



2009

Florida

**Behavioral Risk Factor Surveillance System
Questionnaire**



March 20, 2009

Behavioral Risk Factor Surveillance System 2009 Questionnaire - Florida

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: Sleep	6
Section 5: Exercise	6
Section 6: Diabetes	7
Module 2: Diabetes	7
Section 7: Hypertension Awareness.....	9
Section 8: Cholesterol Awareness.....	10
Section 9: Cardiovascular Disease Prevalence.....	11
Section 10: Asthma.....	11
Section 11: Tobacco Use.....	12
Section 12: Demographics.....	13
Section 13: Caregiver Status	19
Section 14: Disability.....	20
Section 15: Alcohol Consumption	20
Section 16: Immunization.....	21
Section 16 Supplement: Pandemic Flu.....	22
Section 17: Arthritis Burden	26
Section 18: Fruits and Vegetables.....	28
Section 19: Physical Activity	29
Section 20: HIV/AIDS.....	31
Section 21: Emotional Support and Life Satisfaction.....	33
Section 22: Cancer Survivors	34
Optional Modules	36
Module 1: Pre-Diabetes	36
Module 8: Heart Attack and Stroke	37
Module 14: Arthritis Management.....	39
State-Added Questions	40
State-Added 1: Diabetes.....	40
State-Added 2: Access to Care/Disability	41
State-Added 3: Family Planning	43
State-Added 4: Preconception Health	45
State-Added 5: Environmental Health	46
State-Added 6: Cognitive Impairment Module.....	47
State-Added 7: Tobacco – Cigar Use & Exposure to Secondhand Smoke.....	50
State-Added 8: Callback	51
Closing Statement	51

Interviewer's Script

HELLO, I am calling for the Florida Department of Health . My name is (name) . We are gathering information about the health of Florida 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.

Core Sections

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 about the survey, please call 1-800-541-9268.

Section 1: Health Status

GENHLTH 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

PHYSHLTH 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

MENTHLTH 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 PHYSHLTH and MENTHLTH = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

POORHLTH 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

HLTHPLAN 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

PERSDOC2 Do you have one person you think of as your personal doctor or health care provider?
If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)

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

MEDCOST 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

CHECKUP1 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: Sleep

The next question is about getting enough rest or sleep.

QLREST2 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

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

Section 5: Exercise

EXERANY2 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? (86)

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

Section 6: Diabetes

DIABETE2 Have you ever been told by a doctor that you have diabetes?

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

(87)

- 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 2: Diabetes

To be asked IF DIABETE2 = 1; ELSE GO TO BPHIGH3.

DIABAGE2 How old were you when you were told you have diabetes?

(247-248)

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

INSULIN Are you now taking insulin?

(249)

- 1 Yes
- 2 No
- 9 Refused

BLDSUGAR 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.
(250-252)

- 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

FEETCHK2 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. (253–255)

- 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

DOCTDIAB About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

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

CHKHEMO3 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"? (258-259)

- _ _ 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 FEETCHK2 = 555 (No feet), go to EYEEXAM.

FEETCHK About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

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

EYEEEXAM 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. (262)

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

DIABEYE Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

DIABEDU Have you ever taken a course or class in how to manage your diabetes yourself? (264)

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

Section 7: Hypertension Awareness

BPHIGH3 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (88)

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]

- BPMEDS** Are you currently taking medicine for your high blood pressure? (89)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 8: Cholesterol Awareness

- BLOODCHO** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- CHOLCHK** About how long has it been since you last had your blood cholesterol checked? (91)

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

- TOLDHI2** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (92)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 9: 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.”

CVDINFR4 (Ever told) you had a heart attack, also called a myocardial infarction? (93)

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

CVDCRHD4 (Ever told) you had angina or coronary heart disease? (94)

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

CVDSTRK3 (Ever told) you had a stroke? (95)

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

Section 10: Asthma

ASTHMA2 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)

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

ASTHNOW Do you still have asthma? (97)

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

Section 11: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life? (98)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

SMOKDAY2 Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q11.4]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

STOPSMK2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes [Go to USENOW3]
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

CATI note: If SMOKDAY2 = 3 (Not at all); continue. Otherwise, go to USENOW3.

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

USENOW3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

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

Section 12: Demographics

AGE What is your age? (104-105)

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

HISPANC2 Are you Hispanic or Latino? (106)

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

MRACE 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 note: If more than one response to MRACE; continue. Otherwise, go to VETERAN2.

ORACE2 Which one of these groups would you say best represents your race?

(113)

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

Do not read:

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

VETERAN2 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)

Please read:

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 7 Don't know / Not sure
- 9 Refused

MARITAL 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

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

(116-117)

– – Number of children
8 8 None
9 9 Refused

EDUCA 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

EMPLOY 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

INCOME2 Is your annual household income from all sources—

(120-121)

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

WEIGHT2 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

CATI note: If WEIGHT2 = 7777 (Don't Know/Not sure) or 9999 (Refused), skip WTYRAGO and WTCHGINT.

HEIGHT3 About how tall are you without shoes? (126-129)

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

Round fractions down

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

WTYRAGO How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?] **CATI: If female respondent and age <46.** (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 [Go to COUNTY]
9 9 9 9 Refused [Go to COUNTY]

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

WTCHGINT 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

COUNTY What county do you live in? (135-137)

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

ZIPCODE What is your ZIP Code where you live? (138-142)

__ __ __ __ __ ZIP Code
Zip code range is 32004 - 34997
7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 Refused

NUMHHOL2 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 TELSERV2]
- 7 Don't know / Not sure [Go to TELSERV2]
- 9 Refused [Go to TELSERV2]

Qualified Level 6

NUMPHON2 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

TELSERV2 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

[CELL PHONE QUESTIONS—to be inserted following TELSERV2] RUNNING FEBRUARY THROUGH JUNE.

12.19a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (232)

- 1 Yes [Go to Q12.19c]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.19b Do you share a cell phone for personal use (at least one-third of the time) with other adults? (233)

- 1 Yes [Go to Q12.19d]
- 2 No [Go to SEX]
- 7 Don't know / Not sure [Go to SEX]
- 9 Refused [Go to SEX]

12.19c. Do you usually share this cell phone (at least one-third of the time) with any other adults? (234)

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

12.19d. Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone? (235-237)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

SEX 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]

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

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

Section 13: Caregiver Status

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

13.1 During the past month, did you provide any such care or assistance to a friend or family member? (148)

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

Section 14: Disability

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

QLACTLM2 Are you limited in any way in any activities because of physical, mental, or emotional problems?
(149)

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

USEEQUIP 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?
(150)

Include occasional use or use in certain circumstances.

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

Section 15: Alcohol Consumption

DRNKANY4 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?
(151)

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

ALCDAY4 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?
(152-154)

- 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

AVEDRNK2 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? (155-156)

Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

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

DRNK3GE5 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? (157-158)

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

MAXDRNKS During the past 30 days, what is the largest number of drinks you had on any occasion? (159-160)

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

CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.

Section 16: Immunization

FLUSHOT3 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (161)

1 Yes
2 No [Go to FLUSPRY2]
7 Don't know / Not sure [Go to FLUSPRY2]
9 Refused [Go to FLUSPRY2]

FLUSHTMY During what month and year did you receive your most recent flu shot? (162-167)

— / — — — — Month / Year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused

FLUSPRY2 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™. (168)

- 1 Yes
- 2 No [Go to PNEUVAC3]
- 7 Don't know / Not sure [Go to PNEUVAC3]
- 9 Refused [Go to PNEUVAC3]

FLUSPRMY During what month and year did you receive your most recent flu vaccine that was
sprayed in your nose? (169-174)

- / -- Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

PNEUVAC3 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? (175)

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

[Pandemic Influenza Questions---to be inserted following Section 16: Immunization – January –
February 2009]

Section 16 Supplement: Pandemic Flu

PF1. What do you think is the most effective ONE thing you can do to prevent getting sick from the
flu? (751)

Please read:

- 1 Avoiding touching your eyes, nose or mouth as much as possible during the flu
season
- 2 Avoiding close contact with others who may have the flu
- 3 Getting the flu vaccination
- 4 Taking anti-viral medicine, like Tamiflu, on the first or second day that you have
symptoms of the flu

Do not read:

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

PF2. What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick?
(752)

Please read:

- 1 Frequent hand washing
- 2 Covering your mouth and nose when coughing or sneezing
- 3 Staying home when you are sick with the flu
- 4 Getting the flu vaccination

OR

- 5 Something else

Do not read:

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

DISPLAY SCREEN: "Pandemic Influenza" or "Pan Flu" is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is not a pandemic flu outbreak occurring.

PF3. If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu?
(753)

Interviewer Note: Please read both the subjective label and the percentage range.

- 1 Very high (90-100%)
- 2 High (70-89%)
- 3 Average (50-69%)
- 4 Low (20-49%)
- 5 Very low (0-19%)

Do not read:

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

PF4. If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you?
(754)

Please read:

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get one
- 4 Definitely not get a pandemic flu vaccination

Do not read:

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

PF5. If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you...

(755)

Please read:

- 1 Definitely go
- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

Do not read:

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

PF6. Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know?

(756-757)

Please read:

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flu
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu
- 0 5 Cities where cases of the flu have been identified
- 0 6 Information about the flu vaccine
- 0 7 Something else

Do not read:

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

PF7. During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.

(758-759)

Do not read:

- 0 1 Newspapers
- 0 2 Television
- 0 3 Radio
- 0 4 Internet websites
- 0 5 Your doctor
- 0 6 The CDC (Centers for Disease Control and Prevention)
- 0 7 State or local public health departments
- 0 8 Other government agencies
- 0 9 Family or friends

- 1 0 Religious leaders
- 1 1 Some other source
- 7 7 Don't know / Not sure
- 9 9 Refused

PF8. Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list?
(760-761)

Please read:

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

SAY: I will repeat the question and answer choices to assist your recall.

Do not read:

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

PF9. If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month?
(762)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely to stay at home for a month
- 7 Don't know / Not sure
- 9 Refused

ASK PF10 If EMPLOY = 1 (Employed for wages) or 2 (Self-employed) continue, otherwise skip to next section.

PF10. I'm going to read you a list of job types. Please tell me if you currently work in any of these fields.

(763)

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

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

Section 17: Arthritis Burden

Next I will ask you about arthritis.

HAVARTH2 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?

(176)

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

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)

Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

LMTJOIN2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(177)

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

INTERVIEWER NOTE: Q17.3 should be asked of all respondents regardless of employment status.

17.3 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (178)

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

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

17.4 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (179)

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

17.5 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be. (180-181)

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 18: 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.

FRUITJUI How often do you drink fruit juices such as orange, grapefruit, or tomato? (182-184)

- 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

FRUIT Not counting juice, how often do you eat fruit? (185-187)

- 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

GREENSAL How often do you eat green salad? (188-190)

- 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

POTATOES How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (191-193)

- 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

CARROTS How often do you eat carrots?

(194-196)

- 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

VEGETABL 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.)

(197-199)

- 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 19: Physical Activity

CATI note: If Core EMPLOY = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to MODPACT.

JOBACTIV When you are at work, which of the following best describes what you do? Would you say— (200)

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.

MODPACT 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? (201)

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

MODPADAY How many days per week do you do these moderate activities for at least 10 minutes at a time? (202-203)

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

MODPATIM 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? (204-206)

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

VIGPACT 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? (207)

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

VIGPADAY How many days per week do you do these vigorous activities for at least 10 minutes at a time? (208-209)

- _ _ 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]

VIGPATIM 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? (210-212)

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

Section 20: HIV/AIDS

CATI note: ALL Florida respondents are asked Section 20

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.

HIVTST5 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. (213)

1 Yes
2 No [Go to HIVRISK2]
7 Don't know / Not sure [Go to HIVRISK2]
9 Refused [Go to HIVRISK2]

HIVTSTD2 Not including blood donations, in what month and year was your last HIV test? (214-219)

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

WHRTST8 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?

(220-221)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: Ask HIVRDTST; if HIVTSTD2 = within last 12 months. Otherwise, go to HIVRISK2.

HIVRDTST Was it a rapid test where you could get your results within a couple of hours?

(222)

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

HIVRISK2 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- 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?

(223)

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

Section 21: Emotional Support and Life Satisfaction

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

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

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

(224)

Please read:

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

Do not read:

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

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

(225)

Please read:

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

Do not read:

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

Section 22: Cancer Survivors

Now I am going to ask you about cancer.

22.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (226)

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

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]

22.2 How many different types of cancer have you had? (227)

1 Only one
2 Two
3 Three or more
7 Don’t know / Not sure [Go to Core closing Statement]
9 Refused [Go to Core closing Statement]

22.3 At what age were you told that you had cancer? (228-229)

__ Age in years {97 = 97 and older}
9 8 Don’t know / Not sure
9 9 Refused

CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

{CATI: if (22.3 = 01-97 and AGE = 18-99) AND (22.3 > AGE), continue; else go to 22.4}

UPDTAGCA I’m sorry, you indicated you were {CATI: fill-in response from AGE} years old, and were first diagnosed with cancer at age {CATI: fill-in response from 22.3}. What was your age when you were FIRST diagnosed with cancer?

Update age GO TO AGE
Update cancer age GO TO 22.3

22.4 What type of cancer was it?

(230-231)

If Q22.2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Breast

0 1 Breast cancer

DISPLAY ANSWER CODES 2-4 ONLY IF SEX=2

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

DISPLAY ANSWER CODES 18-19 ONLY IF SEX=1

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer:

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

Do not read:

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

Core Transition to Modules and/or State-Added Questions

Transition to modules and/or state-added questions

Please read:

Now, I have some questions left about other health topics.

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to DIABETE2 (Diabetes awareness question).

PDIABTST Have you had a test for high blood sugar or diabetes within the past three years?

(245)

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

CATI note: If DIABETE2 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB “Yes” (code = 1).

PREDIAB Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

(246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No

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

Module 8: Heart Attack and Stroke

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."

HASYMP1 (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (305)

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

HASYMP2 (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (306)

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

HASYMP3 (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (307)

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

HASYMP4 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (308)

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

HASYMP5 (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (309)

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

HASYMP6 (Do you think) shortness of breath (is a symptom of a heart attack?) (310)

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."

STRSYMP1 (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (311)

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

STRSYMP2 (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (312)

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

STRSYMP3 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (313)

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

STRSYMP4 (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (314)

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

STRSYMP5 (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (315)

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

STRSYMP6 (Do you think) severe headache with no known cause (is a symptom of a stroke?) (316)

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

FIRSTAID If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (317)

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 14: Arthritis Management

CATI note: If HAVARTH2 = 1 (Yes), continue. Otherwise, go to next module.

MOD14.1 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**? (362)

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

ARTHWGT Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (363)

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

ARTHEXER Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (364)

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

ARTHEDU Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (365)

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

State-Added Questions

State-Added 1: Diabetes

CATI Note: Ask if DIABETE2=1 (Yes), otherwise, go to next section.

FL1.1 Has your doctor ever recommended that you take a course or class on how to manage your diabetes yourself? (501)

- 1 Yes
- 2 No (go to next section)
- 7 Don't know/not sure (go to next section)
- 9 Refused (go to next section)

IF DIABEDU = 1 GO TO NEXT SECTION, ELSE ASK FL1.2

- FL1.2** What is the reason you have not taken a course or class on how to manage your diabetes yourself? (502)
- 1 Insurance co-pay/deductible
 - 2 Transportation
 - 3 Don't need the course/class
 - 4 Don't like group classes
 - 5 Class not offered at a good time or day
 - 6 Other
 - 7 Don't know/not sure
 - 8 Took a diabetes course
 - 9 Refused

State-Added 2: Access to Care/Disability

Ask only if QLACTLM2=Yes; ELSE SKIP TO FL2.5.

- FL2.1** 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? (503)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- FL2.2** Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house? (504)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- FL2.3** What is your main health condition or disability that limits your activity? Would you say it is a... (505-506)
- Read:**
- 1 Physical impairment or disability
 - 2 Learning or intellectual disability
 - 3 Memory or cognitive disability
 - 4 Emotional problems, such as depression, bipolar disorder or schizophrenia
 - 5 Hearing disability
 - 6 Blindness
 - 7 Speech impairment
- Do not read:**
- 77 Don't know / Not sure
 - 99 Refused

FL2.4 How long have your activities been limited due to this condition or impairment? (507-509)

- 1_____ Number of months (specify number of months)
- 2_____ Number of years (specify number of years)
- 6 6 6 All or almost all of my life
- 7 7 7 Don't know
- 9 9 9 Refused

Ask only if HLTHPLAN = 1 (Yes); ELSE GO TO FL2.6.

FL2.5 What type of health care insurance or coverage do you have? Is it coverage through... (510-511)

Read:

- 1 Your employer or your spouse's employer
- 2 A plan that you or someone else buys for you
- 3 Medicare, Medicare supplemental or MEDIGAP
- 4 MEDICAID or Title XIX
- 5 The military, CHAMPUS, or the VA
- 6 Insurance through some other source
- 7 None (out of pocket)

Do not read:

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

Ask only if QLACTLM2=Yes or USEEQUIP=Yes; ELSE GO TO FL2.7.

FL2.6 Have you had difficulty finding a health care provider who understands your health condition or impairment? (512)

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

FL2.7 How often is transportation a problem for you in getting health care? Would you say... (513)

- 1 Not a problem
- 2 Rarely a problem
- 3 Sometimes a problem
- 4 Often or always a problem
- 7 Don't know/not sure
- 9 Refused

FL2.8 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (514)

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

FL2.9 How long has it been since you last visited a dentist or a dental clinic? (If needed: Include visits to dental specialists, such as orthodontists.) (515)

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

State-Added 3: Family Planning

If respondent is female (SEX = 2) and 45 years of age or older (AGE ≥ 45), has had a hysterectomy (Don't have this), is pregnant (PREGNANT = 1), or male 60 years of age or older (SEX = 1 AND AGE ≥ 60), go to next module.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

FL3.1 Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your **[If female, insert husband/partner,] if male, insert "wife/partner"]** doing anything now to keep **[If female, insert "you," if male, insert "her"]** from getting pregnant? (516)

Note: If more than one partner, consider usual partner.

- 1 Yes
- 2 No **[Go to QFL3.3]**
- 3 No partner/not sexually active **[Go to next module]**
- 4 Same sex partner **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

FL3.2

What are you or your [If female, insert “husband/partner,” if male, insert wife/partner”] doing now to keep [If female, insert “you”, if male, insert “her”] from getting pregnant?

(517-518)

Read only if necessary:

- 01 Tubes tied (or female sterilization) **[Go to next module]**
- 02 Vasectomy (or male sterilization) **[Go to next module]**
- 03 Birth control pills, any kind **[Go to FL3.4]**
- 04 Male condoms **[Go to FL3.4]**
- 05 Female condoms **[Go to FL3.4]**
- 06 Contraceptive implant (for example, Implanon)**[Go to FL3.4]**
- 07 Shots (for example, Depo-Provera) **[Go to FL3.4]**
- 08 Contraceptive ring (for example, Nuvaring) **[Go to FL3.4]**
- 09 Contraceptive patch (for example, Ortho Evra) **[Go to FL3.4]**
- 10 Diaphragm, cervical cap, or sponge **[Go to FL3.4]**
- 11 Foam, jelly, or cream **[Go to FL3.4]**
- 12 IUD (for example, Mirena) **[Go to FL3.4]**
- 13 Emergency contraception **[Go to FL3.4]**
- 14 Withdrawal (or pulling out) **[Go to FL3.4]**
- 15 Not having sex at certain times (rhythm or natural family planning) **[Go to FL3.4]**
- 16 Other method **[Go to FL3.4]**

Do not read:

- 77 Don't know / Not sure **[Go to FL3.4]**
- 99 Refused **[Go to FL3.4]**

FL3.3

What is your main reason for not doing anything to keep [If female, insert “you”, if male, insert “her”] from getting pregnant?

(519-520)

Read only if necessary:

- 01 Didn't think you were going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization) **[Go to next module]**
- 09 You or your partner had a vasectomy (sterilization) **[Go to next module]**
- 10 You or your partner had a hysterectomy **[Go to next module]**
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if you get pregnant
- 16 Partner is pregnant now **[Go to next module]**

Do not read:

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

FL3.4 How do you feel about having a child now or sometime in the future? Would you say: (521)

Please read:

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than two years from now
- 4 You do want to have one, between two years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now
- 6 You're not sure if you do or don't

Do not read:

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

State-Added 4: Preconception Health

The following two questions relate to health information that you may know or have received related to pregnancy or healthy lifestyles

FL4.1 If a woman were to have just delivered a baby, how long should she wait before getting pregnant again because of her health and the next baby's health? **[READ LIST]** (522)

- 1 < 6 months
- 2 6 months to one year
- 3 1 to 1 1/2 years
- 4 1 1/2 to 2 years
- 5 2 years or more
- 7 Don't know / Not sure
- 9 Refused

FL4.2 During this past year, did your health care provider talk with you and give you advice about any of the following health issues during a health care visit?
Please mark all that apply (523-529)

Please read:

- 1 Healthy weight, nutrition, and exercise
- 2 Oral health or dental care
- 3 Alcohol, tobacco, and drug use
- 4 Stress, anxiety, or depression
- 5 Birth control
- 6 Violence prevention
- 7 Or, did not see a health care provider this past year
- 8 (VOL) No, none of these

Please do not read:

- 77 Don't know / Not sure

State-Added 5: Environmental Health

The following three questions are about conditions in your neighborhood. A neighborhood is defined as an area within one-half mile or a ten minute walk from your home.

FL5.1 What would you say is the one issue which needs the most attention in your neighborhood? (530-531)

Do not read:

- 1 Littering, abandoned cars or appliances
- 2 Lack of housing choices (for example: no new houses, apartments...)
- 3 Air quality (molds/allergens, smoke, traffic pollution)
- 4 Neighborhood lighting
- 5 Expanding community parks (adding pavilions, play structures...)
- 6 Safe drinking water
- 7 Sewage and sludge disposal (such as septic systems not working or leaking)
- 8 Transportation (lack of sidewalks, bus stops...)
- 9 Safety (drug dealing, violence, abandoned buildings)
- 10 Vector and animal control services (mosquitoes, stray dogs/cats, nuisance animals)
- 11 Flooding and/or storm water drainage
- 12 Other

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

FL5.2 During the past 30 days, for about how many days did you walk in your neighborhood for leisure or as a way to get to your destination? (532-533)

- Number of days (If 5 or less go to FL5.3; ELSE GO TO FL6.1)
- 8 8 None (Go to FL5.3)
- 7 7 Don't know / Not sure – (Go to next section)
- 9 9 Refused – (Go to next section)

FL5.3 What is the number one reason that you did not walk more frequently in your neighborhood?

(534-535)

Do not read:

- 1 Weather
- 2 Lack of time
- 3 No where to go
- 4 No sidewalks
- 5 Too much traffic
- 6 Medical conditions
- 7 Lack of energy/motivation
- 8 Exercise else where
- 9 Safety (crime)
- 10 Other

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

CATI Note: State-Added 6 (Cognitive Impairment Module) will be asked April – December 2009

State-Added 6: Cognitive Impairment Module – Changes based on March 10 revision, received March 19.

Introduction - READ: The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

FL6.1 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse

()

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

CATI: IF NUMADULT=1 AND FL6.1=1, AUTO-FILL FL6.2=0, THEN GO TO FL6.4

FL6.2 [IF FL6.1 = 1; Not including yourself,] how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

()

____ Number of people [IF FL6.2= 0 AND FL6.1 ≠ 1; SKIP TO NEXT SECTION]

(77) Don't know / Not sure [IF FL6.1 ≠ 1; SKIP TO NEXT SECTION]

(99) Refused [IF FL6.1 ≠ 1; SKIP TO NEXT SECTION]

CATI CREATE VARIABLE CHNGTHNK=0.
 IF FL6.1=1, THEN CHNGTHNK=FL6.2 VALUE^a+1.
 IF FL6.1 NE 1, THEN CHNGTHNK=FL6.2 VALUE^a
 (^a IF FL6.2=77 OR 99, THEN FL6.2 VALUE=0, ELSE FL6.2 RESPONSE=FL6.2 VALUE)

If FL6.1 = 1, GO TO FL6.4
 If FL6.1 ≠ 1 AND FL6.2>=1, ASK FL6.3

FL6.3 [If FL6.1 ≠ 1 AND FL6.2 > 1, READ: Of these people, please select the person who had the most recent birthday.] How old is this person? ()

- 1 Age 18-29
- 2 Age 30-39
- 3 Age 40-49
- 4 Age 50-59
- 5 Age 60-69
- 6 Age 70-79
- 7 Age 80-89
- 8 Age 90 +

(77) Don't know / Not sure
 (99) Refused

Section Introduction:

[READ IF FL6.1 ≠ 1]: For the next set of questions we will refer to the person you identified as 'this person'.

[REPEAT DEFINITION AS NEEDED: For these questions, please think about confusion or memory loss that is happening more often or getting worse.]

FL6.4 During the past 12 months, how often [IF **FL6.1**=1: have you; ELSE: has this person] given up household activities or chores [IF **FL6.1**=1: you; ELSE: they] used to do, because of confusion or memory loss that is happening more often or is getting worse? ()

Please read:

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

Do not read:

77 Don't know / Not sure
 99 Refused

FL6.5 As a result of [IF **FL6.1=1**: your; ELSE: this person's] confusion or memory loss, in which of the following four areas [IF **FL6.1=1**: do you; ELSE: does this person] need the MOST assistance?

()

Please read:

- 1 Safety [READ AS NEEDED: such as forgetting to turn off the stove or falling]
- 2 Transportation [READ AS NEEDED: such as getting to doctor's appointments]
- 3 Household activities [READ AS NEEDED: such as managing money or housekeeping]
- 4 Personal Care [READ AS NEEDED: such as eating or bathing]
- 5 (VOL) Needs assistance, but not in those areas
- 6 (VOL) Doesn't need assistance in any area

Do not read:

- 77 Don't know/Not sure
99 Refused

FL6.6 During the past 12 months, how often has confusion or memory loss interfered with [IF **FL6.1=1**: your; ELSE: this person's] ability to work, volunteer, or engage in social activities?

()

Please read:

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

Do not read:

- 77 Don't know / Not sure
99 Refused

FL6.7 During the past 30 days, how often [IF **FL6.1=1**: has; ELSE: have you,] a family member or friend provided any care or assistance for [IF **FL6.1=1**: you; ELSE: this person] because of confusion or memory loss?

()

Please read:

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

Do not read:

- 77 Don't know / Not sure
99 Refused

FL6.8 Has anyone discussed with a health care professional, increase in [IF **FL6.1=1**: your; ELSE: this person's] confusion or memory loss? ()

- 1 Yes
- 2 No **[SKIP TO NEXT SECTION]**
- 77 Don't know / Not sure **[SKIP TO NEXT SECTION]**
- 99 Refused **[SKIP TO NEXT SECTION]**

FL6.9 [IF **FL6.1=1**: Have you; ELSE: Has this person] received treatment such as therapy or medications for confusion or memory loss? ()

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

FL6.10. Has a health care professional ever said that [IF **FL6.1=1**: you have; ELSE: this person has] Alzheimer's disease or some other form of dementia? ()

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's disease
- 3 No diagnosis has been given
- 77 Don't know / Not sure
- 99 Refused

State-Added 7: Tobacco – Cigar Use & Exposure to Secondhand Smoke

FL7.1 Have you ever smoked a cigar, even one or two puffs? (549)

- 1 Yes
- 2 No **[SKIP to FL7.3]**
- 7 Don't Know/Not sure **[SKIP to FL7.3]**
- 9 Refused **[SKIP to FL7.3]**

FL7.2 Do you now smoke cigars every day, some days, or not at all? (550)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't Know/Not sure
- 9 Refused

FL7.3 During the past 7 days, on how many days did anyone smoke cigarettes, cigars, or pipes in your home while you were there?

(551-552)

- | | |
|-----|-----------------------------------|
| ___ | RECORD NUMBER OF DAYS [0 – 7] |
| 5 5 | I was not home in the past 7 days |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

CATI Note: Ask question FL7.4 if SMOKDAY2 = 1 or 2 (smoke every day or some days in past 30 days). Otherwise, go to question FL.8.1.

FL7.4 Earlier you indicated that you had smoked cigarettes on some or all of the past 30 days. If you would be interested in calling a free tobacco quitline service to get more information and resources to help you quit smoking, I can provide you with a toll-free number. Would you like me to give you this number?

(553)

- | | |
|---|---|
| 1 | Yes – Read: That number is: 1-877-U-Can-Now (or 1-877-822-6669). Would you like me to repeat the number? |
| 2 | No |
| 7 | Don't Know/Not sure |
| 9 | Refused |

State-Added 8: Callback

FL8.1 May we call you back at a later time to ask you additional questions about important health topics?

(554)

- | | | |
|---|-----------------------|----------------------------------|
| 1 | Yes | |
| 2 | No | [Go to closing statement] |
| 7 | Don't know / Not sure | [Go to closing statement] |
| 9 | Refused | [Go to closing statement] |

FL8.2 What is your first name?

Closing Statement

Please read:

That was 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.