.3=1, continue; else go to core Q10.4}

MD5_3. In the past year where did you receive your pneumococcal shot?

Read only if necessary:

- 01 A doctors office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center [Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital [Example: in-patient]
- 07 An emergency room
- 08 Workplace

or

- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico

Do not read

- 77 Dont know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

(99)

[NOTE: Response is “Yes” only if respondent has received the entire series of three shots.]

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

The next question is about behaviors related to Hepatitis B.

10.5 Please 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 have had sex with 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? (100)

- 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 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (101)

[NOTE: 5 packs = 100 cigarettes]

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

11.2 Do you now smoke cigarettes every day, some days, or not at all? (102)

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

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

[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: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.}

12.4 Which one of these groups would you say best represents your race? (113)

Would you say: Please Read.

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

Do not read:

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

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.* (114)

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

12.6 Are you...? (115)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

12.7 How many children less than 18 years of age live in your household? (116-117)

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

12.8 What is the highest grade or year of school you completed? (118)

Read only if necessary:

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

Do not read:

- 9 Refused

12.9 Are you currently...? (119)

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

12.10 Is your annual household income from all sources—

[NOTE: 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

12.11 About how much do you weigh without shoes?

(122-125)

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

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

12.12 About how tall are you without shoes?

(126-129)

Note: If respondent answers in metrics, put “9” in column 126.

Round fractions down

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

9 9 9 9 Refused

If 12.11=7777 (Don't Know/Not sure) or 9999(Refused) go to 12.15

12.13 How much did you weigh a year ago? *[Female respondent: If you were pregnant a year ago, how much did you weigh before your pregnancy?]*

(130-133)

[Note: If respondent answers in metrics, put "9" in column 130.]

Round fractions up

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

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

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

(134)

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

12.15 What county do you live in?

(135-137)

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

12.16 What is your ZIP Code where you live?

(138-142)

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

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

(143)

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

12.18 How many of these telephone numbers are residential numbers?

(144)

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

9 Refused

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

12.20 Indicate sex of respondent. **Ask only if necessary.** (146)

- 1 Male **{Go to next section}**
- 2 Female **{If respondent is 45 years old or older, go to next section}**

12.21 To your knowledge, are you now pregnant? (147)

- 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? (143)

- 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? (144-146)

- 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? (147-148)

- – 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?
(149-150)

- – 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?
(151-152)

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

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?
(153)

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

14.2 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?
(154)

[NOTE: Include occasional use or use in certain circumstances.]

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

Section 15: Arthritis Burden

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

- 1 Yes
- 2 No {Go to Q15.4}
- 7 Don't know / Not sure {Go to Q15.4}
- 9 Refused {Go to Q15.4}

(155)

15.2 Did your joint symptoms first begin more than 3 months ago?

(156)

- 1 Yes
- 2 No {Go to Q15.4}
- 7 Don't know / Not sure {Go to Q15.4}
- 9 Refused {Go to Q15.4}

15.3 Have you ever seen a doctor or other health professional for these joint symptoms?

(157)

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

15.4 Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(158)

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

[NOTE: Arthritis diagnoses include:

- **rheumatism, polymyalgia rheumatica**
- **osteoarthritis (not osteoporosis)**
- **tendonitis, bursitis, bunion, tennis elbow**
- **carpal tunnel syndrome, tarsal tunnel syndrome**
- **joint infection, Reiter's syndrome**
- **ankylosing spondylitis; spondylosis**
- **rotator cuff syndrome**
- **connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome**
- **vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)**

{CATI: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section.}

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(159)

[NOTE: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."]

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

Section 16: 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.

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (160-162)

- 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

16.2 Not counting juice, how often do you eat fruit? (163-165)

- 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

16.3 How often do you eat green salad? (166-168)

- 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

16.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (169-171)

- 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

16.5 How often do you eat carrots? (172-174)

- 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

16.6 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.) (175-177)

- 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

Section 17: Physical Activity

{CATI: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.}

17.1 When you are at work, which of the following best describes what you do? Would you say— (178)

[NOTE: If respondent has multiple jobs, include all jobs.]

Please read:

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

Do not read:

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

Please read:

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.

17.2 Now, thinking about the moderate activities you do **{CATI: 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? (179)

- 1 Yes
- 2 No **{Go to Q17.5}**
- 7 Don't know / Not sure **{Go to Q17.5}**

9 Refused {Go to Q17.5}

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (180-181)

__ Days per week
 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? {Go to Q17.5}
 7 7 Don't know / Not sure {Go to Q17.5}
 9 9 Refused {Go to Q17.5}

17.4 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? (182-184)

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

17.5 Now, thinking about the vigorous activities you do [CATO: 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? (185)

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

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (186-187)

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

17.7 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? (188-190)

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

Section 18: HIV/AIDS

{CATI: If respondent is 65 years old or older (Q12.1>64), 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.

18.1 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. (191)

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

18.2 Not including blood donations, in what month and year was your last HIV test? (192-197)

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

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

18.3 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? (198-199)

- 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: Ask Q.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.}

18.4 Was it a rapid test where you could get your results within a couple of hours? (200)

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

Section 19: Emotional Support and Life Satisfaction

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

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

[NOTE: If asked, say “please include support from any source”.]

(201)

Please read:

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

Do not read:

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

19.2 In general, how satisfied are you with your life?

(202)

Please read:

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

Do not read:

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

Section 20: **Gastrointestinal Disease**

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea is defined as 3 or more loose stools in a 24-hour period.*

(208)

- 1 Yes
- 2 No {Go to Core closing statement}
- 7 Don't know / Not sure {Go to Core closing statement}
- 9 Refused {Go to Core closing statement}

20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?

Note: Do not answer “Yes” if you just had telephone contact with a health professional.

(209)

- 1 Yes
- 2 No {Go to Core closing statement}
- 7 Don't know / Not sure {Go to Core closing statement}
- 9 Refused {Go to Core closing statement}

20.3

When you visited your health care professional, did you provide a stool sample for testing?

(210)

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

Transition to modules and state-added questions

Please read:

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

Module 1: Random Child Selection [Split 1 & 2]

{SPLIT 1 and 2 continue}

{CATI: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.}

{If Core Q12.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” [Go to Mod1_1]}

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

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

INTERVIEWER PLEASE READ:

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

Mod1_1 What is the birth month and year of the “Xth” child? (203-208)

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

{CATI: 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? (209)

1	Boy
2	Girl
9	Refused

Mod1_3 Is the child Hispanic or Latino? (210)

- 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? (211-216)

[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: 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? (217)

- 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? (218)

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 & 2]

{SPLIT 1 and 2 continue}

{CATI: To be placed after Module 1}

{CATI: If core Q12.7=88 or 99, go to next section}

{CATI: Select same child from RANDOM CHILD SELECTION MODULE}

MD1_1. About how tall is the “Xth” child without shoes?

[NOTE: 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?

[NOTE: Round fractions up]

___ ___ Weight
 pounds
 777 Don't know / Not sure
 999 Refused

Module 2: Childhood Asthma Prevalence [Split 1 & 2]

{SPLIT 1 and 2 continue}

{CATI: If Core Q12.7 = 88 (None) or 99 (Refused), go to next section.}

The next two questions are about the “Xth” {CATI: please fill in correct number} child.

Mod2_1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (219)

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

Mod2_2 Does the child still have asthma? (220)

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

State-Added 2: Anxiety and Depression [Split 1]

{Split 1, continue; 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.

MD2_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

MD2_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

MD2_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

MD2_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

MD2_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

MD2_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

MD2_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

MD2_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

MD2_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

MD2_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 3: Osteoporosis [Split 1]

{Split 1, continue; split 2, go to next section}

MD3_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

MD3_2. A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test?

[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

MD3_3. Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?

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

- 1 Yes {Go To MD3_4}
- 2 No {Go To MD3_5}
- 7 Don't know / Not sure {Go To MD3_5}
- 9 Refused {Go To MD3_5}

{CATI: Ask only if MD3_3=1}

MD3_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

MD3_5. Are you currently taking calcium supplements, or antacids containing calcium for bone health?

[Note: Antacids containing calcium include Roloids and Tums. Calcium supplements include the following:

Calcium Carbonate Calcium Citrate
 Generic Form Citracal

Caltrate
Os-Cal
Tums Ultra
Viactiv

Calcium Citrate

Calcium Complex
Calcet

Calcium Phosphate
Posture-D

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

MD3_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

MD3_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

Module 8: Heart Attack and Stroke [Split 2]

{Split 2, continue; split 1, go to next section}

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."

Mod8_1 Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (276)

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

Mod8_2 (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (277)

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

Mod8_3 (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (278)

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

Mod8_4 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (279)

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

Mod8_5 (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (280)

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

Mod8_6 (Do you think) shortness of breath (is a symptom of a heart attack?) (281)

- 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."

Mod8_7 Do you think sudden confusion or trouble speaking are symptoms of a stroke? (282)

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

Mod8_8 (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (283)

- 1 Yes

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

Mod8_9 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (284)

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

Mod8_10 (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (285)

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

Mod8_11 (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (286)

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

Mod8_12 (Do you think) severe headache with no known cause (is a symptom of a stroke?) (287)

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

Mod8_13 If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (288)

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

Module 13: Arthritis Management [Split 1]

{Split 1, continue; split 2, go to next section}

{CATI: If Core Q15.2 or Q15.4 = 1 (Yes), continue. Otherwise, go to next section.}

Mod13_1 Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (322)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

Mod13_2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (323)

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

Mod13_3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (324)

[Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.]

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

Mod13_4 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (325)

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

Module 15: Reactions to Race [Split 1]

{Split 1, continue; split 2, go to next section}

{Mod15_1, Mod15_2, and Mod15_3 deleted from questionnaire and cati program on January 29, 2007}

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

Mod15_1 — How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group? —

(329)

[NOTE: If the respondent requests clarification of this question, say: “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself”.]

- _____ 1 _____ White
- _____ 2 _____ Black or African American
- _____ 3 _____ Hispanic or Latino
- _____ 4 _____ Asian
- _____ 5 _____ Native Hawaiian or Other Pacific Islander
- _____ 6 _____ American Indian or Alaska Native
- _____ 8 _____ Some other group (please specify) _____
- _____ 7 _____ Don't know / Not sure
- _____ 9 _____ Refused

Mod15_2 — How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly? —

(330)

[NOTE: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.]

- _____ 1 _____ Never
- _____ 2 _____ Once a year
- _____ 3 _____ Once a month
- _____ 4 _____ Once a week
- _____ 5 _____ Once a day
- _____ 6 _____ Once an hour
- _____ 8 _____ Constantly
- _____ 7 _____ Don't know / Not sure
- _____ 9 _____ Refused

{CATI: If core Q12.9=1,2, or 4 continue; else go to next question. (this question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”)}

Mod15_3 — Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? —

(331)

- _____ 1 _____ Worse than other races
- _____ 2 _____ The same as other races
- _____ 3 _____ Better than other races
- _____ **Do not read:**

- _____ 4 _____ Worse than some races, better than others
- _____ 5 _____ Only encountered people of the same race
- _____ 7 _____ Don't know / Not sure
- _____ 9 _____ Refused

{The following introductory statement was added January 29, 2007:}

The following questions relate to your experiences when you were seeking health care.

Mod15_4 Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (332)

[NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences".]

- 1 Worse than other races
 - 2 The same as other races
 - 3 Better than other races
- Do not read:**
- 4 Worse than some races, better than others
 - 5 Only encountered people of the same race
 - 6 No health care in past 12 months
 - 7 Don't know / Not sure
 - 9 Refused

Mod15_5 Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? (333)

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

Mod15_6 Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race? (334)

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

Module 19: General Preparedness **[Split 2]**

{Split 2, continue; split 1, go to next section}

The next series of questions asks about large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

Mod19_1 How prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say... (365)

Please read:

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

Do not read:

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

Mod19_2 Does your household have a disaster evacuation plan, a written plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (366)

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

Mod19_3 Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day. (367)

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

Mod19_4 Does your household have a 3-day supply of non-perishable food for everyone who lives there? By non-perishable we mean food that does not require refrigeration or cooking. (368)

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

Mod19_5 Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (369)

- 1 Yes
- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know / Not sure
- 9 Refused

Mod19_6 Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (370)

- 1 Yes

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

Mod19_7 Does your household have a working flashlight and working batteries for your use if the electricity is out? (371)

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

Mod19_8 If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (372)

- 1 Yes {Go to Mod19_10}
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod19_9 What would be the main reason you might not evacuate if asked to do so? (373-374)

Read only if necessary:

- 01 Lack of transportation
- 02 Lack of trust in public officials
- 03 Concern about leaving property behind
- 04 Concern about personal safety
- 05 Concern about family safety
- 06 Concern about leaving pets
- 07 Other

Do not read:

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

Mod19_10 In a large-scale disaster or emergency, what would be your main method of communicating with relatives and friends? (375)

Read only if necessary:

- 1 Regular home telephones
- 2 Cell phones
- 3 Email
- 4 Pager
- 5 2-way radios
- 6 Other

Do not read:

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

Mod19_11 What would be your main method of getting information from authorities in a large-scale disaster or emergency? (376)

Read only if necessary:

- 1 Television
- 2 Radio
- 3 Internet
- 4 Print media
- 5 Neighbors
- 6 Other

Do not read:

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

State-Added 4: Influenza Morbidity [Split 2]

{Split 2, continue; split 1, go to next section}

{CATI: Please ask MD4-1 through MD4-7 from January through May}

We would like to ask you some questions about recent respiratory illnesses.

MD4_1. Last month, during [previous calendar month, using December – April], were you ill with a fever?

- 1 Yes
- 2 No **{go to next section}**
- 7 Don't know **{go to next section}**
- 9 Refused **{go to next section}**

MD4_2. Did you also have a cough and/or sore throat?

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

MD4_3. Did you visit a doctor, nurse, or other health professional for this illness?

- 1 Yes
- 2 No **{go to Mod4_7}**
- 7 Don't know / Not sure **{go to Mod4_7}**
- 9 Refused **{go to Mod4_7}**

MD4_4. Did the doctor, nurse, or other health professional tell you this illness was influenza or the flu?

- 1 Yes
- 2 No **{go to Mod4_7}**
- 7 Don't know / Not sure
- 9 Refused

MD4_5. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...[interviewer: read off choices]

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done
- 7 Don't know
- 9 Refused

MD4_6. Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness?

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

MD4_7. How many other members of your household had an illness similar to yours during the past month?

- ___ # persons
- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

{CATI: Please ask MD4_8 through MD4_11 from June through December}

We would like to ask you some questions about influenza or the flu.

MD4_8. During this past fall and winter, approximately November through March, did a doctor, nurse, or other health professional tell you that you had influenza or the flu?

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

MD4_9. Did you have a flu test that was positive? Usually a swab from your nose or throat is tested. Would you say...

Please read

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done

Do not read

- 7 Don' know
- 9 Refused

MD4_10. Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat the flu?

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

MD4_11. How many other members of your household also became sick with the flu during this past fall or winter, approximately November through March?

- ___ # persons
- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

State-Added 6: Oral Health [Split 2]

{Split 2 continue; split 1 go to next section}

MD6_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

MD6_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.]

(87)

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

{CATI: If MD6_1 = 8 (Never) or MD6_2 = 3 (All), go to next section.}

MD6_3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (88)

Read only if necessary:

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

Do not read:

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

Asthma Follow-up Questions [Split 1 & 2]

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

{If s8q1 or s8q2=1 or mod2_1 or mod2_2=1 continue, else go to closing}

{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD; If ADULT AND CHILD, proceed to Asthma Selection}

Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOOSE 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 and ast3 will not be asked in January, but may be activated pending further analysis of 2006 results}

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

Please read:

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

If you have any questions regarding your rights as a participant, please call Miss Gay Hutchen, IRB Administrator, at (410) 767-8448.