

**1999 Behavioral Risk Factor Surveillance  
System Questionnaire**

**Arkansas Survey December 14, 1998**

**1999 Behavioral Risk Factor Surveillance System  
Questionnaire  
Arkansas Draft November 23, 1998**

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HELLO, I'm \_\_\_\_\_ calling for the Arkansas Department of Health. We're doing a study of the health practices of Arkansas residents. Your phone number has been chosen randomly by the Department of Health to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this \_\_\_\_\_ ?

**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?

**No** Thank you very much, but we are only interviewing private residences. **Stop**

Our study requires that we 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?

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

**If "yes"** Then you are the person I need to speak with. **Go to page 3**

**If "no"** May I speak with him or her? **Go to "correct respondent" at bottom of page**

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

Who is the oldest man who presently lives in this household?  
Who is the next oldest man who presently lives in this household?  
**Etc.**

Who is the oldest woman who presently lives in this household?  
Who is the next oldest woman who presently lives in this household?  
**Etc.**

The person in your household that I need to speak with is \_\_\_\_\_.  
**If "you," go to page 3**

**To correct respondent** Hello, I'm \_\_\_\_\_  
calling for the Arkansas Department of  
Health. I'm a member of a special research  
team. We're doing a study of Arkansas  
residents regarding their health practices  
and day-to-day living habits. You have been  
randomly chosen to be included in the study  
from among the adult members of your  
household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

### Section 1: Health Status

1.1. Would you say that in general your health is:

**Please Read**

- |                          |   |
|--------------------------|---|
| a. Excellent.....        | 1 |
| b. Very good.....        | 2 |
| c. Good.....             | 3 |
| d. Fair.....             | 4 |
| <b>or</b>                |   |
| e. Poor.....             | 5 |
| Don't know/Not Sure..... | 7 |
| Refused.....             | 9 |

**Do not  
read these  
responses**

1.2. 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?

- |                          |    |    |
|--------------------------|----|----|
| a. Number of days.....   | __ | __ |
| b. None.....             | 8  | 8  |
| Don't know/Not sure..... | 7  | 7  |
| Refused.....             | 9  | 9  |

1.3. 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?

- a. Number of days .....\_\_ \_\_
- b. None **If Q1.2 also "None," go to Q2.1 (p. 5)**....8 8
- Don't know/Not sure.....7 7
- Refused.....9 9

1.4. 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?

- a. Number of days.....\_\_ \_\_
- b. None.....8 8
- Don't know/Not sure.....7 7
- Refused.....9 9

**Section 2: Health Care Access**

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- a. Yes.....1
  - b. No **Go to Q2.3a (p. 7)**.....2
    - Don't know/Not sure **Go to Q2.6 (p. 8)**.....7
    - Refused **Go to Q2.6 (p. 8)**.....9
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?
- a. Yes **Go to Q2.6 (p. 8)**.....1
  - b. No.....2
    - Don't know/not sure.....7
    - Refused.....9

2.3. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: Coverage Code.....\_\_ \_\_

**Please Read**

- a. Your employer **Go to Q2.4 (p. 8)**.....0 1
- b. Someone else=s employer **Go to Q2.4 (p. 8)**.....0 2
- c. A plan that you or someone else buys on your own **Go to Q2.4 (p. 8)**.....0 3
- d. Medicare **Go to Q2.6 (p. 8)**.....0 4
- e. Medicaid or Medical Assistance [**or substitute state program name**] **Go to Q2.4 (p. 8)**.....0 5
- f. The military, CHAMPUS, TriCare, or the VA [**or CHAMP-VA**] **Go to Q2.4 (p. 8)**.....0 6
- g. The Indian Health Service [**or the Alaska Native Health Service**] **Go to Q2.4 (p. 8)**.....0 7  
**or**
- h. Some other source **Go to Q2.4 (p. 8)**.....0 8
- None **Go to Q2.5 (p. 8)**.....8 8
- Don't know/Not sure **Go to Q2.4 (p. 8)**.....7 7
- Refused **Go to Q2.4 (p. 8)**.....9 9

**Do not read these responses**

2.3a. There are some types of coverage you may not have considered.  
Please tell me if you have any of the following:

Coverage through: Coverage Code.....\_\_ \_\_

**Please Read**

<b>If more than one, ask "Which type do you use to pay for most of your medical care?"</b>	a.	Your employer.....	0	1
	b.	Someone else's employer.....	0	2
	c.	A plan that you or someone else buys on your own.....	0	3
	d.	Medicare <b>Go to Q2.6 (p. 8)</b> .....	0	4
	e.	Medicaid or Medical Assistance [ <b>or substitute state program name</b> ].....	0	5
	f.	The military, CHAMPUS, TriCare, or the VA [ <b>or CHAMP-VA</b> ].....	0	6
	g.	The Indian Health Service [ <b>or the Alaska Native Health Service</b> ].....	0	7
	h.	Some other source.....	0	8
		None <b>Go to Q2.5 (p. 8)</b> .....	8	8
<b>Do not read these responses</b>		Don't know/Not sure <b>Go to Q2.6 (p. 8)</b> .....	7	7
		Refused <b>Go to Q2.6 (p. 8)</b> .....	9	9

- 2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage?
- a. Yes **Go to Q2.6**.....1
  - b. No **Go to Q2.6**.....2
  - Don't know/Not sure **Go to Q2.6**.....7
  - Refused **Go to Q2.6**.....9
- 2.5. About how long has it been since you had health care coverage?
- Read Only if Necessary**
- a. Within the past 6 months (1 to 6 months ago)...1
  - b. Within the past year (6 to 12 months ago).....2
  - c. Within the past 2 years (1 to 2 years ago).....3
  - d. Within the past 5 years (2 to 5 years ago).....4
  - e. 5 or more years ago.....5
  - Don't know/Not sure.....7
  - Never.....8
  - Refused.....9
- 2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?
- a. Yes.....1
  - b. No.....2
  - Don't know/Not sure.....7
  - Refused.....9

2.7. About how long has it been since you last visited a doctor for a routine checkup?

**Read Only if Necessary**

**A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition**

- a. Within the past year (1 to 12 months ago)..1
- b. Within the past 2 years (1 to 2 years ago).2
- c. Within the past 5 years (2 to 5 years ago).3
- d. 5 or more years ago.....4
- Don't know/Not sure .....7
- Never .....8
- Refused .....9

### Section 3: Hypertension Awareness

3.1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

**Read Only if Necessary**

- a. Within the past 6 months (1 to 6 months ago)....1
- b. Within the past year (6 to 12 months ago).....2
- c. Within the past 2 years (1 to 2 years ago).....3
- d. Within the past 5 years (2 to 5 years ago).....4
- e. 5 or more years ago.....5
- Don't know/Not sure.....7
- Never **Go to Q4.1 (p. 11)**.....8
- Refused.....9

3.2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- a. Yes.....1
- b. No **Go to Q4.1 (p. 11)**.....2
- Don't know/Not sure **Go to Q4.1 (p. 11)**.....7
- Refused **Go to Q4.1 (p. 11)**.....9

3.3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- a. More than once.....1
- b. Only once.....2
- Don't know/Not sure.....7
- Refused.....9

**Section 4: Cholesterol Awareness**

4.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- a. Yes.....1
- b. No **Go to Q5.1 (p. 12)**.....2
- Don't know/Not sure **Go to Q5.1 (p. 12)**.....7
- Refused **Go to Q5.1 (p. 12)**.....9

4.2. About how long has it been since you last had your blood cholesterol checked?

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago).....1
- b. Within the past 2 years (1 to 2 years ago).....2
- c. Within the past 5 years (2 to 5 years ago).....3
- d. 5 or more years ago.....4
- Don't know/Not sure.....7
- Refused.....9

4.3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

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

**Section 5: Diabetes**

5.1. Have you ever been told by a doctor that you have diabetes?**If "Yes" and female, ask "Was this only when you were pregnant?"**

a.	Yes.....	1
b.	Yes, but female told only during pregnancy.....	2
c.	No.....	3
	Don't know/Not sure.....	7
	Refused.....	9

## Section 6: Oral Health

6.1. How long has it been since you last visited a dentist or a dental clinic for any reason?

**Read only if necessary**

**Include visits to dental specialists, such as orthodontists**

- a. Within the past year (1 to 12 months ago).....1
- b. Within the past 2 years (1 to 2 years ago).....2
- c. Within the past 5 years (2 to 5 years ago).....3
- d. 5 or more years ago.....4
- Don't know/Not sure.....7
- Never.....8
- Refused.....9

6.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

**Include teeth lost due to "infection"**

- a. 5 or fewer.....1
- b. 6 or more but not all.....2
- c. All.....3
- d. None.....8
- Don't know/Not sure.....7
- Refused .....9

If "never" to Q6.1 or "all" to Q6.2, go to Q7.1 (p. 15).

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

**Read only if necessary**

- a. Within the past year (1 to 12 months ago).....1
- b. Within the past 2 years (1 to 2 years ago).....2
- c. Within the past 5 years (2 to 5 years ago).....3
- d. 5 or more years ago.....4
- Don't know/Not sure.....7
- Never.....8
- Refused.....9

**Section 7: Skin Cancer**

7.1. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months?

- a. Yes.....1
- b. No **Go to Q8.1 (p. 16)**.....2
- Don't know/Not sure **Go to Q8.1 (p. 16)**.....7
- Refused **Go to Q8.1 (p. 16)**.....9

7.2. Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

- a. One.....1
- b. Two.....2
- c. Three.....3
- d. Four.....4
- e. Five.....5
- f. Six or more.....6
- Don't know/Not sure.....7
- Refused.....9

## Section 8: Tobacco Use

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

**5 packs  
= 100  
cigarettes**

- a. Yes.....1
- b. No **Go to Q9.1 (p. 18)**.....2
- Don't know/Not sure **Go to Q9.1 (p. 18)**.....7
- Refused **Go to Q9.1 (p. 18)**.....9

8.2. Do you now smoke cigarettes everyday, some days, or not at all?

- a. Everyday.....1
- b. Some days **Go to Q8.3a**.....2
- c. Not at all **Go to Q8.5 (p. 17)**.....3
- Refused **Go to Q9.1 (p. 18)**.....9

8.3. On the average, about how many cigarettes a day do you now smoke?

**1 pack = 20  
cigarettes**

- Number of cigarettes [**76 = 76 or more**]  
**Go to Q8.4 (p. 17)**..... \_ \_
- Don't know/Not sure **Go to Q8.4 (p. 17)**..... 7 7
- Refused **Go to Q8.4 (p. 17)**..... 9 9

8.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

**1 pack = 20  
cigarettes**

- Number of cigarettes [**76 = 76 or more**]  
**Go to Q9.1 (p. 18)**..... \_ \_
- Don't know/Not sure **Go to Q9.1 (p. 18)**..... 7 7
- Refused **Go to Q9.1 (p. 18)**..... 9 9

8.4. During the past 12 months, have you quit smoking for 1 day or longer?

- a. Yes **Go to Q9.1 (p. 18)**.....1
- b. No **Go to Q9.1 (p. 18)**.....2
- Don't know/Not sure **Go to Q9.1 (p. 18)**.....7
- Refused **Go to Q9.1 (p. 18)**.....9

8.5. About how long has it been since you last smoked cigarettes regularly, that is, daily?

Time code.....\_\_ \_\_

**Read Only if Necessary**

- a. Within the past month (0 to 1 month ago).....0 1
- b. Within the past 3 months (1 to 3 months ago)....0 2
- c. Within the past 6 months (3 to 6 months ago)....0 3
- d. Within the past year (6 to 12 months ago).....0 4
- e. Within the past 5 years (1 to 5 years ago).....0 5
- f. Within the past 15 years (5 to 15 years ago)....0 6
- g. 15 or more years ago.....0 7
- Don't know/Not sure.....7 7
- Never smoked regularly.....8 8
- Refused.....9 9

**Section 9: Alcohol Consumption**

- 9.1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
- a. Yes.....1
  - b. No **Go to Q10.1 (p. 20)**.....2
  - Don't know/Not sure **Go to Q10.1 (p. 20)**.....7
  - Refused **Go to Q10.1 (p. 20)**.....9
- 9.2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
- a. Days per week.....1
  - b. Days per month.....2
  - Don't know/Not sure **Go to Q9.4**.....7 7 7
  - Refused **Go to Q9.4**.....9 9 9
- 9.3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
- Number of drinks.....
  - Don't know/Not sure..... 7 7
  - Refused..... 9 9
- 9.4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
- a. Number of times.....
  - b. None..... 8 8
  - Don't know/Not sure..... 7 7
  - Refused..... 9 9

9.5. During the past month, how many times have you driven when you've had perhaps too much to drink?

- a. Number of times.....\_\_ \_\_
- b. None..... 8 8
- Don't know/Not sure..... 7 7
- Refused..... 9 9

**Section 10: Demographics**

## 10.1. What is your age?

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

## 10.2. What is your race?

Would you say: **Please Read**

a. White.....	1
b. Black.....	2
c. Asian, Pacific Islander.....	3
d. American Indian, Alaska Native.....	4
<b>or</b>	
e. Other: <b>[specify]</b> _____...	5
Don't know/Not sure.....	7
Refused.....	9

**Do not  
read these  
responses**

## 10.3. Are you of Spanish or Hispanic origin?

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

10.4. Are you:

**Please Read**

- a. Married.....1
- b. Divorced.....2
- c. Widowed.....3
- d. Separated.....4
- e. Never been married.....5
- or**
- f. A member of an unmarried couple.....6
- Refused.....9

10.5. How many children live in your household who are. . .

**Please Read**

**Code 1-9**  
**7 = 7 or more**  
**8 = None**  
**9 = Refused**

- a. less than 5 years old?.....\_\_
- b. 5 through 12 years old?.....\_\_
- c. 13 through 17 years old?.....\_\_

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

**Read Only if Necessary**

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

10.7. Are you currently:

**Please Read**

- a. Employed for wages.....1
- b. Self-employed.....2
- c. Out of work for more than 1 year.....3
- d. Out of work for less than 1 year.....4
- e. Homemaker.....5
- f. Student.....6
- g. Retired.....7
- or**
- h. Unable to work.....8
- Refused.....9

10.8. Is your annual household income from all sources:.....(135-136)

**Read as Appropriate**

**If res-  
pondent  
refuses  
at any  
income  
level,  
code  
refused**

- a. Less than \$25,000 **If "no," ask e; if "yes," ask b**  
(\$20,000 to less than \$25,000).....0 4
- b. Less than \$20,000 **If "no," code a; if "yes," ask c**  
(\$15,000 to less than \$20,000).....0 3
- c. Less than \$15,000 **If "no," code b; if "yes," ask d**  
(\$10,000 to less than \$15,000).....0 2
- d. Less than \$10,000 **If "no," code c**.....0 1
- e. Less than \$35,000 **If "no," ask f**  
(\$25,000 to less than \$35,000).....0 5
- f. Less than \$50,000 **If "no," ask g**  
(\$35,000 to less than \$50,000).....0 6
- g. Less than \$75,000 **If "no," code h**  
(\$50,000 to \$75,000).....0 7
- h. \$75,000 or more.....0 8
- Don't know/Not sure.....7 7
- Refused.....9 9

**Do not  
read these  
responses**

10.9. About how much do you weigh without shoes?)

**Round  
fractions  
up**

Weight.....             
 ..... pounds  
 Don't know/Not sure..... 7 7 7  
 Refused..... 9 9 9

10.10. About how tall are you without shoes?

**Round  
fractions  
down**

Height.....   /         
 .....ft/inches  
 Don't know/Not sure..... 7 7 7  
 Refused..... 9 9 9

10.11. What county do you live in?

FIPS county code.....             
 Don't know/not sure..... 7 7 7  
 Refused..... 9 9 9

10.12. Do you have more than one telephone number in your household?

- a. Yes.....1  
 b. No **Go to Q10.14 (p. 24)**.....2  
 Refused **Go to Q10.14 (p. 24)**.....9

10.13. How many residential telephone numbers do you have?

**Exclude dedicated fax and computer lines**

Total telephone numbers [8 = 8 or more] .....	—
Refused.....	9

*Now I have some questions about other health services you may have received.*

10.14. Indicate sex of respondent. **Ask Only if Necessary**

Male <b>Go to Q12.1 (p. 29)</b> .....	1
Female.....	2

## Section 11: Women's Health

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

- a. Yes.....1
- b. No **Go to Q11.4 (p. 26)**.....2
- Don't know/Not sure **Go to Q11.4 (p. 26)**.....7
- Refused **Go to Q11.4 (p. 26)**.....9

11.2. How long has it been since you had your last mammogram?

### **Read only if Necessary**

- a. Within the past year (1 to 12 months ago).....1
- b. Within the past 2 years (1 to 2 years ago).....2
- c. Within the past 3 years (2 to 3 years ago).....3
- d. Within the past 5 years (3 to 5 years ago).....4
- e. 5 or more years ago.....5
- Don't know/Not sure.....7
- Refused.....9

11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- a. Routine checkup.....1
- b. Breast problem other than cancer.....2
- c. Had breast cancer.....3
- Don't know/Not sure.....7
- Refused.....9

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

- a. Yes.....1
- b. No **Go to Q11.7 (p. 27)**.....2
- Don't know/Not sure **Go to Q11.7 (p. 27)**.....7
- Refused **Go to Q11.7 (p. 27)**.....9

11.5. How long has it been since your last breast exam?

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago).....1
- b. Within the past 2 years (1 to 2 years ago).....2
- c. Within the past 3 years (2 to 3 years ago).....3
- d. Within the past 5 years (3 to 5 years ago).....4
- e. 5 or more years ago.....5
- Don't know/Not sure.....7
- Refused.....9

11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- a. Routine Checkup.....1
- b. Breast problem other than cancer.....2
- c. Had breast cancer.....3
- Don't know/Not sure.....7
- Refused.....9

11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

- a. Yes.....1
- b. No **Go to Q11.10 (p. 28)**.....2
- Don't know/Not sure **Go to Q11.10 (p. 28)**.....7
- Refused **Go to Q11.10 (p. 28)**.....9

11.8. How long has it been since you had your last Pap smear?  
.....(156)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago).....1
- b. Within the past 2 years (1 to 2 years ago).....2
- c. Within the past 3 years (2 to 3 years ago).....3
- d. Within the past 5 years (3 to 5 years ago).....4
- e. 5 or more years ago.....5
- Don't know/Not sure.....7
- Refused.....9

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?

- a. Routine exam.....1
- b. Check current or previous problem.....2
- Other.....3
- Don't know/Not sure.....7
- Refused.....9

11.10. Have you had a hysterectomy?

**A hysterectomy is an operation to remove the uterus (womb)**

- a. Yes **Go to Q12.1 (p. 29)**.....1
- b. No.....2
- Don't know/Not sure.....7
- Refused.....9

**If respondent 45 years old or older, go to Q12.1 (p. 29)**

11.11. To your knowledge, are you now pregnant?

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

**Section 12: Immunization**

12.1. During the past 12 months, have you had a flu shot?

- a. Yes.....1
- b. No **Go to Q12.3**.....2
- Don't know/Not sure **Go to Q12.3**.....7
- Refused **Go to Q12.3**.....9

12.2 At what kind of place did you get your last flu shot?

Place code.....\_\_ \_\_

**Read Only if Necessary**

- a. A doctor=s office or health maintenance organization.....0 1
- b. A health department.....0 2
- c. Another type of clinic or health center  
    **[Example: a community health center]**.....0 3
- d. A senior, recreation, or community center.....0 4
- e. A store **[Examples: supermarket, drug store]**.....0 5
- f. A hospital or emergency room.....0 6
- g. Workplace.....0 7
- h. Other **[specify]**\_\_\_\_\_.....0 8
- Don't know/Not sure.....7 7
- Refused.....9 9

12.3. Have you ever had a pneumonia vaccination?

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

### Section 13: Colorectal Cancer Screening

If respondent 40 years or older, continue with Q13.1. Otherwise, go to Q14.1 (p. 32).

13.1. 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?

- a. Yes.....1
- b. No **Go to Q13.3**.....2
- Don't know/Not sure **Go to Q13.3**.....7
- Refused **Go to Q13.3**.....9

13.2. When did you have your last blood stool test using a home kit?

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago).....1
- b. Within the past 2 years (1 to 2 years ago).....2
- c. Within the past 5 years (2 to 5 years ago).....3
- d. 5 or more years ago.....4
- Don't know/Not sure.....7
- Refused.....9

13.3. A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?.....(166)

- a. Yes.....1
- b. No **Go to Q14.1 (p. 32)**.....2
- Don't know/Not sure **Go to Q14.1 (p. 32)**.....7
- Refused **Go to Q14.1 (p. 32)**.....9

13.4. When did you have your last sigmoidoscopy or colonoscopy?  
 .....(167)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago).....1
- b. Within the past 2 years (1 to 2 years ago).....2
- c. Within the past 5 years (2 to 5 years ago).....3
- d. 5 or more years ago.....4
- Don't know/Not sure.....7
- Refused.....9

## Section 14: Injury Control

If core Q10.5a, b, and c are all "None," go to Q14.3 (p. 33).

14.1. What is the age of the oldest child in your household under the age of 16?

<b>Code</b>			
<b>&lt;1 yr.</b>	a. Code age in years.....	___	___
<b>as "01"</b>	b. No children under age 16	<b>Go to Q14.3 (p. 33)</b> ...	8 8
	Don't know/Not sure	<b>Go to Q14.3 (p. 33)</b> .....	7 7
	Refused	<b>Go to Q14.3 (p. 33)</b> .....	9 9

If oldest child 5 years or older, continue with Q14.2. Otherwise, go to Q14.3 (p. 33).

14.2. During the past year, how often has the [fill in age from Q14.1]-year-old child worn a bicycle helmet when riding a bicycle?

Would you say: **Please Read**

a. Always.....	1
b. Nearly Always.....	2
c. Sometimes.....	3
d. Seldom.....	4
<b>or</b>	
e. Never.....	5
Don't know/Not sure.....	7
Never rides a bicycle.....	8
Refused.....	9

**Do not  
read these  
responses**

14.3. When was the last time you or someone else deliberately tested all of the smoke detectors in your home?

**Read Only if Necessary**

- a. Within the past month (0 to 1 month ago).....1
- b. Within the past 6 months (1 to 6 months ago)....2
- c. Within the past year (6 to 12 months ago).....3
- d. One or more years ago .....4
- e. Never.....5
- f. No smoke detectors in home.....6
- Don't know/Not sure.....7
- Refused.....9

**Section 15: HIV/AIDS**

**If respondent is 65 years old or older, go to Optional Modules.**

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 don't want to.

15.1. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?

**Code 01  
through 12**

a. Grade .....	_____	_____
b. Kindergarten.....	5	5
c. Never.....	8	8
Don't know/Not sure.....	7	7
Refused.....	9	9

15.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom?

a. Yes.....	1
b. No.....	2
Would give other advice.....	3
Don't know/Not sure.....	7
Refused.....	9

15.3. What are your chances of getting infected with HIV, the virus that causes AIDS?

Would you say:	Please Read	
a. High.....		1
b. Medium.....		2
c. Low.....		3
<b>or</b>		
d. None.....		4
Not applicable	<b>Go to Q15.7a (p. 36)</b> .....	5
Don't know/Not sure.....		7
Refused.....		9

**Do not  
read these  
responses**

15.4. Have you donated blood since March 1985?.....(176)

a. Yes.....		1
b. No	<b>Go to Q15.6a (p. 36)</b> .....	2
Don't know/Not sure	<b>Go to Q15.6a (p. 36)</b> .....	7
Refused	<b>Go to Q15.6a (p. 36)</b> .....	9

15.5. Have you donated blood in the past 12 months?.....(177)

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

15.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

**Include  
saliva  
tests**

a. Yes	<b>Go to Q15.7 (p. 36)</b> .....	1
b. No	<b>Go to Closing Statement</b> .....	2
Don't know/Not sure	<b>Go to Closing Statement</b> ....	7
Refused	<b>Go to Closing Statement</b> .....	9

15.6a. Have you ever been tested for HIV?

<b>Include saliva tests</b>	a. Yes <b>Go to Q15.7a</b> .....1
	b. No <b>Go to Closing Statement</b> .....2
	Don't know/Not sure <b>Go to Closing Statement</b> ....7
	Refused <b>Go to Closing Statement</b> .....9

15.7. Not including your blood donations, have you been tested for HIV in the past 12 months?

<b>Include saliva tests</b>	a. Yes <b>Go to Q15.8 (p. 37)</b> .....1
	b. No <b>Go to Closing Statement</b> .....2
	Don't know/Not sure <b>Go to Closing Statement</b> ....7
	Refused <b>Go to Closing Statement</b> .....9

15.7a. Have you been tested for HIV in the past 12 months?

<b>Include saliva tests</b>	a. Yes.....1
	b. No <b>Go to Closing Statement</b> .....2
	Don't know/Not sure <b>Go to Closing Statement</b> ....7
	Refused <b>Go to Closing Statement</b> .....9

15.8. What was the main reason you had your last test for HIV?

Reason code.....\_\_ \_\_

**Read Only if Necessary**

- a. For hospitalization or surgical procedure.....0 1
- b. To apply for health insurance.....0 2
- c. To apply for life insurance.....0 3
- d. For employment.....0 4
- e. To apply for a marriage license.....0 5
- f. For military induction or military service.....0 6
- g. For immigration.....0 7
- h. Just to find out if you were infected.....0 8
- I. Because of referral by a doctor.....0 9
- j. Because of pregnancy.....1 0
- k. Referred by your sex partner.....1 1
- l. Because it was part of a blood donation process  
**Go to Closing Statement**.....1 2
- m. For routine check-up.....1 3
- n. Because of occupational exposure.....1 4
- o. Because of illness.....1 5
- p. Because I am at risk for HIV.....1 6
- q. Other.....8 7
- Don't know/Not sure.....7 7
- Refused.....9 9

## 15.9. Where did you have your last test for HIV?

Facility Code.....\_\_ \_\_

**Read Only if Necessary**

- a. Private doctor, HMO.....0 1
- b. Blood bank, plasma center, Red Cross.....0 2
- c. Health department.....0 3
- d. AIDS clinic, counseling, testing site.....0 4
- e. Hospital, emergency room, outpatient clinic.....0 5
- f. Family planning clinic.....0 6
- g. Prenatal clinic, obstetrician=s office.....0 7
- h. Tuberculosis clinic.....0 8
- I. STD clinic.....0 9
- j. Community health clinic.....1 0
- k. Clinic run by employer.....1 1
- l. Insurance company clinic.....1 2
- m. Other public clinic.....1 3
- n. Drug treatment facility.....1 4
- o. Military induction or military service site.....1 5
- p. Immigration site.....1 6
- q. At home, home visit by nurse or health worker...1 7
- r. At home using self-sampling kit.....1 8
- s. In jail or prison.....1 9
- t. Other.....8 7
- Don't know/Not sure.....7 7
- Refused.....9 9

- 15.10. Did you receive the results of your last test?
- a. Yes .....1
  - b. No **Go to Closing Statement**.....2
  - Don't know/Not sure **Go to Closing Statement**....7
  - Refused **Go to Closing Statement** .....9
- 15.11. Did you receive counseling or talk with a health care professional about the results of your test?
- a. Yes.....1
  - b. No.....2
  - Don't know/Not sure.....7
  - Refused.....9

#### **Transition to Modules and/or State-added Questions**

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

**Module 1: Diabetes**

1. How old were you when you were told you have diabetes?
- Code age in years [76 = 76 and older].....\_\_ \_\_
- Don't know/Not sure.....7 7
- Refused.....9 9
2. Are you now taking insulin?
- a. Yes.....1
- b. No **Go to Q4**.....2
- Refused **Go to Q4**.....9
3. Currently, about how often do you use insulin?
- a. Times per day.....1 \_\_ \_\_
- b. Times per week.....2 \_\_ \_\_
- c. Use insulin pump.....3 3 3
- Don't know/Not sure.....7 7 7
- Refused.....9 9 9
4. About how often do you check your blood for glucose or sugar?  
Include times when checked by a family member or friend, but do  
not include times when checked by a health professional.
- a. Times per day.....1 \_\_ \_\_
- b. Times per week.....2 \_\_ \_\_
- c. Times per month.....3 \_\_ \_\_
- d. Times per year.....4 \_\_ \_\_
- e. Never.....8 8 8
- Don't know/Not sure.....7 7 7
- Refused.....9 9 9

5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"?
- a. Yes.....1
  - b. No.....2
  - Don't know/Not sure.....7
  - Refused .....9
6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?
- a. Number of times.....\_\_ \_\_
  - b. None **Go to Q9**.....8 8
  - Don't know/Not sure **Go to Q9**.....7 7
  - Refused **Go to Q9**.....9 9

**If "No," "Dk/Ns," or "Refused" to Q5, go to Q8.**

7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?
- a. Number of times.....\_\_ \_\_
  - b. None.....8 8
  - Don't know/Not sure.....7 7
  - Refused.....9 9
8. About how many times in the last year has a health professional checked your feet for any sores or irritations?
- a. Number of times.....\_\_ \_\_
  - b. None.....8 8
  - Don't know/Not sure.....7 7
  - Refused.....9 9

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

**Read Only if Necessary**

- a. Within the past month (0 to 1 month ago).....1  
 b. Within the past year (1 to 12 months ago).....2  
 c. Within the past 2 years (1 to 2 years ago).....3  
 d. 2 or more years ago.....4  
 e. Never.....8  
 Don't know/Not sure.....7  
 Refused.....9

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

10. How much of the time does your vision limit you in recognizing people or objects across the street?

Would you say: **Please Read**

- a. All of the time.....1  
 b. Most of the time.....2  
 c. Some of the time.....3  
 d. A little bit of the time.....4  
**or**  
 e. None of the time.....5  
 Don't know/Not sure.....7  
 Refused.....9

**Do not  
 read these  
 responses**

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone?

Would you say: **Please Read**

- a. All of the time.....1
- b. Most of the time.....2
- c. Some of the time.....3
- d. A little bit of the time.....4
- or**
- e. None of the time.....5
- Don't know/Not sure.....7
- Refused.....9

**Do not  
read these  
responses**

12. How much of the time does your vision limit you in watching television?

Would you say: **Please Read**

- a. All of the time.....1
- b. Most of the time.....2
- c. Some of the time.....3
- d. A little bit of the time.....4
- or**
- e. None of the time.....5
- Don't know/Not sure.....7
- Refused.....9

**Do not  
read these  
responses**

### Module 3: Family Planning

If respondent is male or age 45 years old or older, go to next module.

{This module will be asked of approximately 27.6% of the respondents.  
An average of 5.6 questions will be asked per qualified respondent.}

The next few questions ask about pregnancy and ways to prevent pregnancy.

If pregnant now ("Yes" to core Q11.11), go to Q2a.

1. Have you been pregnant in the last 5 years?
  - a. Yes.....1
  - b. No **Go to Q3**.....2
  - Don't know/Not sure **Go to Q3**.....7
  - Refused **Go to Q3**.....9
  
2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

Would you say: **Please Read**

- a. You wanted to be pregnant sooner **Go to Q3**.....1
- b. You wanted to be pregnant later **Go to Q3**.....2
- c. You wanted to be pregnant then **Go to Q3**.....3
- d. You didn't want to be pregnant then or  
at anytime in the future **Go to Q3**.....4  
**or**
- e. You don't know **Go to Q3**.....7
  
- Do not read** Refused **Go to Q3**.....9

- 2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?

Would you say: **Please Read**

- a. You wanted to be pregnant sooner.....1
- b. You wanted to be pregnant later.....2
- c. You wanted to be pregnant then.....3
- d. You didn't want to be pregnant then or at any time in the future.....4
- or**
- e. You don't know.....7

**Do not read** Refused.....9

**If respondent had hysterectomy ("Yes" to core Q11.10) or is pregnant now ("Yes" to core Q11.11), go to Q6.**

3. Are you or your [fill in (husband/partner) from core Q10.4] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.

- a. Yes.....1
- b. No **Go to Q5**.....2
- c. Not sexually active **Go to Q6**.....3
- Don't know/Not sure **Go to Q6**.....7
- Refused **Go to Q6**.....9

4. What kinds of birth control are you or your [fill in (husband/partner) from core Q10.4] using now?

Kind Code.....\_\_ \_\_

**Read Only if Necessary**

- a. Tubes tied (sterilization) **Go to Q6**.....0 1
- b. Vasectomy (sterilization) **Go to Q6**.....0 2
- c. Pill **Go to Q6**.....0 3
- d. Condoms **Go to Q6**.....0 4
- e. Foam, jelly, cream **Go to Q6**.....0 5
- f. Diaphragm **Go to Q6**.....0 6
- g. Norplant **Go to Q6**.....0 7
- h. Shots (Depo-Provera) **Go to Q6**.....0 8
- I. Withdrawal **Go to Q6**.....0 9
- j. Other [specify]\_\_\_\_\_ **Go to Q6**.....8 7
- Don't know/Not sure **Go to Q6**.....7 7
- Refused **Go to Q6**.....9 9

If more than one, code other and specify each method code e.

## 5. What are your reasons for not using any birth control now?

Reason Code.....\_\_ \_\_

**Read Only if Necessary**

If more than  
one, code  
other and  
specify each  
method code

- |    |   |   |   |
|----|---|---|---|
| a. | I am not having sex.....  | 0 | 1 |
| b. | I want to get pregnant.....                                     | 0 | 2 |
| c. | I don't want to use birth control.....                          | 0 | 3 |
| d. | My husband or partner doesn't want to use<br>birth control..... | 0 | 4 |
| e. | I don't think I can get pregnant.....                           | 0 | 5 |
| f. | I can't pay for birth control.....                              | 0 | 6 |
| g. | Other [specify]_____.....                                       | 8 | 7 |
|    | Don't know/Not sure.....  | 7 | 7 |
|    | Refused.....  | 9 | 9 |

## 6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?

Would you say: **Please Read**

- |    |  |   |
|----|--|---|
| a. | A family planning clinic [ <b>Example: a<br/>Planned Parenthood clinic</b> ] Go to Q8..... | 1 |
| b. | A health department clinic.....  | 2 |
| c. | A community health center.....   | 3 |
| d. | A private gynecologist.....  | 4 |
| e. | A general or family physician.....   | 5 |
|    | <b>or</b>  |   |
| f. | Some other kind of place.....  | 8 |
|    | Don't know/not sure.....   | 7 |
|    | Refused.....   | 9 |

Do not  
read these  
responses

7. Have you ever used the services at a family planning clinic?

<b>Example: a Planned Parenthood clinic</b>	a. Yes.....	1
	b. No <b>Go to Next Module</b> .....	2
	Don't know/not sure <b>Go to Next Module</b> .....	7
	Refused <b>Go to Next Module</b> .....	9

8. How long has it been since you used the services at a family planning clinic?

**Read Only if Necessary**

a. Within the past year (1 to 12 months ago).....	1
b. Within the past 2 years (1 to 2 years ago).....	2
c. Within the past 3 years (2 to 3 years ago).....	3
d. Within the past 5 years (3 to 5 years ago).....	4
e. 5 or more years ago.....	5
Don't know/Not sure.....	7
Refused.....	9

**Module 6: Asthma**

1. Did a doctor ever tell you that you had asthma?
  - a. Yes.....1
  - b. No **Go to Next Module**.....2
    - Don't know/Not sure **Go to Next Module**.....7
    - Refused **Go to Next Module**.....9
  
2. Do you still have asthma?
  - a. Yes.....1
  - b. No.....2
    - Don't know/Not sure.....7
    - Refused.....9

## Module 18: Quality of Life and Supplemental Disability Questions

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

1. How often do you get the social and emotional support you need?  
( )

Would you say: **Please Read**

- a. Always.....1
- b. Usually.....2
- c. Sometimes.....3
- d. Rarely.....4

**or**

- e. Never.....5
- Don't know / Not sure.....7
- Refused .....9

**Do not  
read these  
responses**

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

Would you say: **Please Read**

- a. Very satisfied.....1
- b. Satisfied .....2
- c. Dissatisfied.....3

**or**

- d. Very dissatisfied.....4
- Don't know / Not sure.....7
- Refused .....9

**Do not  
read these  
responses**

"These next questions are about limitations you may have in your daily life."

3. Are you limited in the kind or amount of work you can do because of any impairment or health problem?
- a. Yes .....1
  - b. No .....2
  - Don't know / Not sure.....7
  - Refused .....9
4. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?
- a. Yes.....1
  - b. No.....2
  - Don't know / Not sure.....7
  - Refused.....9

5. If you use special equipment or help from others to get around, what type do you use?

**Code up to three responses**

- a. No special equipment or help used **Go to Q7**.....01
- b. Other people.....02
- c. Cane or walking stick.....03
- d. Walker.....04
- e. Crutch or crutches.....05
- f. Manual wheelchair.....06
- g. Motorized wheelchair.....07
- h. Electric mobility scooter.....08
- I. Artificial leg.....09
- j. Brace.....10
- k. Service animal [*i.e., guide dog or other animal*.....11  
*specifically trained to provide assistance*]
- l. Oxygen / special breathing equipment.....12
- m. Other (specify): \_\_\_\_\_.....13
- Don't know / Not sure.....77
- Refused.....99

6. Using special equipment or help, what is the farthest distance that you can go?

**Please Read**

- a. Across a small room.....1  
 b. About the length of a typical house.....2  
 c. About one or two city blocks.....3  
 d. About one mile.....4

**Or**

**Do not  
 read these  
 responses**

- e. More than one mile.....5  
 Don't know / Not sure.....7  
 Refused.....9

7. What is the farthest distance you can walk by yourself, without any special equipment or help from others?

**Please Read**

- a. Not any distance.....1  
 b. Across a small room.....2  
 c. About the length of a typical house.....3  
 d. About one or two city blocks.....4  
 e. About one mile.....5

**or**

**Do not  
 read these  
 responses**

- f. More than one mile.....6  
 Don't know / Not sure.....7  
 Refused.....9

8. Are you limited in any way in any activities because of any impairment or health problem?
- a. Yes.....1
  - b. No *If Ayes@ to Q3 or Q4 or "b-m" on Q5, continue Otherwise, go to Q13.....2*
  - Don't know / Not sure *If Ayes@ to Q3 or Q4 or "b-m" on Q5, continue. Otherwise, go to Q13.....7*
  - Refused *If Ayes@ to Q3 or Q4 or "b-m" on Q5, continue. Otherwise, go to Q13.....9*
9. What is the MAJOR impairment or health problem that limits your activities? .....
- Reason Code.....\_\_ \_\_
- a. Arthritis / rheumatism .....01
  - b. Back or neck problem .....02
  - c. Fractures, bone / joint injury .....03
  - d. Walking problem.....04
  - e. Lung / breathing problem.....05
  - f. Hearing problem .....06
  - g. Eye / vision problem.....07
  - h. Heart problem.....08
  - i. Stroke problem.....09
  - j. Hypertension / high blood pressure.....10
  - k. Diabetes.....11
  - l. Cancer.....12
  - m. Depression / anxiety / emotional problem.....13
  - n. Other impairment/problem (**specify**).....14
  - Don't know / Not sure .....77
  - Refused .....99

10. Is this impairment or health problem the result of a work-related illness or injury?
- a. Yes.....1
  - b. No.....2
  - Don't know/Not sure.....7
  - Refused.....9
11. For HOW LONG have your activities been limited because of your major impairment or health problem?
- a. Days.....1 \_ \_
  - b. Weeks.....2 \_ \_
  - c. Months.....3 \_ \_
  - d. Years.....4 \_ \_
  - Don't know / Not sure.....7 7 7
  - Refused.....9 9 9
12. 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?
- a. Yes.....1
  - b. No.....2
  - Don't know / Not sure.....7
  - Refused.....9
13. 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?
- a. Yes.....1
  - b. No.....2
  - Don't know / Not sure.....7
  - Refused.....9

14. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?
- a. Number of days..... \_ \_
  - b. None.....8 8
  - Don't know / Not sure.....7 7
  - Refused.....9 9
15. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?
- a. Number of days ..... \_ \_
  - b. None ..... 8 8
  - Don't know / Not sure ..... 7 7
  - Refused ..... 9 9
16. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?
- a. Number of days ..... \_ \_
  - b. None ..... 8 8
  - Don't know / Not sure ..... 7 7
  - Refused ..... 9 9
17. During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP?
- a. Number of days ..... \_ \_
  - b. None ..... 8 8
  - Don't know / Not sure ..... 7 7
  - Refused ..... 9 9

18. During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY?

- a. Number of days ..... \_ \_
- b. None ..... 8 8
- Don't know / Not sure ..... 7 7
- Refused ..... 9 9

[If number of adults equals 1 and core Q48a, Q48b, and Q48c are all "none," go to closing.]

19. Is there anyone [*insert "else" if "yes" to Q3, Q4, or Q8 or b-m to Q5*] in your household who is LIMITED in any way in any activities because of any impairment or health problem?

- a. Yes ..... 1
- b. No **Go to closing** ..... 2
- Don't know / Not sure **Go to closing** ..... 7
- Refused **Go to closing** ..... 9

20. How old are these people?

- Code ages** a. person 1 ..... \_ \_
- 97 = 97 and older**
- 98 = Dk/Ns** b. person 2 ..... \_ \_
- 99 = Refused**
- c. person 3 ..... \_ \_
- d. person 4 ..... \_ \_
- e. person 5 ..... \_ \_

### HCFA Older Adults/Disability State Module

[If respondent is 65+ or Quality of Life/Disability module Q3=1 or Q4=1 or Q5=2-13 or Q8=1 then ask Older Adults/Disability Module. Otherwise, skip to end.]

**{Approximately 36% of the sample will meet the Older Adults/Disability State Module criteria stated above.}**

*I would like to ask you about some everyday activities. Because of a health or physical problem, do you have any difficulty doing the following activities? Please tell me for each activity whether you have no difficulty at all, some difficulty, or if you are unable to do the activity.*

1. Because of a health or physical problem, do you have any difficulty fully **bathing or showering** yourself without help or special equipment?

**(Do not read.** Note: Bathing includes taking a full bath to wash one=s entire body, whether in a bathtub, shower, or a sponge bath at a sink or wash basin. Bathing includes turning on the water, getting in and out of the tub or shower, washing the entire body, including back and feet, and drying oneself.)

- a. No difficulty .....1
- b. Some difficulty .....2
- c. Not able to do it .....3
- Don't know/Not sure .....7
- Refused .....9

2. What special assistance or equipment do you require for bathing, if any?

**Check all that apply.**

- a. Use of special equipment  
(reacher, adapted back brush,  
adapted shampoo/soap dispensers, etc.) .....1
- b. Have adapted shower/tub environment  
(grab bars, anti-slip flooring,  
hand-held shower, shower bench, etc.) .....2
- c. Assistance from another person .....3
- d. Other (specify)\_\_\_\_\_ .....4
- e. None .....8
- Don't know/not sure .....7
- Refused .....9

3. Do **bathing** difficulties or fear of accidents during bathing interfere with your:

	(Do not read)						
	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>	<u>Don't Know</u>	<u>Refused</u>
	1	2	3	4	5	7	9
a. Activities of daily living							
b. Leisure activities	1	2	3	4	5	7	9
c. Work activities	1	2	3	4	5	7	9
d. Personal relationships	1	2	3	4	5	7	9

4. Because of a health or physical problem, do you have any difficulty **dressing and grooming** yourself without help?

(Do not read. Note: Dressing includes getting clothing, underwear, and shoes from closets or drawers, putting them on, and fastening any buttons or zippers. Grooming includes washing one's face, shampooing and combing hair, brushing and cleaning teeth. For men, it also includes shaving.)

- a. No difficulty .....1
- b. Some difficulty .....2
- c. Not able to do it .....3
- Don't know/Not sure .....7

Refused .....9

5. Because of a health or physical problem, do you have any difficulty **eating food and drinking liquids** yourself without help?  
(**Do not read.** Note: Feeding includes cutting food, using a fork or spoon, and drinking from a glass or cup.)
- a. No difficulty .....1
  - b. Some difficulty .....2
  - c. Not able to do it .....3
  - Don't know/Not sure .....7
  - Refused .....9
6. Because of a health or physical problem, do you have any difficulty **moving in and out of bed or a chair** without help?
- a. No difficulty .....1
  - b. Some difficulty .....2
  - c. Not able to do it .....3
  - Don't know/Not sure .....7
  - Refused .....9
7. Because of a health or physical problem, do you have any difficulty **using the toilet** without help?
- (**Do not read.** Note: Toileting includes getting to the toilet room, onto and off the toilet, cleaning oneself, and adjusting one=s clothes after toileting.)
- a. No difficulty .....1
  - b. Some difficulty .....2
  - c. Not able to do it .....3
  - Don't know/Not sure .....7
  - Refused .....9

8. Because of a health or physical problem, do you have any difficulty voluntarily controlling your **bladder**?

- a. No difficulty .....1
- b. Some difficulty .....2
- c. Not able to do it .....3
- Don't know/Not sure .....7
- Refused .....9

9. Do bladder difficulties or fear of **bladder** accidents interfere with your:

	(Do not read)						
	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>	<u>Don't Know</u>	<u>Refused</u>
	1	2	3	4	5	7	9
a. Activities of daily living							
b. Leisure activities	1	2	3	4	5	7	9
c. Work activities	1	2	3	4	5	7	9
d. Personal relationships	1	2	3	4	5	7	9
e. Mobility	1	2	3	4	5	7	9
f. Sleep	1	2	3	4	5	7	9

10. What special assistance or equipment do you require when **urinating**?  
**Check all that apply.**

- a. Use of special equipment (catheter, leg bag, etc.) .....1
- b. Have adapted toileting environment (modified toiler, grab bars, raised seat, etc.) ....2
- c. Assistance from another person .....3
- d. Other (specify)\_\_\_\_\_ .....4
- Don't know/no response .....7
- Refused .....9

11. Because of a health or physical problem, do you have any difficulty voluntarily controlling your **bowels**?

- a. No difficulty .....1
- b. Some difficulty .....2
- c. Not able to do it .....3
- Don't know/Not sure .....7
- Refused .....9

12. Do bowel difficulties or fear of **bowel** accidents interfere with your:

	(Do not read)						
	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>	<u>Don't Know</u>	<u>Refused</u>
	1	2	3	4	5	7	9
a. Activities of daily living							
b. Leisure activities	1	2	3	4	5	7	9
c. Work activities	1	2	3	4	5	7	9
d. Personal relationships	1	2	3	4	5	7	9
e. Mobility	1	2	3	4	5	7	9
f. Sleep	1	2	3	4	5	7	9

13. What special assistance or equipment do you require when evacuating the **bowels**?

**Check all that apply.**

- a. Use of special equipment (reacher, hygienic wipes, suppositories, etc.) .....1
- b. Have adapted toileting environment (bidet, modified toilet, grab bars, raised seat, etc.) .....2
- c. Assistance from another person .....3
- d. Other (specify)\_\_\_\_\_ .....4
- Don't know/no response .....7
- Refused .....9

14. Because of a health or physical problem, do you have any difficulty walking on a level surface inside your home?
- a. No difficulty .....1
  - b. Some difficulty .....2
  - c. Not able to do it .....3
  - Don't know/Not sure .....7
  - Refused .....9
15. Because of a health or physical problem, do you have any difficulty getting to places outside your home and not within walking distance without help? For example, travel alone on buses, taxis, or drive a car. Would you say that you have no difficulty, some difficulty, or you are unable to do it?
- a. No difficulty .....1
  - b. Some difficulty .....2
  - c. Not able to do it .....3
  - Don't know/Not sure .....7
  - Refused .....9
16. Because of a health or physical problem, do you have any difficulty either writing or handling and **grasping small objects**? Would you say that you have no difficulty, some difficulty, or you are unable to do it?
- a. No difficulty .....1
  - b. Some difficulty .....2
  - c. Not able to do it .....3
  - Don't know/Not sure .....7
  - Refused .....9

*Next, I would like to ask you about your hearing.*

17. Do you wear a hearing aid every day?
- a. Yes, one ear .....1
  - b. Yes, both ears .....2
  - c. No .....3
  - Don't know/Not sure .....7
  - Refused .....9
18. Can you hear most of the things people say (with a hearing aid if that is how you hear best)?
- a. Yes .....1
  - b. No .....2
  - Don't know/Not sure .....7
  - Refused .....9

*Next, I would like to ask you about your vision. If you use glasses or contact lenses, please answer according to the way you see with them.*

19. Do you have vision in both eyes or only one eye?
- a. Yes, both eyes.....1
  - b. Yes, only one eye.....2
  - c. No, I am blind in both eyes.....3  
     *(Skip question 20 if respondent is blind  
     in both eyes.)*
  - Don't know/Not sure .....7
  - Refused .....9

20. Can you see well enough to read newspaper print (with your glasses or contacts if that is how you see best)?
- a. Yes .....1
  - b. No .....2
  - Don't know/Not sure .....7
  - Refused .....9

**Closing Statement**

*That's 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.*