
Appendix B: BRFSS Questionnaire

Section 1: Health Status

- 1.1 Would you say that in general your health is—?
- a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor
- Don't know / Not sure
Refused

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

- 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 **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
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

Section 3: Health Care Access

- 3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?
- a. Yes
 - b. 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?”**
- a. Yes, only one
 - b. More than one
 - c. 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?
- a. Yes
 - b. 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? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
- a. Within past year (anytime less than 12 months ago)
 - b. Within past 2 years (1 year but less than 2 years ago)
 - c. Within past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
 - Don't know / Not sure
 - Never
 - Refused

Section 4: Hypertension Awareness

- 4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (**Read only if necessary:** By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.)

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

- a. Yes
 - b. Yes, but female told only during pregnancy **[Go to next section]**
 - c. No **[Go to next section]**
 - d. 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?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 5: Cholesterol Awareness

- 5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?
- a. Yes
 - b. No **[Go to next section]**
 - Don't know / Not sure **[Go to next section]**
 - Refused **[Go to next section]**
- 5.2 About how long has it been since you last had your blood cholesterol checked?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
 - Don't know / Not sure
 - Refused

- 5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?
- a. Yes
 - b. No
- Don't know / Not sure
Refused

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general 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?
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 6.2 (Ever told) you had angina or coronary heart disease?
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 6.3 (Ever told) you had a stroke?
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 6.4 (Ever told) you had asthma?
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- [Go to Q6.6]**
[Go to Q6.6]
[Go to Q6.6]
- 6.5 Do you still have asthma?
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 6.6 (Ever told) you had skin cancer?
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 6.7 (Ever told) you had any other types of cancer?
- a. Yes
 - b. No
- Don't know / Not sure
Refused

- 6.8 (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

- 6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
- a. Yes
 - b. No
 - Don't know / Not sure
 - 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)?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

- 6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. **INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

- 6.12 (Ever told) you have vision or eye problems?
- a. Yes
 - b. No
 - c. Respondent is blind
 - Don't know / Not sure
 - Refused

- 6.13 (Ever told) you have 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.
- a. Yes
 - b. Yes, but female told only during pregnancy
 - c. No
 - d. No, pre-diabetes or borderline diabetes
 - Don't know / Not sure
 - Refused

Section 7: Tobacco Use

- 7.1 Have you smoked at least 100 cigarettes in your entire life? **NOTE: 5 packs = 100 cigarettes**
- a. Yes
 - b. No [Go to Q7.5]
 - Don't know / Not sure [Go to Q7.5]
 - Refused [Go to Q7.5]
- 7.2 Do you now smoke cigarettes every day, some days, or not at all?
- a. Every day
 - b. Some days
 - c. Not at all [Go to Q7.4]
 - Don't know / Not sure [Go to Q7.5]
 - Refused [Go to Q7.5]
- 7.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- a. Yes [Go to Q7.5]
 - b. No [Go to Q7.5]
 - Don't know / Not sure [Go to Q7.5]
 - Refused [Go to Q7.5]
- 7.4 How long has it been since you last smoked a cigarette, even one or two puffs?
- a. Within the past month (less than 1 month ago)
 - b. Within the past 3 months (1 month but less than 3 months ago)
 - c. Within the past 6 months (3 months but less than 6 months ago)
 - d. Within the past year (6 months but less than 1 year ago)
 - e. Within the past 5 years (1 year but less than 5 years ago)
 - f. Within the past 10 years (5 years but less than 10 years ago)
 - g. 10 years or more
 - h. Never smoked regularly
 - Don't know / Not sure
 - Refused
- 7.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
Snus (rhymes with 'goose') NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.
- a. Every day
 - b. Some days
 - c. Not at all
 - Don't know / Not sure
 - Refused

Section 8: Demographics

- 8.1 What is your age?
_ _ Code age in years
Don't know / Not sure
Refused
- 8.2 Are you Hispanic or Latino?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

- 8.3** Which one or more of the following would you say is your race?
- a. White
 - b. Black or African American
 - c. Asian
 - d. Native Hawaiian or Other Pacific Islander
 - e. American Indian or Alaska Native
 - f. Other [specify]_____
- No additional choices
 Don't know / Not sure
 Refused
- 8.4** Which one of these groups would you say best represents your race?
- a. White
 - b. Black or African American
 - c. Asian
 - d. Native Hawaiian or Other Pacific Islander
 - e. American Indian or Alaska Native
 - f. Other [specify]_____
- Don't know / Not sure
 Refused
- 8.5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
- a. Yes
 - b. No
- Don't know / Not sure
 Refused
- 8.6** Are you...?
- a. Married
 - b. Divorced
 - c. Widowed
 - d. Separated
 - e. Never married
 - f. A member of an unmarried couple
- Refused
- 8.7** How many children less than 18 years of age live in your household?
- _ _ Number of children
- None
 Refused
- 8.8** What is the highest grade or year of school you completed?
- a. Never attended school or only attended kindergarten
 - b. Grades 1 through 8 (Elementary)
 - c. Grades 9 through 11 (Some high school)
 - d. Grade 12 or GED (High school graduate)
 - e. College 1 year to 3 years (Some college or technical school)
 - f. College 4 years or more (College graduate)
- Refused

- 8.9 Are you currently...?
- a. Employed for wages
 - b. Self-employed
 - c. Out of work for more than 1 year
 - d. Out of work for less than 1 year
 - e. A Homemaker
 - f. A Student
 - g. Retired
 - h. Unable to work
- Refused

- 8.10 Is your annual household income from all sources—
(If respondent refuses at ANY income level, code as 'Refused')
- a. Less than \$25,000 **If "no," ask e.; if "yes," ask b.**
 (\$20,000 to less than \$25,000)
 - b. Less than \$20,000 **If "no," code a.; if "yes," ask c.**
 (\$15,000 to less than \$20,000)
 - c. Less than \$15,000 **If "no," code b.; if "yes," ask d.**
 (\$10,000 to less than \$15,000)
 - d. Less than \$10,000 **If "no," code c.**
 - e. Less than \$35,000 **If "no," ask f.**
 (\$25,000 to less than \$35,000)
 - f. Less than \$50,000 **If "no," ask g.**
 (\$35,000 to less than \$50,000)
 - g. Less than \$75,000 **If "no," code h.**
 (\$50,000 to less than \$75,000)
 - h. \$75,000 or more
- Don't know / Not sure
 Refused

- 8.11 About how much do you weigh without shoes?
NOTE: If respondent answers in metrics, put "refused". Round fractions up
- __ __ __ __ Weight
 (pounds/kilograms)
- Don't know / Not sure
 Refused

- 8.12 About how tall are you without shoes?
NOTE: If respondent answers in metrics, put "refused". Round fractions down
- __ / __ Height
 (f t / inches/meters/centimeters)
- Don't know / Not sure
 Refused

- 8.13 What county do you live in?
- __ __ __ ANSI County Code (formerly FIPS county code)
- Don't know / Not sure
 Refused

- 8.14 What is the ZIP Code where you live?
- __ __ __ __ __ ZIP Code
- Don't know / Not sure
 Refused

- 8.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
- a. Yes
 - b. No [Go to Q8.17]
 - Don't know / Not sure [Go to Q8.17]
 - Refused [Go to Q8.17]
- 8.16 How many of these telephone numbers are residential numbers?
 _ Residential telephone numbers **[6 = 6 or more]**
 Don't know / Not sure
 Refused
- 8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.
- a. Yes [Go to Q8.19]
 - b. No
 - Don't know / Not sure
 - Refused
- 8.18 Do you share a cell phone for personal use (at least one-third of the time) with other adults?
- a. Yes [Go to Q8.20]
 - b. No [Go to Q8.21]
 - Don't know / Not sure [Go to Q8.21]
 - Refused [Go to Q8.21]
- 8.19 Do you usually share this cell phone (at least one-third of the time) with any other adults?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- 8.20 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?
 _ _ _ Enter percent (1 to 100)
 Zero
 Don't know / Not sure
 Refused
- 8.21 Do you own or rent your home?
- a. Own
 - b. Rent
 - c. Other arrangement
 - Don't know / Not sure
 - Refused
- 8.22 **Indicate sex of respondent. Ask only if necessary.**
- a. Male [Go to next section]
 - b. Female [If respondent is 45 years old or older, go to next section]
- 8.23 To your knowledge, are you now pregnant?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 9: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

- 9.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.
- a. __ Per day
 - b. __ Per week
 - c. __ Per month
- Never
Don't know / Not sure
Refused
- 9.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit
- a. __ Per day
 - b. __ Per week
 - c. __ Per month
- Never
Don't know / Not sure
Refused
- 9.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.
- a. __ Per day
 - b. __ Per week
 - c. __ Per month
- Never
Don't know / Not sure
Refused
- 9.4** During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?
- a. __ Per day
 - b. __ Per week
 - c. __ Per month
- Never
Don't know / Not sure
Refused
- 9.5** During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?
- a. __ Per day
 - b. __ Per week
 - c. __ Per month
- Never
Don't know / Not sure
Refused

- 9.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.
- a. __ Per day
 - b. __ Per week
 - c. __ Per month
- Never
Don't know / Not sure
Refused

Section 10: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

- 10.1 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?
- a. Yes
 - b. No [Go to Q10.8]
- Don't know / Not sure [Go to Q10.8]
Refused [Go to Q10.8]
- 10.2 What type of physical activity or exercise did you spend the most time doing during the past month?
- __ (Specify)
Don't know / Not Sure [Go to Q10.8]
Refused [Go to Q10.8]
- 10.3 How many times per week or per month did you take part in this activity during the past month?
- a. __ Times per week
 - b. __ Times per month
- Don't know / Not sure
Refused
- 10.4 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
- 10.5 What other type of physical activity gave you the next most exercise during the past month?
- __ (Specify)
No other activity [Go to Q10.8]
Don't know / Not Sure [Go to Q10.8]
Refused [Go to Q10.8]
- 10.6 How many times per week or per month did you take part in this activity during the past month?
- a. __ Times per week
 - b. __ Times per month
- Don't know / Not sure
Refused
- 10.7 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

- 10.8** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.
- a. _ _ Times per week
 - b. _ _ Times per month
- Never
Don't know / Not sure
Refused

Section 11: Disability

The following questions are about health problems or impairments you may have.

- 11.1** Are you limited in any way in any activities because of physical, mental, or emotional problems?
- a. Yes
 - b. No
- Don't know / Not Sure
Refused
- 11.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
- a. Yes
 - b. No
- Don't know / Not Sure
Refused

Section 12: Arthritis Burden

If Q6.9 = 'yes' then continue, else go to next section.

Next, I will ask you about your arthritis.

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

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?
- a. A lot
 - b. A little
 - c. Not at all
- Don't know / Not sure
Refused

- 12.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.
_ _ Enter number [00-10]
Don't know / Not sure
Refused

Section 13: Seatbelt Use

- 13.1** How often do you use seat belts when you drive or ride in a car? Would you say—
- a. Always
 - b. Nearly always
 - c. Sometimes
 - d. Seldom
 - e. Never
- Don't know / Not sure
Never drive or ride in a car
Refused

Section 14: Immunization

- 14.1** Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
- a. Yes
 - b. No [Go to Q14.4]
- Don't know / Not sure [Go to Q14.4]
Refused [Go to Q14.4]
- 14.2** 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
Don't know / Not sure
Refused
- 14.3** At what kind of place did you get your last flu shot/vaccine?
- a. A doctor's office or health maintenance organization (HMO)
 - b. A health department
 - c. Another type of clinic or health center (Example: a community health center)
 - d. A senior, recreation, or community center
 - e. A store (Examples: supermarket, drug store)
 - f. A hospital (Example: inpatient)
 - g. An emergency room
 - h. Workplace
 - i. Some other kind of place
 - j. Received vaccination in Canada/Mexico (Volunteered – Do not read)
 - k. A school
- Don't know / Not sure
Refused
- 14.4** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
- a. Yes
 - b. No
- Don't know / Not sure
Refused

Section 15: Alcohol Consumption

- 15.1** 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?
__ Days per week
__ 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]
- 15.2** 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
Refused
- 15.3** 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
- 15.4** 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

Section 16: 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.

- 16.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.
- a. Yes
b. No [Go to Q16.3]
Don't know / Not sure [Go to Q16.3]
Refused [Go to Q16.3]
- 16.2** Not including blood donations, in what month and year was your last HIV test?
__/____ Code month and year
Don't know / Not sure
Refused / Not sure
- 16.3** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.
- You have used intravenous drugs in the past year.
 - You have been treated for a sexually transmitted or venereal disease in the past year.
 - You have given or received money or drugs in exchange for sex in the past year.
 - You had anal sex without a condom in the past year.
- Do any of these situations apply to you?
- a. Yes
b. No
Don't know / Not sure
Refused

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” to Q6.13 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?
 - a. Yes
 - b. NoDon't know / Not sure
Refused

If Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes”

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?”
 - a. Yes
 - b. Yes, during pregnancy
 - c. NoDon't know / Not sure
Refused

Module 32: Random Child Selection

If Q8.7 = ‘No children under the age of 18 in the household’ or ‘Refused’, go to next module.

If Q8.7 = ‘yes’, 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 Q8.7 is >1 child and Q8.7 does not equal ‘Don’t know/Not sure’ or ‘Refused’, 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.

RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

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
Don't know / Not sure
Refused
2. Is the child a boy or a girl?
 - a. Boy
 - b. GirlRefused
3. Is the child Hispanic or Latino?
 - a. Yes
 - b. NoDon't know / Not sure
Refused

4. Which one or more of the following would you say is the race of the child?
- a. White
 - b. Black or African American
 - c. Asian
 - d. Native Hawaiian or Other Pacific Islander
 - e. American Indian, Alaska Native
 - f. Other [specify] _____
 - g. No additional choices
- Don't know / Not sure
Refused

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?
- a. White
 - b. Black or African American
 - c. Asian
 - d. Native Hawaiian or Other Pacific Islander
 - e. American Indian, Alaska Native
 - f. Other
- Don't know / Not sure
Refused
6. How are you related to the child?
- a. Parent (include biologic, step, or adoptive parent)
 - b. Grandparent
 - c. Foster parent or guardian
 - d. Sibling (include biologic, step, and adoptive sibling)
 - e. Other relative
 - f. Not related in any way
- Don't know / Not sure
Refused

SOUTH DAKOTA'S 2011 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "1" to Q. 3.1 in Section 3, continue. Otherwise go to Q. S2.

- S1. 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?:
- a. Your employer
 - b. Someone else's employer
 - c. A plan that you or someone else buys on your own
 - d. Medicare
 - e. Medicaid or Medical Assistance
 - f. The military, CHAMPUS, TriCare, or the VA
 - g. The Indian Health Service
 - h. Some other source
- None
Don't know/Not sure
Refused

Go to Q. S3.

If "2" to Q. 3.1 in Section 3, continue. Otherwise go to Q. S3.

- S2. 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:
- a. Your employer
 - b. Someone else's employer
 - c. A plan that you or someone else buys on your own
 - d. Medicare
 - e. Medicaid or Medical Assistance
 - f. The military, CHAMPUS, TriCare, or the VA
 - g. The Indian Health Service
 - h. Some other source
- None
Don't know/Not sure
Refused

TOBACCO

If ("1" to Q. 3.4 in Section 3) AND if ("1" or "2" to Q. 7.2 in Section 7) or ("1" or "2" to Q. 7.5 in Section 7), continue. Otherwise, go to Q. S4.

- S3. In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?
- a. Yes
 - b. No
- Don't Know/Not Sure
Refused

If "1" or "2" to Q. 8.9 in Section 8, continue. Otherwise, go to Q. S7.

- S4. While working at your job, are you indoors most of the time?
- a. Yes
 - b. No **Go to Q. S7**
 - Don't Know/Not Sure **Go to Q. S7**
 - Refused **Go to Q. S7**
- S5. Which of the following best describes your place of work's official smoking policy for work areas?
- a. Not allowed in any work areas **Go to Q. S7**
 - b. Allowed in some work areas
 - c. Allowed in all work areas
 - d. No official policy
 - Don't know/Not sure
 - Refused
- S6. On how many of the past 7 days did someone smoke in your indoor workplace while you were there?
- __ __ Number of days
- Did not work in the past 7 days
 - None
 - Don't know / Not sure
 - Refused
- S7. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.
- a. Smoking is not allowed anywhere inside your home **Go to Q. S9**
 - b. Smoking is allowed in some places or at some times
 - c. Smoking is allowed anywhere inside your home
 - d. There are no rules about smoking inside your home
 - Don't know / Not sure
 - Refused
- S8. On how many of the past 7 days did someone smoke 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

Signs and Symptoms of a Heart Attack

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack. Which of the following do you think is a symptom of a heart attack? For each, tell me yes, no, or you're not sure.

- S9. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- S10. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

S11. (Do you think) chest pain or discomfort (are symptoms of a heart attack?)

- a. Yes
- b. No
- Don't know / Not sure
- Refused

S12. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

- a. Yes
- b. No
- Don't know / Not sure
- Refused

S13. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

- a. Yes
- b. No
- Don't know / Not sure
- Refused

S14. (Do you think) shortness of breath (is a symptom of a heart attack?)

- a. Yes
- b. No
- Don't know / Not sure
- Refused

S15. If you thought someone was having a heart attack, what is the first thing you would do?

- a. Take them to the hospital
- b. Tell them to call their doctor
- c. Call 911
- d. Call their spouse or a family member
- e. Do something else
- Don't know / Not sure
- Refused

SKIN CANCER

S16. 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?

- a. Always
- b. Nearly Always
- c. Sometimes
- d. Seldom
- e. Never
- f. Don't stay out for more than an hour
- Don't Know/Not Sure
- Refused

S17. Have you used a tanning bed in the past 12 months?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

SWEETENED BEVERAGES

- S18. About how often do you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.
- ___ Times
 - Never
 - Don't know/Not sure
 - Refused
- S19. About how often do you drink sweetened fruit drinks, such as Kool-aid, cranberry, and lemonade? Include fruit drinks you made at home and added sugar to.
- ___ Times
 - Never
 - Don't know/Not sure
 - Refused

TELEVISION VIEWING

- S20. On an average week day, how many hours do you watch TV?
- a. Do not watch TV on an average week day
 - b. Less than 1 hour per day
 - c. 1 hour per day
 - d. 2 hours per day
 - e. 3 hours per day
 - f. 4 or more hours per day
 - Don't know/Not sure
 - Refused

WEIGHT CONTROL

If "1" to Q. 3.4 in Section 3, continue. Otherwise, go to Q. S22.

- S21. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?
- a. Yes, lose weight
 - b. Yes, gain weight
 - c. Yes, maintain weight
 - d. 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. 8.7, continue. Otherwise, go to closing statement.

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

- S22. Does this child have health coverage?
- a. Yes
 - b. No **Go to Q. S24**
 - Don't Know/Not Sure **Go to Q. S32**
 - Refused **Go to Q. S32**

- S23. What type of health coverage do you use to pay for most of this child's medical care? Is it coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service; Community Health Services; or Some other source?
- a. Your employer
 - b. Someone else's employer
 - c. A plan that you or someone else buys on your own
 - d. Medicare
 - e. Medicaid, CHIP, or Medical Assistance
 - f. The military, CHAMPUS, TriCare, or the VA
 - g. The Indian Health Service (IHS)
 - h. Community Health Services
 - i. Some other source
- None
 Don't know/Not sure
 Refused

If "e" to Q. S23 go to Q. S31, otherwise go to Q. S32.

- S24. 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: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service; Community Health Services; or Some other source?
- a. Your employer **Go to Q. S32**
 - b. Someone else's employer **Go to Q. S32**
 - c. A plan that you or someone else buys on your own **Go to Q. S32**
 - d. Medicare **Go to Q. S32**
 - e. Medicaid, CHIP, or Medical Assistance **Go to Q. S31**
 - f. The military, CHAMPUS, TriCare, or the VA **Go to Q. S32**
 - g. The Indian Health Service **Go to Q. S32**
 - h. Community Health Services **Go to Q. S32**
 - i. Some other source **Go to Q. S32**
- None
 Don't know/Not sure **Go to Q. S32**
 Refused **Go to Q. S32**

- S25. Has this child been refused health coverage due to his or her health status?
- a. Yes
 - b. No
- Don't Know/Not Sure
 Refused

- S26. Is this child without health coverage because of the loss of someone's employment?
- a. Yes
 - b. No
- Don't Know/Not Sure
 Refused

- S27. Is this child without health coverage due to any more of the following?
- 1. Employer dropped coverage?
 - a. Yes
 - b. No
- Don't know/Not sure
 Refused

2. Cost of premiums?
 - a. Yes
 - b. No
 Don't know/Not sure
 Refused

3. High deductibles?
 - a. Yes
 - b. No
 Don't know/Not sure
 Refused

4. Don't think it's necessary to have health coverage for this child?
 - a. Yes
 - b. No
 Don't know/Not sure
 Refused

S28. Please indicate if any of the following occurred in the last year due to this child's lack of health coverage.

1. Went without medical care when sick or injured, but probably should have received medical care.
 - a. Yes
 - b. No
 Don't know/Not sure
 Refused

2. Medical care was delayed when the child was sick or injured and probably should have received care sooner.
 - a. Yes
 - b. No
 Don't know/Not sure
 Refused

S29. About how long has it been since this child last visited a doctor for a routine checkup or physical examination?

- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
- Don't know/Not sure
-
- Never
-
- Refused

S30. Who primarily pays for medical care for this uninsured child?

- a. Parent **(Includes caretaker parent and/or absent parent)**
 - b. Other relative
 - c. County
 - d. Other **(Includes private foundation, charitable organization, provider write-off, etc.)**
- Don't know/Not sure
-
- Refused
- Go to Q. S32**

S31. Have you dropped or reduced private health coverage for this child because of the availability of medical assistance programs?

- a. Yes
 - b. No
- Don't Know/Not Sure
-
- Refused

CHILDREN'S ORAL HEALTH

If child's age is greater than or equal to 1 continue. Otherwise go to closing statement.

S32. How long has it been since this child last visited the dentist or a dental clinic?

- a. Within the past year (1 to 12 months ago) **Go to Q. S34**
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 5 years (2 to 5 years ago)
- d. 5 or more years ago

Don't Know/Not Sure **Go to Q. S34**

Never

Refused **Go to Q. S34**

S33. What is the main reason this child has not visited the dentist in the last year?

- a. Fear, apprehension, nervousness, pain, dislike going
- b. Cost
- c. Do not have/know a dentist
- d. Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- e. No reason to go (no problems, no teeth)
- f. Other priorities
- g. Have not thought of it
- h. Other

Don't Know/Not Sure

Refused

S34. 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?

a. Yes

b. No

Don't Know/Not Sure

Refused

S35. During the past 6 months, did this child have a toothache more than once, when biting or chewing?

a. Yes

b. No

Don't know/Not sure

Refused

S36. During the past 12 months, how many times has this child missed school because of problems with their teeth or mouth?

__ = Number of times (76 = 76+ times)

None

Don't know/Not sure

Refused

S37. During the past 12 months, how many times has this child visited a hospital emergency room because of problems with their teeth or mouth?

__ = Number of times (76 = 76+ times)

None

Don't know/Not sure

Refused

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