# BRFSS

2019

Behavioral Risk Factor Surveillance System Questionnaire

### **Imported & Hidden Sample Variables**

[ASK ALL]

SAMPTYPE. Imported Sample Variable: Sample Type

1 Landline 2 Cell Phone

[ASK ALL]

STATE. Imported Sample Variable: State

AR ARKANSAS

[ASK ALL]

HEALTHDEPT. Imported Sample Variable: Health Department Name

AR Arkansas Department of Health

[ASK ALL] DEPTPHONE. Imported Sample Variable: Department Phone Number

AR 1-866-784-7166

[ASK ALL] ASGCNTY. Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

**HGENDER.** Hidden Variable for storing values entered at SEX1, SEX2, AND MOD28\_1

1 Male 2 Female

[ASK ALL] LENGTH. Imported Sample Variable: Interview Length

AR 22

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.



### **Behavioral Risk Factor Surveillance System**

2019 Questionnaire

### **Table of Contents**

Table of Contents	3
Interviewer's Script Landline	4
Interviewer's Script Cell Phone	12
Core Sections	19
Section 1: Health Status	19
Section 2: Healthy Days	19
Section 3: Healthcare Access	
Section 4: Hypertension Awareness	22
Section 5: Cholesterol Awareness	23
Section 6: Chronic Health Conditions	24
State Added Section 1: Pre-Diabetes	27
State Added Section 2: Diabetes	28
Section 7: Arthritis	28
Section 8: Demographics	31
Section 9: Tobacco Use	48
Section 10: Alcohol Consumption	50
Section 11: Exercise (Physical Activity) Section 12: Fruits and Vegetables	53
Section 12: Fruits and Vegetables	59
Section 13: Immunization	62
Section 14: H.I.V./AIDS	64
Module 23: Family Planning	66
State Added Section 3: Breast Cancer and Cervical Cancer Screening	68
State Added Section 4: Colorectal Cancer Screening	
State Added Section 5: Sexual Violence	70
State Added Section 6: Oral Health	71
State Added Section 7: Stroke and Heart Attack	72



### Interviewer's Script Landline

Form Approved OMB No. 0920-1061 Exp. Date 03/31/2021

Public reporting burden of this collection of information is estimated to average **27** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

### [ANSWERING MACHINE MESSAGE TO BE LEFT ON 1<sup>ST</sup>, 4<sup>TH</sup>, AND 9<sup>TH</sup> ATTEMPTS THAT RESULT IN ANSWERING MACHINE DISPOSITION]

**AM\_TEXT.** Hello, my name is \_\_\_\_\_\_. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of [insert STATE] residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [insert DEPTPHONE] at your convenience. Thank you.

[PROMPT ON THÉ 1<sup>ST</sup>, 4<sup>TH</sup>, 9<sup>TH</sup> ATTEMPT THAT RESULTS IN A PRIVACY MANAGER] **PM\_TEXT. Privacy Manager** (NAME) calling on behalf of the [HEALTHDEPT]

### [ASK IF SAMPTYPE=1]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is \_\_\_\_\_\_. 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 2019 BRFSS Questionnaire 4



ask some questions about health and health practices. This call may be monitored or recorded for quality control.

Is this \$N?

**INTERVIEWER NOTE:** IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

01 Yes – Continue

10 Callback 20 Refusal D3 Answering Machine B2 Busy DA Dead Air HU Hang Up NA No Answer NW Non-Working Number

### [ASK IF SELFLAG=1 AND SAMPTYPE=1]

**INT02.** Hello, I'm \_\_\_\_\_calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of [STATE] residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [RSA] to be interviewed.

May I please speak to [IF HGENDER=01 INSERT "him] [IF HGENDER=02 INSERT "her"]?

01 Selected on the line

[ASK IF INT01=01 AND SAMPTYPE=1] HS1. Is this a private residence?

**READ IF NECESSARY**: By private residence, we mean someplace like a house or apartment.



**INTERVIEWER NOTE**: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

01 Yes 02 No 03 No, this is a business

### [ASK IF HS1=03]

**BUS.** Thank you very much but we are only interviewing persons on residential phones at this time.

01 Continue [ASSIGN DISPO M8]

[ASK IF HS1=02] **COLLEGE.** Do you live in college housing?

**READ ONLY IF NECESSARY:** BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

**INTERVIEWER NOTE:** IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

01 Yes 02 No – Business 03 No – Group Home

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF COLLEGE=02,03,97,99]

**X2.** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

01 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1] STRES. Do you currently live in [STATE]?



01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF STRES=02,97,99]

X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

01 Continue [ASSIGN DISPO M7]

[ASK IF HS1=01 or COLLEGE=01] HS2. Is this a cell phone?

**READ IF NECESSARY**: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

**INTERVIEWER NOTE**: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

01 Yes, it is a cell phone 02 Not a cell phone

[ASK IF HS2=01]

**HS2X.** Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

01 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=01 AND HS2=02] ADULT. Are you 18 years of age or older?

> 01 Yes 02 No

[ASK IF COLLEGE=01 AND HS2=02 AND ADULT=01] SEX1. Are you male or female?



01 Male 02 Female

97 DON'T KNOW / NOT SURE 99 REFUSED

[IF SEX1=01 SET HGENDER=1 (Male); IF SEX1=02 SET HGENDER=2 (Female)]

### [ASK IF HS1=01 AND HS2=02]

**ADULTS.** I need to randomly select an adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=02] XX3. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

01 Continue [ASSIGN DISPO M6]

### [ASK IF SEX1=97,99]

**XX4.** Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1] ONEADULT. Are you the adult?

> 01 Yes 02 No

[ASK IF ONEADULT=01] ASKGENDR. Are you male or female?



01 Male 02 Female

97 DON'T KNOW / NOT SURE 99 REFUSED

[IF ASKGENDR=01 SET HGENDER=1 (Male); IF ASKGENDR=02 SET HGENDER=2 (Female)]

### [ASK IF ASKGENDR=97,99]

**XX5.** Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

### [ASK IF ONEADULT=02]

**GETADULT.** May I speak with the adult in the household that is 18 years of age or older?

01 Yes, adult coming to the phone [GO TO INT01] 02 No, not here [TERM AS CALL BACK]

### [ASK IF ONEADULT=01]

YOU. Then you are the person I need to speak with.

01 Continue

[ASK IF ADULTS > 1] MEN. How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1] NWOMEN. CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0] WOMEN. So the number of women in the household is [NWOMEN].



Is that correct?

01 Yes 02 No [GO BACK TO ADULTS]

#### [ASK IF ADULTS>=1]

RSA. System Generated Variable: Randomly Selected Adult

01 Oldest Female 02 2<sup>nd</sup> Oldest Female 03 3<sup>rd</sup> Oldest Female 04 4<sup>th</sup> Oldest Female 05 5<sup>th</sup> Oldest Female 06 6<sup>th</sup> Oldest Female 07 7th Oldest Female 08 8th Oldest Female 09 9th Oldest Female 11 Oldest Male 12 2<sup>nd</sup> Oldest Male 13 3<sup>rd</sup> Oldest Male 14 4<sup>th</sup> Oldest Male 15 5<sup>th</sup> Oldest Male 16 6<sup>th</sup> Oldest Male 17 7<sup>th</sup> Oldest Male 18 8<sup>th</sup> Oldest Male 19 9th Oldest Male 20 No respondent selected 21 Male 22 Female

### [ASK IF ADULTS>1 AND SAMPTYPE=1]

**NBIRTH.** The person in your household that I need to speak with is the [RSA]. Are you the [RSA] in this household?

01 Yes, male02 Yes, female03 No, adult coming to the phone



04 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

[IF NBIRTH=01 SET HGENDER=1 (Male); IF NBIRTH=02 SET HGENDER=2 (Female)]

[ASK IF (RSA=01-09 AND NBIRTH=01) OR (RSA=11-19 AND NBIRTH=02)] **NBIRTHCK.** I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF NBIRTH=01 INSERT "Male"] [IF NBIRTH=02 INSERT "Female"]. I must correct this inconsistency.

01 Go Back [GO TO NBIRTH]

[ASK IF NBIRTH=03 AUTO CODE: IF GENDER=21 SET HGENDER=1 (Male); IF GENDER=22 SET HGENDER=2 (Female)]] GENDER. INTERVIEWER: Is the selected adult male or female?

21 Male 22 Female

### [ASK IF NBIRTH=03]

**NEWADULT.** Hello, I am calling for the [HEALTHDEPT]. My name is \_\_\_\_\_. 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. This call may be monitored or recorded for quality control.

01 Continue

### [ASK IF SAMPTYPE=1]

**YOURTHE1.** 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. [IF STATE=X INSERT "Any information you give me will not be connected to any personal information."; IF STATE=X INSERT "Any personal information that you provide will not be used to identify you."] If you have any questions about the survey, please call [DEPTPHONE].



**INTERVIEWER NOTE:** The interview takes on average [insert LENGTH] minutes depending on your answers.

01 Person Interested, Continue 02 Go back to Adults question. **WARNING:** A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE [GO BACK TO ADULTS]

### Interviewer's Script Cell Phone

#### [ASK IF SAMPTYPE=2]

**INT01.** Hello, I am calling for the [HEALTHDEPT]. My name is \_\_\_\_\_\_. 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. This call may be monitored or recorded for quality control.

Is this a safe time to talk with you?

**INTERVIEWER NOTE:** IF NO: Thank you very much. We will call you back at a more convenient time

01 Yes – Continue

02 No – Not a safe time [GO TO CALL BACK SCREEN]

10 Callback 20 Refusal D3 Answering Machine B2 Busy DA Dead Air HU Hang Up NA No Answer NW Non-Working Number



[ASK IF INT01=01] PHONE. Is this \$N?

## **INTERVIEWER NOTE:** PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

01 Yes

02 No

03 Not a safe time/driving [GO TO TERM]

97 DON'T KNOW / NOT SURE 99 REFUSED

#### [ASK IF PHONE=02]

**XPHONE.** 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.

01 Continue [GO TO TERM]

[ASK IF PHONE=01,97,99] CELLFON2. Is this a cell phone?

**READ IF NECESSARY**: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

**INTERVIEWER NOTE**: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

01 Yes 02 No 03 Not a safe time / driving [GO TO TERM]

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF CELLFON2=02]

**NOTCELL1.** Thank you very much, but we are only interviewing cell telephones at this time.



01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=97,99] NOTCELL2. Thank you for your time.

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=01] CADULT. Are you 18 years of age or older?

> 01 Yes 02 No

### [ASK IF CADULT=02]

**NOTOLD.** Thank you very much, but we are only interviewing persons aged 18 or older at this time.

01 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=01] SEX2. Are you male or female?

> 01 Male 02 Female

97 DON'T KNOW / NOT SURE 99 REFUSED

[IF SEX2=01 SET HGENDER=1 (Male); IF SEX2=02 SET HGENDER=2 (Female)]

[ASK SEX2=97,99]

**XX6.** Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=01] **PVTRESD2.** Do you live in a private residence?



**READ ONLY IF NECESSARY:** BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

**INTERVIEWER NOTE:** PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF PVTRESD2=02]

**COLLEGE.** Do you live in college housing?

**READ ONLY IF NECESSARY:** BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

**INTERVIEWER NOTE:** IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

01 Yes 02 No – business 03 No – group home 04 Not a safe time / driving [GO TO CALL BACK SCREEN]

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF COLLEGE=02,03]

**NOTARES.** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRESD2=97,99 OR COLLEGE=97,99]



### **X4.** Thank you very much for your time.

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRESD2=01 OR COLLEGE=01] CSTATE. Do you currently live in [STATE]?

> 01 Yes 02 No

03 Not a safe time / driving [GO TO CALL BACK SCREEN]

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF CSTATE=97,99] **X5.** Thank you very much for your time.

01 Continue [ASSIGN DISPO M7]

### [ASK IF CSTATE=02] RSPSTATE. In what state do you currently live?

AL Alabama AK Alaska AZ Arizona **AR** Arkansas CA California CO Colorado **CT** Connecticut **DE Delaware** DC District of Columbia FL Florida GA Georgia HI Hawaii ID Idaho IL Illinois **IN** Indiana IO Iowa **KS** Kansas



**KY Kentucky** LA Louisiana **ME Maine MD** Maryland MA Massachusetts **MI** Michigan **MN** Minnesota **MS** Mississippi **MO** Missouri MT Montana **NE** Nebraska **NV Nevada NH New Hampshire** NJ New Jersey **NM New Mexico** NY New York NC North Carolina ND North Dakota **OH** Ohio **OK Oklahoma OR Oregon** PA Pennsylvania **RI Rhode Island** SC South Carolina SD South Dakota **TN** Tennessee **TX** Texas UT Utah **VT Vermont** VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 99 Refused

[ASK IF RSPSTATE=99 or (CSTATE=02 AND STATE=VT AND RSPSTATE NE VT)] **REFSTATE.** I'm sorry, but our data is compiled by state. [IF RSPSTATE=99 AND STATE NE VT INSERT "In order to qualify for the interview we need to know which



state you live in."] [IF STATE=VT AND RSPSTATE NE VT INSERT "We are only interviewing residents of the state of Vermont."] Thank you for your time.

01 Continue [ASSIGN DISPO M7]

### [ASK IF SAMPTYPE=2]

**LANDLINE.** Do you also have a landline telephone in your home that is used to make and receive calls?

**READ ONLY IF NECESSARY:** BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE USED FOR BOTH BUSINESS AND PERSONAL USE.

**INTERVIEWER NOTE**: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JAKE AND OTHER HOME-BASED PHONE SERVICES)

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF PVTRESD2=01]

**NUMADULT.** How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

99 REFUSED

### [ASK IF SAMPTYPE=2]

**SVINTRO.** 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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE]



### **INTERVIEWER NOTE:** The interview takes on average [insert LENGTH] minutes depending on your answers.

01 Continue 02 Driving / not a safe time [GO TO CALL BACK SCREEN]

99 REFUSED [GO TO TERM SCREEN]

### **Core Sections**

Section 1: Health Status

### [ASK ALL] S1Q1. Section 1: Health Status

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

01 Excellent 02 Very good 03 Good 04 Fair, or 05 Poor

97 DON'T KNOW / NOT SURE 99 REFUSED

### Section 2: Healthy Days

### [ASK ALL] S2Q1. Section 2: Healthy Days

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?

### RANGE 1-30 [NUMBER BOX]



88 None

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL]

**S2Q2.** 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?

RANGE 1-30 [NUMBER BOX]

88 None

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

**S2Q3.** 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?

RANGE 1-30 [NUMBER BOX]

88 None

97 DON'T KNOW / NOT SURE 99 REFUSED

Section 3: Healthcare Access

## [ASK ALL] Section 3: Healthcare Access

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

01 Yes



02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL]

**S3Q2.** Do you have one person you think of as your personal doctor or healthcare provider?

If no, ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

01 Yes, only one 02 More than one 03 No 97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL]

**S3Q3.** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL]

**S3Q4.** About how long has it been since you last visited a doctor for a routine checkup?

**READ IF NECESSARY:** A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

### **READ LIST ONLY IF NECESSARY**

01 Within the past year (anytime less than 12 months ago)



02 Within the past 2 years (1 year but less than 2 years ago) 03 Within the past 5 years (2 years but less than 5 years ago) 04 5 or more years ago

88 NEVER 97 DON'T KNOW 99 REFUSED

Section 4: Hypertension Awareness

### [ASK ALL]

S4Q1. Section 4: Hypertension Awareness

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

**INTERVIEWER:** If 'Yes' and respondent is female, ask: "Was this only when you were pregnant?"

**INTERVIEWER READ IF NECESSARY**: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

01 Yes02 Yes, but female told only during pregnancy03 No04 Told borderline high or pre-hypertensive

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S4Q1=02 AND HGENDER=1]

**S4Q1A. INTERVIEWER:** You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S4Q1]



### [ASK IF S4Q1=01] S4Q2. Are you currently taking prescription medicine for your high blood pressure?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### Section 5: Cholesterol Awareness

### [ASK ALL] S5Q1. Section 5: Cholesterol Awareness

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

01 Never 02 Within the past year (anytime less than one year ago) 03 Within the past 2 years (1 year but less than 2 years ago) 04 Within the past 3 years (2 years but less than 3 years ago) 05 Within the past 4 years (3 years but less than 4 years ago) 06 Within the past 5 years (4 years but less than 5 years ago) 08 5 or more years ago

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S5Q1 NE 01 OR 99]

**S5Q2.** Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

**INTERVIEWER READ IF NECESSARY:** By other health professional we mean nurse practitioner, a physician assistant, or some other health professional.

01 Yes 02 No



97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S5Q2=01]

**S5Q3.** Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

01 Yes 02 No

97 DON'T KNOW 99 REFUSED

Section 6: Chronic Health Conditions

### [ASK ALL] S6Q1. Section 6: Chronic Health Conditions

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?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK ALL] S6Q2. (Ever told you had) angina or coronary heart disease?

> 01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED



### [ASK ALL] S6Q3. (Ever told you had) a stroke?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK ALL] **S6Q4.** (Ever told you had) asthma?

> 01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S6Q4=01] **S6Q5.** Do you still have asthma?

> 01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL]

**S6Q6.** (Ever told you had) skin cancer?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL] S6Q7. (Ever told you had) any other types of cancer?

01 Yes



02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL]

**S6Q8.** (Ever told you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL]

**S6Q9.** (Ever told you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL]

**S6Q10.** Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

**READ IF NECESSARY:** Incontinence is not being able to control urine flow.

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK ALL] S6Q11. (Ever told you had) diabetes?



**INTERVIEWER:** If yes and respondent is female ask: "Was this only when you were pregnant?" If respondent says pre-diabetes or borderline diabetes, use response code 04.

01 Yes

02 Yes, but female told only during pregnancy

03 No

04 No, pre-diabetes or borderline diabetes

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF HGENDER=1 AND S6Q11=02]

**S6Q11A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected as male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S6Q11]

State Added Section 1: Pre-Diabetes

### [ASK IF S6Q11=03 AND CSTATE NE 2] AR1\_1. State Added Section 1: Pre-Diabetes

Have you ever been told by a doctor or other health professional that you have prediabetes or borderline diabetes?

01 Yes 02 Yes, during pregnancy 03 No

97 DON'T KNOW / NOT SURE 99 REFUSED



[ASK IF S6Q11=01] S6Q12. How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

997 DON'T KNOW / NOT SURE 999 REFUSED

State Added Section 2: Diabetes

[ASK IF S6Q11=01 AND CSTATE NE 2] AR2\_1. State Added Section 2: Diabetes

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

01 Yes 02 Yes, during pregnancy 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### Section 7: Arthritis

#### [ASK ALL] S7Q1. Section 7: Arthritis

(Ever told you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

**INTERVIEWER NOTE:** Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, 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, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa).



01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S7Q1=01]

**S7Q2.** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

**INTERVIEWER NOTE:** IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S7Q1=01]

**S7Q3.** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S7Q1=01]

**S7Q4.** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

**INTERVIEWER NOTE:** If a respondent question arises about medication, say "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

01 Yes 02 No



97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S7Q1=01]

**S7Q5.** In the 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 NOTE:** If respondent gives an answer to each issue (whether works, type or work or amount of work), then if any issues is "yes" mark the overall response as yes.

**INTERVIEWER NOTE:** If a question arises about medications or treatment, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S7Q1=01]

**S7Q6.** 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 on a scale or 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL] LANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?



01 ENGLISH 02 SPANISH

Section 8: Demographics

[ASK ALL] S8Q1. Section 8: Demographics

What is your age?

**READ IF NECESSARY:** I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

RANGE 18-99 [NUMBER BOX]

997 DON'T KNOW / NOT SURE 999 REFUSED

[ASK IF S6Q12>s8q1 AND S8Q1<> 997,999 AND S6Q12 NE 997,999] S8Q1CHK. You said you are [S8Q1] years of age and told you had diabetes at age [S6Q12]. I must correct this inconsistency.

01 GO BACK [GO TO S8Q1]

[ASK ALL] **S8Q2.** Are you Hispanic, Latino/a, or Spanish origin?

01 No, not of Hispanic, Latino/a, or Spanish origin 02 Yes

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S8Q2=02] [MUL=4] S8Q2B. Are you...



### INTERVIEWER NOTE: One or more categories may be selected.

01 Mexican, Mexican American, Chicano/a
02 Puerto Rican
03 Cuban
04 Another Hispanic, Latino/a, or Spanish origin

05 NO [EXCLUSIVE] 97 DON'T KNOW / NOT SURE [EXCLUSIVE] 99 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s8q3 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL] [MUL=6] S8Q3. Which one or more of the following would you say is your race?

**INTERVIEWER NOTE:** Select all that apply.

10 White20 Black or African American30 American Indian or Alaska Native40 Asian50 Pacific Islander

60 OTHER 97 DON'T KNOW / NOT SURE [EXCLUSIVE] 99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40] [MUL=7] **S8Q3A.** Is that ...

**INTERVIEWER NOTE:** Select all that apply.

41 Asian Indian 42 Chinese 43 Filipino



44 Japanese 45 Korean

46 Vietnamese

47 Other Asian

97 DON'T KNOW / NOT SURE [EXCLUSIVE] 99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=50] [MUL=4] S8Q3PI. Is that...

**INTERVIEWER NOTE:** Select all that apply.

51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific Islander

97 DON'T KNOW / NOT SURE [EXCLUSIVE] 99 REFUSED [EXCLUSIVE]

### [ASK IF NBR(S8Q3)>1]

DISPLAY ONLY RÉSPONSES CHOSEN AT S8Q3 AND 97 & 99] **S8Q4.** Which one of these groups would you say best represents your race?

**INTERVIEWER NOTE:** If respondent has selected multiple races in previous and refuses to select a single race, code "refused."

10 White20 Black or African American30 American Indian or Alaska Native40 Asian50 Pacific Islander

60 Other 97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF NBR(S8Q3A)>1 AND (NBR(S8Q3)==1 OR S8Q4=40)]



[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE] [DISPLAY ONLY RESPONSES CHOSEN AT S8Q3A AND 97, 99] S8Q4A. Is that...

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF NBR(S8Q3PI)>1 AND (NBR(S8Q3)==1 OR S8Q4=50)] [IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8QSPI RESPONSE] [DISPLAY ONLY RESPONSES CHOSEN AT S8Q3PI AND 97,99] S8Q4PI. Is that...

51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific Islander

97 DON'T KNOW/ NOT SURE 99 REFUSED

[ASK ALL] S8Q5. Are you…?

> 01 Married 02 Divorced

03 Widowed

04 Separated

05 Never married[IF STATE NE WA OR CSTATE=02 INSERT ", Or"]

06 A member of an unmarried couple[IF STATE=WA AND CSTATE NE 02

INSERT ", Or"]



08 In a registered domestic partnership [DISPLAY IF STATE=WA AND CSTATE NE 02]

99 REFUSED

[ASK ALL] S8Q6. What is the highest grade or year of school you completed?

### **READ ONLY IF NECESSARY**

01 Never attended school or only attended kindergarten
02 Grades 1 through 8 (Elementary)
03 Grades 9 through 11 (Some high school)
04 Grade 12 or GED (High school graduate)
05 College 1 year to 3 years (Some college or technical school)
06 College 4 years or more (College graduate)
99 REFUSED

[ASK ALL] S8Q7. Do you own or rent your home?

**INTERVIEWER READ IF NECESSARY:** We ask this question in order to compare health indicators among people with different housing situations.

**INTERVIEWER NOTE:** Home is defined as the place where you live most of the time/the majority of the year.

**INTERVIEWER NOTE:** Other arrangement may include group home, staying with friends or family without paying rent. (includes "rent to own")

01 Own 02 Rent 03 Other arrangement

97 DON'T KNOW / NOT SURE 99 REFUSED

AR State-Added Section: County [ASK IF STATE=AR AND CSTATE NE 02]



### AR\_CNTY. State-Added Section: County

### In what county do you currently live?

001	Arkansas
003	Ashley
005	Baxter
007	Benton
009	Boone
011	Bradley
013	Calhoun
015	Carroll
017	Chicot
019	Clark
021	Clay
023	Cleburne
025	Cleveland
027	Columbia
029	Conway
031	Craighead
033	Crawford
035	Crittenden
037	Cross
039	Dallas
041	Desha
043	Drew
045	Faulkner
047	Franklin



049	Fulton	
051	Garland	
053	Grant	
055	Greene	
057	Hempstead	
059	Hot Spring	
061	Howard	
063	Independence	
065	Izard	
067	Jackson	
069	Jefferson	
071	Johnson	
073	Lafayette	
075	Lawrence	
077	Lee	
079	Lincoln	
081	Little River	
083	Logan	
085	Lonoke	
087	Madison	
089	Marion	
091	Miller	
093	Mississippi	
095	Monroe	
097	Montgomery	
099	Nevada	
101	Newton	



103	Ouachita
105	Perry
107	Phillips
109	Pike
111	Poinsett
113	Polk
115	Роре
117	Prairie
119	Pulaski
121	Randolph
125	Saline
127	Scott
129	Searcy
131	Sebastian
133	Sevier
135	Sharp
123	St. Francis
137	Stone
139	Union
141	Van Buren
143	Washington
145	White
147	Woodruff
149	Yell

# 997 DON'T KNOW / NOT SURE 999 REFUSED



# [ASK IF STATE=AR AND S8Q8 NE 997,999 AND CSTATE NE 02] S8Q8C. I just want to confirm, you said you live in the county of [S8Q8]. Is that correct?

01 Yes, correct county 02 No, incorrect county [GO BACK TO az\_cnty]

[ASK IF CSTATE=02] CNTY. In what county do you currently live?

01 Gave Response [TEXT BOX]

97 DON'T KNOW / NOT SURE 99 REFUSED

# [ASK ALL]

**S8Q9.** What is the ZIP Code where you currently live?

RANGE 00000-99996 [NUMBER BOX]

99997 DON'T KNOW / NOT SURE 99999 REFUSED

[ASK IF S8Q9 NE 99997,99999] S8Q9C. I just want to confirm, you said your zip code is [S8Q9]. Is that correct?

01 Yes, correct zip code 02 No, incorrect zip code [GO BACK TO S8Q9]

#### [ASK IF SAMPTYPE=1]

**S8Q10.** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED



[ASK IF S8Q10=01 AND SAMPTYPE=1] S8Q11. How many of these telephone numbers are residential numbers?

RANGE 1-6 [NUMBER BOX]

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK ALL] S8Q12. How many cell phones do you have for personal use?

**INTERVIEWER NOTE:** Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

06 Six or more

97 DON'T KNOW / NOT SURE 98 NONE 99 REFUSED

#### [ASK ALL]

**S8Q13.** 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?

**INTERVIEWER NOTE:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK ALL] S8Q14. Are you currently...?

**INTERVIEWER NOTE:** If more than one, say "Select the category which best describes you".



01 Employed for wages 02 Self-employed 03 Out of work for 1 year or more 04 Out of work for less than 1 year 05 A Homemaker 06 A Student 07 Retired \$ Or 08 Unable to work

99 REFUSED

[ASK ALL] **S8Q15.** How many children less than 18 years of age live in your household?

RANGE 1-15 [NUMBER BOX]

88 NONE 99 REFUSED

[ASK IF S8Q15=1-15] **S8Q15CHK.** Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT "child"; IF S8Q15=2-15 INSERT "children"] under 18 living in your household. Is that correct?

01 Yes 02 No [GO BACK TO S8Q15]

99 REFUSED

[ASK ALL] S8Q16A. Is your annual household income from all sources—

Less than \$25,000 (\$20,000 to less than \$25,000)?

**INTERVIEWER NOTE:** If respondent refuses at any income level, code '99' (refused)

01 Yes 02 No

97 DON'T KNOW / NOT SURE



#### 99 REFUSED

[ASK IF S8Q16A=01] S8Q16B. Less than \$20,000 (\$15,000 to less than \$20,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources-

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S8Q16B=01] S8Q16C. Less than \$15,000 (\$10,000 to less than \$15,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources-

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S8Q16C=01] S8Q16D. Less than \$10,000?

READ ONLY IF NECESSARY: Is your annual household income from all sources-

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S8Q16A=02] S8Q16E. Less than \$35,000 (\$25,000 to less than \$35,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources-



01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S8Q16E=02] S8Q16F. Less than \$50,000 (\$35,000 to less than \$50,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources-

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S8Q16F=02] S8Q16G. Less than \$75,000 (\$50,000 to less than \$75,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources-

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

Resp onse	Piping	IF:
01	Less than \$10,000	S8Q16D=01
02	Less than \$15,000 (\$10,000 to less than \$15,000)	S8Q16D=02
03	Less than \$20,000 (\$15,000 to less than \$20,000)	S8Q16C=02
04	Less than \$25,000 (\$20,000 to less than \$25,000)	S8Q16B=02



05	Less than \$35,000 (\$25,000 to less than \$35,000)	S8Q16E=01
06	Less than \$50,000 (\$35,000 to less than \$50,000)	S8Q16F=01
07	Less than \$75,000 (\$50,000 to less than \$75,000)	S8Q16G=01
08	\$75,000 or more	S8Q16G=02 AND NOT(STATE= AK,CT,VT,WA)
97	Don't Know	S8Q16A=97 OR S8Q16B=97 OR S8Q16C=97 OR S8Q16D=97 OR S8Q16E=97 OR S8Q16F=97 OR S8Q16G=97
99	Refused	S8Q16A=99 OR S8Q16B=99 OR S8Q16C=99 OR S8Q16D=99 OR S8Q16E=99 OR S8Q16F=99 OR S8Q16G=99

# [ASK ALL]

## S8Q16. Aggregated response to income question

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 09 Less than \$100,000 (\$75,000 to less than \$100,000) 10 \$100,000 or more

97 DON'T KNOW / NOT SURE 99 REFUSED

# [ASK IF S8Q16 NE 97,99] S8Q16AA. Your Annual Household Income is [S8Q16]. Is This Correct?

01 Yes, correct as is. 02 No, re-ask question [GO BACK TO S8Q16A]

[ASK ALL] PS8Q17. About how much do you weigh without shoes?



**INTERVIEWER NOTE:** ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

P Pounds K Kilograms

7 DON'T KNOW / NOT SURE 9 REFUSED

[ASK IF PS8Q17=P] S8Q17. About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 50-776 [NUMBER BOX]

[ASK IF S8Q17=50-79 OR S8Q17=351-776] S8Q17\_A. Just to double-check, you indicated [S8Q17] pounds as your weight. IS THIS CORRECT?

01 Yes 02 No [GO BACK TO S8Q17]

[ASK IF PS8Q17=K] S8Q17M. About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 23-352 [NUMBER BOX]

[ASK IF S8Q17M=23-352 AND PS8Q17=K] S8Q17AM. Just to double-check, you indicated [S8Q17M] kilograms as your weight. IS THIS CORRECT?

01 Yes 02 No [GO BACK TO S8Q17M]

[ASK ALL]

**PS8Q18.** About how tall are you without shoes?



**INTERVIEWER NOTE:** ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

F Feet M Centimeters

7 DON'T KNOW / NOT SURE 9 REFUSED

[ASK IF PS8Q18=F] S8Q18. About how tall are you without shoes?

**INTERVIEWER NOTE:** Round fractions up. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

[ASK IF S8Q18=300-407 OR S8Q18=609-711] S8Q18A. Just to double check, you indicated you are [S8Q18] FEET / INCHES TALL. IS THIS CORRECT?

01 Yes 02 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=M] S8Q18M. About how tall are you without shoes?

**INTERVIEWER NOTE:** Round fractions up. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX]

[ASK IF S8Q18M=90-254 AND PS8Q18=M] S8Q18AM. Just to double check, you indicated you are [S8Q18M] centimeters tall. IS THIS CORRECT?

01 Yes 02 No [GO BACK TO S8Q18M]



## [ASK IF HGENDER=2 AND S8Q1=18-49] S8Q19. To your knowledge, are you now pregnant?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

# [ASK ALL]

**S8Q20.** Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

# [ASK ALL]

**S8Q21.** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK ALL]

**S8Q22.** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED



# [ASK ALL] S8Q23. Do you have serious difficulty walking or climbing stairs?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK ALL] S8Q24. Do you have difficulty dressing or bathing?

> 01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

## [ASK OF ALL]

**S8Q25.** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

#### Section 9: Tobacco Use

# [ASK ALL] S9Q1. Section 9: Tobacco Use

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

**INTERVIEWER NOTE:** For cigarettes, do not include: electronic cigarettes (ecigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.



### **INTERVIEWER NOTE:** 5 packs = 100 cigarettes

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S9Q1=01] S9Q2. Do you now smoke cigarettes every day, some days, or not at all?

#### DO NOT READ:

01 Every day 02 Some days 03 Not at all

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S9Q2=01,02]

**S9Q3.** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S9Q2=03] S9Q4. How long has it been since you last smoked a cigarette, even one or two puffs?

## **READ ONLY IF NECESSARY:**

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

#### DO NOT READ:

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL]

**S9Q5.** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**INTERVIEWER NOTE:** Snus rhymes with 'goose'. Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. [IF STATE = AK AND CSTATE NE 02, INSERT:Iq'Mik (also known as Blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.]

### DO NOT READ:

01 Every day 02 Some days 03 Not at all

97 DON'T KNOW / NOT SURE 99 REFUSED

# Section 10: Alcohol Consumption

# [ASK ALL] S10Q1. Section 10: Alcohol Consumption

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

**INTERVIEWER NOTE:** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

#### 1\_ Days per week (RANGE 101-107)



#### 2\_ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

888 No drinks in past 30 days

997 DON'T KNOW / NOT SURE

999 REFUSED

### [ASK IF S10Q1 NE 888,997,999]

**S10Q2.** 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 READ ONLY IF NECESSARY:** A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

RANGE 1-76 [NUMBER BOX]

97 DON'T KNOW / NOT SURE 99 REFUSED

#### [ASK IF S10Q2=12-76]

**S10Q2A.** I am sorry, you just said that you consume [S10Q2] drinks per day. Is that correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q2]

#### [ASK IF S10Q1 NE 888,997,999]

**S10Q3.** Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

88 NONE 97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S10Q3=16-76]



**S10Q3A.** I am sorry, you said that in the past month there were [S10Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q3]

#### [ASK IF S10Q1 NE 888,997,999]

**S10Q4.** During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S10Q4=16-76]

**S10Q4A.** I am sorry, you said that in the past 30 days you had [S10Q4] drinks on one occasion. Is this correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q4]

[ASK IF (S10Q3=88 AND HGENDER=2 AND S10Q4=4-76) OR (S10Q3=88 AND HGENDER=1 AND S10Q4=5-76)]

**S10Q4B.** I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q4]

[ASK IF S10Q3=1-76 AND HGENDER=2 AND S10Q4=1-3) OR (S10Q3=1-76 AND HGENDER=1 AND S10Q4=1-4)]

**S10Q4C.** I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S10Q4] drinks on one occasion. Is this correct?

01 Correct as is



# 02 No, Re-ask question [GO BACK TO S10Q3]

Section 11: Exercise (Physical Activity)

### [ASK ALL] S11Q1. Section 11: Exercise (Physical Activity)

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?

**INTERVIEWER NOTE:** If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

# [ASK IF S11Q1=01]

**S11Q2.** What type of physical activity or exercise did you spend the most time doing during the past month?

01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
02 Aerobics video or class
03 Backpacking
04 Badminton
05 Basketball
06 Bicycling machine exercise
07 Bicycling
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
09 Bowling
10 Boxing
11 Calisthenics
12 Canoeing/rowing in competition
13 Carpentry
14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.



15 Elliptical/EFX machine exercise

16 Fishing from river bank or boat

17 Frisbee

18 Gardening (spading, weeding, digging, filling)

19 Golf (with motorized cart)

20 Golf (without motorized cart)

21 Handball

22 Hiking – cross-country

23 Hockey

24 Horseback riding

25 Hunting large game - deer, elk

26 Hunting small game - quail

27 Inline Skating

28 Jogging

29 Lacrosse

30 Mountain climbing

31 Mowing lawn

32 Paddleball

33 Painting/papering house

34 Pilates

35 Racquetball

36 Raking lawn/trimming hedges

37 Running

38 Rock climbing

39 Rope skipping

40 Rowing machine exercises

41 Rugby

42 Scuba diving

43 Skateboarding

44 Skating – ice or roller

45 Sledding, tobogganing

46 Snorkeling

47 Snow blowing

48 Snow shoveling by hand

49 Snow skiing

50 Snowshoeing

51 Soccer

52 Softball/Baseball

53 Squash

54 Stair climbing/Stair master



- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate/Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer
- 76 Yard work (cutting/gathering wood, trimming, etc.)
- 98 Other [TEXT BOX]

97 DON'T KNOW / NOT SURE 99 REFUSED

# [ASK IF S11Q2 =01-76,98]

**S11Q3.** How many times per week or per month did you take part in this activity during the past month?

1\_ \_ Times per week (RANGE 101-150)

2\_ Times in past 30 days (RANGE 201-250) [NUMBER BOX]

997 DON'T KNOW / NOT SURE 999 REFUSED

# [ASK IF S11Q2=01-76,98]

**S11Q4.** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: 30 minutes is coded as 30



60 minutes is coded as 100 1 hour is coded as 100 2 hours and 30 minutes is coded as 230

RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959 [NUMBER BOX]

997 DON'T KNOW / NOT SURE 999 REFUSED

# [ASK IF S11Q1=01]

**S11Q5.** What other type of physical activity gave you the next most exercise during the past month?

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking
- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- **11** Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)
- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game deer, elk
- 26 Hunting small game quail



27 Inline Skating 28 Jogging 29 Lacrosse 30 Mountain climbing 31 Mowing lawn 32 Paddleball 33 Painting/papering house 34 Pilates 35 Racquetball 36 Raking lawn/trimming hedges 37 Running 38 Rock climbing 39 Rope skipping 40 Rowing machine exercises 41 Rugby 42 Scuba diving 43 Skateboarding 44 Skating - ice or roller 45 Sledding, tobogganing 46 Snorkeling 47 Snow blowing 48 Snow shoveling by hand 49 Snow skiing 50 Snowshoeing 51 Soccer 52 Softball/Baseball 53 Squash 54 Stair climbing/Stair master 55 Stream fishing in waders 56 Surfing 57 Swimming 58 Swimming in laps 59 Table tennis 60 Tai Chi 61 Tennis 62 Touch football 63 Volleyball 64 Walking 66 Waterskiing

2019 BRFSS Questionnaire

67 Weight lifting



68 Wrestling
69 Yoga
71 Childcare
72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
73 Household Activities (vacuuming, dusting, home repair, etc.)
74 Karate/Martial Arts
75 Upper Body Cycle (wheelchair sports, ergometer
76 Yard work (cutting/gathering wood, trimming, etc.)
88 No other activity
98 Other [TEXT BOX]

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S11Q5=01-76,98]

**S11Q6.** How many times per week or per month did you take part in this activity during the past month?

1\_ \_ Times per week (RANGE 101-150) 2\_ \_ Times in past 30 days (RANGE 201-250) [NUMBER BOX]

> 997 DON'T KNOW / NOT SURE 999 REFUSED

[ASK IF S11Q5=01-76,98]

**S11Q7.** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

**EXAMPLE:** 30 minutes is coded as 30 60 minutes is coded as 100 1 hour is coded as 100 2 hours and 30 minutes is coded as 230

RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959 [NUMBER BOX]

997 DON'T KNOW / NOT SURE 999 REFUSED

[ASK ALL]



**S11Q8.** During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

**INTERVIEWER NOTE:** Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1\_ \_ Times per week (RANGE 101-150) 2\_ \_ Times in past 30 days (RANGE 201-250) [NUMBER BOX]

> 888 NONE 997 DON'T KNOW / NOT SURE 999 REFUSED

# Section 12: Fruits and Vegetables

# [ASK ALL]

### S12Q1. Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':** "Include fresh, frozen or canned fruit. Do not include dried fruits."

**INTERVIEWER NOTE:** If a respondent indicates that they consume a food item every day then enter the number of <u>times</u> per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. <u>Do not enter times</u> per day unless the respondent reports that he/she consumed that food item each day during the past month.

**INTERVIEWER NOTE:** Enter quantity in days, weeks, or months

1\_ \_ Days (RANGE 101-199)

2\_\_ Weeks (RANGE 201-299)

3\_\_ Months (RANGE 301-399) [NUMBER BOX]



300 Less than once a month 888 Never 997 DON'T KNOW / NOT SURE 999 REFUSED

### [ASK ALL]

**S12Q2.** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

### **READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED**

**DRINKS:** "Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends."

**INTERVIEWER NOTE:** Enter quantity in days, weeks, or months. If a respondent gives a number without a time frame, ask "Was that per day, week or month?"

- 1\_\_ Days (RANGE 101-199)
- 2\_ \_ Weeks (RANGE 201-299)
- 3\_ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month 888 Never 997 DON'T KNOW / NOT SURE 999 REFUSED

#### [ASK ALL]

**S12Q3.** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

**READ IF RESPONDENT ASKS ABOUT SPINACH:** "Include spinach salads."

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. If respondent gives a number without a time frame, ask "Was that per day, week or month?"

- 1\_\_ Days (RANGE 101-199)
- 2\_ \_ Weeks (RANGE 201-299)
- 3\_ Months (RANGE 301-399) [NUMBER BOX]



300 Less than once a month 888 Never 997 DON'T KNOW / NOT SURE 999 REFUSED

#### [ASK ALL]

**S12Q4.** How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

**READ IF RESPONDENT ASKS ABOUT POTATO CHIPS:** "Do not include potato chips"

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK **"WAS THAT PER DAY, WEEK, OR MONTH?"** 

- 1\_\_ Days (RANGE 101-199)
- 2\_\_ Weeks (RANGE 201-299)
- 3\_\_ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month 888 Never 997 DON'T KNOW / NOT SURE 999 REFUSED

# [ASK ALL]

**S12Q5.** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:** "Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes."

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

1\_\_ Days (RANGE 101-199)

2\_\_ Weeks (RANGE 201-299)



#### 3\_\_ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month 888 Never 997 DON'T KNOW / NOT SURE 999 REFUSED

### [ASK ALL]

**S12Q6.** Not including lettuce salads and potatoes, how often did you eat other vegetables?

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

- 1\_\_ Days (RANGE 101-199)
- 2\_\_ Weeks (RANGE 201-299)
- 3\_\_ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month 888 Never 997 DON'T KNOW / NOT SURE 999 REFUSED

Section 13: Immunization

#### [ASK ALL]

S13Q1. Section 13: Immunization

During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or flu shot injected into your arm?

**READ ONLY IF NECESSARY:** A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

01 Yes 02 No

97 DON'T KNOW / NOT SURE



#### 99 REFUSED

### [ASK IF S13Q1=01]

**S13Q2M.** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S13Q1=01 OR S13Q2CHK=01] S13Q2Y. Code YEAR (RANGE 2018-2019) [NUMBER BOX]

> 9997 DON'T KNOW / NOT SURE 9999 REFUSED

# [ASK IF S13Q2Y>0 AND S13Q2Y<CYEARM1]

**S13Q2CHK.** I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

01 Yes 02 No

[ASK ALL] 2019 BRFSS Questionnaire



**S13Q3.** Have you received a tetanus shot in the past 10 years?

**INTERVIEWER NOTE:** If yes ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

01 Yes, received Tdap02 Yes, received tetanus shot, but not Tdap03 Yes, received tetanus shot but not sure what type04 No, did not receive any tetanus shot in the past 10 years

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK ALL] S13Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

**INTERVIEWER NOTE:** If respondent is confused read: "There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar."

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

Section 14: H.I.V./AIDS

# [ASK ALL] S14Q1. Section 14: H.I.V./AIDS

The next few questions are about the national health problem of H.I.V., 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.

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?

01 Yes



02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF S14Q1=01]

**S14Q2M.** Not including blood donations, in what month and year was your last H.I.V. test?

INTERVIEWER NOTE: If response is before January 1985, code "Don't know."

**INTERVIEWER NOTE:** If the respondent remembers the year but cannot remember the month, code the first two digits 97 and the last four digits for the year.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF S14Q1=01] S14Q2Y. Code YEAR (RANGE 1985-2019) [NUMBER BOX]

> 9997 DON'T KNOW / NOT SURE 9999 REFUSED

# [ASK ALL]



**S14Q3.** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year. You have been treated for a sexually transmitted disease or STD 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. You had four or more sex partners in the past year.

Do any of these situations apply to you?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

Module 23: Family Planning

[ASK IF ((HGENDER=2 AND S8Q1=18-49 AND S8Q19=02) or (HGENDER=2 AND S8Q1=18-49 AND MOD9\_7=02 AND S8Q19=01)) AND CSTATE NE 02] MOD23\_1. Module 23: Family Planning

The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

01 Yes 02 No 03 No partner / not sexually active 04 Same sex partner

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF MOD23\_1=01 AND CSTATE NE 02]

**MOD23\_2.** The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?



**INTERVIEWER NOTE:** If respondent reports using more than one method, please code the method that occurs first on the list.

**INTERVIEWER NOTE:** If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."

**INTERVIEWER NOTE:** If respondent reports using an "IUD" probe to determine if "levonorgestrel IUD" or "copper-bearing IUD."

**INTERVIEWER NOTE:** If respondent reports "other method," ask respondent to "please be specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

#### **READ ONLY IF NECESSARY:**

01 Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant (ex. Implanon) 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena) 05 Copper-bearing IUD (ex. ParaGard) 06 IUD, type unknown 07 Shots (ex. Depo-Provera) 08 Birth control pills, any kind 09 Contraceptive patch (ex. Ortho Evra) 10 Contraceptive ring (ex. NuvaRing) 11 Male condoms 12 Diaphragm, cervical cap, sponge 13 Female condoms 14 Not having sex at certain times (rhythm or natural family planning) 15 Withdrawal (or pulling out) 16 Foam, jelly, film, or cream 17 Emergency contraception (morning after pill) 18 Other method

DO NOT READ: 97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF MOD23\_1=02]



**MOD23\_3.** Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

**INTERVIEWER NOTE:** If respondent reports "other reason," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

#### **READ ONLY IF NECESSARY:**

01 You didn't think you were going to have sex/no regular partner 02 You just didn't think about it 03 Don't care if you get pregnant 04 You want a pregnancy 05 You or your partner don't want to use birth control 06 You or your partner don't like birth control/side effects 07 You couldn't pay for birth control 08 You had a problem getting birth control when you needed 09 Religious reasons 10 Lapse in use of a method 11 Don't think you or your partner can get pregnant (infertile or too old) 12 You had tubes tied (sterilization) 13 You had a hysterectomy 14 Your partner had a vasectomy (sterilization) 15 You are currently breast-feeding 16 You just had a baby/postpartum 17 You are pregnant now 18 Same sex partner 19 Other reasons **DO NOT READ:** 

97 DON'T KNOW / NOT SURE 99 REFUSED

State Added Section 3: Breast Cancer and Cervical Cancer Screening

# [ASK IF HGENDER=2 AND CSTATE NE 2]



### AR3\_1. State Added Section 3: Breast Cancer and Cervical Cancer Screening

Have you ever had a mammogram?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 2] AR3\_2. Have you ever had a Pap Test?

> 01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

#### [ASK IF HGENDER=2 AND CSTATE NE 2]

**AR3\_3.** An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

State Added Section 4: Colorectal Cancer Screening

[ASK IF (S8Q1=50-110 OR S8Q1=997,999) AND CSTATE NE 2] AR4\_1. State Added Section 4: Colorectal Cancer Screening



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?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

#### [ASK IF (S8Q1=50-110 OR S8Q1=997,999) AND CSTATE NE 2]

**AR4\_2.** 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?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

State Added Section 5: Sexual Violence
[ASK ALL]

# AR5\_1. State Added Section 5: Sexual Violence

My first questions are about unwanted sexual experiences you may have had. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK ALL]



**AR5\_2.** In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK ALL]

**AR5\_3.** Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

[ASK IF AR5\_3=01] AR5\_4. Has this happened in the past 12 months?

> 01 Yes 02 No

97 DON'T KNOW / NOT SURE 99 REFUSED

State Added Section 6: Oral Health [ASK IF CSTATE NE 2] AR6\_1. State Added Section 6: Oral Health

During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop?

1 \_ \_ Times per day (RANGE 101-199)



2 \_ \_ Times per week (RANGE 201-299) 3 \_ \_ Times per month (RANGE 301-399) [NUMBER BOX]

888 None997 DON'T KNOW / NOT SURE999 REFUSED

# [ASK IF CSTATE NE 2]

**AR6\_2.** During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid<sup>™</sup> and lemonade), sweet tea, and sports or energy drinks (such as as Gatorade<sup>™</sup> and Red Bull<sup>™</sup>)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

1 \_ \_ Times per day (RANGE 101-199)

2 \_ \_ Times per week (RANGE 201-299)

3 \_ \_ Times per month (RANGE 301-399) [NUMBER BOX]

888 None997 DON'T KNOW / NOT SURE999 REFUSED

# [ASK IF CSTATE NE 2]

**AR6\_3.** Which of the following best describes the water that you drink at home most often?

01 Unfiltered tap water02 Filtered tap water03 Bottled or vended water04 Water from another source [TEXT BOX]

97 DON'T KNOW / NOT SURE 99 REFUSED

State Added Section 7: Stroke and Heart Attack [ASK IF CSTATE NE 2] AR7\_1. State Added Section 7: Stroke and Heart Attack



### If you are having symptoms that you think could be a stroke what would you do?

01 Go to the hospital
02 Call your doctor
03 Call 911
04 Call your spouse or family member
05 Wait a couple of hours to see if symptoms stop
06 Something else

97 DON'T KNOW / NOT SURE 99 REFUSED

### [ASK IF CSTATE NE 2]

**AR7\_2.** If you are having symptoms that you think could be a Heart Attack what would you do?

01 Go to the hospital
02 Call your doctor
03 Call 911
04 Call your spouse or family member
05 Wait a couple of hours to see if symptoms stop
06 Something else
97 DON'T KNOW / NOT SURE
99 REFUSED

### [ASK ALL]

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

01 Continue