



2009

**Behavioral Risk Factor Surveillance System**

**ARKANSAS**

**January 2009  
(CDC Core - 12/22/2008)**

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health  
Promotion  
Division of Adult and Community Health**

**2009 ARKANSAS BRFS**

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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?

- 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 in [STATE].

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 last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about 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

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

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

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
3. NO
4. NO, PRE-DIABETES OR BORDERLINE DIABETES
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**Core Section 07: Hypertension Awareness**

C07Q01

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

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

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **SKP → NEXT SECTION**
3. NO **SKP → NEXT SECTION**
4. TOLD BOARDERLINE HIGH OR PRE-HYPERTENSIVE **SKP → NEXT SECTION**
  
7. DON'T KNOW/NOT SURE **SKP → NEXT SECTION**
9. REFUSED **SKP → NEXT SECTION**

C07Q02 - IF C07Q01 = 1

Are you currently taking medicine for your high blood pressure?

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

**Core Section 08: Cholesterol Awareness**

C08Q01

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

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

C08Q02 - IF C08Q01 = 1

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

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
- 9. REFUSED

C08Q03 - IF C08Q01 = 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 Section 09: Cardiovascular Disease Prevalence**

C09Q01

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

C09Q02

Ever told you had angina or coronary heart disease?

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

C09Q03

Ever told you had a stroke?

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

**Core Section 10: Asthma**

C10Q01

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

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

C10Q02 - IF C10Q01 = 1

Do you still have asthma?

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 → C11Q05**
  
7. DON'T KNOW/NOT SURE **SKP → C11Q05**
9. REFUSED **SKP → C11Q05**

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 → C11Q04**
  
7. DON'T KNOW/NOT SURE **SKP → C11Q05**
9. REFUSED **SKP → C11Q05**

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 **SKP → C11Q05**
2. NO **SKP → C11Q05**
  
7. DON'T KNOW/NOT SURE **SKP → C11Q05**
9. REFUSED **SKP → C11Q05**

CATI NOTE: IF C11Q02 = 3, CONTINUE. OTHERWISE, GO TO C11Q05

C11Q04 - IF C11Q02 = 3

How long has it been since you last smoked cigarettes regularly?

01. WITHIN THE PAST MONTH (LESS THAN 1 MONTH AGO)
02. WITHIN THE PAST 3 MONTHS (1 MONTH BUT LESS THAN 3 MONTHS AGO)
03. WITHIN THE PAST 6 MONTHS (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
04. WITHIN THE PAST YEAR (6 MONTHS BUT LESS THAN 1 YEAR AGO)
05. WITHIN THE PAST 5 YEARS (1 YEAR BUT LESS THAN 5 YEARS AGO)
06. WITHIN THE PAST 10 YEARS (5 YEARS BUT LESS THAN 10 YEARS AGO)
07. 10 YEARS OR MORE
08. NEVER SMOKED REGULARLY
  
77. DON'T KNOW/NOT SURE
99. REFUSED

C11Q05

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

INTERVIEWER NOTE: SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL
  
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

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

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

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, NOW ON ACTIVE DUTY
2. YES, ON ACTIVE DUTY DURING THE LAST 12 MONTHS, BUT NOT NOW
3. YES, ON ACTIVE DUTY IN THE PAST, BUT NOT DURING THE LAST 12 MONTHS
4. NO, TRAINING FOR RESERVES OR NATIONAL GUARD ONLY
5. NO, NEVER SERVED IN THE MILITARY
  
7. DON'T KNOW/NOT SURE
9. REFUSED

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 RESPONDENT REFUSES ANY INCOME LEVEL, CODE AS "99"  
REFUSED

READ ONLY IF NECESSARY

04. Less than \$25,000 (\$20,000 to less than \$25,000)
03. Less than \$20,000 (\$15,000 to less than \$20,000)
02. Less than \$15,000 (\$10,000 to less than \$15,000)
01. Less than \$10,000
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

CATI NOTE: IF C12Q11 = 7777 (DK/NS) OR 9999 (REF), SKIP TO C12Q13 AND C12Q14.

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

CATI Note: IF C12Q13 = C12Q11 SKIP TO C12Q15.

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.

— — — — WEIGHT (POUNDS/KILOGRAMS)

POUNDS (EX. 220 POUNDS = 220) OR  
KILOGRAMS (EX. 65 KILOGRAMS = 9065  
OR 110 KILOGRAMS = 9110)

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

SKP → C12Q15  
SKP → C12Q15

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

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

**Cell Phone Questions (January through December)**

C12Q19A

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

1. YES SKP → C12Q19C
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q19B - IF C12Q19A = 2 OR C12Q19A = 7 OR C12Q19A = 9

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

1. YES SKP → C12Q19D
2. NO SKP → C12Q20
  
7. DON'T KNOW/NOT SURE SKP → C12Q20
9. REFUSED SKP → C12Q20

C12Q19C - IF C12Q19A = 1

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

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

C12Q19D - IF C12Q19A = 1 OR C12Q19B = 1

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

\_ \_ \_ ENTER PERCENT [1-100]

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

C12Q20

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1. MALE **SKP → NEXT SECTION**
- 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: Caregiver Status

C13Q01

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

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

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

**Core Section 14: Disability**

C14Q01

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

C14Q02

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 15: Alcohol Consumption**

C15Q01

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

C15Q02 - IF C15Q01 = 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?

1 \_ \_ Days per week  
2 \_ \_ Days in past 30 days

888. NO DRINKS IN PAST 30 DAYS  
777. DON'T KNOW/NOT SURE  
999. REFUSED

**SKP → NEXT SECTION**

C15Q03 - IF C15Q01 = 1 AND C15Q02 <> 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 40 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

C15Q04 - IF C15Q01 = 1 AND C15Q02 <> 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

C15Q05 - IF C15Q01 = 1 AND C15Q02 <> 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 16: Immunization

C16Q01

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 → C16Q03
  
- 7. DON'T KNOW/NOT SURE SKP → C16Q03
- 9. REFUSED SKP → C16Q03

C16Q02 - IF C16Q01 = 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

C16Q03 - IF C16Q01 <> 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 → C16Q05
  
- 7. DON'T KNOW/NOT SURE SKP → C16Q05
- 9. REFUSED SKP → C16Q05

C16Q04 - IF C16Q03 = 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

C16Q05

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

**Required Module: Pandemic Flu (January - February)**

C23Q01

What do you think is the most effective one thing you can do to prevent getting sick from the flu?

PLEASE READ

1. Avoiding touching your eyes, nose or mouth as much as possible during the flu season
2. Avoiding close contact with others who may have the flu
3. Getting the flu vaccine
4. Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu.
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q02

What do you think is the most effective thing you can do to prevent spreading the flu to people when you are sick?

PLEASE READ

1. Frequent hand washing
2. Covering your mouth and nose when coughing or sneezing
3. Staying home when you are sick with the flu
4. Getting the flu vaccine
5. Something else
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q03

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

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

INTERVIEWER NOTE: PLEASE READ BOTH THE SUBJECTIVE LABEL AND THE PERCENTAGE RANGE.

1. Very high (90-100%)
2. High (70-89%)
3. Average (50-69%)
4. Low (20-49%)
5. Very Low (0-19%)
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q04

If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you?

PLEASE READ

1. Definitely get one
2. Probably get one
3. Probably not get one
4. Definitely not get a pandemic flu vaccination
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q05

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

PLEASE READ

1. Definitely go
2. Probably go
3. Probably not go
4. Definitely not go to a particular place to get vaccinated
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q06

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

PLEASE READ

01. How to prevent getting the flu
02. How to prevent spreading the flu
03. Symptoms of the flu
04. How to treat the flu
05. Cities where cases of the flu have been identified
06. Information about the flu vaccine
07. Something else
  
77. DON'T KNOW/NOT SURE
99. REFUSED

C23Q07

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

INTERVIEWER DO NOT READ

01. NEWSPAPERS
  02. TELEVISION
  03. RADIO
  04. INTERNET WEBSITES
  05. YOUR DOCTOR
  06. THE CDC (CENTERS FOR DISEASE CONTROL AND PREVENTION)
  07. STATE OR LOCAL PUBLIC HEALTH DEPARTMENTS
  08. OTHER GOVERNMENT AGENCIES
  09. FAMILY OR FRIENDS
  10. RELIGIOUS LEADERS
  11. SOME OTHER SOURCE
- 
77. DON'T KNOW/NOT SURE
  99. REFUSED

C23Q08

Excluding vaccination, what is the one most likely thing you would do if a pandemic flu outbreak were reported in your state? Please choose one from the following list.

PLEASE READ

IF NECESSARY AFTER THE FIRST READ, SAY: "I WILL REPEAT THE QUESTION AND ANSWERS CHOICES TO ASSIST YOUR RECALL."

01. Consult a website
  02. Avoid crowds and public events
  03. Consult your doctor
  04. Try to get a prescription for an anti-viral drug such as Tamiflu
  05. Reduce or avoid travel
  06. Wash hands frequently
  07. Wear a face mask
  08. Keep household members at home while the outbreak lasts
  09. Stock up on medicines and food to help with flu symptoms
  10. Something else
- 
77. DON'T KNOW/NOT SURE
  99. REFUSED

C23Q09

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

1. VERY LIKELY
2. SOMEWHAT LIKELY
3. SOMEWHAT UNLIKELY
4. VERY UNLIKELY TO STAY AT HOME FOR A MONTH
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C23Q10 - IFC12Q09 = 1 OR C12Q09 = 2

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

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
  - b. Public health, healthcare provider, home health, or in a nursing home.
  - c. Homeland or national security as one who would be deployed during a flu pandemic.
- 
1. YES
  2. NO
  
  7. DON'T KNOW/NOT SURE
  9. REFUSED

**Core Section 17: Arthritis Burden**

C17Q01

Next I will ask you about arthritis.

Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER: ARTHRITIS DIAGNOSES INCLUDE:

- \* RHEUMATISM, POLYMYALGIA RHEUMATICA
- \* OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- \* TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- \* CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- \* JOINT INFECTION, REITER'S SYNDROME
- \* ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- \* ROTATOR CUFF SYNDROME
- \* CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- \* VASCULITIS (GIANT CELL ARTERITIS, HENOCHE-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)

1. YES

2. NO

**SKP → NEXT SECTION**

7. DON'T KNOW/NOT SURE

**SKP → NEXT SECTION**

9. REFUSED

**SKP → NEXT SECTION**

C17Q02 - IF C17Q01 = 1

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

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

INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION.

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C17Q03 - IF C17Q01 = 1

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

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION OR TREATMENT.

INTERVIEWER NOTE: THIS QUESTION SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

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

C17Q04 - IF C17Q01 = 1

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

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION OR TREATMENT.

PLEASE READ

1. A lot
2. A little
3. Not at all
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C17Q05 - IF C17Q01 = 1

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

\_ \_ ENTER NUMBER [0-10]

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

**Core Section 18: Fruit and Vegetables**

C18Q01

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

How often do you drink fruit juices such as orange, grapefruit, or tomato?

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

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

C18Q02

Not counting juice, how often do you eat fruit?

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

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

C18Q03

How often do you eat green salad?

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

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

C18Q04

How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

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

C18Q05

How often do you eat carrots?

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

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

C18Q06

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

INTERVIEWER NOTE: "For example a serving of vegetables at both lunch and dinner would be two servings."

- 1 \_ \_ PER DAY
- 2 \_ \_ PER WEEK
- 3 \_ \_ PER MONTH
- 4 \_ \_ PER YEAR

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

Core Section 19: Physical Activity

CATI NOTE: IF CORE C12Q09 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) THEN CONTINUE. OTHERWISE, GO TO C19Q02.

C19Q01 - IF C12Q09 = 1 OR 2

When you are at work, which of the following best describes what you do? Would you say-

INTERVIEWER NOTE: IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS.

PLEASE READ

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labor or physically demanding work
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C19Q02

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.

Now, thinking about the moderate activities you do [fill in "when you are not working" if "employed" or self-employed"] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

1. YES
2. NO SKP → C19Q05
  
7. DON'T KNOW/NOT SURE SKP → C19Q05
9. REFUSED SKP → C19Q05

C19Q03 - IF C19Q02 = 1

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

\_\_ \_ DAYS PER WEEK [01-07]

88. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES SKP → C19Q05
77. DON'T KNOW/NOT SURE SKP → C19Q05
99. REFUSED SKP → C19Q05

C19Q04 - IF C19Q03 <> 77, 88, or 99

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?

\_: \_ HOURS AND MINUTES PER DAY

777. DON'T KNOW/NOT SURE

999. REFUSED

C19Q05

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

1. YES

2. NO

SKP → NEXT SECTION

7. DON'T KNOW/NOT SURE

SKP → NEXT SECTION

9. REFUSED

SKP → NEXT SECTION

C19Q06 - IF C19Q05 = 1

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

\_ \_ DAYS PER WEEK [01-07]

88. DO NOT DO ANY VIGOROUS PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES

SKP → NEXT SECTION

77. DON'T KNOW/NOT SURE

SKP → NEXT SECTION

99. REFUSED

SKP → NEXT SECTION

C19Q07 - IF C19Q06 <> 77, 88, or 99

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?

\_: \_ HOURS AND MINUTES PER DAY

777. DON'T KNOW/NOT SURE

999. REFUSED

Core Section 20: HIV/AIDS

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

C20Q01 - 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 → C20Q05
  
- 7. DON'T KNOW/NOT SURE SKP → C20Q05
- 9. REFUSED SKP → C20Q05

C20Q02 - C12Q01 < 65 & C20Q01 = 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

C20Q03 - C12Q01 < 65 & C20Q01 = 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?

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES A "PUBLIC HEALTH CLINIC", CODE THE RESPONSE AS 04.

01. PRIVATE DOCTOR OR HMO OFFICE
02. COUNSELING AND TESTING SITE
03. HOSPITAL
04. CLINIC
05. JAIL OR PRISON (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE
  
77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: ASK C20Q04, IF C20Q02 = WITHIN LAST 12 MONTHS; OTHERWISE GO TO C20Q05.

C20Q04 - IF C12Q01 < 65 & C20Q02 = WITHIN LAST 12 MONTHS

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

C20Q05 - 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 21: Emotional Support and Life Satisfaction**

C21Q01

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

C21Q02

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

**Core Section 22: Cancer Survivors**

C22Q01

Now I am going to ask you about cancer.

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

INTERVIEWER NOTE: READ ONLY IF NECESSARY: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, SOCIAL WORKER, OR SOME OTHER LICENSED PROFESSIONAL.

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

C22Q02 - IF C22Q01 = 1

How many different types of cancer have you had?

1. ONLY ONE
2. TWO
3. THREE OR MORE
  
7. DON'T KNOW/NOT SURE **SKP → CORE CLOSING**
9. REFUSED **SKP → CORE CLOSING**

C22Q03 - IF C22Q01 = 1

[IF C22Q02 = 1, ASK] At what age were you told that you had cancer?

[IF C22Q02 = 2 OR 3, ASK] At what age was your first diagnosis of cancer?

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

\_ \_ AGE IN YEARS [97=97 AND OLDER]

98. DON'T KNOW/NOT SURE

99. REFUSED

C22Q04 - IF C22Q01 = 1

[IF C22Q02 = 1, ASK] What type of cancer was it?

[IF C22Q02 = 2 or 3, ASK] With your most recent diagnoses of cancer, what type of cancer was it?

INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E. NAME OF CANCER) [1-28]:

**BREAST**

01. Breast cancer

**FEMALE REPRODUCTIVE (GYNECOLOGIC)**

02. Cervical cancer (cancer of the cervix)

03. Endometrial cancer (cancer of the uterus)

04. Ovarian cancer (cancer of the ovary)

**HEAD/NECK**

05. Head and neck cancer

06. Oral cancer

07. Pharyngeal (throat) cancer

08. Thyroid

**GASTROINTESTINAL**

09. Colon (intestine) cancer

10. Esophageal (esophagus)

11. Liver cancer

12. Pancreatic (pancreas) cancer

13. Rectal (rectum) cancer

14. Stomach

**LEUKEMIA/LYMPHOMA (LYMPH NODES AND BONE MARROW)**

15. Hodgkin's Lymphoma (Hodgkin's Disease)

16. Leukemia (blood) cancer

17. Non-Hodgkin's Lymphoma

**MALE REPRODUCTIVE**

18. Prostate cancer

19. Testicular cancer

**SKIN**

20. Melanoma

21. Other skin cancer

**THORACIC**

22. Heart

23. Lung

**URINARY CANCER**

24. Bladder cancer

25. Renal (kidney) cancer

**OTHERS**

26. Bone

27. Brain

28. Neuroblastoma

29. Other

77. DON'T KNOW/NOT SURE

99. REFUSED

**Module 06: Cardiovascular Health**

CATI NOTE: IF C09Q01 = 1 (YES), ask M06Q01. IF C09Q01 = 2, 7, 9, skip M06Q01.

M06Q01 - IF C09Q01 = 1

I would like to ask you a few more questions about your cardiovascular or heart health.

Following your heart attack, 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

CATI NOTE: IF C09Q03 = 1 (YES), ASK M06Q02. IF C09Q03 = 2, 7, 9, skip M06Q02.

M06Q02 - IF C09Q03 = 1

Following your stroke, 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

CATI NOTE: M06Q03 IS ASKED OF ALL RESPONDENTS.

M06Q03

Do you take aspirin daily or every other day?

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

**SKP → NEXT MODULE**

M06Q04 - IF M06Q03 <> 1

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

INTERVIEWER NOTE: IF "YES," ASK "IS THIS A STOMACH CONDITION?"

CODE UPSET STOMACH AS STOMACH PROBLEMS.

1. Yes, not stomach related
2. Yes, stomach problems
3. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**Module 07: Actions to Control High Blood Pressure**

M07Q01 - IF C07Q01 = 1

Are you now doing any of the following to help lower or control your high blood pressure?

(Are you) changing your eating habits (to help lower or control your high blood pressure)?

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

M07Q02 - IF C07Q01 = 1

(Are you) cutting down on salt (to help lower or control your high blood pressure)?

1. YES
2. NO
3. DO NOT USE SALT
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M07Q03 - IF C07Q01 = 1

(Are you) reducing alcohol use (to help lower or control your high blood pressure)?

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

M07Q04 - IF C07Q01 = 1

(Are you) exercising (to help lower or control your high blood pressure)?

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

M07Q05 - IF C07Q01 = 1

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

(Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

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

M07Q06 - IF C07Q01 = 1

(Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

1. YES
2. NO
3. DO NOT USE SALT
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M07Q07 - IF C07Q01 = 1

(Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

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

M07Q08 - IF C07Q01 = 1

(Ever advised you to) exercise (to help lower or control your high blood pressure)?

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

M07Q09 - IF C07Q01 = 1

(Ever advised you to) take medication (to help lower or control your high blood pressure)?

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

M07Q10 - IF C07Q01 = 1

Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS *FEMALE*, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
3. NO
4. TOLD BORDERLINE OR PRE-HYPERTENSIVE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**Module 24: Adverse Childhood Experience (ACE)**

M24INTRO

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

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

M24Q01

Did you live with anyone who was depressed, mentally ill, or suicidal?

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

M24Q02

Did you live with anyone who was a problem drinker or alcoholic?

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

M24Q03

Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

M24Q04

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

M24Q05

Were your parents separated or divorced?

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

M24Q06

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

1. NEVER
2. ONCE
3. MORE THAN ONCE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M24Q07

Before age 18, how often did a parents or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not including spanking. Would you say -

1. NEVER
2. ONCE
3. MORE THAN ONCE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M24Q08

How often did a parent or adult in your home ever swear at you, insult you, or put you down?

1. NEVER
2. ONCE
3. MORE THAN ONCE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M24Q09

How often did anyone at least 5 years older than you or an adult, ever touch you sexually.

1. NEVER
2. ONCE
3. MORE THAN ONCE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M24Q10

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

1. NEVER
2. ONCE
3. MORE THAN ONCE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M24Q11

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

1. NEVER
2. ONCE
3. MORE THAN ONCE
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M24CLOSING

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number?

The 1-800 child abuse hotline number for Arkansas is: **1-800-482-5964**.

**State Added 01: Women's Health**

AR01Q01 - IF C12Q20 = 2

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 → AR01Q03
7. DON'T KNOW/NOT SURE SKP → AR01Q03
9. REFUSED SKP → AR01Q03

AR01Q02 - IF C12Q20 = 2 & AR01Q01 = 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

AR01Q03 - IF C12Q20 = 2 & (AR01Q01 = 2 OR AR01Q01 = 7 OR AR01Q01 = 9)

What is the most important reason why you haven't had a mammogram?

DO NOT READ: EXCEPT ONE MENTION

1. AGE/TOO YOUNG FOR MAMMOGRAM
2. COST
3. DISTRUST OF DOCTORS
4. DON'T KNOW WHERE TO GET ONE
5. DON'T BELIEVE IN IT
6. DON'T HAVE CHILD CARE
7. FATALISM/"GOD'S WILL"
8. FEAR OF DIAGNOSIS/AFRAID
9. DIDN'T GET AROUND TO IT
10. NEVER HEARD OF A MAMMOGRAM
11. NOT RECOMMENDED/SUGG BY DR
12. NO NEED/LOW RISK GROUP
13. NO FAM HISTORY OF BREAST CANCER
14. TOO PAINFUL
15. TOO BUSY/DON'T HAVE TIME
16. NO TRANSPORTATION
17. WON'T GET X-RAY
18. OTHER (SPECIFY)
  
77. DON'T KNOW/NOT SURE
99. REFUSED

AR01Q04 - 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 → AR01Q06**
  
7. DON'T KNOW/NOT SURE **SKP → AR01Q06**
9. REFUSED **SKP → AR01Q06**

AR01Q05 - IF C12Q20 = 2 & AR01Q04 = 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

AR01Q06 - IF C12Q20 = 2 AND 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

**State Added 02: Disability**

AR02Q01 - IF C14Q01 = 1 OR C14Q02 = 1

What is the major impairment or health problem that limits your activities?

1. Arthritis
2. Back/Neck
3. Bone Fractures
4. Walking Problem
5. Breathing Problem
6. Hearing Problem
7. Vision Problem
8. Stroke Problem
9. Hypertension Problem
10. Diabetes
11. Cancer
12. Emotional Problem
13. Other (Specify) \_\_\_\_\_
  
77. DON'T KNOW/NOT SURE
99. REFUSED

AR02Q02 - IF C14Q01 = 1 OR C14Q02 = 1

In the past 30 days, how many days have your activities been limited because of a major impairment or health problem?

\_\_ NUMBER OF DAYS OUT OF PAST 30

88. NONE OF THE DAYS
98. DON'T KNOW/NOT SURE
99. REFUSED

AR02Q03

In the past 30 days, how many days have you not been able to do what you wanted because of physical barriers in your environment like sidewalks, buildings, or houses that are too hard to get around in?

\_ \_ NUMBER OF DAYS OUT OF PAST 30

- 88. NONE OF THE DAYS
- 98. DON'T KNOW/NOT SURE
- 99. REFUSED

AR02Q04

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

PLEASE READ

- 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

**State Added 03: Intimate Partner Violence**

AR03INT

The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers of organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

Are you in a safe place to answer these questions?

- 1. YES
- 2. NO

**SKP → AR03CLO**

AR03Q01 - IF AR03INT = 1

Has an intimate partner ever threatened you with physical violence?  
This includes threatening to hit, slap, push, kick, or hurt you in any way.

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

AR03Q02 - IF AR03INT = 1

Has an intimate partner ever attempted physical violence against you?  
This includes times when they tried to hit, slap, push, kick, or otherwise hurt you, but they were not able to.

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

AR03Q03 - IF AR03INT = 1

Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?

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

AR03Q04 - IF AR03INT = 1

Now, I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Have you ever experienced any unwanted sex by a current or former intimate partner?

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

CATI NOTE: IF AR03Q03 = 1 OR AR03Q04 = 1 CONTINUE; OTHERWISE GO TO AR03CLO.

AR03Q05 - IF AR03INT = 1 AND (AR03Q03 =1 OR AR03Q04 = 1)

In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?

- 1. YES
- 2. NO SKP → AR03Q07
- 7. DON'T KNOW/NOT SURE SKP → AR03Q07
- 9. REFUSED SKP → AR03Q07

AR03Q06 - IF AR03INT = 1 AND AR03Q05 = 1

In the past 12 months, have you had any physical injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex?

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

AR03Q07 - IF AR03INT = 1 AND (AR03Q03 =1 OR AR03Q04 = 1)

At the time of the most recent incident involving an intimate partner who was physically violent -or- had unwanted sex with you, what was that person's relationship to you?

DO NOT READ

- 01. CURRENT BOYFRIEND
- 02. CURRENT GIRLFRIEND
- 03. FORMER BOYFRIEND
- 04. FORMER GIRLFRIEND
- 05. FIANCE (MALE)
- 06. FIANCE (FEMALE)
- 07. MALE YOU WERE DATING
- 08. FEMALE YOU WERE DATING
- 09. FEMALE FIRST DATE
- 10. MALE FIRST DATE
- 11. HUSBAND/MALE LIVE-IN PARTNER
- 12. WIFE/FEMALE LIVE-IN PARTNER
- 13. FORMER HUSBAND/MALE LIVE-IN PARTNER
- 14. FORMER WIFE/FEMALE LIVE-IN PARTNER
- 15. Other (Specify) \_\_\_\_\_
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

AR03CLO

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1-800-799-SAFE (7233)**. Would you like me to repeat the number?

1. CONTINUE

**State Added 04: Traumatic Brain Injury**

AR04Q01

Brain injury means an injury to the brain caused by a blow or jolt to the head or a penetrating head injury - occurring in events like a fall, motor vehicle accident, sports injury, or assault.

Including yourself, how many people in your household have ever had a concussion, seen "stars", blacked out, been confused, or lost consciousness from an injury/blow to the head or brain?

\_ \_ ENTER NUMBER [1-10]

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

AR04Q02 - IF AR04Q01 > 0 AND AR04Q01 < 77

Including yourself, how many people in your household have received medical care as a result of an injury/blow to the head or brain?

\_ \_ ENTER NUMBER [1-10]

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

AR04Q03 - IF AR04Q01 > 0 AND AR04Q01 < 77

Including yourself, how many people in your household went to the hospital or Emergency Department after the injury?

\_ \_ ENTER NUMBER [1-10]

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

AR04Q04 - IF AR04Q01 > 0 AND AR04Q01 < 77

Including yourself, how many people in your household are limited in any way in activities as a result of an injury to their head or brain?

\_ \_ ENTER NUMBER [1-10]

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

AR04Q05 - IF AR04Q01 > 0 AND AR04Q01 < 77

What is the major problem that you or a member of your family has experienced as a result of a head or brain injury?

PLEASE READ

- 1. Memory/thinking problem
- 2. Anger/behavior problem
- 3. Physical impairment or disability
- 4. Other
  
- 8. NONE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

**State Added 05: Interview Length**

AR05Q01 [CATI NOTE: INTERVIEW TIME]

[INTERVIEW LENGTH IN MINUTES INSERTED INTO DATA SET BY CONTRACTOR]

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.