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# Appendix B: BRFSS Questionnaire

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## 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 = 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, government plans such as Medicare, or Indian Health Service?
- 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: 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?
- a. Yes
  - b. No
- Don't know / Not sure  
Refused

#### **Section 5: 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."

- 5.1** (Ever told) you that you had a heart attack also called a myocardial infarction?
- a. Yes
  - b. No
- Don't know / Not sure  
Refused
- 5.2** (Ever told) you had angina or coronary heart disease?
- a. Yes
  - b. No
- Don't know / Not sure  
Refused
- 5.3** (Ever told) you had a stroke?
- a. Yes
  - b. No
- Don't know / Not sure  
Refused

- 5.4** (Ever told) you had asthma?  
a. Yes  
b. No [Go to Q5.6]  
Don't know / Not sure [Go to Q5.6]  
Refused [Go to Q5.6]
- 5.5** Do you still have asthma?  
a. Yes  
b. No  
Don't know / Not sure  
Refused
- 5.6** (Ever told) you had skin cancer?  
a. Yes  
b. No  
Don't know / Not sure  
Refused
- 5.7** (Ever told) you had any other types of cancer?  
a. Yes  
b. No  
Don't know / Not sure  
Refused
- 5.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?  
a. Yes  
b. No  
Don't know / Not sure  
Refused
- 5.9** (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)

- 5.10** (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
- 5.11** (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
- 5.12** Do you have any trouble seeing, even when wearing glasses or contact lenses?  
a. Yes  
b. No  
c. Not applicable (blind)  
Don't know / Not sure  
Refused
- 5.13** (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

If Q5.13 = "Yes", go to Diabetes Optional Module (if used). If any other response to Q5.13, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

## **Section 6: Oral Health**

- 6.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.  
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

- 6.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. (NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.)
- a. 1 to 5
  - b. 6 or more but not all
  - c. All
  - d. None
- Don't know / Not sure  
Refused

## Section 7: Demographics

- 7.1** What is your age?  
\_ \_ Code age in years  
Don't know / Not sure  
Refused

- 7.2** Are you Hispanic or Latino?
- a. Yes
  - b. No
- Don't know / Not sure  
Refused

- 7.3** 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] \_\_\_\_\_
  - g. No additional choices
- Don't know / Not sure  
Refused

Note: If more than one response to Q7.3; continue. Otherwise, go to Q7.5.

- 7.4** 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

- 7.5** 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
- 7.6** Are you...?
- a. Married
  - b. Divorced
  - c. Widowed
  - d. Separated
  - e. Never married
  - f. A member of an unmarried couple
- Refused
- 7.7** How many children less than 18 years of age live in your household?
- \_\_ \_\_ Number of children
- None  
Refused
- 7.8** 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
- 7.9** 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

- 7.10** Is your annual household income from all sources—  
(If respondent refuses at ANY income level, code 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
- 7.11** 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
- 7.12** 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
- 7.13** What county do you live in?  
\_ \_ \_ ANSI County Code (formerly FIPS county code)  
Don’t know / Not sure  
Refused
- 7.14** What is the ZIP Code where you live?  
\_ \_ \_ \_ \_ ZIP Code  
Don’t know / Not sure  
Refused
- 7.15** 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 Q7.17]
- Don’t know / Not sure [Go to Q7.17]  
Refused [Go to Q7.17]

- 7.16** How many of these telephone numbers are residential numbers?  
 \_ Residential telephone numbers [6 = 6 or more]  
 Don't know / Not sure  
 Refused
- 7.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.  
 a. Yes [Go to Q7.19]  
 b. No  
 Don't know / Not sure  
 Refused
- 7.18** Do you share a cell phone for personal use, at least one-third of the time, with other adults?  
 a. Yes [Go to Q7.20]  
 b. No [Go to Q7.21]  
 Don't know / Not sure [Go to Q7.21]  
 Refused [Go to Q7.21]
- 7.19** 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
- 7.20** 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
- 7.21** Do you own or rent your home?  
 a. Own  
 b. Rent  
 c. Other arrangement  
 Don't know / Not sure  
 Refused
- INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year.
- 7.22** 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]
- 7.23** To your knowledge, are you now pregnant?  
 a. Yes  
 b. No  
 Don't know / Not sure  
 Refused

## Section 8: Disability

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

- 8.1** 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
- 8.2** 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? Include occasional use or use in certain circumstances.
- a. Yes
  - b. No
  - Don't know / Not Sure
  - Refused

## Section 9: Tobacco Use

- 9.1** Have you smoked at least 100 cigarettes in your entire life? NOTE: 5 packs = 100 cigarettes
- a. Yes
  - b. 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?
- a. Every day
  - b. Some days
  - c. 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?
- a. Yes [Go to Q9.5]
  - b. No [Go to Q9.5]
  - Don't know / Not sure [Go to Q9.5]
  - Refused [Go to Q9.5]
- 9.4** 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
  - 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? 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 10: 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?
- 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]
- 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? NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.
- Number of drinks  
Don't know / Not sure  
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

## Section 11: Immunization

- 11.1** Now I will ask you questions about the 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? (Read if Necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.)
- a. Yes
  - b. No [Go to Q11.4]
- Don't know / Not sure [Go to Q11.4]  
Refused [Go to Q11.4]

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

\_\_ / \_\_\_\_ Month / Year

Don't know / Not sure

Refused

**11.3** 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 (Probe: "How would you describe the place where you went to get your most recent flu vaccine?")

Refused

**11.4** 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 12: Falls

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

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

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

\_\_ Number of times [76 = 76 or more]

None [Go to next section]

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

Refused [Go to next section]

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

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

\_\_ Number of falls [76 = 76 or more]

None

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

Note: If Q13.1 = "Never drive or ride in a car", go to Section 15; otherwise continue.

### Section 14: Drinking and Driving

Note: If Q10.1 = "No drinks in the past 30 days"; go to next section.  
The next question is about drinking and driving.

- 14.1 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

### Section 15: Breast and Cervical Cancer Screening

Note: If respondent is male, go to the next section.  
The next questions are about breast and cervical cancer.

- 15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
- a. Yes
  - b. No [Go to Q15.3]
- Don't know / Not sure [Go to Q15.3]  
Refused [Go to Q15.3]
- 15.2 How long has it been since you had your last mammogram?
- 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 3 years (2 years but less than 3 years ago)
  - d. Within the past 5 years (3 years but less than 5 years ago)
  - e. 5 or more years ago
- Don't know / Not sure  
Refused
- 15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?
- a. Yes
  - b. No [Go to Q15.5]
- Don't know / Not sure [Go to Q15.5]  
Refused [Go to Q15.5]

- 15.4** How long has it been since your last breast exam?
- 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 3 years (2 years but less than 3 years ago)
  - d. Within the past 5 years (3 years but less than 5 years ago)
  - e. 5 or more years ago
- Don't know / Not sure  
Refused
- 15.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?
- a. Yes
  - b. No [Go to Q15.7]
- Don't know / Not sure [Go to Q15.7]  
Refused [Go to Q15.7]
- 15.6** How long has it been since you had your last Pap test?
- 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 3 years (2 years but less than 3 years ago)
  - d. Within the past 5 years (3 years but less than 5 years ago)
  - e. 5 or more years ago
- Don't know / Not sure  
Refused

Note: If response to Core Q7.23 = 1 (is pregnant); then go to next section.

- 15.7** Have you had a hysterectomy? A hysterectomy is an operation to remove the uterus (womb).
- a. Yes
  - b. No
- Don't know / Not sure  
Refused

## Section 16: Prostate Cancer Screening

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

Now, I will ask you some questions about prostate cancer screening.

- 16.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?
- a. Yes
  - b. No
- Don't Know / Not sure  
Refused
- 16.2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?
- a. Yes
  - b. No
- Don't Know / Not sure  
Refused

- 16.3** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?
- a. Yes
  - b. No
- Don't Know / Not sure  
Refused
- 16.4** Have you EVER HAD a PSA test?
- a. Yes
  - b. No [Go to next section]
- Don't Know / Not sure [Go to next section]  
Refused [Go to next section]
- 16.5** How long has it been since you had your last PSA test?
- a. Within the past year (anytime less than 12 months ago)
  - b. Within the past 2 years (1 year but less than 2 years)
  - c. Within the past 3 years (2 years but less than 3 years)
  - d. Within the past 5 years (3 years but less than 5 years)
  - e. 5 or more years ago
- Don't know / Not sure  
Refused
- 16.6** What was the MAIN reason you had this PSA test – was it ...?
- a. Part of a routine exam
  - b. Because of a prostate problem
  - c. Because of a family history of prostate cancer
  - d. Because you were told you had prostate cancer
  - e. Some other reason
- Don't know / Not sure  
Refused

## Section 17: Colorectal Cancer Screening

Note: If respondent is < 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

- 17.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?
- a. Yes
  - b. No [Go to Q17.3]
- Don't know / Not sure [Go to Q17.3]  
Refused [Go to Q17.3]
- 17.2** How long has it been since you had your last blood stool test using a home kit?
- 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 3 years (2 years but less than 3 years ago)
  - d. Within the past 5 years (3 years but less than 5 years ago)
  - e. 5 or more years ago
- Don't know / Not sure  
Refused

- 17.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?
- a. Yes
  - b. No [Go to next section]
  - Don't know / Not sure [Go to next section]
  - Refused [Go to next section]
- 17.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?
- a. Sigmoidoscopy
  - b. Colonoscopy
  - Don't know / Not sure
  - Refused
- 17.5** How long has it been since you had your last sigmoidoscopy or colonoscopy?
- 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 3 years (2 years but less than 3 years ago)
  - d. Within the past 5 years (3 years but less than 5 years ago)
  - e. Within the past 10 years (5 years but less than 10 years ago)
  - f. 10 or more years ago
  - Don't know / Not sure
  - Refused

## Section 18: 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.

- 18.1** 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 Q18.3]
  - Don't know / Not sure [Go to Q18.3]
  - Refused [Go to Q18.3]
- 18.2** Not including blood donations, in what month and year was your last HIV test?  
NOTE: If response is before January 1985, code "Don't know." If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.  
\_\_ / \_\_\_\_ Code month and year
- Don't know / Not sure
  - Refused / Not sure
- 18.3** 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" Q5.13 (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

Note: If Core Q5.13 = 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 2: Diabetes

To be asked following Core Q5.13; if response is "Yes".

1. 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
2. Are you now taking insulin?
  - a. Yes
  - b. NoRefused
3. About how often do you check your blood for glucose or sugar? 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 yearNever  
Don't know / Not sure  
Refused

4. About how often do you check your feet for any sores or irritations? 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  
 No feet  
 Never  
 Don't know / Not sure  
 Refused
5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
- \_ \_ Number of times [76 = 76 or more]  
 None  
 Don't know / Not sure  
 Refused
6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
- \_ \_ Number of times [76 = 76 or more]  
 None  
 Never heard of "A one C" test  
 Don't know / Not sure  
 Refused
- Note: If Q4 = "No feet", go to Q8.
7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- \_ \_ Number of times [76 = 76 or more]  
 None  
 Don't know / Not sure  
 Refused
8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- a. Within the past month (anytime less than 1 month ago)  
 b. Within the past year (1 month but less than 12 months ago)  
 c. Within the past 2 years (1 year but less than 2 years ago)  
 d. 2 or more years ago  
 Don't know / Not sure  
 Never  
 Refused
9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- a. Yes  
 b. No  
 Don't know / Not sure  
 Refused

10. Have you ever taken a course or class in how to manage your diabetes yourself?
- a. Yes
  - b. No
- Don't know / Not sure  
Refused

## Module 5: Sugar Sweetened Beverages and Menu Labeling

Now I would like to ask you some questions about sugary beverages.

Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol.

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.
- 1 \_\_ Times per day
  - 2 \_\_ Times per week
  - 3 \_\_ Times per month
- None  
Don't know / Not sure  
Refused
2. During the past 30 days, how often did you drink sweetened fruit drinks, such as Kool-aid, cranberry juice cocktail, and lemonade? Include fruit drinks you made at home and added sugar to. Interviewer note: Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring. Do not include 100% fruit juice, sweet tea, coffee drinks, sports drinks, or energy drinks.
- 1 \_\_ Times per day
  - 2 \_\_ Times per week
  - 3 \_\_ Times per month
- None  
Don't know / Not sure  
Refused
3. The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?
- a. Always
  - b. Most of the time
  - c. About half the time
  - d. Sometimes
  - e. Never
  - f. Never noticed or never looked for calorie information
  - g. Usually cannot find calorie information
  - h. Do not eat at fast food or chain restaurants
- Don't know / Not sure  
Refused

## Module 23: Random Child Selection

If Q7.7 = “No children under age 18 in the household”, or “Refused”, go to next module.

If Q7.7 = “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 Q7.7 is >1 and Q7.7 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.

### INTERVIEWER PLEASE READ:

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

1. What is the birth month and year of the “Xth” child?  
\_\_ / \_\_ \_\_ \_\_ Code month and year  
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 choicesDon’t know / Not sure  
Refused

Note: If more than one response to Q4, continue. Otherwise, go to Q6.

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

- 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

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 2012 STATE-ADDED QUESTIONS**

### **HEALTH CARE COVERAGE**

If "Yes" 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 "No" 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:

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

### **TOBACCO**

If "Yes" to Q. 3.4 in Section 3, and

If ("Everyday" or "Some days" to Q. 9.2 in Section 9) or ("Everyday" or "Some days" to Q. 9.5 in Section 9), 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 "Employed for wages" or "Self-employed" to Q. 7.9 in Section 7, 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 Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a stroke.

Which of the following do you think is a symptom of a stroke?

For each, tell me yes, no, or you're not sure.

- S9.** Do you think sudden confusion or trouble speaking are symptoms of a stroke?
- a. Yes
  - b. No
  - Don't Know/Not Sure
  - Refused

- S10.** Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?  
a. Yes  
b. No  
Don't Know/Not Sure  
Refused
- S11.** (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)  
a. Yes  
b. No  
Don't Know/Not Sure  
Refused
- S12.** (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)  
a. Yes  
b. No  
Don't Know/Not Sure  
Refused
- S13.** (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)  
a. Yes  
b. No  
Don't Know/Not Sure  
Refused
- S14.** (Do you think) severe headache with no known cause (is a symptom of a stroke?)  
a. Yes  
b. No  
Don't Know/Not Sure  
Refused
- S15.** If you thought someone was having a stroke, 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

## Actions to Control High Blood Pressure

**S16.** 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 Q. S21
- c. No      Go to Q. S21
- d. Told borderline high or pre-hypertensive      Go to Q. S21
- Don’t know / Not sure      Go to Q. S21
- Refused      Go to Q. S21

Are you now doing any of the following to help lower or control your high blood pressure?

**S17.** (Are you) changing your eating habits (to help lower or control your high blood pressure)?

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

**S18.** (Are you) cutting down on salt (to help lower or control your high blood pressure)?

- a. Yes
- b. No
- c. Do not use salt
- Don’t know / Not sure
- Refused

**S19.** (Are you) reducing alcohol use (to help lower or control your high blood pressure)?

- a. Yes
- b. No
- c. Do not drink
- Don’t know / Not sure
- Refused

If “Yes” to Q. 4.1 in Section 4, continue. Otherwise, go to Q. S21.

**S20.** (Are you) exercising (to help lower or control your high blood pressure)?

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

## ORAL HEALTH

If "b", "c", "d", or "Don't Know/not sure" to Q. 6.1 in Section 6, continue. Otherwise, go to Q. S22.

**S21.** Earlier in this survey we talked about your oral health. What is the main reason you did not visit the dentist in the last year?

- a. Fear, apprehension, nervousness, pain, dislike going
- b. Cost
- c. Do not have/know a dentist
- d. No Transportation/Too far away
- e. No appointments available/Dentist not taking any more patients
- f. Dentist not accepting new Medicaid patients
- g. No reason to go (no problems, no teeth)
- h. Other priorities
- i. Have not thought of it
- j. Other

Don't Know/Not Sure

Refused

**S22.** During the past 12 months, have you missed work because of problems with your teeth or mouth?

- a. Yes
- b. No                      Go to Q. S24
- Don't Know/Not Sure    Go to Q. S24
- Refused                    Go to Q. S24

**S23.** How many times?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

Don't Know/Not Sure

Refused

**S24.** During the past 12 months, have you visited a hospital emergency room because of problems with your teeth or mouth?

- a. Yes
- b. No                      Go to Q. S26
- Don't Know/Not Sure    Go to Q. S26
- Refused                    Go to Q. S26

**S25.** How many times?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

Don't Know/Not Sure

Refused

### **NAME RECOGNITION**

**S26.** Have you heard about the South Dakota Department of Health program called "Healthy South Dakota" that encourages South Dakotans to be physically active, eat healthy, and live healthier lives?

- a. Yes
- b. No

Don't Know/Not Sure

Refused

### **ARTHRITIS**

If "1" to Q. 5.9 in Section 5, continue. Otherwise, go to Q. S28.

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

**S27.** 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

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

### **CHILDREN'S HEALTH INSURANCE**

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 7.7, 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.

**S28.** Does this child have health coverage?

- a. Yes
- b. No

Don't Know/Not Sure

Refused

Go to Q. S30

Go to Closing Statement

Go to Closing Statement

**S29.** 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?

Enter the coverage code

- 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. S29 go to Q. S37, otherwise go to Closing Statement.

**S30.** 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?

Enter the coverage code

- |   |               |
|---|---------------|
| a. Your employer                                    | Go to Closing |
| b. Someone else's employer                          | Go to Closing |
| c. A plan that you or someone else buys on your own | Go to Closing |
| d. Medicare   | Go to Closing |
| e. Medicaid, CHIP, or Medical Assistance            | Go to Q. S37  |
| f. The military, CHAMPUS, TriCare, or the VA        | Go to Closing |
| g. The Indian Health Service                        | Go to Closing |
| h. Community Health Services                        | Go to Closing |
| i. Some other source                                | Go to Closing |

None

Don't know/Not sure Go to Closing

Refused Go to Closing

**S31.** Has this child been refused health coverage due to his or her health status?

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

**S32.** Is this child without health coverage because of the loss of someone's employment?

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

**S33.** Is this child without health coverage due to any more of the following?

- a. Employer dropped coverage?
  - 1. Yes
  - 2. No
  - Don't know/Not sure
  - Refused
  
- b. Cost of premiums?
  - 1. Yes
  - 2. No
  - Don't know/Not sure
  - Refused
  
- c. High deductibles?
  - 1. Yes
  - 2. No
  - Don't know/Not sure
  - Refused
  
- d. Don't think it's necessary to have health coverage for this child?
  - 1. Yes
  - 2. No
  - Don't know/Not sure
  - Refused

**S34.** Please indicate if any of the following occurred in the last year due to this child's lack of health coverage.

- a. Went without medical care when sick or injured, but probably should have received medical care.
  - 1. Yes
  - 2. No
  - Don't know/Not sure
  - Refused
  
- b. Medical care was delayed when the child was sick or injured and probably should have received care sooner.
  - 1. Yes
  - 2. No
  - Don't know/Not sure
  - Refused

**S35.** About how long has it been since this child last visited a doctor for a routine checkup or physical examination?

- 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

**S36.** Who primarily pays for medical care for this uninsured child?

1. Parent (Includes caretaker parent and/or absent parent)
  2. Other relative
  3. County
  4. Other (Includes private foundation, charitable organization, provider write-off, etc.)
- Don't know/Not sure  
Refused

Go to Closing Statement

**S37.** Have you dropped or reduced private health coverage for this child because of the availability of medical assistance programs?

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

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.

