



**2010**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**Nebraska State-Wide**

**October 21, 2009**

# Behavioral Risk Factor Surveillance System 2010 Questionnaire

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## Interviewer's Script

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

Is this     (phone number)     ?

**If "no,"**

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

Is this a private residence in     (state)     ?

**If "no,"**

Thank you very much, but we are only interviewing private residences in     (state)     . **STOP**

Is this a cellular telephone?

**[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."**

**If "yes,"**

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

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

\_\_\_ Number of adults

**If "1,"**

Are you the adult?

**If "yes,"**

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

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

\_\_\_ Number of men

\_\_\_ Number of women

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

**If "you," go to page 5**



**To the correct respondent:**

HELLO, I am calling for the     **(health department)**    . My name is     **(name)**    . We are gathering information about the health of     **(state)**     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 **(give appropriate state telephone number)**.

### Section 1: Health Status

---

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

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

---

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- – Number of days
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

**2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

- – Number of days  
8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**  
7 7 Don't know / Not sure  
9 9 Refused

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

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

### Section 3: Health Care Access

---

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

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

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

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

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

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

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)
- 1 Within past year (anytime less than 12 months ago)
  - 2 Within past 2 years (1 year but less than 2 years ago)
  - 3 Within past 5 years (2 years but less than 5 years ago)
  - 4 5 or more years ago
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused

## Section 4: Sleep

---

The next question is about getting enough rest or sleep.

- 4.1** 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

---

- 5.1** 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? (86)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 6: Diabetes

---

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

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

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

(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

## Section 7: Oral Health

---

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(88)

**Read only if necessary:**

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

**Do not read:**

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

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

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

(89)

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

**CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.**

**7.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

**Read only if necessary:**

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

**Do not read:**

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

## Section 8: Cardiovascular Disease Prevalence

---

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

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

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

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

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

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

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

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

## Section 9: Asthma

---

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

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

**9.2** Do you still have asthma? (95)

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

## Section 10: Disability

---

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

**10.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

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

**10.2** 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? (97)

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

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

## Section 11: Tobacco Use

---

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

**NOTE: 5 packs = 100 cigarettes**

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q11.5] |
| 7 | Don't know / Not sure | [Go to Q11.5] |
| 9 | Refused               | [Go to Q11.5] |

11.2 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 Q11.5] |
| 9 | Refused               | [Go to Q11.5] |

11.3 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 Q11.5] |
| 2 | No                    | [Go to Q11.5] |
| 7 | Don't know / Not sure | [Go to Q11.5] |
| 9 | Refused               | [Go to Q11.5] |

**CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.**

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  |

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

**Snus (rhymes with 'goose')**

**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

---

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

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

**(Check all that apply)**

**Please read:**

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

**Or**

6 Other [specify] \_\_\_\_\_

**Do not read:**

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

**CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.**

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

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

**Do not read:**

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

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

**If "Yes", 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

**If "No", please read:**

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

**Do not read:**

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

**12.6** Are you...? (115)

**Please read:**

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

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

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

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

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

**Read only if necessary:**

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

**Do not read:**

- 9 Refused

**12.9** Are you currently...? (119)

**Please read:**

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

**Or**

8 Unable to work

**Do not read:**

9 Refused

**12.10** Is your annual household income from all sources— (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

**12.11** About how much do you weigh without shoes? (122-125)

**Note: If respondent answers in metrics, put "9" in column 122.**

**Round fractions up**

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

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

**NOTE: If respondent answers in metrics, put "9" in column 126.**

**Round fractions down**

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

**12.13**      What county do you live in? (130-132)

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

**12.14**      What is your ZIP Code where you live? (133-137)

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

**12.15**      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. (138)

1      Yes  
 2      No      **[Go to Q12.17]**  
 7      Don't know / Not sure      **[Go to Q12.17]**  
 9      Refused      **[Go to Q12.17]**

**12.16**      How many of these telephone numbers are residential numbers? (139)

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

**12.17**      During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters. (140)

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

**[CELL PHONE QUESTIONS]**

**12.18a** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (141)

- 1 Yes [Go to Q12.18c]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**12.18b** Do you share a cell phone for personal use (at least one-third of the time) with other adults? (142)

- 1 Yes [Go to Q12.18d]
- 2 No [Go to Q12.19]
- 7 Don't know / Not sure [Go to Q12.19]
- 9 Refused [Go to Q12.19]

**12.18c** Do you usually share this cell phone (at least one-third of the time) with any other adults? (143)

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

**12.18d** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (144-146)

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

**12.19** Indicate sex of respondent. Ask only if necessary. (147)

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

- 12.20** To your knowledge, are you now pregnant? (148)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 13: Alcohol Consumption

---

- 13.1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (149)
- 1 Yes
  - 2 No [Go to next section]
  - 7 Don't know / Not sure [Go to next section]
  - 9 Refused [Go to next section]

- 13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (150-152)
- 1 \_ \_ Days per week
  - 2 \_ \_ Days in past 30 days
  - 8 8 8 No drinks in past 30 days [Go to next section]
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

- 13.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (153-154)

**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

**13.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion? (155-156)

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

**13.5** During the past 30 days, what is the largest number of drinks you had on any occasion? (157-158)

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

## Section 14: Immunization

---

**14.1** Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot? (159)

- 1 Yes
- 2 No **[Go to Q14.3]**
- 7 Don't know / Not sure **[Go to Q14.3]**
- 9 Refused **[Go to Q14.3]**

**14.2** During what month and year did you receive your most recent seasonal flu shot? (160-165)

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

**14.3** The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? (166)

- 1 Yes
- 2 No **[Go to Q14.5]**
- 7 Don't know / Not sure **[Go to Q14.5]**
- 9 Refused **[Go to Q14.5]**

**14.4** During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose? (167-172)

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

**14.5** 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? (173)

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

## Section 15: Falls

---

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

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

**15.1** In the past 3 months, how many times have you fallen? (174–175)

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

**15.2** **[Fill in “Did this fall (from Q15.1) cause an injury?”]. If only one fall from Q15.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

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

(176–177)

__ __	Number of falls	<b>[76 = 76 or more]</b>
8 8	None	
7 7	Don't know / Not sure	
9 9	Refused	

## Section 16: Seatbelt Use

---

**16.1** How often do you use seat belts when you drive or ride in a car? Would you say— (178)

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

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

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

## Section 17: Drinking and Driving

---

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

The next question is about drinking and driving.

**17.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (179–180)

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

## Section 18: Women's Health

---

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

The next questions are about breast and cervical cancer.

**18.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (181)

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

**18.2** How long has it been since you had your last mammogram? (182)

**Read only if necessary:**

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

**Do not read:**

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

**18.3** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (183)

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

**18.4** How long has it been since your last breast exam? (184)

**Read only if necessary:**

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

**Do not read:**

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

**18.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (185)

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

**18.6** How long has it been since you had your last Pap test? (186)

**Read only if necessary:**

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

**Do not read:**

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

**CATI note: If response to Core Q12.20 = 1 (is pregnant); then go to next section.**

**18.7** Have you had a hysterectomy? (187)

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

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

## Section 19: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

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

**19.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (188)

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

**19.2** How long has it been since you had your last PSA test? (189)

**Read only if necessary:**

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

**Do not read:**

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

**19.3** A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (190)

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

**19.4** How long has it been since your last digital rectal exam? (191)

**Read only if necessary:**

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

**Do not read:**

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

**19.5** Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (192)

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

## Section 20: Colorectal Cancer Screening

---

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

The next questions are about colorectal cancer screening.

**20.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (193)

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

**20.2** How long has it been since you had your last blood stool test using a home kit? (194)

**Read only if necessary:**

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

**Do not read:**

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

**20.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (195)

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

**20.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (196)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

**20.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (197)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

## Section 21: HIV/AIDS

---

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

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

**21.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (198)

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q21.5]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q21.5]</b> |
| 9 | Refused               | <b>[Go to Q21.5]</b> |

**21.2** Not including blood donations, in what month and year was your last HIV test? (199-204)

**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.**

- |  |                       |
|--|-----------------------|
| $\frac{\_}{7} / \frac{\_}{7} \frac{\_}{7} \frac{\_}{7} \frac{\_}{7}$ | Code month and year   |
| 7 7 / 7 7 7 7  | Don't know / Not sure |
| 9 9 / 9 9 9 9  | Refused               |

**21.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (205-206)

- |     |   |
|-----|---|
| 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 Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.**

**21.4** Was it a rapid test where you could get your results within a couple of hours? (207)

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

**21.5** 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? (208)

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

## Section 22: Emotional Support and Life Satisfaction

---

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

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

**INTERVIEWER NOTE: If asked, say "please include support from any source."** (209)

**Please read:**

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

**Do not read:**

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

**22.2** In general, how satisfied are you with your life?

(210)

**Please read:**

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

**Do not read:**

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

## Path A

### Optional Modules

#### Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.1 (Diabetes awareness question).**

1. 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 Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).**

2. 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

## Path A

#### Module 2: Diabetes

---

**To be asked following Core Q6.1; if response is "Yes" (code = 1)**

1. 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

2. Are you now taking insulin? (249)

- 1 Yes
- 2 No
- 9 Refused

3. 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

4. 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

5. 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

6. 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 Q4 = 555 (No feet), go to Q8.**

7. 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

8. 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

9. 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

10. 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

# Path C

## Module 6: Inadequate Sleep

---

I would like to ask you a few questions about your sleep patterns.

1. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

**INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.**

(284-285)

–	–	Number of hours [01-24]
7	7	Don't know / Not sure
9	9	Refused

2. Do you snore?

**INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.**

(286)

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

3. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

(287-288)

–	–	Number of days [01-30]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

4. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?

(289)

1	Yes
2	No
3	Don't drive
4	Don't have license
7	Don't know / Not sure
9	Refused

## Path A

### Module 17: Anxiety and Depression

---

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

1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (367-368)

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

2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (369-370)

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

3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (371-372)

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

4. Over the last 2 weeks, how many days have you felt tired or had little energy? (373-374)

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

5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (375-376)

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

6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (377-378)

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

7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (379-380)

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

8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (381-382)

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

9. Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (383)

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

10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (384)

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

## Path A, B, C

### Module 19: Social Context

---

Now, I am going to ask you about several factors that can affect a person's health.

1. Do you own or rent your home? (396)

**Please read:**

- 1 Own
- 2 Rent
- 3 Other arrangement **[Go to Q3]**

**Do not read:**

- 7 Don't know / Not sure **[Go to Q3]**
- 9 Refused **[Go to Q3]**

**INTERVIEWER NOTE: "Other arrangement" may include group home or staying with friends or family without paying rent.**

2. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed-- (397)

**Please read:**

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

**Do not read:**

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

3. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed-- (398)

**Please read:**

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

**Do not read:**

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

**If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q4 and Q5.**

**If Core Q12.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q6 and Q7.**

**If Core Q12.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.**

4. At your main job or business, how are you generally paid for the work you do. Are you:

(399)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).**

5. About how many hours do you work per week at all of your jobs and businesses combined?

(400-401)

- — Hours (01-96 or more) **[Go to Q8]**
- 9 7 Don't know / Not sure **[Go to Q8]**
- 9 8 Does not work **[Go to Q8]**
- 9 9 Refused **[Go to Q8]**

6. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:

(402)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

7. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

(403-404)

- — Hours (01-96 or more)
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

8. Did you vote in the last presidential election? The November 2008 election between Barack Obama and John McCain? (405)
- 1 Yes
  - 2 No
  - 8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
  - 7 Don't know / Not sure
  - 9 Refused

## Path A, B, C

### Module 21: Veteran's Health

---

**CATI note: Ask only if Core Q12.5 = 1 (Yes, now on active duty) or 2 = (Yes, on active duty during the last 12 months, but not now) or 3 = (Yes, on active duty in the past, but not during the last 12 months).**

The next questions relate to veteran's health.

1. Did you ever serve in a combat or war zone? (418)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
2. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (419)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

3. A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)? (420)

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

4. In the past 12 months, did you receive any psychological or psychiatric counseling or treatment? (421)

**Please Read:**

- 1 Yes, from a VA facility
- 2 Yes, from a non-VA facility
- 3 Yes, from both VA and non-VA facilities
- 4 No

**Do not read:**

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

5. Has there been a time in the past 12 months when you thought of taking your own life? (422)

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

6. During the past 12 months, did you attempt to commit suicide? Would you say--- (423)

**Please Read:**

- 1 Yes, but did not require treatment
- 2 Yes, was treated at a VA facility
- 3 Yes, was treated at a non-VA facility
- 4 No

**Do not read:**

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

## Path C

### Module 22: Adverse Childhood Experience

---

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

1. Did you live with anyone who was depressed, mentally ill, or suicidal? (424)  

1	Yes
2	No
7	Don't know / Not sure
9	Refused
  
2. Did you live with anyone who was a problem drinker or alcoholic? (425)  

1	Yes
2	No
7	Don't know / Not sure
9	Refused
  
3. Did you live with anyone who used illegal street drugs or who abused prescription medications? (426)  

1	Yes
2	No
7	Don't know / Not sure
9	Refused
  
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (427)  

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

5. Were your parents separated or divorced? (428)

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (429)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say--- (430)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? (431)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (432)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? (433)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

11. How often did anyone at least 5 years older than you or an adult, force you to have sex? (434)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial (place state or local hotline here) to reach a referral service to locate an agency in your area. **[Note: if no local or state hotline is available, give respondent the National Hotline for child abuse 1-800-422-4-A-CHILD (1-800-422-4453).**

## Path A, B, C

### Module 23: Random Child Selection

---

**CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q12.7 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

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

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

**INTERVIEWER PLEASE READ:**

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

1. What is the birth month and year of the “Xth” child? (460-465)

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

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

2. Is the child a boy or a girl? (466)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (467)

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

4. Which one or more of the following would you say is the race of the child? (468-473)

**[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 Q4, continue. Otherwise, go to Q6.**

5. Which one of these groups would you say best represents the child's race? (474)

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

6. How are you related to the child? (475)

**Please read:**

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

**Do not read:**

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

## Path A, B, C

### Module 24: Childhood Asthma Prevalence

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**CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.**

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

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (476)

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

2. Does the child still have asthma? (477)

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

## Path A, B, C

### Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(497)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

\_\_\_\_\_ Enter first name or initials

## State Added

### Path A, B, C

#### State Added 1 Tobacco Added Questions

ST1.1 Which statement best describes the rules about smoking inside your home? Do not include decks, garages or porches.

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
  
7. DON'T KNOW
9. REFUSED

ST1.2 Which statement best describes the rules about smoking inside your family vehicle?

1. Smoking is not allowed at any time in family vehicle
2. Smoking is allowed only when children 17 and younger not present
3. Smoking is allowed at all times in family vehicle
4. Do not have a car
  
7. DON'T KNOW
9. REFUSED

## Path B

### State Added 2: Sexual Violence (2007 BRFSS)

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Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

**Are you in a safe place to answer these questions?**

(346)

- 1 Yes
- 2 No **[Go to closing statement]**

My first questions are about unwanted sexual experiences you may have had.

**ST2.1** In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)? (347)

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

**ST2.2** In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies? (348)

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

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[If female]**, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

**ST2.3** Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (349)

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

**ST2.4** Has this happened in the past 12 months? (350)

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

**ST2.5** Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (351)

- 1 Yes
- 2 No [Go to Q7]
- 7 Don't know / Not sure [Go to Q7]
- 9 Refused [Go to Q7]

**ST2.6** Has this happened in the past 12 months? (352)

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

## Path B

### State Added 3: Race Questions (last year state added)

**CATI note: If yes to Q12.2; continue. Otherwise, go to Q 12.3**

**ST3.1** Which Hispanic or Latino group do you consider yourself to be?

**Please read:**

- 1 Mexican
- 2 Central American
- 3 Puerto Rican
- 4 South American
- 5 Cuban

**Or**

- 6 Other [specify]\_\_\_\_\_

**Do not read:**

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

**CATI note: if the respondent answers Asian (response 3), Native American (response 4), and/or Black (response 2) to Q12.3 ; continue. As one of the responses 12.3 continue. Ask if 12.3 is 2 Otherwise, go to close**

**ST3.2 Which black or African American group do you consider yourself to be?**

**Please read**

- 1 African (born)
- 2 African American
- 3 Black-Caribbean
- 4 Other background [specify] \_\_\_\_\_

**Do not read:**

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

**Ask if 12.3 is 3**

**ST3.3 Which Asian group do you consider yourself to be?**

**Please read:**

- 1 Asian Indian
- 2 Chinese
- 3 Filipino
- 4 Japanese
- 5 Korean
- 6 Vietnamese
- 7 Other [specify] \_\_\_\_\_

**Do not read:**

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

**Ask if 12.3 is 4**

**ST3.4 Which one or more of the following best represents your American Indian heritage?**

- 01. Iowa Tribe of Kansas and Nebraska
- 02. Oglala Sioux Tribe
- 03. Omaha Tribe of Nebraska, Iowa
- 04. Ponca Tribe of Nebraska
- 05. Sac and Fox Nation of Missouri in Kansas and Nebraska
- 06. Santee Sioux Nation, Nebraska
- 07. Winnebago Tribe of Nebraska, Iowa
- 08. Rosebud Sioux Tribe
- 09. Other [specify] \_\_\_\_\_

**77. Don't Know/ Not Sure**

**99. Refused**

**ST3.5** Are you an enrolled member or descendant of an enrolled member of one or more of the following federally recognized Tribes?

01. Iowa Tribe of Kansas and Nebraska
02. Oglala Sioux Tribe
03. Omaha Tribe of Nebraska, Iowa
04. Ponca Tribe of Nebraska
05. Sac and Fox Nation of Missouri in Kansas and Nebraska
06. Santee Sioux Nation, Nebraska
07. Winnebago Tribe of Nebraska, Iowa
08. Rosebud Sioux Tribe
09. Other [specify]\_\_\_\_\_
10. NO

**Do not read:**

- 77 Don't know / Not sure  
99 Refused

Everyone is asked this

**ST3.6** Were you born?

- 1 In the United States (Go to Q12.7)
- 2 Outside the United States

**Do not read:**

- 9 Refused

**ST3.6a.** (name of foreign Country) \_\_\_\_\_

**ST3.6b.** Did you come America with a refugee status?

- 1 Yes (name of the country of origin) \_\_\_\_\_
  - 2 No
- 9 Refused

**ST3.6c.** (name of the country of origin) \_\_\_\_\_

**ST3.7** Do you speak a Language other than English at home? (At all answer Yes)

- 1 Yes (if yes go to 12.7a)
- 2 No

**Do not read:**

- 77 Don't know / Not sure  
99 Refused

ST3.7a. What language do you speak at home?

- 1 Spanish
- 2 German
- 3 Vietnamese
- 4 French
- 5 Czech
- 6 Chinese
- 7 Arabic
- 8 Russian
- 9 Italian
- 10 Polish
- 11 Other [specify] \_\_\_\_\_
  
- 77 Don't know / Not sure
- 99 Refused

ST3.8 How well do you speak English?

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

**Do not read:**

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

## **Closing Statement or Transition to Modules and/or State-Added Questions**

### **Closing statement**

**Please read:**

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