



2008

Behavioral Risk Factor Surveillance System

Arkansas

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Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health

Promotion

Division of Adult and Community Health

2008 Arkansas BRFSS

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Introduction and Random Adult Selection Module

INTROQST

HELLO, I'm calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER NAME].

We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this [XXX-XXX-XXXX]?

1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) SKP → PRIVRES
2. NUMBER IS NOT THE SAME SKP → WRONGNUM

WRONGNUM - IF INTROQST = 2

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.

PRIVRES - IF INTROQST = 1

Is this a private residence in [STATE]?

1. YES, CONTINUE SKP → ISCELL
2. NO, NON-RESIDENTIAL SKP → NONRES

NONRES - IF PRIVRES = 2

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

ISCELL - IF PRIVRES = 1

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. SKP → ADULTS
2. YES, A CELLULAR TELEPHONE SKP → CELLYES

CELLYES - IF ISCELL = 2

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

ADULTS - IF ISCELL = 1

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

-- ENTER NUMBER OF ADULTS **IF ADULTS = 1 SKP → ONEADULT**

MEN

How many of these adults are men?

-- ENTER NUMBER MEN

WOMEN

How many of these adults are women?

-- ENTER NUMBER WOMEN

WRONGTOT - 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 **SKP → MEN**
2. CORRECT THE NUMBER OF WOMEN **SKP → WOMEN**
3. CORRECT THE NUMBER OF ADULTS **SKP → ADULTS**

SELECTED - IF ADULT > 1 AND (MEN + WOMEN) = ADULTS

The person in your household I need to speak with is **[RANDOMLY SELECTED ADULT]**.

Are you the **[RANDOMLY SELECTED ADULT]**?

1. YES **SKP → YOURTHE1**
2. NO **SKP → GETNEWAD**

ONEADULT - IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1. YES AND THE RESPONDENT IS A MALE. SKP → YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE. SKP → YOURTHE1
3. NO

ASKGENDR - IF ADULT = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ONEADULT = 3

May I speak with...

- [IF ASKGENDR = 1 SHOW] ...him?
[IF ASKGENDR = 2 SHOW] ...her?

1. YES, ADULT IS COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

YOURTHE1 - IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE SKP → INTROSCR
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE SKP → NEWADULT
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK SKP → NEWADULT
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER NAME].

We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

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

INTROSCR

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, please call [GIVE APPROPRIATE STATE TELEPHONE NUMBER].

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

Core Section 01: Health Status

C01Q01

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

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

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

Core Section 02: Healthy Days—Health-Related Quality of Life

C02Q01

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

C02Q02

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

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C03Q01

C02Q03 - IF C02Q01 <> 88 AND C02Q02 <> 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 Section 03: Health Care Access

C03Q01

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

- 1. YES
- 2. NO

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

C03Q02

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

INTERVIEWER NOTE: IF "NO" ASK: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1. YES, ONLY ONE
- 2. MORE THAN ONE
- 3. NO

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

C03Q03

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

1. YES
2. NO

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

C03Q04

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

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

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

Core Section 04: Sleep

C04Q01

The next question is about getting enough rest or sleep.

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

_ _ NUMBER OF DAYS

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

Core Section 05: Exercise

C05Q01

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

- 1. YES
- 2. NO

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

Core Section 06: Diabetes

C06Q01

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

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"

INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

- 1. YES
- 2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **SKP → C07Q01**
- 3. NO **SKP → C07Q01**
- 4. NO, PRE-DIABETES OR BORDERLINE DIABETES **SKP → C07Q01**

- 7. DON'T KNOW/NOT SURE **SKP → C07Q01**
- 9. REFUSED **SKP → C07Q01**

Insert Module 2 Here

Core Section 07: Oral Health

C07Q01

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

READ ONLY IF NECESSARY

1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. WITHIN THE PAST 5 YEARS (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. 5 OR MORE YEARS AGO

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

C07Q02

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

INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

1. 1 to 5
2. 6 or more but not all
3. All

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

C07Q03 - IF C07Q01 <> 8 AND C07Q02 <> 3

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

READ ONLY IF NECESSARY

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

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

Core Section 08: Cardiovascular Disease Prevalence

C08Q01

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

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

Ever told you had a heart attack, also called a myocardial infarction?

1. YES
2. NO

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

C08Q02

Ever told you had angina or coronary heart disease?

1. YES
2. NO

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

C08Q03

Ever told you had a stroke?

1. YES
2. NO

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

Core Section 09: Asthma

C09Q01

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

1. YES
2. NO SKP → C010Q01

7. DON'T KNOW/NOT SURE SKP → C010Q01
9. REFUSED SKP → C010Q01

C09Q02 - IF C09Q01 = 1

Do you still have asthma?

1. YES
2. NO

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

Core Section 10: Disability

C10Q01

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

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

C10Q02

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?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1. YES
2. NO

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

Core Section 11: Tobacco Use

C11Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. YES
- 2. NO SKP → C012Q01

- 7. DON'T KNOW/NOT SURE SKP → C012Q01
- 9. REFUSED SKP → C012Q01

C11Q02 - IF C11Q01 = 1

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

- 1. EVERY DAY
- 2. SOME DAYS
- 3. NOT AT ALL SKP → C012Q01

- 7. DON'T KNOW/NOT SURE SKP → C012Q01
- 9. REFUSED SKP → C012Q01

C11Q03 - IF C11Q01 = 1 AND C11Q02 = 1 OR 2

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 Section 12: Demographics

C12Q01

What is your age?

__ _ CODE AGE IN YEARS

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

C12Q02

Are you Hispanic or Latino?

1. YES
2. NO

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

C12Q03

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

CHECK 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
- Or
6. Other [specify]

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

CATI NOTE: IF MORE THAN ONE RESPONSE TO C12Q03, CONTINUE. OTHERWISE SKP TO C12Q05

C12Q04 - IF C12Q03 HAS MORE THAN ONE RESPONSE

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

C12Q05

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

1. YES
2. NO

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

C12Q06

Are you...?

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

9. REFUSED

C12Q07

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

__ NUMBER OF CHILDREN

88. NONE
99. REFUSED

C12Q08

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

C12Q09

Are you currently...?

1. Employed for wages
 2. Self-employed
 3. Out of work for more than 1 year
 4. Out of work for less than 1 year
 5. A Homemaker
 6. A Student
 7. Retired
- Or
8. Unable to work
 9. REFUSED

C12Q10

Is your annual household income from all sources...

INTERVIEWER NOTE: IF RESPONDNET REFUSES ANY INCOME LEVEL, CODE AS "99"
REFUSED

READ ONLY IF NECESSARY

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

C12Q11

About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST
COLUMN. ROUND FRACTIONS UP.

-- -- -- -- ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =
9110)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

C12Q12 - IF C12Q11 <> 7777 OR 9999

About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS DOWN.

-- -- -- -- ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

C12Q13

How much did you weigh a year ago?

IF FEMALE RESPONDENT SAY: "If you were pregnant a year ago, how much did you weigh before your pregnancy?"

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS UP.

-- -- -- -- ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS = 9110)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

C12Q14 - IF (C12Q11 <> 7777, 9999) OR (C12Q13 <> C12Q11)

*Programmer Note: IF C12Q13 = C12Q11 SKIP TO C12Q15

Was the change between your current weight and your weight a year ago intentional?

1. YES
2. NO

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

C12Q15

What county do you live in?

-- -- -- FIPS COUNTY CODE

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

C12Q16

What is your ZIP Code where you live?

____ ZIP CODE

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C12Q17

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

SKP → C12Q19

7. DON'T KNOW/NOT SURE

SKP → C12Q19

9. REFUSED

SKP → C12Q19

C12Q18 - IF C12Q17 = 1

How many of these telephone numbers are residential numbers?

_ RESIDENTIAL TELEPHONE NUMBERS [6=6 OR MORE]

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q19

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

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q20

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1. MALE SKP → C13Q01
- 2. FEMALE

C12Q21 - IF C12Q20 = 2 AND C12Q01 < 45

To your knowledge, are you now pregnant?

- 1. YES
- 2. NO

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

Core Section 13: Alcohol Consumption

C13Q01

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1. YES
- 2. NO SKP → C14Q01

- 7. DON'T KNOW/NOT SURE SKP → C14Q01
- 9. REFUSED SKP → C14Q01

C13Q02 - IF C13Q01 = 1

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

-- --
ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS
(101-107 = DAYS PER WEEK; 201-230 = IN PAST
30 DAYS)

- 888. NO DRINKS IN LAST 30 DAYS SKP → C14Q01
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C13Q03 - IF C13Q01 = 1 AND C13Q02 <> 888

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

INTERVIEWER NOTE: A 20 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

_ _ NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE

99. REFUSED

C13Q04 - IF C13Q01 = 1 AND C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C12Q20 = 1 SHOW] ...5...

[IF C12Q20 = 2 SHOW] ...4...

...or more drinks on an occasion?

_ _ NUMBER OF TIMES

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

C13Q05 - IF C13Q01 = 1 AND C13Q02 <> 888

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

_ _ NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE

99. REFUSED

Core Section 14: Immunization

C14Q01

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

- 1. YES
- 2. NO SKP → C14Q03
- 7. DON'T KNOW/NOT SURE SKP → C14Q03
- 9. REFUSED SKP → C14Q03

C14Q02 - IF C14Q01 = 1

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

__ / ____ MONTH/YEAR

77 / 7777 DON'T KNOW/NOT SURE
99 / 9999 REFUSED

C14Q03 - IF C14Q01 <> 1

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

- 1. YES
- 2. NO SKP → C14Q05
- 7. DON'T KNOW/NOT SURE SKP → C14Q05
- 9. REFUSED SKP → C14Q05

C14Q04 - IF C14Q03 = 1

During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

__ / ____ MONTH/YEAR

77 / 7777 DON'T KNOW/NOT SURE
99 / 9999 REFUSED

C14Q05

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

1. YES
2. NO

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

Core Section 15: Falls

C15Q01 - IF C12Q01 >= 45

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

In the past 3 months, how many times have you fallen?

_ _ NUMBER OF TIMES [76 = 76 OR MORE]

- | | |
|-------------------------|---------------------|
| 88. NONE | SKP → C16Q01 |
| 77. DON'T KNOW/NOT SURE | SKP → C16Q01 |
| 99. REFUSED | SKP → C16Q01 |

C15Q02 - C12Q01 >= 45 & C15Q01 < 77

[IF C15Q01 = 1 SHOW] Did this fall cause an injury?

[IF C15Q01 > 1 SHOW] How many of these falls caused an injury?

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

_ _ NUMBER OF FALLS [76 = 76 OR MORE]

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

Core Section 16: Seatbelt Use

C16Q01

How often do you use seat belts when you drive or ride in a car? Would you say...

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

7. DON'T KNOW/NOT SURE
8. NEVER DRIVE OR RIDE IN A CAR **SKP → C18Q01**
9. REFUSED

Core Section 17: Drinking and Driving

C17Q01 - IF C13Q01 <> 2 & C16Q01 <> 8

During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

-- NUMBER OF TIMES

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

Core Section 18: Women's Health

C18Q01 - IF C12Q20 = 2

The next questions are about breast and cervical cancer.

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

1. YES
2. NO **SKP → C18Q03**

7. DON'T KNOW/NOT SURE **SKP → C18Q03**
9. REFUSED **SKP → C18Q03**

C18Q02 - IF C12Q20 = 2 & C18Q01 = 1

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

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago

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

C18Q03 - IF C12Q20 = 2

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

1. YES
2. NO **SKP → C18Q05**

7. DON'T KNOW/NOT SURE **SKP → C18Q05**
9. REFUSED **SKP → C18Q05**

C18Q04 - IF C12Q20 = 2 & C18Q03 = 1

How long has it been since your last breast exam?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago

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

C18Q05 - IF C12Q20 = 2

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

1. YES
2. NO **SKP → C18Q07**
7. DON'T KNOW/NOT SURE **SKP → C18Q07**
9. REFUSED **SKP → C18Q07**

C18Q06 - IF C12Q20 = 2 & C18Q05 = 1

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

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q07 - IF C12Q20 = 2 & C12Q21 <> 1

Have you had a hysterectomy?

READ ONLY IF NECESSARY: "A hysterectomy is an operation to remove the uterus (womb)."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 19: Prostate Cancer Screening

C19Q01 - IF C12Q20 = 1 & C12Q01 >= 40

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

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 **SKP → C19Q03**
- 7. DON'T KNOW/NOT SURE **SKP → C19Q03**
- 9. REFUSED **SKP → C19Q03**

C19Q02 - IF C12Q20 = 1 & C12Q01 >= 40 & C19Q01 = 1

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

READ ONLY IF NECESSARY

- 1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
- 2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
- 3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
- 4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
- 5. 5 or more years ago
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C19Q03 - IF C12Q20 = 1 & C12Q01 >= 40

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 **SKP → C19Q05**
- 7. DON'T KNOW/NOT SURE **SKP → C19Q05**
- 9. REFUSED **SKP → C19Q05**

C19Q04 - IF C12Q20 = 1 & C12Q01 >= 40 & C19Q03 = 1

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

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago

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

C19Q05 - IF C12Q20 = 1 & C12Q01 >=40

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

Core Section 20: Colorectal Cancer Screening

C20Q01 - C12Q01 >= 50

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 **SKP → C20Q03**

7. DON'T KNOW/NOT SURE **SKP → C20Q03**
9. REFUSED **SKP → C20Q03**

C20Q02 - C12Q01 >= 50 & C20Q01 = 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 (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago

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

C20Q03 - C12Q01 >= 50

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

1. YES
2. NO **SKP → C21Q01**

7. DON'T KNOW/NOT SURE **SKP → C21Q01**
9. REFUSED **SKP → C21Q01**

C20Q04 - C12Q01 >= 50 & C20Q03 = 1

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

1. SIGMOIDOSCOPY
2. COLONOSCOPY

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

C20Q05 - C12Q01 >= 50 AND C20Q03 = 1

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

READ ONLY IF NECESSARY

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

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

Core Section 21: HIV/AIDS

CATIINOTE: IF RESPONDENT IS 65 YEARS OLD OR OLDER, GO TO NEXT SECTION

C21Q01 - IF C12Q01 < 65

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

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

1. YES
2. NO **SKP → C21Q05**

7. DON'T KNOW/NOT SURE **SKP → C21Q05**
9. REFUSED **SKP → C21Q05**

C21Q02 - C12Q01 < 65 & C21Q01 = 1

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

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE AS "DON'T KNOW"

INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

_ _ / _ _ _ _ CODE MONTH AND YEAR

[EXAMPLE: JUNE OF 2006 = 062006]

77/7777. DON'T KNOW/NOT SURE

99/9999. REFUSED

C21Q03 - IF C12Q01 < 65 & C21Q01 = 1

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

01. PRIVATE DOCTOR OR HMO OFFICE
02. COUNSELING AND TESTING SITE
03. HOSPITAL
04. CLINIC
05. JAIL OR PRISION (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE

77. DON'T KNOW/NOT SURE

99. REFUSED

C21Q04 - IF C12Q01 < 65 & C21Q02 = WITHIN LAST 12 MONTHS

CATI NOTE: IF C21Q02 = WITHIN LAST 12 MONTHS; OTHERWISE GO TO C21Q05

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C21Q05 - IF C12Q01 < 65

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

- YOU HAVE USED INTRAVENOUS DRUGS IN THE PAST YEAR
- YOU HAVE BEEN TREATED FOR A SEXUALLY TRANSMITTED DISEASE OR VENEREAL DISEASE IN THE PAST YEAR
- YOU HAVE GIVEN OR RECEIVED MONEY OR DRUGS IN EXCHANGE FOR SEX IN THE PAST YEAR
- YOU HAD ANAL SEX WITHOUT A CONDOM IN THE PAST YEAR

Do any of these situations apply to you?

1. YES
2. NO

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

Core Section 22: Emotional Support and Life Satisfaction

C22Q01

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

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

INTERVIEWER NOTE: IF ASKED SAY: "please include support from any source".

PLEASE READ

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

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

C22Q02

In general, how satisfied are you with your life?

PLEASE READ

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

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

Module 04: Visual Impairment and Access to Eye Care

M04Q01 - IF C12Q01 >= 40

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

PLEASE READ

1. No difficulty
2. A little difficulty
3. Moderate difficulty
4. Extreme difficulty
5. Unable to do because of eyesight
6. Unable to do for other reasons

7. DON'T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED

M04Q02 - IF (C12Q01 >= 40) & (M04Q01 <> 8)

How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say-

PLEASE READ

1. No difficulty
2. A little difficulty
3. Moderate difficulty
4. Extreme difficulty
5. Unable to do because of eyesight
6. Unable to do for other reasons

7. DON'T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED

M04Q03 - IF (C12Q01 >= 40) & (M04Q01 <> 8) & (M04Q02 <> 8)

When was the last time you had your eyes examined by any doctor or eye care provider?

READ ONLY IF NECESSARY

1. Within the past month (anytime less than 1 month ago) SKP → M04Q05
2. Within the past year (1 month but less than 12 months ago) SKP → M04Q05
3. Within the past 2 years (1 year but less than 2 years ago)
4. 2 or more years ago
5. Never

7. DON'T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED

M04Q04 - IF (C12Q01 >= 40) & (M04Q01 <> 8) & (M04Q02 <> 8) & (M04Q03 <> 1 OR 2 OR 8)

What is the main reason you have not visited an eye care professional in the past 12 months?

READ ONLY IF NECESSARY

01. Cost/Insurance
02. Do not have/know an eye doctor
03. Cannot get to the office/clinic (too far away, no transportation)
04. Could not get an appointment
05. No reason to go (no problem)
06. Have not thought of it
07. Other

77. DON'T KNOW/NOT SURE

08. NOT APPLICABLE (BLIND)

SKP → next module

99. REFUSED

M04Q05 - IF (C12Q01 >= 40) & (M04Q01 <> 8) & (M04Q02 <> 8) & (M04Q03 <> 1 OR 2 OR 8) & (M04Q04 <> 08) & M02Q08 <> 1, 2, 3, 4, 7, 8, 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

1. Within the past month (anytime less than 1 month ago)
2. Within the past year (1 month but less than 12 months ago)
3. Within the past 2 years (1 year but less than 2 years ago)
4. 2 or more years ago
5. Never

7. DON'T KNOW/NOT SURE

8. NOT APPLICABLE (BLIND)

SKP → next module

9. REFUSED

M04Q06 - IF (C12Q01 >= 40) & (M04Q01 <> 8) & (M04Q02 <> 8) & (M04Q03 <> 8) & (M04Q04 <> 08) & (M04Q05 <> 8)

Do you have any kind of health insurance coverage for eye care?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED

M04Q07 - IF (C12Q01 >= 40) & (M04Q01 <> 8) & (M04Q02 <> 8) & (M04Q03 <> 8) & (M04Q04 <> 08) & (M04Q05 <> 8) & (M04Q06 <>8)

Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

1. YES
2. YES, BUT HAD THEM REMOVED
3. NO

7. DON'T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED

M04Q08 - IF (C12Q01 >= 40) & (M04Q01 <> 8) & (M04Q02 <> 8) & (M04Q03 <> 8) & (M04Q04 <> 08) & (M04Q05 <> 8) & (M04Q06 <>8) & (M04Q07 <> 8)

Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED

M04Q09 - IF (C12Q01 >= 40) & (M04Q01 <> 8) & (M04Q02 <> 8) & (M04Q03 <> 8) & (M04Q04 <> 08) & (M04Q05 <> 8) & (M04Q06 <>8) & (M04Q07 <> 8) & (M04Q08 <>8)

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

INTERVIEWER NOTE: Age-related Macular Degeneration (Age-related Mak·yuh·luh r Di·jen·uh·rey·shuh n)

Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
8. NOT APPLICABLE (BLIND) SKP → next module
9. REFUSED

State Added 01: Women's Health

AR01Q01 - IF C12Q20 = 2

Are you aware that BreastCare, a program of the local health department, offers free breast exams and mammograms to women age 40 and older?

1. YES
2. NO

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

AR01Q01 - IF C12Q20 = 2

¿Sabía usted que BreastCare, un programa del departamento de salud local, ofrece exámenes y mamogramas gratuitos a mujeres de 40 años y mayores?

1. YES
2. NO

7. NO SABE/ NO ESTÁ SEGURO/A
9. REHUSÓ CONTESTAR

AR01Q02 - IF C12Q20 = 2 AND C12Q01 > 39

Programmer Note: Only get if female and age > 39

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

Interviewer: Read Only 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

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

AR01Q02 - IF C12Q20 = 2 AND C12Q01 > 39

¿Con qué frecuencia cree usted que las mujeres de su edad deberían hacerse un mamograma?

NOTA DEL ENTREVISTADOR: Lea si fuera necesario:

1. Cada 6 meses
2. Cada año
3. Cada 2 años
4. Cada 3 a 4 años
5. Cada 5 años o más
6. Sólo cuando el doctor recomiende un mamograma

8. NUNCA
7. NO SABE/ NO ESTÁ SEGURO/A
9. REHUSÓ CONTESTAR

AR01Q03 - IF C12Q20 = 2

Are you aware that BreastCare, a program of the local health department, offers free Pap smear to women age 40 and older?

1. YES
2. NO

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

AR01Q03 - IF C12Q20 = 2

¿Sabía usted que BreastCare, un programa del departamento de salud local, ofrece prueba de Papanicolaou (examen anual, examen vaginal para detectar cáncer) gratis a mujeres de 40 años de edad y mayores?

1. YES
2. NO

7. NO SABE/ NO ESTÁ SEGURO/A
9. REHUSÓ CONTESTAR

AR01Q04 - IF C12Q20 = 2 AND C18Q06 = 5

Programmer Note: Asked among women who responded they have not had a Pap smear within the past 5 years

What is the main reason you have not had a recent Pap smear?

Interviewer: Read Only if Necessary

01. Never thought about it
02. Didn't need it
03. Doctor didn't order it
04. Haven't had any problems
05. Put it off
06. Too expensive/no insurance
07. Too painful, unpleasant, embarrassing
08. Don't have a doctor
09. Other _____

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

AR01Q04 - IF C12Q20 = 2 AND C18Q06 = 5

¿Cuál es la razón principal por la cual usted no se ha realizado una prueba de Papanicolaou recientemente?

NOTA DEL ENTREVISTADOR: Lea si fuera necesario

01. Nunca pensé en eso
 02. No la necesité
 03. El doctor no la ordenó
 04. No he tenido ningún problema
 05. La he aplazado
 06. Es muy costosa / no tengo seguro médico
 07. Es muy dolorosa, desagradable, vergonzosa
 08. No tengo doctor
 09. Otra razón _____
77. NO SABE/ NO ESTÁ SEGURO/A
99. REHUSÓ CONTESTAR

AR01Q05 - IF C12Q20 = 2

Have you ever been tested for the Human Papilloma (Pap-uh-loh-muh) Virus or H.P.V.?

1. YES
 2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

AR01Q05 - IF C12Q20 = 2

¿Alguna vez le han realizado un examen del virus del papiloma humano o H.P.V.?

1. YES
 2. NO
7. NO SABE/ NO ESTÁ SEGURO/A
9. REHUSÓ CONTESTAR

State Added 02: Tobacco Control

AR02Q01 - IF C11Q02 = 1, 2

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

_ _ NUMBER OF YEARS

98. DON'T KNOW/NOT SURE

99. REFUSED

AR02Q01 - IF C11Q02 = 1, 2

¿Cuántos años tenía cuando comenzó por primera vez a fumar cigarrillos con regularidad?

_ _ NÚMERO DE AÑOS

98. NO SABE/ NO ESTÁ SEGURO/A

99. REHUSÓ CONTESTAR

AR02Q02 - IF C11Q02 = 1

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

INTERVIEWER NOTE: 1 pack = 20 cigarettes

_ _ _ NUMBER OF CIGARETTES (1-180)

666. LESS THAN ONE CIGARETTE PER DAY

777. DON'T KNOW/NOT SURE

999. REFUSED

CATI Note: Verify 61 or more

AR02Q02 - IF C11Q02 = 1

En promedio, ¿cerca de cuántos cigarrillos fuma al día ahora?

NOTA DEL ENTREVISTADOR: 1 paquete = 20 cigarrillos

_ _ _ NÚMERO DE CIGARRILLOS (1-180)

666. MENOS DE UN CIGARRILLO POR DÍA

777. NO SABE/ NO ESTÁ SEGURO/A

999. REHUSÓ CONTESTAR

AR02Q03 - IF C11Q02 = 2

During the past 30 days, on how many days did you smoke cigarettes?

__ NUMBER OF DAYS
88. NONE

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

AR02Q03 - IF C11Q02 = 2

Durante los últimos 30 días, ¿en cuántos días fumó cigarrillos?

__ NÚMERO DE DÍAS
88. NINGUNA

77. NO SABE/ NO ESTÁ SEGURO/A
99. REHUSÓ CONTESTAR

AR02Q04 - IF C11Q02 = 1, 2

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

INTERVIEWER NOTE: 1 pack = 20 cigarettes

__ NUMBER OF CIGARETTES (1-180)
666. LESS THAN ONE CIGARETTE PER DAY

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

CATI Note: Verify 61 or more

AR02Q04 - IF C11Q02 = 1, 2

En promedio, en días en los que usted fumó durante los últimos 30 días, ¿cerca de cuántos cigarrillos fumó al día?

__ NÚMERO DE CIGARRILLOS (1-180)

666. MENOS DE UN CIGARRILLO POR DÍA

777. NO SABE/ NO ESTÁ SEGURO/A
999. REHUSÓ CONTESTAR

AR02Q05 - IF C11Q02 = 1, 2

Do you have one of your cigarette packs handy?

- 1. YES
- 2. NO SKP → AR02Q08
- 9. REFUSED SKP → AR02Q08

AR02Q05 - IF C11Q02 = 1, 2

¿Tiene usted a la mano uno de sus paquetes de cigarrillos?

- 1. YES
- 2. NO SKP → AR02Q08
- 9. REHUSÓ CONTESTAR SKP → AR02Q08

AR02Q06 - IF AR02Q05 = 1

Please take a look at it. On its side, you will find a number, called the UPC code, which has vertical lines above it. Please tell me this number.

Programmer Note: UPC number is 8 or 12 digits.

----- UPC NUMBER

AR02Q06 - IF AR02Q05 = 1

Por favor, revíselo. En un costado del paquete, encontrará el número, llamado código UPC, el cuál tiene líneas verticales sobre el. Por favor, dígame ese número.

----- NÚMERO UPC

AR02Q07 - IF AR02Q06 = NNNNNNNNNNNN

The number I have is NNNNNNNNNNNN. Is that correct?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. UNDETERMINED UPC
- 9. REFUSED

AR02Q07 - IF AR02Q06 = NNNNNNNNNNNN

El número que tengo es NNNNNNNNNNNN. ¿Es correcto?

1. YES
2. NO

8. UNDETERMINED UPC
7. NO SABE/ NO ESTÁ SEGURO/A
9. REHUSÓ CONTESTAR

AR02Q08 - IF AR02Q05 = 2, 9 OR AR02Q07 > 1

What brand of cigarettes do you smoke most often?

INTERVIEWER NOTE: DO NOT READ. CODE ONLY ONE

01. Benson & Hedges
02. Camel
03. Carlton
04. Generic
05. Kent
06. Kool
07. Marlboro
08. Merit
09. More
10. Newport
11. Pall Mall
12. Salem
13. Virginia Slims
14. Winston
15. Lucky Strike
16. Other (specify) _____

77. DON'T KNOW
99. REFUSED

AR02Q08 - IF AR02Q05 = 2, 9 OR AR02Q07 > 1

¿Qué marca de cigarrillos fuma con mayor frecuencia?

NOTA DEL ENTREVISTADOR: NO LEA. CIFRE SÓLO UNO.

01. Benson & Hedges
02. Camel
03. Carlton
04. Generic
05. Kent
06. Kool
07. Marlboro
08. Merit
09. More
10. Newport
11. Pall Mall
12. Salem
13. Virginia Slims
14. Winston
15. Lucky Strike
16. OTRA (ESPECIFIQUE) _____

77. NO SABE/ NO ESTÁ SEGURO/A
99. REHUSÓ CONTESTAR

AR02Q09 - IF AR02Q05 = 2, 9 OR AR02Q07 > 1

Do you usually smoke menthol cigarettes?

1. YES
2. NO

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

AR02Q09 - IF AR02Q05 = 2, 9 OR AR02Q07 > 1

¿Usualmente usted fuma cigarrillos de mentol?

1. YES
2. NO

7. NO SABE/ NO ESTÁ SEGURO/A
9. REHUSÓ CONTESTAR

AR02Q10 - IF AR02Q05 = 2, 9 OR AR02Q07 > 1

Do you usually smoke regular, light, or ultra light cigarettes?

1. REGULAR
2. LIGHT
3. ULTRA LIGHT

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

AR02Q10 - IF AR02Q05 = 2, 9 OR AR02Q07 > 1

¿Usualmente fuma cigarrillos regulares, suaves (*light*) o ultra suaves (*ultra light*)?

1. REGULARES
2. LIGHT
3. ULTRA LIGHT

7. NO SABE/ NO ESTÁ SEGURO/A
9. REHUSÓ CONTESTAR

AR02Q11

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

1. YES
2. NO SKP → BRFSS CLOSE

7. DON'T KNOW/NOT SURE SKP → BRFSS CLOSE
9. REFUSED SKP → BRFSS CLOSE

AR02Q11

¿Alguna vez ha usado o probado productos de tabaco sin humo como tabaco masticable?

1. YES
2. NO SKP → BRFSS CLOSE

7. NO SABE/ NO ESTÁ SEGURO/A SKP → BRFSS CLOSE
9. REHUSÓ CONTESTAR SKP → BRFSS CLOSE

AR02Q12 - IF AR02Q11 = 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

AR02Q12 - IF AR02Q11 = 1

¿Actualmente usa tabaco masticable todos los días, algunos días o ningún día?

1. TODOS LOS DÍAS
2. ALGUNOS DÍAS
3. NINGÚN DÍA

7. NO SABE/ NO ESTÁ SEGURO/A
9. REHUSÓ CONTESTAR

AR02Q13 - IF AR02Q12 = 1,2

How old were you when you first started using chewing tobacco or snuff fairly regularly?

_ _ NUMBER OF YEARS

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

AR02Q13 - IF AR02Q12 = 1,2

¿Cuántos años tenía usted cuando comenzó a usar tabaco masticable con bastante regularidad?

_ _ NÚMERO DE AÑOS

77. NO SABE/ NO ESTÁ SEGURO/A
99. REHUSÓ CONTESTAR

AR02Q14 - IF AR02Q11 = 1

What brand of chewing tobacco do you use most often?

INTERVIEWER NOTE: DO NOT READ; CODE ONLY ONE

01. RED MAN
 02. BEECH-NUT
 03. LEVI GARRETT
 04. TAYLOR'S PRIDE
 05. SMOKEY MOUNTAIN
 06. OTHER (SPECIFY) _____
 07. WHATEVER IS CONVENIENT
-
77. DON'T KNOW/NOT SURE
 99. REFUSED

AR02Q14 - IF AR02Q11 = 1

¿Qué marca de tabaco masticable utilicé con mayor frecuencia?

NOTA DEL ENTREVISTADOR: NO LEA. CIFRE SÓLO UNO.

01. RED MAN
 02. BEECH-NUT
 03. LEVI GARRETT
 04. TAYLOR'S PRIDE
 05. SMOKEY MOUNTAIN
 06. OTRA (ESPECIFIQUE) _____
 07. CUALQUIERA QUE SEA CONVENIENTE
-
77. NO SABE/ NO ESTÁ SEGURO/A
 99. REHUSÓ CONTESTAR

AR02Q15 - IF AR02Q11 = 1

What brand of snuff or dip do you use most often?

INTERVIEWER NOTE: DO NOT READ. CODE ONLY ONE

01. KODIAK
 02. GRIZZLY
 03. SKOAL
 04. NAVY
 05. COPENHAGEN
 06. TUBE ROSE
 07. SKOAL BANDITS
 08. HAWKEN
 09. OTHER (SPECIFY) _____
 10. WHATEVER IS CONVENIENT
-
77. DON'T KNOW/NOT SURE
 99. REFUSED

AR02Q15 - IF AR02Q11 = 1

¿Qué marca de tabaco masticable utiliza con mayor frecuencia?

NOTA DEL ENTREVISTADOR: NO LEA. CIFRE SÓLO UNO.

01. KODIAK
 02. GRIZZLY
 03. SKOAL
 04. NAVY
 05. COPENHAGEN
 06. TUBE ROSE
 07. SKOAL BANDITS
 08. HAWKEN
 09. OTRA (ESPECIFIQUE) _____
 10. CUALQUIERA QUE SEA CONVENIENTE
-
77. NO SABE/ NO ESTÁ SEGURO/A
 99. REHUSÓ CONTESTAR

AR02Q16 - IF C11Q02 = 1, 2 AND AR02Q12 = 1, 2

When you can't smoke cigarettes because of clean indoor air restrictions, do you use chewing tobacco or snuff?

1. YES
 2. NO
-
9. REFUSED

AR02Q16 - IF C11Q02 = 1, 2 AND AR02Q12 = 1, 2

Cuando usted no puede fumar cigarrillos por restricciones de aire limpio en interiores, ¿utiliza usted tabaco masticable?

1. YES
 2. NO
-
9. REHUSÓ CONTESTAR

CLOSING

That is 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.