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## Appendix B: BRFSS Questionnaire

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### **Health Status**

- 1.1 Would you say that in general your health is—
- 1 Excellent
  - 2 Very good
  - 3 Good
  - 4 Fair
  - 5 Poor
- Don't know / Not sure  
Refused

### **Healthy Days**

- 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
- None  
Don't know / Not sure  
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 (01-30)
- 88 None  
Don't know / Not sure  
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 (01-30)
- 88 None  
Don't know / Not sure  
Refused

### **Health Care Access**

- 3.1 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
- Don't know / Not sure  
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
- Don't know / Not sure  
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
- Don't know / Not sure  
Refused

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

- 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
- Don't know / Not sure  
Never  
Refused

### **Hypertension Awareness**

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

- 1 Yes
  - 2 Yes, but female told only during pregnancy [Go to next section]
  - 3 No [Go to next section]
  - 4 Told borderline high or pre-hypertensive [Go to next section]
- Don't know / Not sure [Go to next section]  
Refused [Go to next section]

4.2 Are you currently taking medicine for your high blood pressure?

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

## **Cholesterol Awareness**

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

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

Don't know / Not sure

Refused [GO TO NEXT SECTION]

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

- 1 Yes
- 2 No [GO TO NEXT SECTION]

Don't know / Not sure [GO TO NEXT SECTION]

Refused [GO TO NEXT SECTION]

5.3 Are you currently taking medicine prescribed by your doctor for your blood cholesterol?

- 1 Yes
- 2 No

Don't know / Not sure

Refused

## **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.

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

- 1 Yes
- 2 No

Don't know / Not sure

Refused

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

- 1 Yes
- 2 No

Don't know / Not sure

Refused

6.3 (Ever told) (you had) a stroke?

- 1 Yes
- 2 No

Don't know / Not sure

Refused

6.4 (Ever told) (you had) asthma?

1 Yes

2 No [Go to Q6.6]

Don't know / Not sure [Go to Q6.6]

Refused [Go to Q6.6]

6.5 Do you still have asthma?

1 Yes

2 No

Don't know / Not sure

Refused

6.6 (Ever told) (you had) skin cancer?

1 Yes

2 No

Don't know / Not sure

Refused

6.7 (Ever told) (you had) any other types of cancer?

1 Yes

2 No

Don't know / Not sure

Refused

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

1 Yes

2 No

Don't know / Not sure

Refused

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

1 Yes

2 No

Don't know / Not sure

Refused

6.10 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease? Note: (Incontinence is not being able to control urine flow.)

1 Yes

2 No

Don't know / Not sure

Refused

6.11 (Ever told) (you had) diabetes?

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 [Go To Pre-diabetes Module]
- 3 No [Go To Pre-diabetes Module]
- 4 No, pre-diabetes or borderline diabetes [Go To Pre-diabetes Module]
- Don't know / Not sure [Go To Pre-diabetes Module]
- Refused [Go To Pre-diabetes Module]

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

\_\_ Code age in years [97 = 97 and older]

Don't know / Not sure

Refused

### **Arthritis**

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

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

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)

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

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

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

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

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

1 Yes

2 No

Don't know / Not sure

Refused

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?

1 Yes

2 No

Don't know / Not sure

Refused

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 of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

-- Enter number [00-10]

Don't know/ Not sure

Refused

## **Demographics**

8.01 What is your age?

-- Code age in years

Don't know / Not sure

Refused

8.02 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

No

Don't know / Not sure

Refused

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

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

Other

No additional choices

Don't know / Not sure

Refused

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

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

Other

Don't know / Not sure

Refused

8.5 Are you...?

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

Refused

8.6 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)

Refused

8.7 Do you own or rent your home?

- 1 Own

- 2 Rent
- 3 Other arrangement
- Don't know / Not sure
- Refused

8.8 In what county do you currently live?  
\_ \_ \_ ANSI County Code (formerly FIPS county code)  
Don't know / Not sure  
Refused

8.9 What is the ZIP Code where you currently live?  
\_ \_ \_ \_ \_ ZIP Code  
Don't know / Not sure  
Refused

8.10 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 Q8.12]  
Don't know / Not sure [Go to Q8.12]  
Refused [Go to Q8.12]

8.11 How many of these telephone numbers are residential numbers?  
\_ Residential telephone numbers [6 = 6 or more]  
6 Six or more  
Don't know / Not sure  
None  
Refused

8.12 How many cell phones do you have for personal use?  
\_ Enter number (1-5)  
6 Six or more  
Don't know / Not sure  
None  
Refused

8.13 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?  
1 Yes  
2 No  
Don't know / Not sure  
Refused

8.14 Are you currently...?  
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  
Refused

8.15 How many children less than 18 years of age live in your household?  
\_\_ \_\_ Number of children  
None  
Refused

8.16 Is your annual household income from all sources—  
If respondent refuses at ANY income level, code Refused

- 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

Don't know / Not sure  
Refused

8.17 About how much do you weigh without shoes?  
\_\_ \_\_ \_\_ \_\_ Weight (pounds/kilograms)  
Don't know / Not sure  
Refused

8.18 About how tall are you without shoes?  
\_\_ \_\_ / \_\_ \_\_ Height (f t / inches/meters/centimeters)  
Don't know / Not sure  
Refused

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

### **Hearing Impairment**

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

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

8.21 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes

2 No

Don't know / Not Sure

Refused

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

1 Yes

2 No

Don't know / Not sure

Refused

8.23 Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

Don't know / Not sure

Refused

8.24 Do you have difficulty dressing or bathing?

1 Yes

2 No

Don't know / Not sure

Refused

8.25 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

Don't know / Not sure

Refused

## **Tobacco Use**

9.1 Have you smoked at least 100 cigarettes in your entire life? NOTE: 5 packs = 100 cigarettes

1 Yes

2 No [Go to Q9.5]

Don't know / Not sure [Go to Q9.5]

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]

Don't know / Not sure [Go to Q9.5]

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]

Don't know / Not sure [Go to Q9.5]  
Refused [Go to Q9.5 USENOW3]

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

Don't know / Not sure

Refused

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

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

Don't know / Not sure

Refused

### **Alcohol Consumption**

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
- No drinks in past 30 days [Go to next section]
- Don't know / Not sure [Go to next section]
- 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?

\_\_ Number of drinks

Don't know / Not sure

None

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

None

Don't know / Not sure

Refused

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

\_\_ Number of drinks

Don't know / Not sure

Refused

## **Exercise (Physical Activity)**

11.01 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 [Go to C 11.08]
- Don't know / Not sure [Go to C 11.08]
- Refused [Go to C 11.08]

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

- \_\_ (Specify) [See Physical Activity Coding List]
- Don't know / Not Sure [Go to C 11.08]
- Refused [Go to C 11.08]

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

- 1\_\_ Times per week
- 2\_\_ Times per month
- Don't know / Not sure
- Refused

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

- \_\_:\_\_ Hours and minutes
- Don't know / Not sure
- Refused

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

- \_\_ (Specify) [See Physical Activity Coding List]
- Don't know / Not Sure [Go to C 11.08]
- No other activity [Go to C 11.08]
- Refused [Go to C 11.08]

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

- 1\_\_ Times per week
- 2\_\_ Times per month
- Don't know / Not sure
- Refused

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

- \_\_:\_\_ Hours and minutes
- Don't know / Not sure
- Refused

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

- 1\_\_ Times per week
- 2\_\_ Times per month
- Never
- Don't know / Not sure

Refused

### **Fruits and Vegetables**

12.01 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.

- 1\_\_ Times per day
- 2\_\_ Times per week
- 3\_\_ Times per month
- Less than once a month
- Never
- Don't Know
- Refused

12.02 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?

- 1\_\_ Times per day
- 2\_\_ Times per week
- 3\_\_ Times per month
- Less than once a month
- Never
- Don't Know
- Refused

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

- 1\_\_ Times per day
- 2\_\_ Times per week
- 3\_\_ Times per month
- Less than once a month
- Never
- Don't Know
- Refused

12.04 How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

- 1\_\_ Times per day
- 2\_\_ Times per week
- 3\_\_ Times per month
- Less than once a month
- Never
- Don't Know
- Refused

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

- 1\_\_ Times per day
- 2\_\_ Times per week
- 3\_\_ Times per month
- Less than once a month
- Never

Don't Know  
Refused

12.06 Not including lettuce salads and potatoes, how often did you eat other vegetables?

- 1\_\_ Times per day
- 2\_\_ Times per week
- 3\_\_ Times per month
- Less than once a month
- Never
- Don't Know
- Refused

### **Immunization**

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

- 1 Yes
- 2 No [Go to Q13.03]
- Don't know / Not sure [Go to Q13.03]
- Refused [Go to Q13.03]

13.02 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?

- \_\_ / \_\_\_\_ Month / Year
- Don't know / Not sure
- Refused

13.03 Have you received a tetanus shot in the past 10 years?

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

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus shot in the past 10 years
- Don't know/Not sure
- Refused

13.04 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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

### **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.

14.1 Including fluid testing from your mouth, but Not including tests you may have had for blood donation, have you ever been tested for HIV?

- 1 Yes

2 No [Go to C14.03]  
Don't know / Not sure [Go to C14.03]  
Refused [Go to C14.03]

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

\_\_ / \_\_\_\_ Code month and year

Don't know / Not sure

Refused

14.03 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?

1 Yes

2 No

Don't know / Not sure

Refused

### **Pre-Diabetes**

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

1 Yes

2 No

Don't know / Not sure

Refused

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 [GO TO 6.13]

2 Yes, during pregnancy [GO TO 6.13]

3 No [GO TO 6.13]

Don't know / Not sure [GO TO 6.13]

Refused [GO TO 6.13]

### **Home/ Self-measured Blood Pressure**

16.01 Have your doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

1 Yes

2 No

Don't know/not sure

Refused

16.02 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

1 Yes

2 No [Go to next section]

Don't know/not sure [Go to next section]

Refused [Go to next section]

16.03 Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

1 At home

2 On a machine at a pharmacy, grocery or similar location

3 Do not check it

Don't know/not sure

Refused

16.04 How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

1 Telephone

2 Other methods such as email, internet portal or fax or

3 In person

4 Do not share information

Don't know/not sure

Refused

### **Cognitive Decline**

If respondent is 45 years or older continue, else go to next module.

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

20.01 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

1 Yes [Go to CGHOUSE M20.02]

2 No [Go to next module]

Don't know/not sure [Go to CGHOUSE M20.02]

Refused [Go to next module]

20.02 During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

Don't know/not sure



Refused

20.03 As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to CDSOCIAL M20.05]
- 5 Never [Go to CDSOCIAL M20.05]
- Don't know/not sure [Go to CDSOCIAL M20.05]
- Refused [Go to CDSOCIAL M20.05]

20.04 When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- Don't know/not sure
- Refused

20.05 During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is..

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- Don't know/not sure
- Refused

20.06 Have you or anyone else discussed your confusion or memory loss with a health care professional?

- 1 Yes
- 2 No
- Don't know/not sure
- Refused

## **Family Planning**

If respondent is female and greater than 49 years of age, is pregnant or if respondent is male go to the next module.

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

- 1 Yes [Go To M23.02]
- 2 No [GO TO M23.03]
- 3 No partner/not sexually active [GO TO NEXT SECTION]
- 4 Same sex partner [GO TO NEXT SECTION]
- Don't know/not sure [GO TO NEXT SECTION]
- Refused [GO TO NEXT SECTION]

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

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena)
- 05 IUD, Copper-bearing (ex. Paragard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)
- 08 Birth control pulls, any kind
- 09 Contraceptive patch (ex. Ortho Evra, Xulane)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 No having sex at certain times (rhythm or natural family planning)
- 15 Withdrawl (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

Don't know/not sure

Refused

23.03 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?

- 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 it
- 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

Don't know/not sure

Refused

## **Random Child Selection**

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.

29.01 1. What is the birth month and year of the Xth child?

\_\_ / \_\_\_\_ Code month and year

Don't know / Not sure

Refused

29.02 2. Is the child a boy or a girl?

1 Boy

2 Girl

Refused

29.03 3. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

5 No

Don't know / Not sure

Refused

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

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

Don't know / Not sure

Refused

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

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
- Don't know / Not sure  
Refused

29.06 6. How are you related to the child? Are you a...

- 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
- Don't know / Not sure  
Refused

# State-Added Questions

## **Health Care Coverage**

If “1” to Q. 3.1, continue. Otherwise go to SD01Q02.

SD01. 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
- None
- Don’t know/Not sure
- Refused

SD02. 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:

- 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
- None
- Don’t know/Not sure
- Refused

## **Men’s Health Check-up**

SD03. Earlier in the survey you indicated that you had not had a routine health checkup 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?

- 01 Can’t afford it
- 02 Do not have health insurance
- 03 Not sick/rarely get sick/low perceived need to seek medical services
- 04 Clinic hours don’t fit my schedule
- 05 Transportation difficulties
- 06 Distrust of doctors
- 07 Waiting times are too long
- 08 Past negative experiences

- 09 Personal factors such as fear, guilt, or 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)
- Don't know/not sure  
Refused

**Tobacco**

SD04. In the past 12 months, has a doctor, nurse, or other health professional advised you to ?  
[Insert "quit smoking" OR "Stop using spit tobacco" ]

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

SD05. While working at your job, are you indoors most of the time?

- 1 Yes
  - 2 No Go to SD03Q04
- Don't Know/Not Sure Go to SD03Q04  
Refused Go to SD03Q04

SD06. 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
  - 4 No official policy
- Don't know/Not sure  
Refused

SD07. 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 SD03Q06
  - 2 Smoking is allowed in some places or at some times
  - 3 Smoking is allowed anywhere inside your home
  - 4 There are no rules about smoking inside your home
- Don't know / Not sure  
Refused

SD08. 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
- None  
Don't know / Not sure  
Refused

### **Tobacco/E-Cigarettes**

SD09. 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 SD03Q08]
- Don't know/not sure [Go to SD03Q08]
- Refused [Go to SD03Q08]

SD010. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

- 1 Everyday
- 2 Some days
- 3 Not at all
- Don't know/not sure
- Refused

### **Tobacco/South Dakota Quitline Name Recognition**

SD011. Have you heard about the South Dakota Department of Health Program called the "South Dakota QuitLine" that offers free services designed to help a person quit tobacco?

- 1 Yes
- 2 No
- Don't know/not sure
- Refused

### **Substance Abuse and Mental Health**

SD012. 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
- Don't Know/Not Sure
- Refused

SD013. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

- 1 Yes
- 2 No
- Don't know/not sure
- Refused

SD014. Have you ever been treated or are you currently being treated by a health care professional for substance abuse?

- 1 Yes
- 2 No
- Don't know/not sure
- Refused

## **Advance Directive**

SD015. An Advance directive is a document that states what kind of health care treatment you would want to receive, or not want to receive, if you could not speak for yourself. Have you completed an advance directive?

- 1 Yes
- 2 No
- Don't know/not sure
- 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 Closing Statement.

I'm now going to ask you some more questions about the child in the household [insert "that we talked about earlier" if total number of children is greater than one.] Does this child have health coverage?

SD016. Does this child have health coverage?

- 1 Yes Go to SD06Q02
- 2 No Go to SD06Q03
- Don't Know/Not Sure Go to Closing statement
- Refused Go to Closing statement

SD017. What type of health coverage do you use to pay for most of this child's medical care?

- 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
- Don't know/Not sure
- Refused

Go to Closing Statement.

SD018. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following.

- 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



Don't know/Not sure  
Refused

#### Closing Statement

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.

