

Arkansas 2001 BRFSS Questionnaire

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HELLO, I'm _____ calling on behalf of Dr. John Senner of the Arkansas Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Arkansas residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

INTROQ

Is this _____ ?

1. Correct Number (Proceed to next question)
2. No answer
3. Normal busy
4. Answering machine
5. Technological Barrier other than Answering Machine
6. Hang-up or Termination before Respondent selection
7. Circuit busy recording or Do not wish to dial this number
8. Number is not the same - **SKIP TO WrongNum**

Is this a private home?

1. YES, CONTINUE - **SKIP TO ADULTS**
2. NO, NON-RESIDENTIAL

NonRes - **ONLY GET THIS IF PRIVRES = 2 (NON-RESIDENTIAL)**

Thank you very much, but we are only interviewing private homes.

*****<CTRL-END>*****

WrongNum - **ONLY GET THIS IF INTROQ = 8 (NUMBER IS NOT THE SAME)**

I am sorry, but my computer seems to have miss-dialed. I am going to dial this telephone number by hand to verify that I have reached the telephone number in my records. It is possible that I might reach this household again. Please be patient and thank you for your time.

*****<CTRL-END>*****

Adults

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?

-- _ ENTER THE NUMBER OF ADULTS **IF ANS = 1 SKIP TO ONEADULT**

Men

How many of these adults are men?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

IF ANS = ADULTS SKIP TO SELECTED

Women

How many of these adults are women?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

IF ANS + MEN = ADULTS SKIP TO SELECTED

WrongTot - **ONLY GET IF MEN + WOMEN <> ADULTS**

I'm sorry, something is not right.

Number of Men -

Number of Women -

Number of Adults -

1. CORRECT THE NUMBER OF MEN
2. CORRECT THE NUMBER OF WOMEN
3. CORRECT THE NUMBER OF ADULTS

Selected - **ONLY GET IF MORE THAN ONE ADULT IN HOUSEHOLD**

The person in your household I need to speak with is the _____ .

Are you the _____ ?

1. YES - **SKIP TO YOURTHE1**
2. NO - **SKIP TO GETNEWAD**

OneAdult - **ONLY GET THIS IF ONE ADULT IN HOUSEHOLD**

Are you the adult?

1. YES AND THE RESPONDENT IS A MALE - **SKIP TO YOURTHE1**
2. YES AND THE RESPONDENT IS A FEMALE - **SKIP TO YOURTHE1**
3. NO - **SKIP TO ASKGENDR**

AskGendr - **ONLY GET IF ONEADULT = 2**

Is the Adult a man or a woman?

1. Male
2. Female

Get Adult - **ONLY GET IF ONEADULT = 2**

May I speak with him or her?

1. YES, ADULT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS CTRL-END AND SCHEDULE A CALL-BACK

*****DO NOT USE CTRL-END ON THIS SCREEN*****

YOURTHE1 - **ONLY GET IF ONEADULT = 1 (YES) OR IF SELECTED = 1 (YES)**

Then you are the person I need to speak with.

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

1. PERSON INTERESTED, CONTINUE - **SKIP TO C01Q01**
2. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED

GETNEWAD - **ONLY GET IF SELECTED = 2 (NO)**

May I speak with the ?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS CTRL-END AND SCHEDULE A CALL-BACK
3. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED
4. NO. THE SELECTED RESPONDENT IS UNABLE TO COMMUNICATE - **SKIP TO AR03Q01**

*****DO NOT USE CTRL-END ON THIS SCREEN*****

NEWADULT - **ONLY GET IF GETNEWAD = 1 OR 2**

HELLO, I'm _____ calling on behalf of Dr. John Senner of the Arkansas Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Arkansas residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

1. PERSON INTERESTED, CONTINUE - **SKIP TO C01Q01**
2. GO BACK TO ADULTS QUESTIONS. WARNING:A NEW RESPONDENT MAY BE SELECTED

IntroScr - **ONLY GET IF NEWADULT < 1**

We do not ask for your name, address, or other personal information that identifies you, and the phone number is erased once we finish all interviews. The interview may be monitored for quality assurance purposes, but all information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

1. Person interested, continue
2. Go Back to Adults Question. Warning: A New Respondent may be selected

NONQAL - **ONLY GET IF CATI THINKS THE QUOTACELL IS FULL**

INTERVIEWER:

PLEASE ALERT YOUR SUPERVISOR IMMEDIATELY!!!!
THE QUOTAS SET FOR THIS STUDY ARE INCORRECT.

AFTER NOTIFYING YOUR SUPERVISOR, PRESS CTRL-END TO GO TO THE DIPOSITION SCREEN,
SCHEDULE A CALL-BACK, AND CODE THIS ATTEMPT AS A NULL ATTEMPT (08)

Core 1: Health Status

C01Q01 - **EVERYBODY**

Would you say that in general your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

7. DON'T KNOW/NOT SURE
9. REFUSED

C01Q02 - **EVERYBODY**

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_____ Number of days

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

C01Q03 - **EVERYBODY**

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_____ Number of days

88. NONE - **SKIP TO C02Q01 IF C01Q02 IS ALSO 88**
77. DON'T KNOW/NOT SURE
99. REFUSED

C01Q04 - **ONLY GET IF C01Q02 <> 88 OR C01Q03 <> 88**

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

_____ Number of days

- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Core 2: Health Care Access

C02Q01 - **EVERYBODY**

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

- 1. YES
- 2. NO - **SKIP TO C02Q03**

- 7. DON'T KNOW/NOT SURE - **SKIP TO C02Q03**
- 9. REFUSED - **SKIP TO C02Q03**

C02Q02 - **ONLY GET IF C02Q01 = 1**

During the past 12 months, was there any time that you did not have any health insurance or coverage?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C02Q03 - **EVERYBODY**

Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER: If 'no', ask 'Is there more than one or is there no person who you think of?'

1. Yes, only one
2. More than one
3. No

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 3: Exercise

C03Q01 - **EVERYBODY**

During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 4: Hypertension Awareness

C04Q01 - **EVERYBODY**

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

1. YES
2. NO - **SKIP TO C05Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C05Q01**
9. REFUSED - **SKIP TO C05Q01**

C04Q02 - **ONLY GET IF C04Q01 = 1**

Are you currently taking medicine for your high blood pressure?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 5: Cholesterol Awareness

C05Q01 - **EVERYBODY**

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

1. YES
2. NO - **SKIP TO C06Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C06Q01**
9. REFUSED - **SKIP TO C06Q01**

C05Q02 - **ONLY GET IF C05Q01 = 1**

About how long has it been since you last had your blood cholesterol checked?
Read only if necessary

1. WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)
2. WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)
3. WITHIN THE PAST 5 YEARS (2 TO 5 YEARS AGO)
4. 5 OR MORE YEARS AGO

7. DON'T KNOW/NOT SURE
9. REFUSED

C05Q03 - **ONLY GET IF C05Q01 = 1**

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 6: Asthma

C06Q01 - **EVERYBODY**

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

1. YES
2. NO - **SKIP TO C07Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C07Q01**
9. REFUSED - **SKIP TO C07Q01**

C06Q02 - **ONLY GET IF C06Q01 = 1**

Do you still have asthma?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 7: Diabetes

C07Q01 - **EVERYBODY**

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

If "Yes" and female, ask "Was this only when you were pregnant?"

1. Yes
2. Yes, but female told only during pregnancy - **SKIP TO C08Q01**
3. No - **SKIP TO C08Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C08Q01**
9. REFUSED - **SKIP TO C08Q01**

Module 1: Diabetes

M01Q01 - **ONLY GET IF C07Q01 = 1**

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

Enter '97' for 97 years old or older

___ Code age in years

98. DON'T KNOW/NOT SURE
99. REFUSED

M01Q02 - **ONLY GET IF C07Q01 = 1**

Are you now taking insulin?

1. YES
2. NO

9. REFUSED

M01Q03 - ONLY GET IF C07Q01 = 1

Are you now taking diabetes pills?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M01Q04 - ONLY GET IF C07Q01 = 1

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.

- 101-109 = time per day 301-399 = times per month
- 201-263 = times per week 401-499 = times per year

___ Enter times per day,
week, month or year

- 888. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M01Q05 - ONLY GET IF C07Q01 = 1

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.

- 101-109 = time per day 301-399 = times per month
- 201-263 = times per week 401-499 = times per year

___ Enter times per day,
week, month or year

- 888. NEVER
- 555. NO FEET
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M01Q06 - ONLY GET IF C07Q01 = 1

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

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M01Q07 - ONLY GET IF C07Q01 = 1

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

- ___ Number of times (76 = 76 or more)
- 88. NONE
 - 77. DON'T KNOW/NOT SURE
 - 99. REFUSED

M01Q08 - ONLY GET IF C07Q01 = 1

A test for hemoglobin "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 hemoglobin "A one C"?

- ___ Number of times (76 = 76 or more)
- 88. NONE
 - 98. NEVER HEARD OF HEMOGLOBIN "A one C" TEST
 - 77. DON'T KNOW/NOT SURE
 - 99. REFUSED

M01Q09 - ONLY GET IF M01Q05 <> 555

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- ___ Number of times (76 = 76 or more)
- 88. NONE
 - 77. DON'T KNOW/NOT SURE
 - 99. REFUSED

M01Q10 - ONLY GET IF C07Q01 = 1

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

Read only if necessary

1. Within the past month (0 to 1 month ago)
2. Within the past year (1 to 12 months ago)
3. Within the past 2 years (1 to 2 years ago)
4. 2 or more years ago

8. NEVER
7. DON'T KNOW/NOT SURE
9. REFUSED

M01Q11 - ONLY GET IF C07Q01 = 1

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M01Q12 - ONLY GET IF C07Q01 = 1

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 8: Arthritis

C08Q01 - **EVERYBODY**

During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?

1. YES
2. NO - **SKIP TO C08Q05**

7. DON'T KNOW/NOT SURE - **SKIP TO C08Q05**
9. REFUSED - **SKIP TO C08Q05**

C08Q02 - **ONLY GET IF C08Q01 = 1**

Were these symptoms present on most days for at least one month?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q03 - **ONLY GET IF C08Q01 = 1**

Are you now limited in any way in any activities because of joint symptoms?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q04 - **ONLY GET IF C08Q01 = 1**

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q05 - **EVERYBODY**

Have you ever been told by a doctor that you have arthritis?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q06 - **EVERYBODY**

Are you currently being treated by a doctor for arthritis?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 9: Immunization

C09Q01 - **EVERYBODY**

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C09Q02 - **EVERYBODY**

Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 10: Tobacco Use

C10Q01 - **EVERYBODY**

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

5 packs = 100 cigarettes

1. YES
 2. NO - **SKIP TO C11Q01**

 7. DON'T KNOW/NOT SURE - **SKIP TO C11Q01**
 9. REFUSED - **SKIP TO C11Q01**
-

C10Q02 - **ONLY GET IF C10Q01 = 1**

Do you now smoke cigarettes every day, some days, or not at all?

1. Every day
 2. Some days
 3. Not at all - **SKIP TO C11Q01**

 9. REFUSED - **SKIP TO C11Q01**
-

C10Q03 - **ONLY GET IF C10Q02 < 3**

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 11: Alcohol Consumption

C11Q01 - **EVERYBODY**

A drink of alcohol 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. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?

101-107 Days per week 201-230 Days in past 30

__ __ __ Enter Days per week or per month

888. No drinks in past 30 days - **SKIP TO C12Q01**

777. DON'T KNOW/NOT SURE - **SKIP TO C12Q01**

999. REFUSED - **SKIP TO C12Q01**

C11Q02 - **ONLY GET IF C11Q01 < 777**

On the days when you drank, about how many drinks did you drink on the average?

_____ Number of drinks (76 = 76 or more)

77. DON'T KNOW/NOT SURE

99. REFUSED

C11Q03 - **ONLY GET IF C11Q01 < 777**

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

_____ Number of times (76 = 76 or more)

88 None

77. DON'T KNOW/NOT SURE

99. REFUSED

Core 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

C12Q01 - **EVERYBODY**

Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 13: Demographics

C13Q01 - **EVERYBODY**

What is your age?

_____ Code age in years

07. DON'T KNOW/NOT SURE
09. REFUSED

C13Q02 - **EVERYBODY**

Are you Hispanic or Latino?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C13Q03 - **EVERYBODY**

Which one or more of the following would you say is your race? Would you say:
American Indian or Alaska Native, Asian, Black or African American, Native
Hawaiian or Other Pacific Islander, White, or Other?

INTERVIEWER: Mark all that apply

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other:(specify)

7. DON'T KNOW/NOT SURE
8. NO ADDITIONAL CHOICES
9. REFUSED

C13Q04 - **ONLY GET IF MORE THAN ONE RESPONSE GIVEN FOR C13Q03**

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other:(specify)

7. DON'T KNOW/NOT SURE
9. REFUSED

C13Q05 - **EVERYBODY**

Are you: married, divorced, widowed, separated, never married, or a member of an
unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple

9. REFUSED

C13Q06 - **EVERYBODY**

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

__ __ Number of children

- 88. NONE
- 99. REFUSED

C13Q07 - **EVERYBODY**

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

Read only if necessary

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

- 9. REFUSED

C13Q08 - **EVERYBODY**

Are you currently: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

- 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
- 8. Unable to work

- 9. REFUSED

C13Q09 - **EVERYBODY**

Is your annual household income from all sources:

- 01. Less than \$10,000
- 02. Less than \$15,000 (\$10,000 to less than \$15,000)
- 03. Less than \$20,000 (\$15,000 to less than \$20,000)
- 04. Less than \$25,000 (\$20,000 to less than \$25,000)
- 05. Less than \$35,000 (\$25,000 to less than \$35,000)
- 06. Less than \$50,000 (\$35,000 to less than \$50,000)
- 07. Less than \$75,000 (\$50,000 to less than \$75,000)
- 08. \$75,000 or more

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C13Q10 - **EVERYBODY**

About how much do you weigh without shoes?

Round fractions up

__ __ __ Enter weight in whole pounds

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C13Q11 - **EVERYBODY**

About how tall are you without shoes?

Round fractions down

__ __ __ Height ft/inches (Ex. 5 feet 9 inches = 509)

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

ASKCNTY - **EVERYBODY (Recodes into C13Q12)**

What county do you live in?

___ __ _ FIPS county code

- 888. OTHER - CITY/TOWN NAME
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

C13Q13 - **EVERYBODY**

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

- 1. YES
- 2. NO - **SKIP TO C13Q15**

- 7. DON'T KNOW/NOT SURE - **SKIP TO C13Q15**
- 9. REFUSED - **SKIP TO C13Q15**

C13Q14 - **ONLY GET IF C13Q13 = 1**

How many of these are residential numbers?

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six or more

- 7. DON'T KNOW/NOT SURE
- 8. NONE
- 9. REFUSED

C13Q15 - **EVERYBODY**

How many adult members of your household currently use a cell phone for any purpose?

1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more

7. DON'T KNOW/NOT SURE
8. NONE
9. REFUSED

C13Q16 - **EVERYBODY**

Indicate sex of respondent. Ask only if necessary.

1. Male - **SKIP TO AR01Q01**
2. Female

C13Q17 - **ONLY GET IF C13Q16 = 2 AND C13Q01 < 45 (FEMALE UNDER 45 YEARS OLD)**

To your knowledge, are you now pregnant?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR01: State Added Demographics

AR01Q01 - **EVERYBODY**

What is your zip code?

____ ENTER ZIP CODE

ARKANSAS ZIP CODES RANGE FROM "71600 OR 72999"

Core 14: Disability

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

C14Q01 - **EVERYBODY**

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q02 - **EVERYBODY**

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?

INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 15: Physical Activity

C15Q01 - **ONLY GET IF C13Q08 < 3**

When you are at work, which of the following best describes what you do?
Would you say: Mostly sitting or standing, Mostly walking, or Mostly heavy labor or physically demanding work?

If respondent has multiple jobs, include all jobs.

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

7. DON'T KNOW/NOT SURE
9. REFUSED

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

C15Q02 - **EVERYBODY**

Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q13.8]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

1. YES
2. NO - **SKIP TO C15Q05**

7. DON'T KNOW/NOT SURE - **SKIP TO C15Q05**
9. REFUSED - **SKIP TO C15Q05**

C15Q03 - **ONLY GET IF C15Q02 = 1**

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

___ Days per week

77. DON'T KNOW/NOT SURE
99. REFUSED

C15Q04 - **ONLY GET IF C15Q02 = 1**

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

EXAMPLE: 30 Minutes is coded as 30
60 Minutes is coded as 100
2 Hours and 30 Minutes is coded as 230

INTERVIEWER: The maximum allowable entry is 959! If the respondent indicates they exercise 10 hours or more, enter 959 and add a note.

___ ___ Hours and minutes per day

777. DON'T KNOW/NOT SURE
999. REFUSED

C15Q05 - **EVERYBODY**

Now thinking about the vigorous physical activities you do [**fill in (when you are not working) if "employed" or "self-employed" to core Q13.8**] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

1. YES
2. NO - **SKIP TO C16Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C16Q01**
9. REFUSED - **SKIP TO C16Q01**

C15Q06 - **ONLY GET IF C15Q05 = 1**

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

_____ Days per week

77. DON'T KNOW/NOT SURE
99. REFUSED

C15Q07 - **ONLY GET IF C15Q05 = 1**

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

EXAMPLE: 30 Minutes is coded as 30
60 Minutes is coded as 100
2 Hours and 30 Minutes is coded as 230

INTERVIEWER: The maximum allowable entry is 959! If the respondent indicates they exercise 10 hours or more, enter 959 and add a note.

__ __ __ Hours and minutes per day

777. DON'T KNOW/NOT SURE
999. REFUSED

Core 16: Prostate Cancer Screening

C16Q01 - **ONLY GET IF C13Q16 = 1 AND C13Q01 > 39 (MALES 40 AND OLDER)**

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?

1. YES
2. NO - **SKIP TO C16Q03**

7. DON'T KNOW/NOT SURE - **SKIP TO C16Q03**
9. REFUSED - **SKIP TO C16Q03**

C16Q02 - **ONLY GET IF C16Q01 = 1**

How long has it been since you had your last PSA test?

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years)
3. Within the past 3 years (2 to 3 years)
4. Within the past 5 years (3 to 5 years)
5. 5 or more years ago

7. DON'T KNOW
9. REFUSED

C16Q03 - **ONLY GET IF C13Q16 = 1 AND C13Q01 > 39 (MALES 40 AND OLDER)**

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?

1. YES
2. NO - **SKIP TO C16Q05**

7. DON'T KNOW/NOT SURE - **SKIP TO C16Q05**
9. REFUSED - **SKIP TO C16Q05**

C16Q04 - ONLY GET IF C16Q03 = 1

How long has it been since your last digital rectal exam?

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years)
3. Within the past 3 years (2 to 3 years)
4. Within the past 5 years (3 to 5 years)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

C16Q05 - ONLY GET IF C13Q16 = 1 AND C13Q01 > 39 (MALES 40 AND OLDER)

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C16Q06 - ONLY GET IF C13Q16 = 1 AND C13Q01 > 39 (MALES 40 AND OLDER)

Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 17: Colorectal Cancer Screening

C17Q01 - **ONLY GET IF C13Q01 > 49 (50 YEARS OLD OR OLDER)**

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?

1. YES
2. NO - **SKIP TO C17Q03**

7. DON'T KNOW/NOT SURE - **SKIP TO C17Q03**
9. REFUSED - **SKIP TO C17Q03**

C17Q02 - **ONLY GET IF C17Q01 = 1**

How long has it been since you had your last blood stool test using a home kit?

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 5 years (2 to 5 years ago)
4. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

C17Q03 - **ONLY GET IF C13Q01 > 49 (50 YEARS OLD OR OLDER)**

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

1. YES
2. NO - **SKIP TO C18Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C18Q01**
9. REFUSED - **SKIP TO C18Q01**

C17Q04 - **ONLY GET IF C17Q03 = 1**

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

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 5 years (2 to 5 years ago)
4. Within the past 10 years (5 to 10 years ago)
5. 10 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 18: HIV/AIDS

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.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

C18Q01 - **ONLY GET IF C13Q01 < 65 (UNDER 65 YEARS OLD)**

A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

1. TRUE
2. FALSE

7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q02 - **ONLY GET IF C13Q01 < 65 (UNDER 65 YEARS OLD)**

There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

1. TRUE
2. FALSE - **SKIP TO C18Q04**

7. DON'T KNOW/NOT SURE - **SKIP TO C18Q04**
9. REFUSED - **SKIP TO C18Q04**

C18Q03 - **ONLY GET IF C18Q02 = 1**

How effective do you think these treatments are helping persons with HIV to live longer?

Would you say very effective, somewhat effective, or not at all effective?

1. Very effective
2. Somewhat effective
3. Not at all effective

7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q04 - **ONLY GET IF C13Q01 < 65 (UNDER 65 YEARS OLD)**

How important do you think it is for people to know their HIV status by getting tested?

Would you say very important, somewhat important, or not at all important?

1. Very important
2. Somewhat important
3. Not at all important

7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q05 - **ONLY GET IF C13Q01 < 65 (UNDER 65 YEARS OLD)**

As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

Include saliva tests

1. YES
2. NO - **SKIP TO C18Q09**

7. DON'T KNOW/NOT SURE - **SKIP TO C18Q09**
9. REFUSED - **SKIP TO C18Q09**

C18Q06 - ONLY GET IF C18Q05 = 1

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

Include saliva tests.

If month is unknown enter '77' for the month and then the given year - Ex. 7700

__ __ __ __ Enter month and year (For Example: June of 2000 = 0600)

7777. DON'T KNOW/NOT SURE
6666. REFUSED

C18Q07 - ONLY GET IF C18Q05 = 1

What was the main reason you had your test for HIV in [fill in date from Q18.6]?

Read only if necessary

___ Reason code

- | | |
|--|---|
| 01. For hospitalization or surgical procedure | 08. Just to find out if you were infected |
| 02. To apply for health insurance | 09. Because of referral by a doctor |
| 03. To apply for life insurance | 10. Because of pregnancy |
| 04. For employment | 11. Referred by your sex partner |
| 05. To apply for a marriage license | 13. For routine check-up |
| 06. For military induction or military service | 14. Because of occupational exposure |
| 07. For immigration | 15. Because of illness |
| | 16. Because I am at risk for HIV |
| | 87. OTHER |
| 77. DON'T KNOW/NOT SURE | |
| 99. REFUSED | |

C18Q08 - ONLY GET IF C18Q05 = 1

Where did you have the HIV test in [fill in date from Q18.6]?

Read only if necessary

___ Facility code

- | | |
|---|---|
| 01. Private doctor, HMO | 10. Community health clinic |
| 02. Blood bank, plasma center, Red Cross | 11. Clinic run by employer |
| 03. Health department | 12. Insurance company clinic |
| 04. AIDS clinic, counseling, testing site | 13. Other public clinic |
| 05. Hospital, emergency room, outpatient clinic | 14. Drug treatment facility |
| 06. Family planning clinic | 15. Military induction or military service site |
| 07. Prenatal clinic, obstetrician's office | 16. Immigration site |
| 08. Tuberculosis clinic | 17. At home, home visit by nurse or health worker |
| 09. STD clinic | 18. At home using self-sampling kit |
| | 19. In jail or prison |
| | 87. OTHER |
| 77. DON'T KNOW/NOT SURE | |
| 99. REFUSED | |

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

C18Q09 - ONLY GET IF C13Q01 < 65 (UNDER 65 YEARS OLD)

In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Module 5: Women's Health

M05Q01 - **ONLY GET IF C13Q16 = 2 (FEMALE)**

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

1. YES
2. NO - **SKIP TO AR02Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO AR02Q01**
9. REFUSED - **SKIP TO AR02Q01**

M05Q02 - **ONLY GET IF M05Q01 = 1**

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

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 3 years (2 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

M05Q03 - **ONLY GET IF M05Q01 = 1**

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?

1. Routine checkup
2. Breast problem other than cancer
3. Had breast cancer

7. DON'T KNOW/NOT SURE
9. REFUSED

AR02: State-added Women's Health

AR02Q01 - **ONLY GET IF C13Q16 = 2 (FEMALE)**

In the past month, have you noticed any posters, billboards, commercials, or advertisements with a message about having a mammogram test?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR02Q02 - **ONLY GET IF C13Q16 = 2 (FEMALE)**

Are you aware that the health department offers free to low cost breast exams and mammograms?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR02Q03 - **ONLY GET IF C13Q16 = 2 AND C13Q01 > 39 (FEMALE 40 YEARS OLD OR OLDER)**

How often do you believe women your age should get a mammogram?

Read 1-5 if necessary

1. Every 6 months
2. Every year
3. Every 2 years
4. Every 3 to 4 years
5. Every 5 years or more
6. Only when doctor recommended mammogram

7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

AR02Q04 - **ONLY GET IF C13Q16 = 2 AND C13Q01 > 39 AND M05Q01 = 1**
(FEMALE 40 YEARS OLD OR OLDER AND HAS HAD A MAMMOGRAM)

Did a doctor suggest that you have your most recent mammogram?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR02Q05 - **ONLY GET IF C13Q16 = 2 AND M05Q03 ≠ 3**
(FEMALE AND DIDN'T ANSWER 'BREAST CANCER' TO M05Q03)

Have you ever had breast cancer?

1. YES - **SKIP TO AR02Q07**
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR02Q06 - **ONLY GET IF ((M05Q03 <> 3 OR SYSMIS(M05Q03)) AND AR02Q05 <> 1)**

Do you think your risk of getting breast cancer is high, medium, low, or none?

1. High
2. Medium
3. Low
4. None

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

AR02Q07 - **ONLY GET IF C13Q16 = 2 (FEMALE)**

If you wanted to have a mammogram, would you have to pay for all, part or none of the cost?

1. All
2. Part (includes co-pay)
3. None - **SKIP TO M05Q04**

7. Don't know/Not sure - **SKIP TO M05Q04**
9. Refused - **SKIP TO M05Q04**

AR02Q08 - **ONLY GET IF AR02Q07 < 3**

How difficult would it be for you to pay for the cost of the mammogram test?

Would you say very difficult, somewhat difficult, a little difficult or not at all difficult?

1. Very difficult
2. Somewhat difficult
3. A little difficult
4. Not at all difficult

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

M05Q04 - **ONLY GET IF C13Q16 = 2 (FEMALE)**

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?

1. YES
2. NO - **SKIP TO M05Q07**

7. DON'T KNOW/NOT SURE - **SKIP TO M05Q07**
9. REFUSED - **SKIP TO M05Q07**

M05Q05 - **ONLY GET IF M05Q04 = 1**

How long has it been since your last breast exam?

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 3 years (2 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

M05Q06 - **ONLY GET IF M05Q04 = 1**

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?

1. Routine checkup
2. Breast problem other than cancer
3. Had breast cancer

7. DON'T KNOW/NOT SURE
9. REFUSED

M05Q07 - **ONLY GET IF C13Q16 = 2 (FEMALE)**

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

1. YES
2. NO - **SKIP TO M05Q10**

7. DON'T KNOW/NOT SURE - **SKIP TO M05Q10**
9. REFUSED - **SKIP TO M05Q10**

M05Q08 - **ONLY GET IF M05Q07 = 1**

How long has it been since you had your last Pap smear?

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 3 years (2 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

M05Q09 - **ONLY GET IF M05Q07 = 1**

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

1. Routine exam
2. Check current or previous problem
3. Other

7. DON'T KNOW/NOT SURE
9. REFUSED

M05Q10 - **ONLY GET IF C13Q16 = 2 AND C13Q17 <> 1 (FEMALE AND NOT PREGNANT)**

Have you had a hysterectomy?

INTERVIEWER: A hysterectomy is an operation to remove the uterus (womb).

1. Yes
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 8: Heart Attack and Stroke

M08Q01 - **EVERYBODY**

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

- M08Q01a. Pain or discomfort in the jaw, neck, or back?
- M08Q01b. Feeling weak, lightheaded, or faint?
- M08Q01c. Chest pain or discomfort?
- M08Q01d. Sudden trouble seeing in one or both eyes?
- M08Q01e. Pain or discomfort in the arms or shoulder?
- M08Q01f. Shortness of breath?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q02 - **EVERYBODY**

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

- M08Q02a. Sudden confusion or trouble speaking?
- M08Q02b. Sudden numbness or weakness of face, arm, or leg, especially on one side?
- M08Q02c. Sudden trouble seeing in one or both eyes?
- M08Q02d. Sudden chest pain or discomfort?
- M08Q02e. Sudden trouble walking, dizziness, or loss of balance?
- M08Q02f. Severe headache with no known cause?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q03 - **EVERYBODY**

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

Would you Take them to the hospital, Tell them to call their doctor, Call 911, Call their spouse or a family member, or Do something else?

- 1. Take them to the hospital
- 2. Tell them to call their doctor
- 3. Call 911
- 4. Call their spouse or a family member
- 5. Do something else

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Module 9: Cardiovascular Disease

M09Q01 - **EVERYBODY**

To lower your risk of developing heart disease or stroke, are you....

- M09Q01a. Eating fewer high fat or high cholesterol foods?
M09Q01b. Eating more fruits and vegetables?
M09Q01c. More physically active?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M09Q02 - **EVERYBODY**

Within the past 12 months, has a doctor, nurse, or other health professional told you to...

- M09Q02a. Eat fewer high fat or high cholesterol foods?
M09Q02b. Eat more fruits and vegetables?
M09Q02c. Be more physically active?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M09Q03 - **EVERYBODY**

Has a doctor, nurse, or other health professional ever told you that you had any of the following?

- M09Q03a. A heart attack, also called a myocardial infarction
M09Q03b. Angina or coronary heart disease
M09Q03c. A stroke

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M09Q04 - ONLY GET IF M09Q03a = 1 (HAD A HEART ATTACK)

At what age did you have your first heart attack?

___ Code age in years

- 07. DON'T KNOW/NOT SURE
- 09. REFUSED

M09Q05 - ONLY GET IF M09Q03c = 1 (HAD A STROKE)

At what age did you have your first stroke?

___ Code age in years

- 07. DON'T KNOW/NOT SURE
- 09. REFUSED

M09Q06 - ONLY GET IF M09Q03a = 1 OR M09Q03c = 1 (HAD A HEART ATTACK OR STROKE)

After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "yes" to Q3c and "no" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M09Q07 - ONLY GET IF C13Q01 > 34 (35 YEARS OLD OR OLDER)

Do you take aspirin daily or every other day?

- 1. YES - **SKIP TO M09Q09**
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M09Q08 - ONLY GET IF M09Q07 <> 1

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

1. YES, NOT STOMACH RELATED
2. YES, STOMACH PROBLEMS
3. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

ALL RESPONDENTS SKIP TO M13Q01

M09Q09 - ONLY GET IF M09Q07 = 1

Why do you take aspirin?

- M09Q09a. To relieve pain?
M09Q09b. To reduce the chance of a heart attack?
M09Q09c. To reduce the chance of a stroke?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 13: Tobacco Indicators

M13Q01 - ONLY GET IF C10Q01 = 1 (HAVE SMOKED AT LEAST 100 CIGARETTES IN LIFE)

Previously you said you have smoked cigarettes.

How old were you the first time you smoked a cigarette, even one or two puffs?

__ __ Code age in years (76 = 76 years old or older)

77. DON'T KNOW/NOT SURE
99. REFUSED

M13Q02 - ONLY GET IF C10Q01 = 1 (HAVE SMOKED AT LEAST 100 CIGARETTES IN LIFE)

How old were you when you first started smoking cigarettes regularly?

__ __ Code age in years (76 = 76 years old or older)

- 88. Never smoked regularly - **SKIP TO M13Q06**
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M13Q03 - ONLY GET IF C10Q02 = 3 (NO LONGER SMOKE CIGARETTES)

About how long has it been since you last smoked cigarettes regularly?

Read only if necessary

__ __ Enter Code

- 01. Within the past month (0 to 1 month ago)
- 02. Within the past 3 months
- 03. Within the past 6 months
- 04. Within the past year
- 05. Within the past 5 years - **SKIP TO M13Q06**
- 06. Within the past 10 years - **SKIP TO M13Q06**
- 07. 10 or more years ago - **SKIP TO M13Q06**

- 77. DON'T KNOW/NOT SURE - **SKIP TO M13Q06**
- 99. REFUSED - **SKIP TO M13Q06**

M13Q04 - ONLY GET IF M13Q03 < 5 OR SYSMIS (M13Q03) (SMOKED WITHIN PAST YEAR)

In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

- 1. YES
- 2. NO - **SKIP TO M13Q06**

- 7. DON'T KNOW/NOT SURE - **SKIP TO M13Q06**
- 9. REFUSED - **SKIP TO M13Q06**

M13Q05 - **ONLY GET IF M13Q04 = 1**

In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M13Q06 - **EVERYBODY**

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

Would you say Smoking is not allowed anywhere inside your home, Smoking is allowed in some places or at some times, Smoking is allowed anywhere inside the home, or There are no rules about smoking inside the home?

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
4. There are no rules about smoking inside the home

7. DON'T KNOW/NOT SURE
9. REFUSED

M13Q07 - **ONLY GET IF C13Q08 < 3 (EMPLOYED OR SELF-EMPLOYED)**

While working at your job, are you indoors most of the time?

1. YES
2. NO - **SKIP TO M14Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO M14Q01**
9. REFUSED - **SKIP TO M14Q01**

M13Q08 - **ONLY GET IF M13Q07 = 1**

Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

Would you say not allowed in any public areas, allowed in some public areas, allowed in all public areas, or no official policy?

For workers who visit clients, "place of work" means their base location.

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas
4. No official policy

7. DON'T KNOW/NOT SURE
9. REFUSED

M13Q09 - **ONLY GET IF M13Q07 = 1**

Which of the following best describes your place of work's official smoking policy for work areas?

Would you say not allowed in any work areas, allowed in some work areas, allowed in all work areas, or no official policy?

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
4. No official policy

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 14: Other Tobacco Products

M14Q01 - **EVERYBODY**

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

1. YES
2. NO - **SKIP TO M14Q03**

7. DON'T KNOW/NOT SURE - **SKIP TO M14Q03**
9. REFUSED - **SKIP TO M14Q03**

M14Q02 - **ONLY GET IF M14Q01 = 1**

Do you currently use chewing tobacco or snuff every day, some days, or not at all?

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

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q03 - **EVERYBODY**

Have you ever smoked a cigar, even one or two puffs?

1. YES
2. NO - **SKIP TO M14Q05**

7. DON'T KNOW/NOT SURE - **SKIP TO M14Q05**
9. REFUSED - **SKIP TO M14Q05**

M14Q04 - **ONLY GET IF M14Q03 = 1**

Do you now smoke cigars every day, some days, or not at all?

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

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q05 - **EVERYBODY**

Have you ever smoked tobacco in a pipe, even one or two puffs?

1. YES
2. NO - **SKIP TO M14Q07**

7. DON'T KNOW/NOT SURE - **SKIP TO M14Q07**
9. REFUSED - **SKIP TO M14Q07**

M14Q06 - **ONLY GET IF M14Q05 = 1**

Do you now smoke a pipe every day, some days, or not at all?

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

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q07 - **EVERYBODY**

A bidi is a flavored cigarette from India.. Have you ever smoked a bidi, even one or two puffs?

1. YES
2. NO - **SKIP TO WY01Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO WY01Q01**
9. REFUSED - **SKIP TO WY01Q01**

M14Q08 - **ONLY GET IF M14Q07 = 1**

Do you now smoke bidis every day, some days, or not at all?

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

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 15: Quality of Life and Disability-Related Supplemental Items

M15Q01 - **EVERYBODY**

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

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

Would you say Always, Usually, Sometimes, Rarely, or Never ?

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

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

M15Q02 - **EVERYBODY**

In general, how satisfied are you with your life ?

Would you say Very satisfied, Satisfied, Dissatisfied, or Very dissatisfied ?

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

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

M15Q03 - **EVERYBODY**

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

Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating ?

1. Yes
2. No

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

M15Q04 - **EVERYBODY**

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

Would you say Not any distance, Across a small room, About the length of a typical house, About one or two city blocks, About one mile, or More than one mile ?

1. Not any distance
2. Across a small room
3. About the length of a typical house
4. About one or two city blocks
5. About one mile
6. More than one mile

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

M15Q05 - **ONLY GET IF C14Q01 = 1 OR C14Q02 = 1 OR M15Q03 = 1**

What is your major impairment or health problem ?

INTERVIEWER: If respondent says 'I'm not limited', say I'm referring to the health problem or use of special equipment when I asked earlier about limitations in your daily life.

__ __ Enter the code

- | | |
|----------------------------------|--|
| 01. Arthritis/rheumatism | 09. Stroke problem |
| 02. Back or neck problem | 10. Hypertension/high blood pressure |
| 03. Fractures, bone/joint injury | 11. Diabetes |
| 04. Walking problem | 12. Cancer |
| 05. Lung/breathing problem | 13. Depression/anxiety/emotional problem |
| 06. Hearing problem | 14. Other impairment/problem |
| 07. Eye/vision problem | 77. Don't know/Not sure |
| 08. Heart problem | 99. Refused |

M15Q06 - **ONLY GET IF M15Q05 < 77**

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

101-199 DAYS 301-399 MONTHS
201-299 WEEKS 401-499 YEARS

___ ___ ___ Enter the number of days, weeks, months, or years

777. Don't Know / Not Sure

999. Refused

M15Q07 - **ONLY GET IF C14Q01 = 1 OR C14Q02 = 1 OR M15Q03 = 1**

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 ?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

M15Q08 - **ONLY GET IF C14Q01 = 1 OR C14Q02 = 1 OR M15Q03 = 1**

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

1. Yes

2. No

7. Don't know/Not sure

9. Refused

M15Q09 - **ONLY GET IF C14Q01 = 1 OR C14Q02 = 1 OR M15Q03 = 1**

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 ?

__ __ Enter Number of days

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

M15Q10 - **ONLY GET IF C14Q01 = 1 OR C14Q02 = 1 OR M15Q03 = 1**

During the past 30 days, for about how many days have you felt sad, blue, or depressed ?

__ __ Enter Number of days

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

M15Q11 - **ONLY GET IF C14Q01 = 1 OR C14Q02 = 1 OR M15Q03 = 1**

During the past 30 days, for about how many days have you felt worried, tense, or anxious ?

__ __ Enter Number of days

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

M15Q12 - **ONLY GET IF C14Q01 = 1 OR C14Q02 = 1 OR M15Q03 = 1**

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep ?

__ __ Enter Number of days

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

M15Q13 - **ONLY GET IF C14Q01 = 1 OR C14Q02 = 1 OR M15Q03 = 1**

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

__ __ Enter Number of days

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

M15Q14 - **ONLY GET IF ADULTS > 1 OR (ADULTS = 1 AND C13Q06 < 88)**

Is there anyone ("ELSE" if C14Q01 = 1 OR C14Q02 = 1 OR M15Q03 = 1) in your household who is limited in any way in any activities because of any physical, mental, or emotional problem or who uses special equipment ?

- 1. Yes
- 2. No - **SKIP TO CLOSING**

- 7. Don't know/Not sure - **SKIP TO CLOSING**
- 9. Refused - **SKIP TO CLOSING**

M15Q15A-E - **ONLY GET IF M15Q14 = 1**

How old are these people?

M15Q15A __ __ Age of person 1
M15Q15B __ __ Age of person 2
M15Q15C __ __ Age of person 3
M15Q15D __ __ Age of person 4
M15Q15E __ __ Age of person 5

- 97. 97 and older
- 98. DON'T KNOW/NOR SURE
- 99. REFUSED

AR03: Disability Recruit

AR03Q01 - **ONLY GET IF M15Q14 = 1 (SOMEONE ELSE IN HOUSEHOLD IS LIMITED)**

Earlier you said that there **(is a person in your / are people in your)** household who **(is/are)** limited because of an impairment or health problem. In order to better serve the needs of Arkansas residents, we would like to complete this interview later with that person.

PRESS ANY KEY TO CONTINUE

AR03Q02 - **ONLY GET IF AGE OF LIMITED IS UNKNOWN**

Is the person limited because of an impairment or health problem 18 or older?

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

AR03Q03 - **ONLY GET IF M15Q14 = 1 (SOMEONE ELSE IN HOUSEHOLD IS LIMITED)**

So that we may refer to that person more easily, may we have his or her first name?

1. YES: ENTER NAME (UP TO 20 CHARACTERS)
2. NO, IMPAIRED RESPONDENT IS UNABLE TO TALK ON THE PHONE
3. NO, IMPAIRED RESPONDENT WOULD NOT WANT TO TALK TO YOU - **SKIP TO CLOSING**

7. DON'T KNOW / NOT SURE - **SKIP TO CLOSING**
9. REFUSED - **SKIP TO CLOSING**

AR03Q04 - **ONLY GET IF AR03Q03 < 3**

Would **(NAME)** be able to answer the questions on their own, or would he or she need someone to answer questions on his or her behalf?

1. THAT PERSON CAN ANSWER THE QUESTIONS ON THEIR OWN
2. THAT PERSON WILL NEED SOMEONE ELSE TO ANSWER FOR THEM

7. DON'T KNOW / NOT SURE
9. REFUSED

AR03Q05 - **ONLY GET IF AR03Q03 < 3**

The information gathered in these interviews is very important to the state of Arkansas in evaluating and improving programs designed to meet the needs of people who are limited in their activities due to a health impairment or problem. Would you be able and willing to answer questions on behalf of **(Name)**?

1. YES
2. NO, BUT SOMEONE ELSE COULD
3. NO, AND NO ONE ELSE EITHER - **SKIP TO CLOSING**

7. DON'T KNOW / NOT SURE - **SKIP TO CLOSING**
9. REFUSED - **SKIP TO CLOSING**

AR03Q06 - **ONLY GET IF AR03Q05 < 3 and other non-impaired adult in household**

So that we may contact an adult who would be able to answer the questions on behalf of <name> may we please have their first name?

IF MULTIPLE NAMES ARE MENTIONED:
ANSWER IS YES, AND ENTER ALL NAMES

1. YES (SPECIFY)
2. ANY ADULT
3. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

AR03Q07

When would be a good time of day to reach **(you / name / someone who could answer the questions)**?

1. MORNINGS
2. AFTERNOONS
3. EVENINGS
4. WEEKENDS

7. DON'T KNOW / NOT SURE
9. REFUSED

AR03Q08

Thank you. We will be calling back at a later date to complete the interview.

PRESS ANY KEY TO CONTINUE

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.