
Appendix B: BRFSS Questionnaire

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
- 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
- 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
- 3.4 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

Exercise

- 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
 - Don't know / Not sure
 - Refused

Inadequate Sleep

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

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
 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

6.9 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]

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 had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

6.11 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

6.12 (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
- Don't know / Not sure
- Refused

Diabetes

7.1 Are you now taking insulin?

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

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

Read if necessary: 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
- Never
- Don't know / Not sure
- Refused

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.'

- 7.3 Including times when checked by a family member or friend, 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
 - No feet
 - Never
 - Don't know / Not sure
 - Refused
- 7.4 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
 - None
 - Don't know / Not sure
 - Refused
- 7.5 About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? Read if necessary: A test for A one C measures the average level of blood sugar over the past three months.
- _ _ Number of times
 - None
 - Never heard of "A one C" test
 - Don't know / Not sure
 - Refused
- 7.6 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- _ _ Number of times
 - None
 - Don't know / Not sure
 - Refused
- 7.7 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
 - Don't know / Not sure
 - Never
 - Refused

7.8 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
1 Yes
2 No
Don't know / Not sure
Refused

7.9 Have you ever taken a course or class in how to manage your diabetes yourself?
1 Yes
2 No
Don't know / Not sure
Refused

Oral Health

8.1 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
Don't know / Not sure
Never
Refused

8.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease? Read if necessary: 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
None
Don't know / Not sure
Refused

Demographics

9.1 What is your age?
__Code age in years
Don't know / Not sure
Refused

9.2 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

9.3 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

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

9.5 Are you...?

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

- 9.6 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
- 9.7 Do you own or rent your home?
- 1 Own
 - 2 Rent
 - 3 Other arrangement
 - Don't know / Not sure
 - Refused
- 9.8 In what county do you currently live?
- __ __ __ ANSI County Code (formerly FIPS county code)
- Don't know / Not sure
 - Refused
- 9.9 What is the ZIP Code where you currently live?
- __ __ __ __ ZIP Code
- Don't know / Not sure
 - Refused
- 9.10 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 Q9.12]
 - Don't know / Not sure [Go to Q9.12]
 - Refused [Go to Q9.12]
- 9.11 How many of these telephone numbers are residential numbers?
- __ Residential telephone numbers
 - 6 Six or more
 - Don't know / Not sure
 - None
 - Refused
- 9.12 How many cell phones do you have for personal use?
- __ Enter number
 - 6 Six or more
 - Don't know / Not sure
 - None
 - Refused
- 9.13 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

- 9.14 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
- 9.15 How many children less than 18 years of age live in your household?
- __ Number of children
- None
 - Refused
- 9.16 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
- 9.17 To your knowledge, are you now pregnant?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- 9.18 About how much do you weigh without shoes?
- __ __ __ Weight (pounds/kilograms)
- Don't know / Not sure
 - Refused
- 9.19 About how tall are you without shoes?
- __ / __ Height (f t / inches/meters/centimeters)
- Don't know / Not sure
 - Refused

Disability

- 10.1 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?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- 10.2 Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- 10.3 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
- 10.4 Do you have serious difficulty walking or climbing stairs?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- 10.5 Do you have difficulty dressing or bathing?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- 10.6 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

- 11.1 Have you smoked at least 100 cigarettes in your entire life? Note: 5 packs = 100 cigarettes
- 1 Yes
 - 2 No [Go to Q11.5]
 - Don't know / Not sure [Go to Q11.5]
 - Refused [Go to Q11.5]

- 11.2 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 Q11.4]
 - Don't know / Not sure [Go to Q11.5]
 - Refused [Go to Q11.5]
- 11.3 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 Q11.5]
 - 2 No [Go to Q11.5]
 - Don't know / Not sure [Go to Q11.5]
 - Refused [Go to Q11.5]
- 11.4 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
- 11.5 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

- 12.1 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]
- 12.2 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

12.3 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

12.4 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

Immunization

13.1 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 Q13.3]

Don't know / Not sure [Go to Q13.3]

Refused [Go to Q13.3]

13.2 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

13.3 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

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

1 Yes

2 No

Don't know / Not sure

Refused

Falls

14.1 In the past 12 months, how many times have you fallen? Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

__ Number of times

None [Go to next section]

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

Refused [Go to next section]

- 14.2 How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor? Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or caused you to go to see a doctor.
- __ Number of falls
 - None
 - Don't know / Not sure
 - Refused

Seat Belt Use and Drinking and Driving

- 15.1 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
 - Don't know / Not sure
 - Never drive or ride in a car [Go to next section]
 - Refused
- 15.2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?
- __ Number of times
 - None
 - Don't know / Not sure
 - Refused

Breast and Cervical Cancer Screening

Note: If Male, Go to Next Section
The next questions are about breast and cervical cancer.

- 16.1 Have you ever had a mammogram? Note: A mammogram is an x-ray of each breast to look for breast cancer.
- 1 Yes
 - 2 No [Go to Q16.3]
 - Don't know / Not sure [Go to Q16.3]
 - Refused [Go to Q16.3]
- 16.2 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
 - Don't know / Not sure
 - Refused

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

- 1 Yes
- 2 No [Go to Q16.5]
- Don't know / Not sure [Go to Q16.5]
- Refused [Go to Q16.5]

16.4 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
- Don't know / Not sure
- Refused

16.5 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? Note: Human Papillomavirus (pap-ul-loh-muh-virus)

- 1 Yes
- 2 No [Go to Q16.7]
- Don't know / Not sure [Go to Q16.7]
- Refused [Go to Q16.7]

16.6 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
- Don't know / Not sure
- Refused

If response to Q9.17= 1 (is pregnant); then go to next section.

16.7 Have you had a hysterectomy? Read if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Prostate Cancer Screening

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

17.1 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? Read if necessary: A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

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

- 17.2 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
 - Don't Know / Not sure
 - Refused
- 17.3 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?
- 1 Yes
 - 2 No
 - Don't Know / Not sure
 - Refused
- 17.4 Have you ever had a P.S.A. test?
- 1 Yes
 - 2 No [Go to next section]
 - Don't Know / Not sure [Go to next section]
 - Refused [Go to next section]
- 17.5 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 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
 - Don't know / Not sure
 - Refused
- 17.6 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
 - Don't know / Not sure
 - Refused

Colorectal Cancer Screening

Note: If respondent is less than 45 years of age, go to next section.

The next questions are about the five different types of tests for colorectal cancer screening.

- 18.1 A colonoscopy checks the entire colon. 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. Have you ever had a colonoscopy?

Note: Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.

- 1 Yes
- 2 No [Go to Q18.3]
- Don't Know / Not sure [Go to Q18.3]
- Refused [Go to Q18.3]

18.2 How long has it been since you had this 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 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- Don't know / Not sure
- Refused

18.3 A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

- 1 Yes
- 2 No [Go to Q18.5]
- Don't Know / Not sure [Go to Q18.5]
- Refused [Go to Q18.5]

18.4 How long has it been since you had this 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 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- Don't know / Not sure
- Refused

18.5 Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

Note: This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

- 1 Yes
- 2 No [Go to Q18.7]
- Don't Know / Not sure [Go to Q18.7]
- Refused [Go to Q18.7]

18.6 How long has it been since you had this 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
- Don't know / Not sure
- Refused

18.7 Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

Note: This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

- 1 Yes
- 2 No [Go to Q18.9]
- Don't Know / Not sure [Go to Q18.9]
- Refused [Go to Q18.9]

18.8 How long has it been since you had this 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
- Don't know / Not sure
- Refused

18.9 For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

Note: Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.

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

18.10 How long has it been since you had this 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
- 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.

19.1 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 Q19.3]
- Don't know / Not sure [Go to Q19.3]
- Refused [Go to Q19.3]

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

__ / __ Code month and year

Don't know / Not sure

Refused

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.

19.3 Do any of these situations apply to you?

1 Yes

2 No

Don't know / Not sure

Refused

E-Cigarettes

20.1 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]

Don't know / Not sure [Go to next module]

Refused [Go to next module]

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.

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. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

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

2 Some days

3 Not at all

Don't know / Not sure

Refused

Lung Cancer Screening

Note: [If Q11.1=1 (yes) and Q11.2 = 1, 2, or 3 (every day, some days, or not at all) continue, otherwise go to question Q21.4]

21.1 You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer. How old were you when you first started to smoke cigarettes regularly?

Note: 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). If respondent indicated age inconsistent with previously entered age, 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.

___ Age in years
Don't know / Not sure
Never smoked cigarettes regularly [Go to Q21.4]
Refused

21.2 How old were you when you last smoked cigarettes regularly?

___ Age in years
Don't know / Not sure
Refused

21.3 On average, when you [smoke/smoked] regularly, about how many cigarettes [do/did] you usually smoke each day? Note: 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).

Respondents may answer in packs instead of number of cigarettes. Below is a conversion table:

0.5 pack = 10 cigarettes
0.75 pack = 15 cigarettes
1 pack = 20 cigarettes
1.25 pack = 25 cigarettes
1.5 pack = 30 cigarettes
1.75 pack = 35 cigarettes
2 packs = 40 cigarettes
2.5 packs = 50 cigarettes
3 packs = 60 cigarettes

___ Number of cigarettes
Don't know / Not sure
Refused

21.4 The next question is about CT or CAT scans. During this test, you lie flat 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
Don't know/not sure
Refused

Cancer Survivorship

Note: If Q6.6 or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer) continue, otherwise 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.

22.1 How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more
- Don't know / Not sure [Go To Next Section]
- Refused [Go To Next Section]

22.2 At what age were you told that you had cancer?

If Q23.1 = 2 or 3 ask: At what age were you first diagnosed with cancer?

- __ Age in Years
- Don't know/Not sure
- Refused

22.3 What type of cancer was it?

If Q22.1 = 2 or 3 ask: With your most recent diagnosis of cancer, what type of cancer was it?

If Q6.7 = 1 (Yes) and Q22.1 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code Q22.3 as a response of 21 if Melanoma or 22 if other skin cancer

Note: If Q17.6 = 4 (Because you were told you had Prostate Cancer) and Q22.1 = 1 (Only one) then code Q22.3 as a response of 19.

Note: If respondent says skin cancer, ask: Was it melanoma or another skin cancer?

Note: Please read list only if respondent needs prompting for cancer type

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 larynx

Gastrointestinal

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 6 Hodgkin's Lymphoma (Hodgkin's disease)

- 1 7 Leukemia (blood) cancer
- 1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer:

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Don't know / Not sure

Refused

Cancer Treatment

Note: If Q6.6 or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer) continue, otherwise go to next module

23.1 Are you currently receiving treatment for cancer? Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

- 1 Yes [Go To Next Section]
- 2 No, I've completed treatment [Continue]
- 3 No, I've refused treatment [Go To Next Section]
- 4 No, I haven't started treatment [Go To Next Section]
- 5 Treatment was not necessary [Go To Next Section]
- Don't know / Not sure [Go To Next Section]
- Refused [Go To Next Section]

23.2 What type of doctor provides the majority of your health care? Is it a...

- 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
- Don't know / Not sure
- Refused

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.)."

Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.

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

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

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

23.4 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 Q23.6]
- Don't know/ not sure [Go To Q23.6]
- Refused [Go To Q23.6]

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

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

23.6 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
- Don't know/ not sure
- Refused

Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.

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

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

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

- 1 Yes
- 2 No
- 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.

24.1 What is the birth month and year of the Xth child?

- __ / ____ Code month and year
- Don't know / Not sure
- Refused

24.2 Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- Refused

24.3 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

24.4 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

No additional choices
Don't know / Not sure
Refused

24.5 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

24.6 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 SD02.

SD01 Earlier you indicated that you have health care coverage. What type of coverage pays 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

Tobacco

This question includes the use of combustibles, like cigarettes and cigars, smokeless tobacco, electronic cigarettes, and vaping products.

Note: If respondent had a routine checkup in the past year AND they smoke everyday or some days, or use chewing tobacco or snuff every day or some days, or use E-cigarettes every day or some days, continue. Otherwise go to SD04.

SD03 In the past 12 months, has a doctor, nurse, or other health professional advised you to quit using tobacco?

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

Note: If respondent is employed for wages or self-employed, continue. Otherwise, go to SD06

SD04 While working at your job, are you indoors most of the time?

- 1 Yes
- 2 No [Go to SD06]
- Don't know / Not sure [Go to SD06]
- Refused [Go to SD06]

SD05 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

SD06 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches or the use of electronic cigarettes or vaping products inside the home.

- 1 Smoking is not allowed anywhere inside your home [Go to SD08]
- 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 [Go to SD08]
- Refused [Go to SD08]

SD07 On how many of the past 7 days did someone smoke a combustible tobacco product, like a cigarette or cigar, in your home while you were there?

- __ Number of days
- Not at home in the past 7 days
- None
- Don't know/not sure
- Refused

Colorectal Cancer Screening

Note: If respondent is <45 years of age, go to next section.

SD08 Has a doctor, nurse, or other health professional ever recommended that you be tested for colorectal or colon cancer?

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

Sun Exposure

SD09 When you are outside for more than one hour on a sunny day, how often do you wear sunblock 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
- Don't know/not sure
- Refused

Opioid Use

SD10 In the past 12 months, have you taken a prescription pain medication such as OxyContin, Percocet, Vicodin, Tramadol, or Fentanyl?

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

Hepatitis C Testing

SD11 Have you ever been tested for Hepatitis C? Note: If respondent is hesitant or unsure, please do not push for yes or no response. Instead code 7 = don't know/not sure

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

Children's Health Insurance

Note: If the total number of children {ages 0-17} is equal to or greater than 1 continue. Otherwise go to ACE module.

SD12 I'm now going to ask you some more questions about the child in the household [Note: Insert "that we talked about earlier" if total number of children is greater than one]. Does this child have health coverage?

- 1 Yes [Go to SD13]
- 2 No [Go to SD14]
- Don't know / Not sure [Go to SD15]
- Refused [Go to SD15]

SD13 What type of health coverage do you use to pay for most of this child's medical care?

Note: Military coverage includes CHAMPUS, TriCare, and/or the VA

Note: Indian Health Service is also known as IHS

- 01 Your employer or someone else's employer
- 02 A plan you or someone else buys on your own
- 03 Medicaid, or CHIP

- 04
- 05 The Military
- 06 The Indian Health Service
- 07 Some other source
- None
- Don't know/not sure
- Refused

SD14 There are some types of coverage you may not have considered. Please tell me if this child is covered by any of the following:

Note: Military coverage includes CHAMPUS, TriCare, and/or the VA

Note: Indian Health Service is also known as IHS

- 01 Your employer or someone else's employer
- 02 A plan you or someone else buys on your own
- 03 Medicaid, or CHIP
- 04 The Military
- 05 The Indian Health Service
- 06 Some other source
- None
- Don't know/not sure
- Refused

Children's Oral Health

Note: If child's age is greater than or equal to 6 in continue. Otherwise go to ACE Module.

SD15 In the past 12 months, has this child visited the dentist or a dental clinic for a routine check-up, exam, or teeth cleaning?

- 1 Yes [Go to SD17]
- 2 No [Go to SD16]
- Don't know / Not sure [Go to SD17]
- Refused [Go to SD17]

SD16 What is the main reason this child has not visited the dentist or a dental clinic for routine dental care in the past 12 months?

- 1 Fear
- 2 Cost
- 3 Do not have/know a dentist
- 4 Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- 5 No reason to go (no problems, no teeth)
- 6 Other priorities
- 7 Have not thought of it
- 8 Other Specify
- Don't Know/not sure
- Refused

- SD17 Do you have any kind of insurance coverage that pays for some or all of this child's routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- SD18 In the past 12 months, did this child have a toothache, not caused by injury or trauma, on more than one occasion?
- 1 Yes [Continue to SD19]
 - 2 No [Go To SD21]
 - Don't know / Not sure [Go To SD21]
 - Refused [Go To SD21]
- SD19 In the past 12 months, how many times did this toothache cause the child to miss school?
- __ Number of days
 - None
 - Don't know / Not sure
 - Refused
- SD20 In the past 12 months, how many times did this child visit the hospital emergency room because of this toothache?
- __ Number of days
 - None
 - Don't know / Not sure
 - Refused

Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. 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---

- SD21 Did you live with anyone who was depressed, mentally ill, or suicidal?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- SD22 Did you live with anyone who was a problem drinker or alcoholic?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

- SD23 Did you live with anyone who used illegal street drugs or who abused prescription medications?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- SD24 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
 - Don't know / Not sure
 - Refused
- SD25 Were your parents separated or divorced?
- 1 Yes
 - 2 No
 - 8 Parents not married
 - Don't know / Not sure
 - Refused
- SD26 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...
- 1 Never
 - 2 Once
 - 3 More than once
 - Don't know/Not Sure
 - Refused
- SD27 Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it...
- 1 Never
 - 2 Once
 - 3 More than once
 - Don't know/Not Sure
 - Refused
- SD28 How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...
- 1 Never
 - 2 Once
 - 3 More than once
 - Don't know/Not Sure
 - Refused

SD29 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...

- 1 Never
- 2 Once
- 3 More than once
- Don't know/Not Sure
- Refused

SD30 How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...

- 1 Never
- 2 Once
- 3 More than once
- Don't know/Not Sure
- Refused

SD31 How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...

- 1 Never
- 2 Once
- 3 More than once
- Don't know/Not Sure
- Refused

ACES Closing Statement:

We understand that answering questions about past sexual abuse may bring up emotions that some people will wish to discuss. The Rape, Abuse, & Incest National Network, (abbreviated R-A-I-N-N) is the country's largest anti-sexual violence organization. If you would like to speak with one of this organization's trained professionals, please call **800-656-HOPE (4673)** or visit **hotline.rainn.org**. Would you like me to repeat this information?

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.

