
Appendix B: BRFSS Questionnaire

Section 1: 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

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?
- 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? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
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?
1 Yes
2 No
Don't know / Not sure
Refused

Section 5: Inadequate Sleep

I would like to ask you about your sleep pattern.

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

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

__ Number of hours [01-24]
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?
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
 Don't know / Not sure
 Refused
- 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 have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
 1 Yes
 2 No
 Don't know / Not sure
 Refused

[Go to Q6.6]
[Go to Q6.6]
[Go to Q6.6]

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome

- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?
 1 Yes
 2 No
 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.

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

6.12 (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.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- Don't know / Not sure
- Refused

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

6.13 How old were you when you were told you have diabetes?
 _ _ Code age in years [97 = 97 and older]
 Don't know / Not sure
 Refused

Section 7: Oral Health

7.1 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.
 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

- 7.2 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.
- 1 1 to 5
 - 2 6 or more but not all
 - 3 All
 - 8 None
 - 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, Latino/a, or Spanish origin?
If yes, ask: Are you...
Interviewer Note: One or more categories may be selected.
- 1 Mexican, Mexican American, Chicano/a
 - 2 Puerto Rican
 - 3 Cuban
 - 4 Another Hispanic, Latino/a, or Spanish origin
 - 5 No
 - Don't know / Not sure
 - Refused
- 8.3 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

Note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.

8.4 Which one of these groups would you say best represents your race?
Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Other
No additional choices
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?
INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

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

8.6 Are you...?
1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
6 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?
1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)
Refused

- 8.9** Are you currently...?
 1 Employed for wages
 2 Self-employed
 3 Out of work for 1 year or more
 4 Out of work for less than 1 year
 5 A Homemaker
 6 A Student
 7 Retired
 8 Unable to work
 Refused
- 8.10** Is your annual household income from all sources—
If respondent refuses at ANY income level, code 'Refused'.
 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03
 (\$20,000 to less than \$25,000)
 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02
 (\$15,000 to less than \$20,000)
 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01
 (\$10,000 to less than \$15,000)
 0 1 Less than \$10,000 If "no," code 02
 0 5 Less than \$35,000 If "no," ask 06
 (\$25,000 to less than \$35,000)
 0 6 Less than \$50,000 If "no," ask 07
 (\$35,000 to less than \$50,000)
 0 7 Less than \$75,000 If "no," code 08
 (\$50,000 to less than \$75,000)
 0 8 \$75,000 or more
 Don't know / Not sure
 Refused
- 8.11** About how much do you weigh without shoes?
NOTE: If respondent answers in metrics, put "9" in column 154.
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 "9" in column 158.
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.
- 1 Yes
 2 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.
- 1 Yes [Go to Q8.19]
 2 No [Go to Q8.19]
 Don't know / Not sure [Go to Q8.19]
 Refused [Go to Q8.19]
- 8.18** 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
- 8.19** Have you used the internet in the past 30 days?
- 1 Yes
 2 No
 Don't know/Not sure
 Refused
- 8.20** Do you own or rent your home?
- 1 Own
 2 Rent
 3 Other arrangement
 Don't know / Not sure
 Refused
- 8.21** Indicate sex of respondent. **Ask only if necessary.**
- 1 Male [Go to Q8.23]
 2 Female [If respondent is 45 years old or older, go to Q8.23]
- 8.22** To your knowledge, are you now pregnant?
- 1 Yes
 2 No
 Don't know / Not sure
 Refused

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

- 8.23** Are you limited in any way in any activities because of physical, mental, or emotional problems?
1 Yes
2 No
Don't know / Not Sure
Refused
- 8.24** 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?
1 Yes
2 No
Don't know / Not Sure
Refused
- 8.25** Are you blind or do you have serious difficulty seeing, even when wearing glasses?
1 Yes
2 No
Don't know / Not Sure
Refused
- 8.26** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
1 Yes
2 No
Don't know / Not sure
Refused
- 8.27** Do you have serious difficulty walking or climbing stairs?
1 Yes
2 No
Don't know / Not sure
Refused
- 8.28** Do you have difficulty dressing or bathing?
1 Yes
2 No
Don't know / Not sure
Refused
- 8.29** 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

Section 9: Tobacco Use

- 9.1** Have you smoked at least 100 cigarettes in your entire life?
NOTE: 5 packs = 100 cigarettes
1 Yes
2 No **[Go to Q9.5]**
Don't know / Not sure **[Go to Q9.5]**
Refused **[Go to Q9.5]**

INTERVIEWER NOTE: “For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”

- 9.2** Do you now smoke cigarettes every day, some days, or not at all?
1 Every day
2 Some days
3 Not at all [Go to Q9.4]
Don't know / Not sure [Go to Q9.5]
Refused [Go to Q9.5]
- 9.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
1 Yes [Go to Q9.5]
2 No [Go to Q9.5]
Don't know / Not sure [Go to Q9.5]
Refused [Go to Q9.5]
- 9.4** How long has it been since you last smoked a cigarette, even one or two puffs?
0 1 Within the past month (less than 1 month ago)
0 2 Within the past 3 months (1 month but less than 3 months ago)
0 3 Within the past 6 months (3 months but less than 6 months ago)
0 4 Within the past year (6 months but less than 1 year ago)
0 5 Within the past 5 years (1 year but less than 5 years ago)
0 6 Within the past 10 years (5 years but less than 10 years ago)
0 7 10 years or more
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.
1 Every day
2 Some days
3 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?
1 __ Days per week
2 __ Days in past 30 days
No drinks in past 30 days [Go to next section]
Don't know / Not sure [Go to next section]
Refused [Go to next section]
- 10.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
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

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

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

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes
2 No **[Go to Q11.3]**
Don't know / Not sure **[Go to Q11.3]**
Refused **[Go to Q11.3]**

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 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?

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

NOTE: If respondent is ≤ 49 years of age, go to next section.

The next question is about the Shingles vaccine.

11.4 Have you ever had the shingles or zoster vaccine?

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

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine.

Section 12: Falls

NOTE: 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—
1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never
7 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?
- 1 Yes
 - 2 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?
- 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
- 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?
- 1 Yes
 - 2 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?
- 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
- 15.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?
- 1 Yes
 - 2 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?
- 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

Note: If response to Q8.22 = 1 (is pregnant); then go to next section.

- 15.7 Have you had a hysterectomy?
1 Yes
2 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?
1 Yes
2 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?
1 Yes
2 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?
1 Yes
2 No
Don't Know / Not sure
Refused
- 16.4. Have you EVER HAD a PSA test?
1 Yes
2 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?
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years)
3 Within the past 3 years (2 years but less than 3 years)
4 Within the past 5 years (3 years but less than 5 years)
5 5 or more years ago
Don't know / Not sure
Refused
- 16.6. What was the MAIN reason you had this PSA 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

Section 17: Colorectal Cancer Screening

Note: If respondent is \leq 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?
- 1 Yes
 - 2 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?
- 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
- 17.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?
- 1 Yes
 - 2 No **[Go to next section]**
 - 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?
- 1 Sigmoidoscopy
 - 2 Colonoscopy
 - Don't know / Not sure
 - Refused
- 17.5** How long has it been since you had your last sigmoidoscopy or colonoscopy?
- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 3 years (2 years but less than 3 years ago)
 - 4 Within the past 5 years (3 years but less than 5 years ago)
 - 5 Within the past 10 years (5 years but less than 10 years ago)
 - 6 10 or more years ago
 - 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.
- 1 Yes
 - 2 No **[Go to optional module transition]**
 - Don't know / Not sure **[Go to optional module transition]**
 - Refused **[Go to optional module transition]**

- 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."

INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

__ / ____ Code month and year

Don't know / Not sure

Refused / Not sure

- 18.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?
- 0 1 Private doctor or HMO office
 - 0 2 Counseling and testing site
 - 0 9 Emergency room
 - 0 3 Hospital inpatient
 - 0 4 Clinic
 - 0 5 Jail or prison (or other correctional facility)
 - 0 6 Drug treatment facility
 - 0 7 At home
 - 0 8 Somewhere else
 - Don't know / Not sure
 - Refused

Module 1: Pre-Diabetes

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

- 1.** Have you had a test for high blood sugar or diabetes within the past three years?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

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

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

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

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

Module 2: Diabetes

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

1. Are you now taking insulin?

- 1 Yes
- 2 No
- Refused

2. 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 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.’

3. 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
- 5 5 5 No feet
- Never
- Don't know / Not sure
- Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- _ _ Number of times [76 = 76 or more]
- None
- Don't know / Not sure
- Refused

5. 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]
8 8 None
9 8 Never heard of "A one C" test
Don't know / Not sure
Refused

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

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

— — Number of times [76 = 76 or more]
None
Don't know / Not sure
Refused

7. 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.

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

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

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

Module 6: Sodium or Salt-Related Behavior

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1. Are you currently watching or reducing your sodium or salt intake?

1 Yes
2 No [Go to Q3]
Don't know/not sure [Go to Q3]
Refused [Go to Q3]

2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?"
- 1__ Day(s)
 - 2__ Week(s)
 - 3__ Month(s)
 - 4__ Year(s)
 - All my life
 - Don't know/not sure
 - Refused
3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake?
- 1 Yes
 - 2 No
 - Don't know/not sure
 - Refused

Module 17: Random Child Selection

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

If Q8.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

If Q8.7 is >1 and Q8.7 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

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

INTERVIEWER PLEASE READ:

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

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

__ / ____ Code month and year

Don't know / Not sure

Refused

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

2. Is the child a boy or a girl?

1 Boy

2 Girl

Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?
- 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
4. Which one or more of the following would you say is the race of the child?
- 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
5. Which one of these groups would you say best represents the child's 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

6.

How are you related to the child?

- 1 Parent (include biologic, step, or adoptive parent)
 - 2 Grandparent
 - 3 Foster parent or guardian
 - 4 Sibling (include biologic, step, and adoptive sibling)
 - 5 Other relative
 - 6 Not related in any way
- Don't know / Not sure
Refused

SOUTH DAKOTA'S 2014 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?
- 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

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:
- 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

If "1" to Q. 3.4 in Section 3, And If ("1" or "2" to Q. 9.2 in Section 9) or ("1" or "2" 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)?
- 1 Yes
 - 2 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?
- 1 Yes
 - 2 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?
- 1 Not allowed in any work areas **Go to Q. S7**
 - 2 Allowed in some work areas
 - 3 Allowed in all work areas
 - 4 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.
- 1 Smoking is not allowed anywhere inside your home **Go to Q. S9**
 - 2 Smoking is allowed in some places or at some times
 - 3 Smoking is allowed anywhere inside your home
 - 4 There are no rules about smoking inside your home
 - Don't know / Not sure
 - Refused
- 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
- S9. Have you ever tried smoking an electronic cigarette or E-cigarette even one or two puffs?
- 1 Yes
 - 2 No **Go to Q. S11**
 - Don't Know/Not Sure **Go to Q. S11**
 - Refused **Go to Q. S11**
- S10. During the past 30 days on how many days did you use electronic cigarettes or E-cigarettes?
- _ _ Number of Days [Range 1-30]
 - None
 - Don't know/Not sure
 - Refused

Actions to Control High Blood Pressure

S11. 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?"

- | | | |
|---|--|---------------------|
| 1 | Yes | |
| 2 | Yes, but female told only during pregnancy | Go to Q. S16 |
| 3 | No | Go to Q. S16 |
| 4 | Told borderline high or pre-hypertensive | Go to Q. S16 |
| | Don't know / Not sure | Go to Q. S16 |
| | Refused | Go to Q. S16 |

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

S12. (Are you) changing your eating habits (to help lower or control your high blood pressure)?

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

S13. (Are you) cutting down on salt (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 3 Do not use salt
- Don't know / Not sure
- Refused

S14. (Are you) reducing alcohol use (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 3 Do not drink
- Don't know / Not sure
- Refused

If "1" to Q. 4.1 in Section 4, continue. Otherwise, go to Q. S16.

S15. (Are you) exercising (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 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?
- 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

ORAL HEALTH

If "2", "3", "4", or "8" to Q. 7.1 in Section 7, continue. Otherwise, go to Q. S18.

- S17. 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?
- 01 Fear, apprehension, nervousness, pain, dislike going
 - 02 Cost
 - 03 Do not have/know a dentist
 - 04 No Transportation/Too far away
 - 05 No appointments available/Dentist not taking any more patients
 - 06 Dentist not accepting new Medicaid patients
 - 07 No reason to go (no problems, no teeth)
 - 08 Other priorities
 - 09 Have not thought of it
 - 10 Other
 - Don't Know/Not Sure
 - Refused

SOUTH DAKOTA QUITLINE NAME RECOGNITION

- S18. Have you heard about the South Dakota Department of Health program called the "South Dakota Quitline" that offers free services designed to help a person quit tobacco?
- 1 Yes
 - 2 No
 - Don't Know/Not Sure
 - Refused

COLORECTAL CANCER SCREENING

If respondent is ≤ 49 years of age, go to Q. S21.

- S19. Has a doctor, nurse, or other health professional ever recommended that you be tested for colorectal or colon cancer?
- 1 Yes
 - 2 No **Go to Q. S21**
 - Don't Know/Not Sure **Go to Q. S21**
 - Refused **Go to Q. S21**

- S20. Did you have the test your health professional recommended?
- 1 Yes
 - 2 No
 - Don't Know/Not Sure
 - Refused

COGNITIVE IMPAIRMENT

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

- S21. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

If number of adults > 1, continue.

If 1 adult in household and S21 = 1 (Yes), go to S24; otherwise, go to S31

- S22. **[If S21 = 1];** Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?
- Number of people [6 = 6 or more]
 - None
 - Don't know / Not sure
 - Refused

If number of adults > 1 and S21 < 7; continue.

If S21 < 7; go to S24. Otherwise, go to S31.

- S23. Of these people, please select the person who had the most recent birthday. How old is this person?
- 0 1 Age 18-29
 - 0 2 Age 30-39
 - 0 3 Age 40-49
 - 0 4 Age 50-59
 - 0 5 Age 60-69
 - 0 6 Age 70-79
 - 0 7 Age 80-89
 - 0 8 Age 90 +
 - Don't know / Not sure
 - Refused

If S21 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'."

INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse."

- S24. During the past 12 months, how often **[If S21 = 1 (Yes): insert “have you;” otherwise, insert “has this person”]** given up household activities or chores **[If S21 = 1 (Yes): insert “you;” otherwise, insert “they”]** used to do, because of confusion or memory loss that is happening more often or is getting worse?
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
- Don't know / Not sure
Refused
- S25. As a result of **[If S21 = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** confusion or memory loss, in which of the following four areas **[If S21 = 1 (Yes): insert “do you;” otherwise, insert “does this person”]** need the MOST assistance?
- 1 Safety [read only if necessary: such as forgetting to turn off the stove or falling]
 - 2 Transportation [read only if necessary: such as getting to doctor’s appointments]
 - 3 Household activities [read only if necessary: such as managing money or housekeeping]
 - 4 Personal care [read only if necessary: such as eating or bathing]
 - 5 Needs assistance, but not in those areas
 - 6 Doesn't need assistance in any area
- Don't know / Not sure
Refused
- S26. During the past 12 months, how often has confusion or memory loss interfered with **[If S21 = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** ability to work, volunteer, or engage in social activities?
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
- Don't know / Not sure
Refused
- S27. During the past 30 days, how often **[If S21 = 1 (Yes): insert “has;” otherwise, insert “have you;”]** a family member or friend provided any care or assistance for **[If S21 = 1 (Yes): “you;” otherwise, insert “this person”]** because of confusion or memory loss?
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
- Don't know / Not sure
Refused
- S28. Has anyone discussed with a health care professional, increases in **[If S21 = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** confusion or memory loss?
- 1 Yes
 - 2 No **Go to S31**
- Don't know / Not sure **Go to S31**
Refused **Go to S31**

S29. Have **[If S21 = 1 (Yes): insert “you;” otherwise, insert “this person”]** received treatment such as therapy or medications for confusion or memory loss?

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

S30. Has a health care professional ever said that **[If S21 = 1 (Yes): insert “you have;” otherwise, insert “this person has”]** Alzheimer's disease or some other form of dementia?

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's disease
- 3 No diagnosis has been given
- 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 Q. S41.

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

S31. Does this child have health coverage?

- 1 Yes
- 2 No **Go to Q. S33**
- Don't Know/Not Sure **Go to Q. S41**
- Refused **Go to Q. S41**

S32. 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?

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

If "05" to Q. S32 go to Q. S40, otherwise go to S41.

S33. 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?

- | | | |
|----|--|---------------------|
| 01 | Your employer | Go to Q. S41 |
| 02 | Someone else's employer | Go to Q. S41 |
| 03 | A plan that you or someone else buys on your own | Go to Q. S41 |
| 04 | Medicare | Go to Q. S41 |
| 05 | Medicaid, CHIP, or Medical Assistance | Go to Q. S40 |
| 06 | The military, CHAMPUS, TriCare, or the VA | Go to Q. S41 |
| 07 | The Indian Health Service | Go to Q. S41 |
| 09 | Community Health Services | Go to Q. S41 |
| 08 | Some other source | Go to Q. S41 |
| | None | |
| | Don't know/Not sure | Go to Q. S41 |
| | Refused | Go to Q. S41 |

S34. Has this child been refused health coverage due to his or her health status?

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

S35. Is this child without health coverage because of the loss of someone's employment?

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

S36. 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

S37. 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

S38. 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

S39. 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 Q. S41.

S40. 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

SEXUAL VIOLENCE

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. 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 if you are not in a safe place you can ask me to skip any question you do not want to answer. If you are not in a safe place to answer these questions, I can skip these questions.

S41. Are you in a safe place to answer these questions?

1 Yes

2 No

Don't know / Not sure

Refused

Go to closing statement

Go to closing statement

Go to closing statement

These questions are about unwanted sexual experiences you may have had.

S42. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent – for example, being groped or fondled?

1 Yes

2 No

Don't know / Not sure

Refused

S43. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

1 Yes

2 No

Don't know / Not sure

Refused

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

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.

