



**2005**

**Behavioral Risk Factor Surveillance System**

**Utah Questionnaire**



**Behavioral Risk Factor Surveillance System  
2005 Utah Questionnaire**

**Table of Contents**

Table of Contents .....	2
Interviewer's Script.....	3
Core Sections.....	4
Section 1: Health Status.....	4
Section 2: Healthy Days - Health-related Quality of Life .....	4
Section 3: Health Care Access.....	5
Section 4: Exercise.....	6
Section 5: Diabetes .....	6
Module 1: Diabetes.....	6
State-added Diabetes.....	9
Section 6: Hypertension Awareness .....	10
Section 7: Cholesterol Awareness .....	10
Section 8: Cardiovascular Disease Prevalence .....	11
Section 9: Asthma .....	11
Section 10: Adult Influenza Vaccination Questions.....	12
Section 11: Tobacco Use .....	15
Section 12: Alcohol Consumption .....	15
Section 13: Demographics .....	16
Section 14: Veteran's Status .....	20
Section 15: Disability .....	20
Section 16: Arthritis Burden.....	20
Section 17: Fruits & Vegetables .....	22
Section 18: Physical Activity.....	23
Section 19: HIV/AIDS .....	24
Section 20: Emotional Support & Life Satisfaction.....	25
Child Immunization Supplemental Questions.....	26
Modules and State Added Questions .....	29
Module 5: Cardiovascular Health .....	29
Module 6: Actions to Control High Blood Pressure .....	30
Module 9: Adult Asthma History .....	32
State-added Occupational Asthma Questions. ....	34
Module 17: Arthritis Management .....	35
State Added Possible Arthritis Questions.....	36
State-added Colorectal Cancer Screening questions .....	38
State-added Tobacco Questions.....	38
State-added Quality of Life questions .....	40
State-added Genomics Questions .....	41
State Added Heart Attack and Stroke .....	43
State Added West Nile Virus Questions.....	45
State-added Mental Health questions .....	47
State-added Follow-up Questions .....	49

## Interviewer's Script

HELLO, I am calling for the **Utah Dept of Health**. My name is     (name)    . We are conducting a survey to gather information about the health of **Utah** residents. The survey 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 is possible that your number may be called at a later time. **STOP**

Is this a **cellular telephone**? If **"Yes"**, thank you very much, but we are only interviewing land line telephones and private residents. **STOP**

Is this a private residence? If **"No"**, thank you very much, but we are only interviewing private residences. **STOP**

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

\_\_\_ Number of adults

If **"1"** Are you the adult?

If **"Yes"** Then you are the person I need to speak with. Enter 1 man or 1 woman below. **[Ask gender if necessary]. ⇨Go to Page 5**

If **"No"** Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? ⇨Go to **"Correct Respondent" on next page.**

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

\_\_\_ Number of men

\_\_\_ Number of women

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

If **"You"**, ⇨Go to Page 5

**To Correct Respondent:** My name is     (name)     calling from the **Utah Dept of Health**. We are conducting a survey to gather information about the health of \_\_\_\_\_ **Utah** residents. The survey 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.

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

## Core Sections

### Section 1: Health Status

1.1 Would you say that in general your health is:

**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?

- 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?

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

**CATI Note: If Q2.1 and Q2.2=88 (None), ⇒Go to next section.**

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?

- 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?

- 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?"**

- 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?

- 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.*

- 1 Within past yr (1-12 months ago)
- 2 Within past 2 yrs (1-2 yrs ago)
- 3 Within past 5 yrs (2-5 yrs 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?

- 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 respondent says 'pre-diabetes or borderline diabetes', use response **Code 4**.

- 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

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

## Module 1: Diabetes

---

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

1. How old were you when you were told you have diabetes?

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

2. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills?

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

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.
- 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
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.
- 1 \_\_ Times per day
  - 2 \_\_ Times per week
  - 3 \_\_ Times per month
  - 4 \_\_ Times per year
  - 8 8 8 Never
  - 5 5 5 No feet
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused
6. Have you EVER had any sores or irritations on your feet that took more than four weeks to heal?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
- \_\_ Number of times [76=76 or more]
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused
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**"?
- \_\_ Number of times [76=76 or more]
  - 8 8 None
  - 9 8 Never heard of "**A one C**" test
  - 7 7 Don't know / Not sure
  - 9 9 Refused

**CATI Note:** If Q5= 555 (No Feet); ⇒Go to Q10.

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- — Number of times **[76=76 or more]**  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

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.

**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  
8 Never

**DO NOT READ**

- 7 Don't know / Not sure  
9 Refused

11. Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy?
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

12. Have you EVER taken a course or class in how to manage your diabetes yourself?
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## State-added Diabetes

STDM1: When was the last time you took a course or class in how to manage your diabetes yourself?

[Flow instruction: Ask only of those respondents who answered “yes” to Module 1, Q.12.]

**(Interviewer: Read only if necessary):**

11. Within the past 6 months (anytime less than 6 months ago)
12. Within the past year (6 months but less than 1 year ago)
13. Within the past 2 years (1 year but less than 2 years ago)
14. Within the past 5 years (2 years but less than 5 years ago)
15. Within the past 10 years (Five years to less than 10 years ago)
16. Within the past 20 years (10 years to less than 20 years ago)
17. 20 or more years ago.
88. Never
77. Don't know/Not sure
99. Refused

STDM2: Where else have you obtained information about diabetes?

[Flow instruction: Ask of all respondents with diabetes. E.G. Respondents who answered ‘1=Yes’ to Section 5, Question 1.]

(Interviewer: Mark all mentioned, but do not probe. Maximum 12 responses allowed)

01. Nurse or nurse practitioner
02. Dietician or nutritionist
03. Diabetes educator
04. Diabetes course or class
05. Doctor
06. Relative or friend
07. Health Department
08. American Diabetes Association or Utah Diabetes Association
09. Library
10. Newspaper
11. Billboards
12. Busboards
13. School
14. Nutrition class
15. TV/ ads or announcements
16. TV/news or talk shows
17. Radio ads/announcements
18. Internet
19. Magazine
20. Brochure
21. Health Fair
22. Health Insurance (mailings)
23. Other [**allow ‘other’ responses to be written in**]
88. Nowhere
77. Don't know/Not sure
99. 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?

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?

- 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?

**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?

- 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?

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

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

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

8.3. (Ever told) you had a stroke?

- 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?

- 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?

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

## Section 10: Adult Influenza Vaccination Questions

Questions 10.1, 10.2, & 10.3 asked all year. Questions 10.4 – 10.11 asked January and February only.

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

**Read if necessary: We want to know if you had a flu shot injected in your arm.**

- 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 that is sprayed in the nose is also called FluMist™.

- 1 Yes – go to Q10.4
- 2 No – If Q10.1 is “Yes” go to Q10.4, otherwise go to Q10.6
- 7 Don't know/Not sure No – If Q10.1 is “Yes” go to Q10.4; if Q10.1 is “No” go to Q10.6, otherwise go to Q10.7
- 9 Refused No – If Q10.1 is “Yes” go to Q10.4; if Q10.1 is “No” go to Q10.6, otherwise go to Q10.7

10.4 During what month and year did you receive your most recent flu vaccination?

**If “Yes” to both Q10.1 and Q10.2, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”**

\_\_/\_\_\_\_ Month / Year

- 77/7777 Don't know/Not Sure (Probe: “Was it before or after September 2004?” Code approximate month and year)
- 99/9999 Refused

**If Q10.4 is DK or RF go to Q10.5**

- 10.5. Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]? **CATI fill in appropriate response from Q10.1 and Q10.2.**

**Read only if necessary:**

- 01 A doctor's 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 (Volunteered- 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

**If Q10.4 is before 9/2004 go to Q10.6, if Q10.4 is DK or RF, go to Q10.6, otherwise go to Q10.7**

- 10.6. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season?

**[Interviewer note: The current flu season = Sept. '04 – Mar. '05]**

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

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
  
- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

- 10.7 **If Q10.4 is 09/2003 through 03/2004 go to Q10.3, otherwise ask Q10.7**

Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)

- 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?
- 1 Yes  
2 No  
7 Don't know/Not sure (Do not probe)  
9 Refused

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

**Read each problem listed below:**

Asthma

Lung problems, other than 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 – Go to Q10.9  
2 No – Go to Q10.10  
7 Don't know/Not sure (Probe by repeating question) – Go to Q10.10  
9 Refused – Go to Q10.10
- 10.9 Do you still have (this/any of these) problem(s)?
- 1 Yes  
2 No  
7 Don't know/Not sure (Do not probe)  
9 Refused
- 10.10. Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

**If necessary say: This includes part-time and volunteer work.**

- 1 Yes – Go to Q10.11  
2 No – Go to Q11.1  
7 Don't know/Not sure (Do not probe) – Go to Q11.1  
9 Refused – Go to Q11.1
- 10.11. Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?
- 1 Yes  
2 No  
7 Don't know/Not sure (Probe by repeating question)  
9 Refused

## Section 11: Tobacco Use

---

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

**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?

- 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?

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

## Section 12: Alcohol Consumption

---

12.1. 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?

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

12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 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

12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many drinks did you drink on the average?

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

12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?

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

12.5. During the past 30 days, what is the largest number of drinks you had on any occasion?

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

## Section 13: Demographics

---

13.1. What is your age?

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

13.2. Are you Hispanic or Latino?

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

13.3. Which one or more of the following would you say is your race?

**[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 Q13.3; continue. Otherwise, ⇒Go to Q13.5.

13.4. Which one of these groups would you say BEST represents your race?

- 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] \_\_\_\_\_
- 7 Don't know / Not sure
- 9 Refused

13.5. Are you...?

**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

13.5. How many children less than 18 years of age live in your household?

- \_\_ Number of children
- 8 8 None
  - 9 9 Refused

13.6. What is the highest grade or year of school you completed?

**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

13.7. Are you currently?

**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

13.8. Is your annual household income from all sources...?

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

**Read only if necessary:**

0 4 Less than \$25,000 **If “no”, ask 05; if “yes”, ask 03**  
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 **If “no”, code 04; if “yes”, ask 02**  
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 **If “no”, code 03; if “yes”, ask 01**  
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 **If “no”, code 02**

0 5 Less than \$35,000 **If “no”, ask 06**  
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 **If “no”, ask 07**  
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 **If “no”, code 08**  
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

**DO NOT READ**

7 7 Don't know / Not sure

9 9 Refused

13.9. About how much do you weigh without shoes?

**Note:** If respondent answers in metrics, put “9” in column **129**.  
**[Round fractions up]**

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

13.10. About how tall are you without shoes?

**Note:** If respondent answers in metrics, put “9” in column **133**.  
**[Round fractions down]**

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

13.11. What county do you live in?

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

13.12. What is your ZIP Code where you live?

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

13.13. 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.

- |   |   |
|---|---|
| 1 | Yes   |
| 2 | No ⇒ <b>Go to Q13.16</b>                    |
| 7 | Don't know / Not sure ⇒ <b>Go to Q13.16</b> |
| 9 | Refused ⇒ <b>Go to Q13.16</b>               |

13.14. How many of these phone numbers are residential numbers?

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

13.15. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters.

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

13.16. Indicate sex of respondent. [**Ask only if necessary**].

- |   |  |
|---|--|
| 1 | Male ⇒ <b>Go to next section</b>   |
| 2 | Female ( <b>If respondent is 45 years old or older, ⇒ Go to next section</b> ) |

13.17. To your knowledge, are you now pregnant?

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

## Section 14: Veteran's Status

---

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

- 14.1. 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?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 15: Disability

---

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

- 15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 15.2. 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?

**Note:** Include occasional use or use in certain circumstances.

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

## Section 16: Arthritis Burden

---

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

- 16.1. 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 Q16.4**
  - 7 Don't know / Not sure ⇒ **Go to Q16.4**
  - 9 Refused ⇒ **Go to Q16.4**

- 16.2. Did your joint symptoms FIRST begin more than 3 months ago?

- 1 Yes
- 2 No ⇒ **Go to Q16.4**
- 7 Don't know / Not sure ⇒ **Go to Q16.4**
- 9 Refused ⇒ **Go to Q16.4**

16.3. Have you EVER seen a doctor or other health professional for these joint symptoms?

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

16.4. 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?

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

**INTERVIEWER 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 Note:** If either Q16.2=1 (Yes) or Q16.4=1 (Yes); continue. Otherwise, ⇒ **Go to next section.**

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

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

**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.”***

## Section 17: Fruits & 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.

17.1. 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

17.2. 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

17.3. 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

17.4. 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

17.5. 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

17.6. 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

## Section 18: Physical Activity

---

**CATI Note:** If Core Q13.8=1(employed for wages) or 2(self-employed); continue. Otherwise, ⇒Go to Q18.2.

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

**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.

18.2. 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 Q18.5
- 7 Don't know / Not sure ⇒Go to Q18.5
- 9 Refused ⇒Go to Q18.5

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

- \_ \_ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time ⇒Go to Q18.5
- 7 7 Don't know / Not sure ⇒Go to Q18.5
- 9 9 Refused ⇒Go to Q18.5

18.4. 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

18.5. 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**

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

- \_\_ 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**

18.7. 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

## Section 19: 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 do not 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.

19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. **Include test using fluid from your mouth.**

- 1 Yes
- 2 No ⇒ **Go to Q19.4**
- 7 Don't know / Not sure ⇒ **Go to Q19.4**
- 9 Refused ⇒ **Go to Q19.4**

19.2. Not including blood donations, in what month and year was your last HIV test?

**Note:** If response is before January 1985, code “Don't know.”

\_\_ / \_\_  
7 7 7 7 7 Don't know / Not sure  
9 9 9 9 9 Refused

19.3. 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 home, or somewhere else?

0 1 Private doctor or HMO office  
0 2 Counseling and testing site  
0 3 Hospital  
0 4 Clinic  
0 5 In a jail or prison (or other correctional facility)  
0 6 Home  
0 7 Somewhere else  
7 7 Don't know / Not sure  
9 9 Refused

19.4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

**Please read**

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

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

## Section 20: Emotional Support & Life Satisfaction

---

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

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

**Please read**

1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
5 Never

**DO NOT READ**

7 Don't know / Not sure  
9 Refused

20.2. In general, how satisfied are you with your life?

**Please read**

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

**DO NOT READ**

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

## Child Immunization Supplemental Questions

Asked in January and February only.

**If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), ⇒ Go to Next Module.**

**If Module 10 (Random Child Selection) is in use, insert Module 10 here in place of the next two questions Q21.18 and Q21.19.**

**If Core Q13.6 = 1; INTERVIEWER:** “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 Q21.18.**

**If Core Q13.6 is >1 and Core Q13.6 does not equal to 88 or 99; INTERVIEWER:** “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 [second/third/fourth, etc.] child. Please include children with the same birth date, including twins, in the order of their birth”

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.**

**INTERVIEWER:** “I have some additional questions about one specific child. The child I will be referring to is the [Fill: random number from CATI] child. All the questions about children will be about that child.”

**Note:** If there are two children with the same birth date, randomly select one.

Q21.18 Is the child a boy or a girl?

- 1. Boy
- 2. Girl
- 9. Refused

Q21.19 In what month and year was [FILL: he/she] born?

\_\_ / \_\_\_\_ Month / Year

- 7 7 / 7 7 7 7 Don't know/Not sure (Probe by repeating the question)
- 9 9 / 9 9 9 9 Refused

Q21.20 Has a doctor, nurse, or other health professional ever said that [Fill: he/she] has any of the following health problems?

**Read each problem listed below:**

Asthma

Lung problems, other than 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

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

1 Yes – Go to Q21.21

2 No – Go to Q21.22

7 Don't know/Not sure (Probe by repeating the question) – Go to Q21.22

9 Refused – Go to Q21.22

Q21.21 Does [Fill: he/she] still have (this/any of these) problem(s)?

1 Yes

2 No

7 Don't know/Not sure (Do not probe)

9 Refused

Q21.22 **If child is less than 6 months old, go to Q14.1, otherwise ask:** During the past 12 months, has [Fill: he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

1 Yes

2 No

7 Don't know/Not sure (Do not probe)

9 Refused

Q21.23. During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™.

- 1 Yes – Go to Q21.24
- 2 No – If Q21.22 is “Yes” go to Q21.24, otherwise go to Q21.25
- 7 Don’t know/Not sure (Do not probe) – If Q21.22 is “Yes” go to Q21.24, if Q21.22 is “No” go to Q21.25, otherwise go to Q21.26
- 9 Refused – If Q21.22 is “Yes” go to Q21.24, if Q21.22 is “No” go to Q21.25, otherwise go to Q21.26

Q21.24 During what month and year did [Fill: he/she] receive the most recent flu vaccination?

**If “Yes” to both Q21.22 and Q21.23, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”**

\_\_ / \_\_ - \_\_ - \_\_ Month / Year – If Q21.24 is before 09/2004 go to Q21.25, otherwise go to Q21.26

- 77/7777 Don’t know/Not Sure (Probe: “Was it before or after September 2004?” Code approximately month and year)
- 99/9999 Refused

**If Q21.24 is DK or RF, go to Q21.25**

Q21.25. What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. ’04 – Mar. ’05]

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

- 01 Need: Child does not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that child should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Child had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get child vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
  
- 77 Don’t know/Not sure (Probe: “What was the main reason?”)
- 99 Refused

Q21.26. **If Q21.19 date is 06/2003 to present, go to Q14.1; if Q21.24 is 09/2003 through 03/2004, go to Q14.1, otherwise ask Q21.26.**

Did [Fill: he/she] get the flu vaccine during the ‘last flu season’ in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
- 7 Don’t know/Not sure (Do not probe)

## **Modules and State Added Questions**

### **Module 5: Cardiovascular Health**

---

I would like to ask you a few more questions about cardiovascular or heart health.

**CATI Note: If Core Q8.1=1(Yes); ask Q1. If Core Q8.1=2, 7, 9 (No, Don't know, Refused); Skip Q1.**

1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI Note: If Core Q8.3=1(Yes); ask Q2. If Core Q8.3=2, 7, 9 (No, Don't know, Refused); Skip Q2.**

2. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**[Question 3 is asked of all respondents.]**

3. Do you take aspirin daily or every other day?
- 1 Yes ⇒ **Go to next module**
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you?

If "Yes," ask "*Is this a stomach condition?*" Code upset stomach as stomach problems.

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

## Module 6: Actions to Control High Blood Pressure

---

**CATI Note: If Core Q6.1=1 (Yes); continue. Otherwise, ⇒Go to next section.**

Are you now doing any of the following to help lower or control your high blood pressure:

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)?

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)?

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

Has a doctor or other health professional EVER advised you to do any of the following to help lower or control your high blood pressure:

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

1 Yes  
2 No  
3 Do not use salt  
7 Don't know / Not sure  
9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

1 Yes  
2 No  
3 Do not drink  
7 Don't know / Not sure  
9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)?

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)?

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

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure?

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

1 Yes  
2 Yes, but female told only during pregnancy  
3 No  
4 Told borderline or pre-hypertensive  
7 Don't know / Not sure  
9 Refused

## Module 9: Adult Asthma History

---

**CATI Note:** If “Yes” to Core Q9.1; continue. Otherwise, ⇨Go to next module.

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor or other health professional that you had asthma?

– – Age in years 11 or older [**96=96 and older**]  
9 7 Age 10 or younger  
9 8 Don't know / Not sure  
9 9 Refused

**CATI Note:** If “Yes” to Core Q9.2; continue. Otherwise, ⇨Go to next module.

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

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

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

– – Number of visits [**87=87 or more**]  
8 8 None  
9 8 Don't know / Not sure  
9 9 Refused

4. **[If one or more visits to Q3, fill in (Besides those emergency room visits)],** During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

– – Number of visits [**87=87 or more**]  
8 8 None  
9 8 Don't know / Not sure  
9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?

— — Number of visits [**87=87 or more**]  
 8 8 None  
 9 8 Don't know / Not sure  
 9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say?

**Please read**

8 Not at any time ⇒ **Go to Q9**  
 1 Less than once a week  
 2 Once or twice a week  
 3 More than 2 times a week, but not every day  
 4 Every day, but not all the time  
 or  
 5 Every day, all the time

**DO NOT READ**

7 Don't know / Not sure  
 9 Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say?

**Please read**

8 None  
 1 One or two  
 2 Three to four  
 3 Five  
 4 Six to ten  
 or  
 5 More than ten

**DO NOT READ**

7 Don't know / Not sure  
 9 Refused

9. During the past 30 days, how often did you take a prescription asthma medication **to prevent** an asthma attack from occurring?

**Please read**

8 Never

- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

**DO NOT READ**

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

10. During the past 30 days, how often did you use a prescription asthma inhaler **during an asthma attack** to stop it?

**INTERVIEWER INSTRUCTION:** How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

**Read only if necessary:**

- 8 Never (include no attack in past 30 days)
- 1 One to four times (in the past 30 days)
- 2 Five to fourteen times (in the past 30 days)
- 3 Fifteen to twenty-nine time (in the past 30 days)
- 4 Thirty to fifty-nine times (in the past 30 days)
- 5 Sixty to ninety-nine times (in the past 30 days)
- 6 More than 100 times (in the past 30 days)

**DO NOT READ**

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

## State-added Occupational Asthma Questions.

---

**[Ask of respondents who were ever told they had asthma: 'yes' to core Q9.1]**

STOA1: Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had?

- 1. Yes
- 2. No
- 3. Never worked outside the home.
- 7. Don't know/Not sure
- 9. Refused

STOA2: Did you ever tell a doctor or other medical person that your asthma was related to any job you ever had?

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

STOA3: When you first developed symptoms of asthma, what kind of work were you doing? For example, registered nurse, supervisor of order department, auto mechanic, accountant.

[Flow instruction: ask only of those respondents who were  $\geq 15$  years when first told they had asthma]

1. Specific Occupation **[write in]**
3. Didn't have a job when asthma started. **[Go to ]**
7. Don't know/Not sure **[Go to ]**
9. Refused **[Go to ]**

STOA4: What kind of business or industry was that job in? For example, hospital, newspaper publishing, mail order house, auto repair shop, bank.

1. Specific Business or Industry **[write in]**
7. Don't know/Not Sure
9. Refused

## Module 17: Arthritis Management

---

**CATI Note:** If Core Q16.2 or Q16.4= 1 (Yes); continue. Otherwise,  $\Rightarrow$ Go to next module.

**INTERVIEWER NOTE:** Read the underlined portion of Q1 only if this module does not directly follow Arthritis Burden Core Section 16.

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?

**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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

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

3. Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

**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
4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## State Added Possible Arthritis Questions

Asked during 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters.

---

Arth01mm: Earlier you indicated that you have had pain, aching, or stiffness in or around a joint. We have a few questions about your joints.

How many **months** ago did those joint symptoms first begin?

\_\_ = "Months (1-11)"  
77 = "Don't know/Not sure"  
88 = "None"  
99 = "Refused"

Arth01yy: How many **years** ago did those joint symptoms first begin?

\_\_ = "Years"  
77 = "Don't know/Not sure"  
88 = "None"  
99 = "Refused"

Arth02: Were those symptoms present on most days for at least one month?

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

Arth03: Over the past 7 days, how many days have you had pain, aching, or stiffness from arthritis or joint symptoms?

\_\_ = "Number of days (1-7)"  
77 = "Don't know/Not sure"  
88 = "None"  
99 = "Refused"

Arth04: On a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it could be, over the past 7 days, how bad was your joint pain or aching on average?

0 = "No Pain"  
1-10 = "Pain level"  
77 = "Don't know/Not sure"  
99 = "Refused"

Arth05: Tell me which joints are affected?

**(Interviewer: check all that apply. Do not read list. Notice list of joints goes from top of body to bottom.)**

01="Neck"  
02="Shoulder"  
03="Elbow"  
04="Wrist"  
05="Hand"  
06="Fingers/thumb"  
07="Back"  
08="Hip"  
09="Knee"  
10="Ankle"  
11="Foot"  
12="Toes"  
13="Other joint (specify)"  
77="Don't know/Not sure"  
99="Refused"

Arth06: Have you ever taken any prescription or non-prescription medication for these joint symptoms in the past 7 days?

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

Arth07a: Earlier you said you had never seen a doctor about your joint symptoms. Please tell me why you did not see a doctor about your joint symptoms?

**(Interviewer: If the words or concept used by the respondent do not match the categories below exactly, please code OTHER SPECIFY and record the respondent's response verbatim.)**

1="Not that bad/not serious/not important"  
2="Costs too much/no insurance"  
3="Don't like doctors/didn't want to go"  
4="Self treatment works"  
5="Just occurred/going to doctor soon"  
6="No transportation/too far"  
7="Other (Specify)"  
77="Don't know/Not sure"  
99="Refused"

Arth07b: Earlier you said you had seen a doctor for your joint symptoms. What did the doctor say was the cause of your joint symptoms?

**(Interviewer: If the words or concept used by the respondent do not match the categories below exactly, please code OTHER SPECIFY and record the respondent's response verbatim.)**

1="Injury related"  
2="Bursitis/ tendonitis/ tennis elbow/ carpal tunnel"  
3="Bone spur"

4="Doctor didn't say/ doctor didn't know"  
5="Cartilage"  
6="Body weight"  
7="age"  
8="Other (specify)"  
77="Don't know/Not sure"  
99="Refused"

## State-added Colorectal Cancer Screening questions

Ask entire year.

---

**[Flow instruction: If respondent is <= 49 years of age; Go to next section.]**

STCOLON1: 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?

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

STCOLON2: How long has it been since you had your last sigmoidoscopy or colonoscopy?

**(Interviewer: 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
7. Don't know / Not sure
9. Refused

## State-added Tobacco Questions

Ask entire year.

---

**[Flow instruction: If "1=everyday" or "2=some days" to core Q11.2, continue. If "3=Not at all" to core Q11.2 go to STSMK2. If "9=refused" to core Q11.2 go to STSMK7.]**

STSMK1: Previously you said that you currently smoke cigarettes. Would you like to stop smoking?

1. Yes **(go to STSMK3)**
2. No **(go to STSMK3)**
7. Don't know/Not sure **(go to STSMK3)**
9. Refused **(go to STSMK3)**

STSMK2: Previously you said you have smoked cigarettes. About how long has it been since you last smoked cigarettes?

**(Interviewer note: Read Only if Necessary)**

- 01. Within the past month (anytime less than 1 month ago)
- 02. Within the past 3 months (1 month but less than 3 months ago)
- 03. Within the past 6 months(3 months but less than 6 months ago)
- 04. Within the past year(6 months but less than 1 year ago)
- 05. Within the past 5 years(1 year but less than 5 years ago)(Go to STSMK7)
- 06. Within the past 10 years(5 years but less than 10 years ago) (Go to STSMK7)
- 07. 10 or more years ago (Go to STSMK7)
- 77. Don't know/Not sure (Go to STSMK7)
- 99. Refused (Go to STSMK7)

**[Flow instruction: If ("1=everyday" or "2=some days" to core Q11.2) or ("3=Not at all" to core Q11.2 and "01", "02", "03" or "04" to STSMK2) continue]**

STSMK3: The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

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
- 88. None (Go to STSMK7)
- 77. Don't know / Not sure (Go to STSMK7)
- 99. Refused (Go to STSMK7)

STSMK4: 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
- 88. None
- 77. Don't know / Not sure
- 99. Refused

STSMK5: 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
- 88. None
- 77. Don't know / Not sure
- 99. Refused

STSMK6: 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

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

STSMK7: Which statement best describes the rules about smoking inside your home?

**[Flow instruction: Ask of all respondents]**

**(Interviewer: 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 the home
- or
- 4. There are no rules about smoking inside the home

**(Do Not Read)**

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

STSMK8: In the past twelve months, how often have you seen or heard anti-smoking messages on the TV or radio?

**[Flow instruction: Ask of all respondents]**

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

## State-added Quality of Life questions

Ask entire year.

---

**(Ask of respondents who answered 'yes' to either or both Question 15.1 or 15.2 on core.)**

STQOL1: What is your major impairment or health problem?

\_\_ \_\_ Reason Code

**Read Only if Necessary**

- 01. Arthritis/rheumatism
- 02. Back or neck problem
- 03. Fractures, bone/joint injury
- 04. Walking problem
- 05. Lung/breathing problem
- 07. Hearing problem
- 08. Eye/vision problem
- 09. Heart problem
- 10. Stroke problem

- 11. Hypertension/high blood pressure
- 12. Diabetes
- 13. Cancer
- 14. Depression/Anxiety/ emotional problem
- 15. Other impairment/problem
- 77. Don't know/Not sure
- 99. Refused

STQOL2: For how long have your activities been limited because of your major impairment or health problem?

- 1 \_\_\_ Days
- 2 \_\_\_ Weeks
- 3 \_\_\_ Months
- 4 \_\_\_ Years
- 77. Don't know/Not sure
- 99. Refused

STQOL3: Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

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

STQOL4: During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work or recreation?

- \_\_\_ Number of days
- 88. None
- 77. Don't know/Not sure
- 99. Refused

STQOL5: During the past 30 days, for about how many days have you felt very healthy and full of energy?

- \_\_\_ Number of days
- 88. None
- 77. Don't know/Not sure
- 99. Refused

## State-added Genomics Questions

Ask in the 1<sup>st</sup> and 2<sup>nd</sup> Quarters only.

STGENE1: Do you think that a family history of chronic disease, for example heart disease, stroke, diabetes or cancer increases your risk of developing the disease?

- 1. Yes

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

STGENE2: Now think about your immediate family including your grandparents, parents, brothers, sisters and children, both living and deceased. To the best of your knowledge, does one or more chronic disease, such as heart disease, stroke, diabetes, or cancer tend to run in your family?

**(Interviewer note: Includes blood relatives only. Does not include spouse.)**

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

STGENE3: The next questions are about your family medical history.

Has a doctor or other health care professional ever discussed with you your risk for certain diseases or other health problems based on your family medical history?

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

STGENE4: Has a doctor or other health care professional ever made any recommendations to you based on your family medical history?

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

STGENE5: How much time would you be willing to spend to complete a family medical history, either on your own or at your health care provider's office? We are not asking you to complete a family medical history now, we just want to know how much time you would be willing to spend to complete one.

**(Interviewer: If respondent has already completed a family medical history, just repeat the question again, "How much time would you be willing to spend?")**

(Interviewer: DO NOT READ)

1. 0 (no time)
2. 1-15 minutes
3. 16-30 minutes
4. 31-60 minutes
5. 1-2 hours
6. more than 2 hours
7. Don't know/ Not sure
8. However long it takes.
9. Refused

## State Added Heart Attack and Stroke

Ask in 3<sup>rd</sup> and 4<sup>th</sup> Quarters only.

---

STHAS1: 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."

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

(299)

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

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

(300)

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

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

(301)

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

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

(302)

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

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

(303)

- 1 Yes
- 2 No

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

STHAS6: (Do you think) shortness of breath (is a symptom of a heart attack?) (304)

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

STHAS7: Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (305)

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

STHAS8: (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (306)

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

STHAS9: (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (307)

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

STHAS10: (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (308)

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

STHAS11: (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (309)

- 1 Yes

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

STHAS12: (Do you think) severe headache with no known cause (is a symptom of a stroke?) (310)

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

STHAS13: If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (311)

**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 West Nile Virus Questions

Asked in 4<sup>th</sup> Quarter only.

---

EPI1: The next few questions are about West Nile virus.

During this past summer, how often did you use mosquito repellents containing DEET? DEET is the abbreviation for a chemical that is the active ingredient in many insect repellents. Would you say....

- 1. Always
- 2. Nearly always
- 3. Sometimes
- 4. Seldom
- 5. Never (**skip to Q.EPI3**)

**Do not read:**

- 6. Don't know what DEET is/Never heard of DEET (**skip to Q.EPI3**)
- 7. Don't know/Not sure (**skip to Q.EPI3**)
- 8. Don't go outside (**skip to Q.EPI3**)

9. Refused (**skip to Q.EPI3**)

EPI2: When you used mosquito repellent containing DEET, at what times of the day were you most likely to use it?

**[Interviewers: Do not read responses. Mark all mentioned.]**

1. Morning
2. Afternoon
3. Evening
4. Night
7. Don't know/Not sure
9. Refused

EPI3: During this past summer, where did you see or hear information about West Nile virus?

**[Interviewers: Do not read responses. Mark all mentioned. After each response, ask 'Any other place?'.]**

01. TV
02. West Nile virus news reports or interviews
03. Newspaper
04. Radio
05. State, local or national public health West Nile virus Web Site
06. Other Web Site
07. "Fight the Bite" posters or pamphlets
08. "Fight the Bite" Billboards
09. Public health services
10. Word of mouth from Family, Friends, Co-workers, Neighbors, etc
11. Doctor's office, clinic, or hospital
12. Other (specify) Write in: \_\_\_\_\_
77. Don't know/Not sure
88. Did not see any West Nile Virus materials. (**skip to Q.EPI5**)
99. Refused (**skip to Q.EPI5**)

EPI4: What were the main messages of the information that you saw or heard?

**[Interviewers: Do not read responses. Mark all mentioned.]**

1. Fight the Bite
2. Protect yourself outdoors from dusk to dawn
3. Wear mosquito repellent containing DEET
4. Cover up (wear long-sleeved clothing)
5. Empty standing water around house
6. Other (specify) Write in: \_\_\_\_\_
7. Don't know/Not sure
9. Refused

EPI5: During this past summer, what precautions did you take against mosquito bites?

**[Interviewers: Do not read responses. Mark all mentioned.]**

01. Used mosquito repellent on skin or clothing.
02. Used mosquito repellent with DEET on skin or clothing.
03. Wore long-sleeved shirts or other protective clothing outdoors.

- 04. Replaced or repaired window screens.
- 05. Avoided going outside during the peak mosquito hours.
- 06. Removed standing water from around home/yard.
- 07. Used a bug zapper or similar device in yard.
- 08. Avoided activities/areas that involved mosquito exposure.
- 09. Used citronella/scented candles.
- 10. Used insecticide around home/yard.
- 11. Other (specify) Write in: \_\_\_\_\_
- 77. Don't know/Not sure
- 88. No precautions taken.
- 99. Refused

## State-added Mental Health questions

Ask entire year.

---

STMH1: Now I am going to ask you some questions about your mood.

Over the last 2 weeks, how often have you had little interest or pleasure in doing things? Would you say 'Not at all', 'Several days', 'More than half the days' or 'Nearly every day'?

- 1. Not at all
- 2. Several days
- 3. More than half the days
- 4. Nearly every day
- 7. Don't know/Not sure
- 9. Refused

STMH2: Over the last 2 weeks, how often have you felt down, depressed or hopeless? Would you say 'Not at all', 'Several days', 'More than half the days' or 'Nearly every day'?

- 1. Not at all
- 2. Several days
- 3. More than half the days
- 4. Nearly every day
- 7. Don't know/Not sure
- 9. Refused

STMH3: (Over the last 2 weeks), how often have you had trouble falling asleep or staying asleep or sleeping too much?

(Would you say 'Not at all', 'Several days', 'More than half the days' or 'Nearly every day'?)

- 1. Not at all
- 2. Several days
- 3. More than half the days
- 4. Nearly every day
- 7. Don't know/Not sure
- 9. Refused

STMH4: (Over the last 2 weeks), how often have you felt tired or had little energy?

(Would you say 'Not at all', 'Several days', 'More than half the days' or 'Nearly every day'?)

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day
7. Don't know/Not sure
9. Refused

STMH5: (Over the last 2 weeks), how often have you had a poor appetite or ate too much?

(Would you say 'Not at all', 'Several days', 'More than half the days' or 'Nearly every day'?)

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day
7. Don't know/Not sure
9. Refused

STMH6: (Over the last 2 weeks), how often have you felt bad about yourself – or that you were a failure or had let yourself or your family down?

(Would you say 'Not at all', 'Several days', 'More than half the days' or 'Nearly every day'?)

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day
7. Don't know/Not sure
9. Refused

STMH7: (Over the last 2 weeks), how often have you had trouble concentrating on things, such as reading the newspaper or watching TV?

(Would you say 'Not at all', 'Several days', 'More than half the days' or 'Nearly every day'?)

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day
7. Don't know/Not sure
9. Refused

STMH8: (Over the last 2 weeks), how often have you moved or spoken so slowly that other people could have notice? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

(Would you say 'Not at all', 'Several days', 'More than half the days' or 'Nearly every day'?)

day'?)

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day
7. Don't know/Not sure
9. Refused

STMH9: (Over the last 2 weeks), how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

(Would you say 'Not at all', 'Several days', 'More than half the days' or 'Nearly every day'?)

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day
7. Don't know/Not sure
9. Refused

We realize that this topic may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free National Crisis Hotline you can call. The number is 1-800-784-2433.

## State-added Follow-up Questions

---

STFU1: **(Ask of all respondents)** Occasionally programs at the Department of Health or researchers at Utah universities would like to conduct follow-up surveys. Would you be willing to be contacted at sometime in the future to participate in a follow-up survey?

IF NECESSARY, READ: You are not agreeing to participate. You may decline if you like once they ask you to participate.

1. Yes **(Go to STF2)**
2. No **(Skip STF2)**
7. Don't know/Not sure **(Skip STF2)**
9. Refused **(Skip STF2)**

STFU2: **(Only ask if answer to STF1 is 1="Yes")** May I please get your first name so they'll know whom to ask for? (Can you spell that for me, please?)

Type in respondent's first name only.

\_\_\_\_\_