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## Appendix B: BRFSS Questionnaire

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### Section 1: Health Status

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1.1 Would you say that in general your health is—

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / Not sure
- 9 Refused

### Section 2: Healthy Days — Health-Related Quality of Life

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2.1 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

2.2 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 [If Q2.1 and Q2.2 = 88 (None), go to next section]
- 77 Don't know / Not sure
- 99 Refused

2.3 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

### Section 3: Health Care Access

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

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

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

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 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

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

INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

#### Section 4: Exercise

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4.1 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

#### Section 5: Inadequate Sleep

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5.1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

#### Section 6: Chronic Health Conditions

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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.

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?

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

6.2 (Ever told) you had angina or coronary heart disease?

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

6.3 (Ever told) you had a stroke?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

6.4 (Ever told) you had asthma?  
1 Yes  
2 No [Go to Q6.6]  
7 Don't know / Not sure [Go to Q6.6]  
9 Refused [Go to Q6.6]

6.5 Do you still have asthma?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

6.6 (Ever told) you had skin cancer?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

6.7 (Ever told) you had any other types of cancer?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

6.8 (Ever told) you have chronic obstructive pulmonary disease or C.O.P.D., emphysema or chronic bronchitis?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

INTERVIEWER NOTE: 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, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

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

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

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

6.12 (Ever told) you have diabetes?

INTERVIEWER NOTE: 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 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

NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

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

- Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

## Section 7: Oral Health

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7.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

7.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

INTERVIEWER NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

## Section 8: Demographics

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8.1 (What was your sex at birth? Was it... )  
(What is your sex?)

NOTE: STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF FIRST FORMAT IS USED, READ OPTIONS.

- 1 Male
- 2 Female
- 9 Refused

8.2 What is your age?

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

8.3 Are you Hispanic, Latino/a, or Spanish origin?  
If yes, ask: Are you...

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

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 5 No
- 7 Don't know / Not sure
- 9 Refused

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

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander
  - 51 Native Hawaiian

- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.

8.5 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."

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander
- 60 Other
- 77 Don't know / Not sure
- 99 Refused

8.6 Are you...?

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

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

- 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

- 8.8 Do you own or rent your home?  
 1 Own  
 2 Rent  
 3 Other arrangement  
 7 Don't know / Not sure  
 9 Refused

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent. NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

- 8.9 In what county do you currently live?  
 — — — ANSI County Code (formerly FIPS county code)  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

- 8.10 What is the ZIP Code where you currently live?  
 — — — — ZIP Code  
 7 7 7 7 7 Don't know / Not sure  
 9 9 9 9 9 Refused

NOTE: If cellular telephone interview skip to 8.14

- 8.11 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?  
 1 Yes  
 2 No [Go to Q8.13]  
 7 Don't know / Not sure [Go to Q8.13]  
 9 Refused [Go to Q8.13]

- 8.12 How many of these telephone numbers are residential numbers?  
 — Residential telephone numbers [6 = 6 or more]  
 7 Don't know / Not sure  
 9 Refused

- 8.13 How many cell phones do you have for personal use?  
 INTERVIEWER NOTE: INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.

- Enter number (1-5)  
 6 Six or more  
 7 Don't know / Not sure  
 8 None  
 9 Refused

- 8.14 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.

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

8.15 Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE, SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

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

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

- — Number of children
- 8 8 None
- 9 9 Refused

8.17 Is your annual household income from all sources—

- 0 4 Less than \$25,000 If no, ask 05; if yes, ask 03  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If no, code 04; if yes, ask 02  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If no, code 03; if yes, ask 01  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If no, code 02
- 0 5 Less than \$35,000 If no, ask 06  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If no, ask 07  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If no, code 08  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more
- 7 7 Don't know / Not sure
- 9 9 Refused

8.18 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put 9 in column XXX.

- Round fractions up
- — — — Weight  
(pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

8.19 About how tall are you without shoes? NOTE: If respondent answers in metrics, put 9 in column XXX.

- Round fractions down
- — / — — Height  
(f t / inches/meters/centimeters)

77/ 77      Don't know / Not sure  
99/ 99      Refused

If male, go to 8.21, if female respondent is 45 years old or older, go to Q8.21

- 8.20      To your knowledge, are you now pregnant?  
1      Yes  
2      No  
7      Don't know / Not sure  
9      Refused

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

- 8.21      Are you deaf or do you have serious difficulty hearing?  
1      Yes  
2      No  
7      Don't know / Not Sure  
9      Refused

- 8.22      Are you blind or do you have serious difficulty seeing, even when wearing glasses?  
1      Yes  
2      No  
7      Don't know / Not Sure  
9      Refused

- 8.23      Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?  
1      Yes  
2      No  
7      Don't know / Not sure  
9      Refused

- 8.24      Do you have serious difficulty walking or climbing stairs?  
1      Yes  
2      No  
7      Don't know / Not sure  
9      Refused

- 8.25      Do you have difficulty dressing or bathing?  
1      Yes  
2      No  
7      Don't know / Not sure  
9      Refused

- 8.26      Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?  
1      Yes  
2      No  
7      Don't know / Not sure  
9      Refused

Section 9: Tobacco Use

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

INTERVIEWER NOTE: FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS) OR MARIJUANA.

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?  
Snus (rhymes with 'goose')

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

## Section 10: Alcohol Consumption

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- 10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?  
1 \_\_ Days per week  
2 \_\_ Days in past 30 days  
888 No drinks in past 30 days [Go to next section]  
777 Don't know / Not sure [Go to next section]  
999 Refused [Go to next section]
- 10.2 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
- 10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 for men, X = 4 for women] or more drinks on an occasion?  
\_\_ Number of times  
88 None  
77 Don't know / Not sure  
99 Refused
- 10.4 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

## Section 11: Immunization

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- 11.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?  
Read 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.  
1 Yes  
2 No [Go to Q11.4]  
7 Don't know / Not sure [Go to Q11.4]  
9 Refused [Go to Q11.4]
- 11.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?  
\_\_ / \_\_\_\_ Month / Year  
77 / 7777 Don't know / Not sure  
99 / 9999 Refused
- 11.3 At what kind of place did you get your last flu shot/vaccine?  
01 A doctor's office or health maintenance organization (HMO)  
02 A health department  
03 Another type of clinic or health center (a community health center)  
04 A senior, recreation, or community center  
05 A store (supermarket, drug store)

- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school
- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure
- 99 Refused

11.4 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.

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

## Section 12: Falls

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If respondent is 45 years or older continue, otherwise go to next section.

12.1 In the past 12 months, how many times have you fallen?

- Number of times [76 = 76 or more]
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.2 [Fill in Did this fall (from Q12.1) cause an injury?]. If only one fall from Q12.1 and response is Yes (caused an injury); code 01. If response is No, code 88.

How many of these falls caused an injury that limited your regular activities for at least a day?

INTERVIEWER NOTE: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- Number of falls [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 13: Seat Belt Use and Drinking and Driving

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

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

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Note: If Q13.1 = 8 (Never drive or ride in a car), go to next section; otherwise continue.

Note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

- 13.2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?
- \_\_ \_\_ Number of times
- 88 None
  - 77 Don't know / Not sure
  - 99 Refused

#### Section 14: Breast and Cervical Cancer Screening

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NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

- 14.1 Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

- 1 Yes
- 2 No [Go to Q14.3]
- 7 Don't know / Not sure [Go to Q14.3]
- 9 Refused [Go to Q14.3]

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

- 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

- 14.3 Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

- 1 Yes
- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]

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

- 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

14.5 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?

INTERVIEWER NOTE: HUMAN PAPILLOMARVIRUS (PAP-UH-LOH-MUH VIRUS)

- 1 Yes
- 2 No [Go to Q14.7]
- 7 Don't know/Not sure [Go to Q14.7]
- 9 Refused [Go to Q14.7]

14.6 How long has it been since you had your last H.P.V. test?

- 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

NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.

14.7 Have you had a hysterectomy?

INTERVIEWER NOTE: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).

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

## Section 15: Prostate Cancer Screening

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Note: If respondent is  $\leq 39$  years of age, or is female, go to next section.

15.1 Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

INTERVIEWER NOTE: A PROSTATE-SPECIFIC ANTIGEN TEST, ALSO CALLED A P.S.A. TEST, IS A BLOOD TEST USED TO CHECK MEN FOR PROSTATE CANCER.

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.2 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.3 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

- 15.4. Have you ever had a P.S.A. test?
- 1 Yes
  - 2 No [Go to next section]
  - 7 Don't Know / Not sure [Go to next section]
  - 9 Refused [Go to next section]
- 15.5. How long has it been since you had your last P.S.A. test?
- 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years)
  - 3 Within the past 3 years (2 years but less than 3 years)
  - 4 Within the past 5 years (3 years but less than 5 years)
  - 5 5 or more years ago
  - 7 Don't know / Not sure
  - 9 Refused
- 15.6. What was the main reason you had this P.S.A. test – was it ...?
- 1 Part of a routine exam
  - 2 Because of a prostate problem
  - 3 Because of a family history of prostate cancer
  - 4 Because you were told you had prostate cancer
  - 5 Some other reason
  - 7 Don't know / Not sure
  - 9 Refused

## Section 16: Colorectal Cancer Screening

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Note: If respondent is  $\leq 49$  years of age, go to next section.

- 16.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?
- 1 Yes
  - 2 No [Go to Q16.3]
  - 7 Don't know / Not sure [Go to Q16.3]
  - 9 Refused [Go to Q16.3]
- 16.2 How long has it been since you had your last blood stool test using a home kit?
- 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
- 16.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?
- 1 Yes
  - 2 No [Go to next section]
  - 7 Don't know / Not sure [Go to next section]
  - 9 Refused [Go to next section]

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

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

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

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

## Section 17: HIV/AIDS

---

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you 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.

17.1 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV?

- 1 Yes
- 2 No [Go to Q17.3]
- 7 Don't know / Not sure [Go to Q17.3]
- 9 Refused [Go to Q17.3]

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

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

INSTRUCTION: 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

77 / 7777 Don't know / Not sure

99 / 9999 Refused / Not sure

17.3 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 used intravenous drugs in the past year.

You have been treated for a sexually transmitted 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.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

## Module 1: Pre-Diabetes

---

NOTE: Only asked of those not responding Yes (code = 1) to Core Q6.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?

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

Note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 Yes (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

## Module 2: Diabetes

---

Note: To be asked following Core Q6.13; if response to Q6.12 is Yes (code = 1)

1. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

2. About how often do you check your blood for glucose or sugar?

INTERVIEWER NOTE: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

3. Including times when checked by a family member or friend by not including times when checked by a health professional, about how often do you check your feet for any sores or irritations?

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 555 No feet
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
- — Number of times [76 = 76 or more]  
 88 None  
 77 Don't know / Not sure  
 99 Refused
5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? Interviewer note: A test for A one C measures the average level of blood sugar over the past three months.
- — Number of times [76 = 76 or more]  
 8 8 None  
 98 Never heard of A one C test  
 77 Don't know / Not sure  
 99 Refused

Note: If Q3 = 555 (No feet), go to Q7.

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- — Number of times [76 = 76 or more]  
 88 None  
 77 Don't know / Not sure  
 99 Refused
7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?
- 1 Within the past month (anytime less than 1 month ago)  
 2 Within the past year (1 month but less than 12 months ago)  
 3 Within the past 2 years (1 year but less than 2 years ago)  
 4 2 or more years ago  
 7 Don't know / Not sure  
 8 Never  
 9 Refused
8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- 1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused
9. Have you ever taken a course or class in how to manage your diabetes yourself?
- 1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused

## Module 6: E-Cigarettes

---

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

1. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?
  - 1 Yes
  - 2 No [Go to next module]
  - 7 Don't know / Not Sure [Go to next module]
  - 9 Refused [Go to next module]
  
2. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?
  - 1 Every Day
  - 2 Some days
  - 3 Not at all
  - 7 Don't know/Not sure
  - 9 Refused

## Module 13: Lung Cancer Screening

---

NOTE: IF CORE Q9.1=1 (YES) AND Q9.2 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO QUESTION 4.

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

1. How old were you when you first started to smoke cigarettes regularly?
  - \_\_\_ Age in Years (001 – 100)
  - 888 Never smoked cigarettes regularly [GO TO Q4]
  - 777 Don't know/Not sure
  - 999 Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

[INSTRUCTION/ INTERVIEWER NOTE: (IF RESPONDENT INDICATES AGE INCONSISTENT WITH PREVIOUSLY ENTERED AGE) THE RESPONDENT INDICATED THEIR AGE TO BE \_\_\_ YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF \_\_\_ YEARS. PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT REGULARLY SMOKING OR MAKE A NOTE TO CORRECT THE AGE OF THE RESPONDENT.]

2. How old were you when you last smoked cigarettes regularly?
  - \_\_\_ Age in Years
  - 777 Don't know/Not sure
  - 999 Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

3. On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day?

\_\_\_\_ Number of cigarettes  
777 Don't know/Not sure  
999 Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

INTERVIEWER NOTE 2: RESPONDENTS MAY ANSWER IN PACKS INSTEAD OF NUMBER OF CIGARETTES. BELOW IS A CONVERSION TABLE:

0.5 PACK = 10 CIGARETTES	1.75 PACK = 35 CIGARETTES
0.75 PACK = 15 CIGARETTES	2 PACKS = 40 CIGARETTES
1 PACK = 20 CIGARETTES	2.5 PACKS= 50 CIGARETTES
1.25 PACK = 25 CIGARETTES	3 PACKS= 60 CIGARETTES
1.5 PACK = 30 CIGARETTES	

4. The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?
1. Yes, to check for lung cancer
  2. No (did not have a CT scan)
  3. Had a CT scan, but for some other reason
  7. Don't know/not sure
  9. Refused

#### Module 15: Cancer Survivorship

---

Note: If Core Q6.6 or Q6.7 = 1 (Yes) or Q15.6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

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 [Go to next module]
  - 9 Refused [Go to next module]
2. At what age were you told that you had cancer?

\_\_ Code age in years [97 = 97 and older]  
98 Don't know / Not sure  
99 Refused

Note: If Q1= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

Note: If Core Q6.6 = 1 (Yes) and Q1 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code 21 if Melanoma or 22 if other skin cancer

Note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

3. What type of cancer was it?

If Q1 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?

INTERVIEWER NOTE: Read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

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

09 Larynx

Gastrointestinal

10 Colon (intestine) cancer

11 Esophageal (esophagus)

12 Liver cancer

13 Pancreatic (pancreas) cancer

14 Rectal (rectum) cancer

15 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

16 Hodgkin's Lymphoma (Hodgkin's disease)

17 Leukemia (blood) cancer

18 Non-Hodgkin's Lymphoma

Male reproductive

19 Prostate cancer

20 Testicular cancer

Skin

21 Melanoma

22 Other skin cancer

Thoracic

23 Heart

24 Lung

Urinary cancer:

- 25 Bladder cancer
- 26 Renal (kidney) cancer

Others

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other
- 77 Don't know / Not sure
- 99 Refused

4. Are you currently receiving treatment for cancer?

INTERVIEWER NOTE: BY TREATMENT, WE MEAN SURGERY, RADIATION THERAPY, CHEMOTHERAPY, OR CHEMOTHERAPY PILLS.

- 1 Yes [Go to next module]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to next module]
- 4 No, I haven't started treatment [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

5. What type of doctor provides the majority of your health care?

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other
- 77 Don't know / Not sure
- 99 Refused

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

Read only if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

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

7. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No [Go to Q9]
- 7 Don't know / Not sure [Go to Q9]
- 9 Refused [Go to Q9]

8. Were these instructions written down or printed on paper for you?

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

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

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

INTERVIEWER NOTE: HEALTH INSURANCE ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.

10. Were you ever denied health insurance or life insurance coverage because of your cancer?

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

11. Did you participate in a clinical trial as part of your cancer treatment?

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

12. Do you currently have physical pain caused by your cancer or cancer treatment?

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

13. Would you say your pain currently under control...?

- 1 With medication (or treatment)
- 2 Without medication (or treatment)
- 3 Not under control, with medication (or treatment)
- 4 Not under control, without medication (or treatment)
- 7 Don't know / Not sure
- 9 Refused

## Module 23: Random Child Selection

---

NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.16 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child. [Go to Q1]

If Core Q8.16 is >1 and Core Q8.16 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the Xth [please fill in correct number] child in your household. All following questions about children will be about the Xth [please fill in] child.

1. What is the birth month and year of the Xth child?  
    \_\_ / \_\_ \_\_ \_\_      Code month and year  
    77 / 7777        Don't know / Not sure  
    99 / 9999        Refused

INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is  $\geq$  12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?  
    1      Boy  
    2      Girl  
    9      Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?  
If yes, ask: Are they...

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED

- 1      Mexican, Mexican American, Chicano/a  
2      Puerto Rican  
3      Cuban  
4      Another Hispanic, Latino/a, or Spanish origin  
5      No  
7      Don't know / Not sure  
9      Refused

4. Which one or more of the following would you say is the race of the child?

(Select all that apply)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander
- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

[NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE. OTHERWISE, GO TO Q6.]

5. Which one of these groups would you say best represents the child's race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander
- 60 Other
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child?
- 1 Parent (include biologic, step, or adoptive parent)
  - 2 Grandparent
  - 3 Foster parent or guardian
  - 4 Sibling (include biologic, step, and adoptive sibling)
  - 5 Other relative
  - 6 Not related in any way
  - 7 Don't know / Not sure
  - 9 Refused

## SOUTH DAKOTA'S 2018 STATE-ADDED QUESTIONS

### HEALTH CARE COVERAGE

If "1" to Q. 3.1, continue. Otherwise go to SD01Q02.

SD01Q01. Earlier you were asked some questions about your health care coverage. We'd now like to ask you what type of health care coverage you use to pay for most of your medical care?

Is it coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 08 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

Go to Q. SD02Q01.

If "2" to Q. 3.1, continue. Otherwise go to SD02Q01.

SD01Q02. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 08 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

### TOBACCO

If "1" to Q. 3.4, And If ("1" or "2" to Q. 9.2) or ("1" or "2" to Q. 9.5), continue. Otherwise, go to SD02Q02.

SD02Q01. In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

If "1" or "2" to Q. 8.15, continue. Otherwise, go to SD02Q04.

SD02Q02. While working at your job, are you indoors most of the time?

- 1 Yes
- 2 No Go to SD02Q04
- 7 Don't Know/Not Sure Go to SD02Q04
- 9 Refused Go to SD02Q04

SD02Q03. Which of the following best describes your place of work's official smoking policy for work areas?

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas
- or
- 4 No official policy
- 7 Don't know/Not sure
- 9 Refused

SD02Q04. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

- 1 Smoking is not allowed anywhere inside your home Go to SD02Q06
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home

or

- 4 There are no rules about smoking inside your home
- 7 Don't know / Not sure
- 9 Refused

SD02Q05. On how many of the past 7 days did someone smoke in your home while you were there?

- Number of days
- 5 5 Not at home in the past 7 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## SUN EXPOSURE

SD03Q01. When you are outside for more than one hour on a sunny day, how often do you wear sun block or sunscreen with an SPF of 15 or higher?

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Don't stay out for more than an hour
- 7 Don't Know/Not Sure
- 9 Refused

## COLORECTAL CANCER SCREENING

If respondent is  $\leq$  49 years of age, go to Q. SD05Q01

- SD04Q01. Has a doctor, nurse, or other health professional ever recommended that you be tested for colorectal or colon cancer?
- 1 Yes
  - 2 No
  - 7 Don't Know/Not Sure
  - 9 Refused

## SUBSTANCE ABUSE AND MENTAL HEALTH

- SD05Q01. During the past 12 months, have you ever taken a prescription pain medication such as OxyContin, Percocet, Vicodin, Tramadol, or Fentanyl?
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

## CHILDREN'S HEALTH INSURANCE

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 8.16, continue. Otherwise, go to SD07Q01.

I'm now going to ask you some more questions about the child in the household that we talked about earlier.

- SD06Q01. Does this child have health coverage?
- 1 Yes
  - 2 No Go to SD06Q03
  - 7 Don't Know/Not Sure Go to SD07Q01
  - 9 Refused Go to SD07Q01

- SD06Q02. What type of health coverage do you use to pay for most of this child's medical care?  
Is it coverage through:
- 01 Your employer
  - 02 Someone else's employer
  - 03 A plan that you or someone else buys on your own
  - 04 Medicare
  - 05 Medicaid, CHIP, or Medical Assistance
  - 06 The military, CHAMPUS, TriCare, or the VA
  - 07 The Indian Health Service (IHS)
  - 09 Community Health Services
  - 08 Some other source
  - 88 None
  - 77 Don't know/Not sure
  - 99 Refused

Go to SD07Q01.

SD06Q03. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following.

Coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, CHIP, or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 09 Community Health Services
- 08 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

If "1" to Q. 2 in Module 1, continue. Otherwise, go to SD08Q01.

SD07Q01. Earlier in the survey you indicated that you had been diagnosed with pre-diabetes or borderline diabetes. Did your doctor or another health professional refer you to pre-diabetes education to prevent diabetes?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

If ("3", "4", or "8") to Q. 3.4, continue. Otherwise, go to SD09Q01.

SD08Q01. Earlier in the survey you indicated that you had not had a routine health check-up in the past two years, what is the main reason you have not been to a doctor for a routine checkup in the past two years?

- 1 Can't afford it
- 2 Do not have health insurance
- 3 Not sick/Rarely get sick/Low perceived need to seek medical services
- 4 Clinic hours don't fit my schedule
- 5 Transportation difficulties
- 6 Distrust of doctors
- 7 Waiting times are too long
- 8 Past negative experiences
- 9 Personal factors such as fear, guilt, embarrassment
- 10 Believe in alternative medicine
- 11 Clinic too far away
- 12 Do not have a personal doctor
- 13 Other priorities/Too busy
- 14 Just haven't thought of it
- 97 Other (specify) \_\_\_\_\_
- 77 Don't Know/Not Sure
- 99 Refused

## Adverse Childhood Experiences

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 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—

- SD09Q01. Did you live with anyone who was depressed, mentally ill, or suicidal?  
1 Yes  
2 No  
7 Don't Know/Not Sure  
9 Refused
- SD09Q02. Did you live with anyone who was a problem drinker or alcoholic?  
1 Yes  
2 No  
7 Don't Know/Not Sure  
9 Refused
- SD09Q03. 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
- SD09Q04. 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
- SD09Q05. Were your parents separated or divorced?  
1 Yes  
2 No  
7 Don't Know/Not Sure  
9 Refused
- SD09Q06. 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

- SD09Q07. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---
- 1 Never
  - 2 Once
  - 3 More than once
  - 7 Don't know / Not sure
  - 9 Refused
- SD09Q08. 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
- SD09Q09. How often did anyone at least 5 years older than you or an adult touch you sexually?
- 1 Never
  - 2 Once
  - 3 More than once
  - 7 Don't know / Not sure
  - 9 Refused
- SD09Q10. 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
- SD09Q11. 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

Please read:

Closing Statement: 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, please call 1-800-656-HOPE (4673). Would you like me to repeat this number?

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.