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
7 Don’t know / Not sure
9 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
88 None
77 Don’t know / Not sure
99 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
88 None
77 Don’t know / Not sure
99 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
88 None
77 Don’t know / Not sure
99 Refused

Section 3: Health Care Access

3.1.1 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?

Yes
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?

Yes, only one
More than one
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
   7  Don’t know / Not sure
   9  Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup?
   INTERVIEWER NOTE: 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
   7  Don’t know / Not sure
   8  Never
   9  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
   7  Don’t know / Not sure
   9  Refused

Section 5: Inadequate Sleep
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]
   7 7  Don’t know / Not sure
   9 9  Refused

Section 6: Chronic Health Conditions
Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, or you’re Not sure.
6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?
   1  Yes
   2  No
   7  Don’t know / Not sure
   9  Refused

6.2 (Ever told) you had angina or coronary heart disease?
   1  Yes
   2  No
   7  Don’t know / Not sure
   9  Refused
6.3 (Ever told) you had a stroke?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

6.4 (Ever told) you had asthma?
1 Yes
2 No [Go to Q6.6]
7 Don’t know / Not sure [Go to Q6.6]
9 Refused [Go to Q6.6]

6.5 Do you still have asthma?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

6.6 (Ever told) you had skin cancer?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

6.7 (Ever told) you had any other types of cancer?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

6.8 (Ever told) you have chronic obstructive pulmonary disease or C.O.P.D., emphysema or chronic bronchitis?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
1 Yes
2 No
7 Don’t know / Not sure
9 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

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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
7 Don’t know / Not sure
9 Refused

6.11 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?
INTERVIEWER NOTE: Incontinence is not being able to control urine flow.
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

6.12 (Ever told) you have diabetes?
1 Yes
2 Yes, but female told only during pregnancy
3 No
4 No, pre-diabetes or borderline diabetes
7 Don’t know / Not sure
9 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]
7 8 Don’t know / Not sure
9 9 Refused

NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Oral Health

7.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 Don’t know / Not sure
8 Never
9 Refused
7.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?
INTERVIEWER 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
7  Don’t know / Not sure
9  Refused

Section 8: Demographics

8.1 (What was your sex at birth? Was it…)
(What is your sex?)

NOTE: STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF FIRST FORMAT IS USED, READ OPTIONS.

1  Male
2  Female
9  Refused

8.2 What is your age?

_code age in years_
07  Don't know / Not sure
09  Refused

8.3 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
7  Don’t know / Not sure
9  Refused

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

INTERVIEWER NOTE: Select all that apply.
INTERVIEWER NOTE: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

10  White
20  Black or African American
30  American Indian or Alaska Native
40  Asian
41  Asian Indian
42  Chinese
43  Filipino
44  Japanese
45  Korean
46  Vietnamese
47  Other Asian
50  Pacific Islander
51  Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander
60 Other
88 No additional choices
77 Don’t know / Not sure
99 Refused

NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.

8.5 Which one of these groups would you say best represents your race?
INTERVIEWER NOTE: IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE “REFUSED.”
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
60 Other
77 Don’t know / Not sure
99 Refused

8.6 Are you…?
1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
6 A member of an unmarried couple
9 Refused

8.7 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)
9 Refused
8.8 Do you own or rent your home?
1 Own
2 Rent
3 Other arrangement
7 Don’t know / Not sure
9 Refused

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent. NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

8.9 In what county do you currently live?
   ANSI County Code (formerly FIPS county code)
   7 7 7 Don’t know / Not sure
9 9 9 Refused

8.10 What is the ZIP Code where you currently live?
   ZIP Code
   7 7 7 7 Don’t know / Not sure
9 9 9 9 9 Refused

NOTE: If cellular telephone interview skip to 8.14

8.11 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?
1 Yes
2 No [Go to Q8.13]
7 Don’t know / Not sure [Go to Q8.13]
9 Refused [Go to Q8.13]

8.12 How many of these telephone numbers are residential numbers?
   Residential telephone numbers [6 = 6 or more]
   7 Don’t know / Not sure
9 Refused

8.13 How many cell phones do you have for personal use?
INTERVIEWER NOTE: INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.

   Enter number (1-5)
   6 Six or more
7 Don’t know / Not sure
8 None
9 Refused

8.14 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.
Are you currently…?
INTERVIEWER NOTE: IF MORE THAN ONE, SAY “SELECT THE CATEGORY WHICH BEST DESCRIBES YOU”.
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
9  Refused

How many children less than 18 years of age live in your household?
__  __  Number of children
8  8  None
9  9  Refused

Is your annual household income from all sources—
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
7  7  Don’t know / Not sure
9  9  Refused

About how much do you weigh without shoes?
NOTE: If respondent answers in metrics, put 9 in column XXX. Round fractions up
__  __  __  __  Weight
(pounds/kilograms)
7  7  7  7  Don’t know / Not sure
9  9  9  9  Refused

About how tall are you without shoes? NOTE: If respondent answers in metrics, put 9 in column XXX. Round fractions down
__/__/__  Height
(ft/inches/meters/centimeters)
If male, go to 8.21, if female respondent is 45 years old or older, go to Q8.21

8.20 To your knowledge, are you now pregnant?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

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

8.21 Are you deaf or do you have serious difficulty hearing?
1 Yes
2 No
7 Don’t know / Not Sure
9 Refused

8.22 Are you blind or do you have serious difficulty seeing, even when wearing glasses?
1 Yes
2 No
7 Don’t know / Not Sure
9 Refused

8.23 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

8.24 Do you have serious difficulty walking or climbing stairs?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

8.25 Do you have difficulty dressing or bathing?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

8.26 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
7 Don’t know / Not sure
9 Refused
Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life?

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.

NOTE: 5 packs = 100 cigarettes

1 Yes
2 No [Go to Q9.5]
7 Don’t know / Not sure [Go to Q9.5]
9 Refused [Go to Q9.5]

9.2 Do you now smoke cigarettes every day, some days, or not at all?

1 Every day
2 Some days
3 Not at all [Go to Q9.4]
7 Don’t know / Not sure [Go to Q9.5]
9 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]
7 Don’t know / Not sure [Go to Q9.5]
9 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
0 8 Never smoked regularly
7 7 Don’t know / Not sure
9 9 Refused

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

Snus (rhymes with ‘goose’)

INTERVIEWER 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
7 Don’t know / Not sure
9 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
   888 No drinks in past 30 days [Go to next section]
   777 Don’t know / Not sure [Go to next section]
   999 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?
   INTERVIEWER 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
   77 Don’t know / Not sure
   99 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
   88 None
   77 Don’t know / Not sure
   99 Refused

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion?
   _ _ Number of drinks
   77 Don’t know / Not sure
   99 Refused

Section 11: Immunization

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 Q11.4]
   7 Don’t know / Not sure [Go to Q11.4]
   9 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
   77 / 7777 Don’t know / Not sure
   99 / 9999 Refused

11.3 At what kind of place did you get your last flu shot/vaccine?
   01 A doctor’s office or health maintenance organization (HMO)
   02 A health department
   03 Another type of clinic or health center (a community health center)
   04 A senior, recreation, or community center
   05 A store (supermarket, drug store)
11.4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

1
  Yes
2
  No
7
  Don’t know / Not sure
9
  Refused

Section 12: Falls

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

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

_ _ Number of times [76 = 76 or more]
8 8 None [Go to next section]
7 7 Don’t know / Not sure [Go to next section]
9 9 Refused [Go to next section]

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

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 that limited your regular activities for at least a day?

INTERVIEWER NOTE: 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]
8 8 None
7 7 Don’t know / Not sure
9 9 Refused

Section 13: Seat Belt Use and Drinking and Driving

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
During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?

<table>
<thead>
<tr>
<th>Number of times</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Section 14: Breast and Cervical Cancer Screening

NOTE: If male go to the next section.
The next questions are about breast and cervical cancer.

14.1 Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

<table>
<thead>
<tr>
<th>Choice</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No              [Go to Q14.3]</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure [Go to Q14.3]</td>
</tr>
<tr>
<td>9</td>
<td>Refused         [Go to Q14.3]</td>
</tr>
</tbody>
</table>

14.2 How long has it been since you had your last mammogram?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the past year (anytime less than 12 months ago)</td>
</tr>
<tr>
<td>2</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>3</td>
<td>Within the past 3 years (2 years but less than 3 years ago)</td>
</tr>
<tr>
<td>4</td>
<td>Within the past 5 years (3 years but less than 5 years ago)</td>
</tr>
<tr>
<td>5</td>
<td>5 or more years ago</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

14.3 Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

<table>
<thead>
<tr>
<th>Choice</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No              [Go to Q14.5]</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure [Go to Q14.5]</td>
</tr>
<tr>
<td>9</td>
<td>Refused         [Go to Q14.5]</td>
</tr>
</tbody>
</table>

14.4 How long has it been since you had your last Pap test?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the past year (anytime less than 12 months ago)</td>
</tr>
<tr>
<td>2</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>3</td>
<td>Within the past 3 years (2 years but less than 3 years ago)</td>
</tr>
<tr>
<td>4</td>
<td>Within the past 5 years (3 years but less than 5 years ago)</td>
</tr>
<tr>
<td>5</td>
<td>5 or more years ago</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
14.5  An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?
INTERVIEWER NOTE: HUMAN PAPILLOMARVIRUS (PAP-UH-LOH-MUH VIRUS)
1  Yes
2  No  [Go to Q14.7]
7  Don’t know/Not sure  [Go to Q14.7]
9  Refused  [Go to Q14.7]

14.6  How long has it been since you had your last H.P.V. test?
1  Within the past year (anytime less than 12 months ago)
2  Within the past 2 years (1 year but less than 2 years ago)
3  Within the past 3 years (2 years but less than 3 years ago)
4  Within the past 5 years (3 years but less than 5 years ago)
5  5 or more years ago
7  Don’t know / Not sure
9  Refused

NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.

14.7  Have you had a hysterectomy?

INTERVIEWER NOTE: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).
1  Yes
2  No
7  Don’t know / Not sure
9  Refused

Section 15: Prostate Cancer Screening

Note: If respondent is \( \leq 39 \) years of age, or is female, go to next section.

15.1  Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

INTERVIEWER NOTE: A PROSTATE-SPECIFIC ANTIGEN TEST, ALSO CALLED A P.S.A. TEST, IS A BLOOD TEST USED TO CHECK MEN FOR PROSTATE CANCER.
1  Yes
2  No
7  Don’t know / Not sure
9  Refused

15.2  Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?
1  Yes
2  No
7  Don’t know / Not sure
9  Refused

15.3  Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?
1  Yes
2  No
7  Don’t know / Not sure
9  Refused
15.4. Have you ever had a P.S.A. test?
1 Yes
2 No [Go to next section]
7 Don’t Know / Not sure [Go to next section]
9 Refused [Go to next section]

15.5. How long has it been since you had your last P.S.A. test?
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years)
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
7 Don’t know / Not sure
9 Refused

15.6. What was the main reason you had this P.S.A. test – was it …?
1 Part of a routine exam
2 Because of a prostate problem
3 Because of a family history of prostate cancer
4 Because you were told you had prostate cancer
5 Some other reason
7 Don’t know / Not sure
9 Refused

Section 16: Colorectal Cancer Screening

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

16.1 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 Q16.3]
7 Don’t know / Not sure [Go to Q16.3]
9 Refused [Go to Q16.3]

16.2 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
7 Don’t know / Not sure
9 Refused

16.3 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]
7 Don’t know / Not sure [Go to next section]
9 Refused [Go to next section]
16.4 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
7 Don’t know / Not sure
9 Refused

16.5 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
7 Don’t know / Not sure
9 Refused

Section 17: 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.

17.1 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV?
1 Yes
2 No [Go to Q17.3]
7 Don’t know / Not sure [Go to Q17.3]
9 Refused [Go to Q17.3]

17.2 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
77/ 7777 Don’t know / Not sure
99/ 9999 Refused / Not sure

17.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.
You have 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.
You had four or more sex partners in the past year.

Do any of these situations apply to you?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused
Module 1: Pre-Diabetes

NOTE: Only asked of those not responding Yes (code = 1) to Core 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
   7  Don’t know / Not sure
   9  Refused

Note: If Core 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
   7  Don’t know / Not sure
   9  Refused

Module 2: Diabetes

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

1. Are you now taking insulin?
   1  Yes
   2  No
   9  Refused

2. About how often do you check your blood for glucose or sugar?
   INTERVIEWER NOTE: 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
   8 8 8  Never
   7 7 7  Don’t know / Not sure
   9 9 9  Refused

INTERVIEWER 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. Including times when checked by a family member or friend by not including times when checked by a health professional, about how often do you check your feet for any sores or irritations?
   1  _  _  Times per day
   2  _  _  Times per week
   3  _  _  Times per month
   4  _  _  Times per year
   5 5 5  No feet
   8 8 8  Never
   7 7 7  Don’t know / Not sure
   9 9 9  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]
   
   88  None
   77  Don’t know / Not sure
   99  Refused

5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? Interviewer note: A test for A one C measures the average level of blood sugar over the past three months.
   
   
   _ _  Number of times [76 = 76 or more]
   
   8 8  None
   98  Never heard of A one C test
   77  Don’t know / Not sure
   99  Refused

Note: If Q3 = 555 (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]
   
   88  None
   77  Don’t know / Not sure
   99  Refused

7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?
   
   1  Within the past month (anytime less than 1 month ago)
   2  Within the past year (1 month but less than 12 months ago)
   3  Within the past 2 years (1 year but less than 2 years ago)
   4  2 or more years ago
   7  Don’t know / Not sure
   8  Never
   9  Refused

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
   
   1  Yes
   2  No
   7  Don’t know / Not sure
   9  Refused

9. Have you ever taken a course or class in how to manage your diabetes yourself?
   
   1  Yes
   2  No
   7  Don’t know / Not sure
   9  Refused
Module 6: E-Cigarettes

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

1. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?
   1. Yes
   2. No [Go to next module]
   7. Don’t know / Not Sure [Go to next module]
   9. Refused [Go to next module]

2. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?
   1. Every Day
   2. Some days
   3. Not at all
   7. Don’t know/Not sure
   9. Refused

Module 13: Lung Cancer Screening

NOTE: IF CORE Q9.1 = 1 (YES) AND Q9.2 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO QUESTION 4.

You’ve told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

1. How old were you when you first started to smoke cigarettes regularly?
   ___ Age in Years (001 – 100)
   888 Never smoked cigarettes regularly [GO TO Q4]
   777 Don’t know/Not sure
   999 Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

[INSTRUCTION/ INTERVIEWER NOTE: (IF RESPONDENT INDICATES AGE INCONSISTENT WITH PREVIOUSLY ENTERED AGE) THE RESPONDENT INDICATED THEIR AGE TO BE ___ YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF ___ YEARS. PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT REGULARLY SMOKING OR MAKE A NOTE TO CORRECT THE AGE OF THE RESPONDENT.]

2. How old were you when you last smoked cigarettes regularly?
   ___ Age in Years
   777 Don’t know/Not sure
   999 Refused
INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A
RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

3. On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually
smoke each day?

- __ __ Number of cigarettes
- 777 Don’t know/Not sure
- 999 Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A
RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

INTERVIEWER NOTE 2: RESPONDENTS MAY ANSWER IN PACKS INSTEAD OF NUMBER OF
CIGARETTES. BELOW IS A CONVERSION TABLE:

<table>
<thead>
<tr>
<th>Pack</th>
<th>Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>10</td>
</tr>
<tr>
<td>0.75</td>
<td>15</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>1.25</td>
<td>25</td>
</tr>
<tr>
<td>1.5</td>
<td>30</td>
</tr>
<tr>
<td>1.75</td>
<td>35</td>
</tr>
<tr>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>2.5</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>60</td>
</tr>
</tbody>
</table>

4. The next question is about CT or CAT scans. During this test, you lie flat on your back on a table.
While you hold your breath, the table moves through a donut shaped x-ray machine while the
scan is done. In the last 12 months, did you have a CT or CAT scan?

1. Yes, to check for lung cancer
2. No (did not have a CT scan)
3. Had a CT scan, but for some other reason
7. Don’t know/not sure
9. Refused

Module 15: Cancer Survivorship

Note: If Core Q6.6 or Q6.7 = 1 (Yes) or Q15.6 = 4 (Because you were told you had prostate cancer)
continue, else go to next module.

You’ve told us that you have had cancer. I would like to ask you a few more questions about your
cancer.

1. How many different types of cancer have you had?
   1. Only one
   2. Two
   3. Three or more
   7. Don’t know / Not sure [Go to next module]
   9. Refused [Go to next module]

2. At what age were you told that you had cancer?
   __ Code age in years [97 = 97 and older]
   98 Don’t know / Not sure
   99 Refused

Note: If Q1= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.
Note: If Core Q6.6 = 1 (Yes) and Q1 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code 21 if Melanoma or 22 if other skin cancer

Note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

3. What type of cancer was it?

If Q1 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?

INTERVIEWER NOTE: Read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast
01 Breast cancer

Female reproductive (Gynecologic)
02 Cervical cancer (cancer of the cervix)
03 Endometrial cancer (cancer of the uterus)
04 Ovarian cancer (cancer of the ovary)

Head/Neck
05 Head and neck cancer
06 Oral cancer
07 Pharyngeal (throat) cancer
08 Thyroid
09 Larynx

Gastrointestinal
10 Colon (intestine) cancer
11 Esophageal (esophagus)
12 Liver cancer
13 Pancreatic (pancreas) cancer
14 Rectal (rectum) cancer
15 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)
16 Hodgkin’s Lymphoma (Hodgkin’s disease)
17 Leukemia (blood) cancer
18 Non-Hodgkin’s Lymphoma

Male reproductive
19 Prostate cancer
20 Testicular cancer

Skin
21 Melanoma
22 Other skin cancer

Thoracic
23 Heart
24 Lung
Urinary cancer:
25  Bladder cancer
26  Renal (kidney) cancer

Others
27  Bone
28  Brain
29  Neuroblastoma
30  Other
77  Don’t know / Not sure
99  Refused

4.  Are you currently receiving treatment for cancer?
   INTERVIEWER NOTE: BY TREATMENT, WE MEAN SURGERY, RADIATION THERAPY, 
   CHEMOTHERAPY, OR CHEMOTHERAPY PILLS.
   1  Yes  [Go to next module]
   2  No, I’ve completed treatment  [Go to next module]
   3  No, I’ve refused treatment  [Go to next module]
   4  No, I haven’t started treatment  [Go to next module]
   7  Don’t know / Not sure  [Go to next module]
   9  Refused  [Go to next module]

5.  What type of doctor provides the majority of your health care?
   INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know 
   which type of doctor you see most often for illness or regular health care (Examples: annual exams 
   and/or physicals, treatment of colds, etc.).
   01  Cancer Surgeon
   02  Family Practitioner
   03  General Surgeon
   04  Gynecologic Oncologist
   05  General Practitioner, Internist
   06  Plastic Surgeon, Reconstructive Surgeon
   07  Medical Oncologist
   08  Radiation Oncologist
   09  Urologist
   10  Other
   77  Don’t know / Not sure
   99  Refused

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

   Read only if necessary: By ‘other healthcare professional’, we mean a nurse practitioner, a physician’s 
   assistant, social worker, or some other licensed professional.
   1  Yes
   2  No
   7  Don’t know / Not sure
   9  Refused

7.  Have you ever received instructions from a doctor, nurse, or other health professional about 
    where you should return or who you should see for routine cancer check-ups after completing 
    your treatment for cancer?
8. Were these instructions written down or printed on paper for you?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused

INTERVIEWER NOTE: HEALTH INSURANCE ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.

10. Were you ever denied health insurance or life insurance coverage because of your cancer?
    1. Yes
    2. No
    7. Don’t know / Not sure
    9. Refused

11. Did you participate in a clinical trial as part of your cancer treatment?
    1. Yes
    2. No
    7. Don’t know / Not sure
    9. Refused

12. Do you currently have physical pain caused by your cancer or cancer treatment?
    1. Yes
    2. No
    7. Don’t know / Not sure
    9. Refused

13. Would you say your pain currently under control…?
    1. With medication (or treatment)
    2. Without medication (or treatment)
    3. Not under control, with medication (or treatment)
    4. Not under control, without medication (or treatment)
    7. Don’t know / Not sure
    9. Refused
Module 23: Random Child Selection

NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.16 = 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 Core Q8.16 is >1 and Core Q8.16 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
   77/ 7777  Don’t know / Not sure
   99/ 9999  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 > 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
   9  Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?
   
   If yes, ask: Are they…

   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
   7  Don’t know / Not sure
   9  Refused
4. Which one or more of the following would you say is the race of the child?
   (Select all that apply)

   INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

   - 10 White
   - 20 Black or African American
   - 30 American Indian or Alaska Native
   - 40 Asian
     - 41 Asian Indian
     - 42 Chinese
     - 43 Filipino
     - 44 Japanese
     - 45 Korean
     - 46 Vietnamese
     - 47 Other Asian
   - 50 Pacific Islander
     - 51 Native Hawaiian
     - 52 Guamanian or Chamorro
     - 53 Samoan
     - 54 Other Pacific Islander
   - 60 Other
   - 88 No additional choices
   - 77 Don’t know / Not sure
   - 99 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?

   INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

   - 10 White
   - 20 Black or African American
   - 30 American Indian or Alaska Native
   - 40 Asian
     - 41 Asian Indian
     - 42 Chinese
     - 43 Filipino
     - 44 Japanese
     - 45 Korean
     - 46 Vietnamese
     - 47 Other Asian
   - 50 Pacific Islander
     - 51 Native Hawaiian
     - 52 Guamanian or Chamorro
     - 53 Samoan
     - 54 Other Pacific Islander
   - 60 Other
   - 88 No additional choices
   - 77 Don’t know / Not sure
   - 99 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
7 Don’t know / Not sure
9 Refused
SOUTH DAKOTA’S 2018 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

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

SD01Q01. Earlier you were asked some questions about your health care coverage. We’d now like to ask you what type of health care coverage you use to pay for most of your medical care?

Is it coverage through:

01 Your employer
02 Someone else’s employer
03 A plan that you or someone else buys on your own
04 Medicare
05 Medicaid or Medical Assistance
06 The military, CHAMPUS, TriCare, or the VA
07 The Indian Health Service
08 Some other source
88 None
77 Don’t know/Not sure
99 Refused

Go to Q. SD02Q01.

If "2" to Q. 3.1, continue. Otherwise go to SD02Q01.

SD01Q02. 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:

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
88 None
77 Don’t know/Not sure
99 Refused

TOBACCO

If “1” to Q. 3.4, And If (“1” or “2” to Q. 9.2) or (“1” or “2” to Q. 9.5), continue. Otherwise, go to SD02Q02.

SD02Q01. 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
7. Don't Know/Not Sure
9. Refused

If “1” or “2” to Q. 8.15, continue. Otherwise, go to SD02Q04.

SD02Q02. While working at your job, are you indoors most of the time?
1. Yes
2. No  Go to SD02Q04
7. Don't Know/Not Sure  Go to SD02Q04
9. Refused  Go to SD02Q04

SD02Q03. Which of the following best describes your place of work’s official smoking policy for work areas?
1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas or
4. No official policy
7. Don't know/Not sure
9. Refused

SD02Q04. 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 SD02Q06
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside your home or
4. There are no rules about smoking inside your home
7. Don't know / Not sure
9. Refused

SD02Q05. On how many of the past 7 days did someone smoke in your home while you were there?
5 5 Not at home in the past 7 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

SUN EXPOSURE

SD03Q01. 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
7. Don't Know/Not Sure
9. Refused
COLORECTAL CANCER SCREENING

If respondent is ≤ 49 years of age, go to Q. SD05Q01

SD04Q01. Has a doctor, nurse, or other health professional ever recommended that you be tested for colorectal or colon cancer?
   1  Yes
   2  No
   7  Don’t Know/Not Sure
   9  Refused

SUBSTANCE ABUSE AND MENTAL HEALTH

SD05Q01. During the past 12 months, have you ever taken a prescription pain medication such as OxyContin, Percocet, Vicodin, Tramadol, or Fentanyl?
   1  Yes
   2  No
   7  Don’t know/Not sure
   9  Refused

CHILDREN’S HEALTH INSURANCE

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 8.16, continue. Otherwise, go to SD07Q01.

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

SD06Q01. Does this child have health coverage?
   1  Yes
   2  No  Go to SD06Q03
   7  Don’t Know/Not Sure  Go to SD07Q01
   9  Refused  Go to SD07Q01

SD06Q02. What type of health coverage do you use to pay for most of this child's medical care?
   01  Your employer
   02  Someone else's employer
   03  A plan that you or someone else buys on your own
   04  Medicare
   05  Medicaid, CHIP, or Medical Assistance
   06  The military, CHAMPUS, TriCare, or the VA
   07  The Indian Health Service (IHS)
   09  Community Health Services
   08  Some other source
   88  None
   77  Don’t know/Not sure
   99  Refused
Go to SD07Q01.

SD06Q03. 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:
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
08 Community Health Services
09 Some other source
88 None
77 Don’t know/Not sure
99 Refused

If “1” to Q. 2 in Module 1, continue. Otherwise, go to SD08Q01.

SD07Q01. Earlier in the survey you indicated that you had been diagnosed with pre-diabetes or borderline diabetes. Did your doctor or another health professional refer you to pre-diabetes education to prevent diabetes?

1 Yes
2 No
7 Don’t know
9 Refused

If (“3”, “4”, or “8”) to Q. 3.4, continue. Otherwise, go to SD09Q01.

SD08Q01. Earlier in the survey you indicated that you had not had a routine health check-up in the past two years, what is the main reason you have not been to a doctor for a routine checkup in the past two years?

1 Can’t afford it
2 Don’t have health insurance
3 Not sick/Rarely get sick/Low perceived need to seek medical services
4 Clinic hours don’t fit my schedule
5 Transportation difficulties
6 Distrust of doctors
7 Waiting times are too long
8 Past negative experiences
9 Personal factors such as fear, guilt, embarrassment
10 Believe in alternative medicine
11 Clinic too far away
12 Do not have a personal doctor
13 Other priorities/Too busy
14 Just haven’t thought of it
97 Other (specify) __________
77 Don’t Know/Not Sure
99 Refused
Adverse Childhood Experiences

I’d like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

SD09Q01. Did you live with anyone who was depressed, mentally ill, or suicidal?
1. Yes
2. No
7. Don’t Know/Not Sure
9. Refused

SD09Q02. Did you live with anyone who was a problem drinker or alcoholic?
1. Yes
2. No
7. Don’t Know/Not Sure
9. Refused

SD09Q03. Did you live with anyone who used illegal street drugs or who abused prescription medications?
1. Yes
2. No
7. Don’t Know/Not Sure
9. Refused

SD09Q04. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
1. Yes
2. No
7. Don’t Know/Not Sure
9. Refused

SD09Q05. Were your parents separated or divorced?
1. Yes
2. No
7. Don’t Know/Not Sure
9. Refused

SD09Q06. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?
1. Never
2. Once
3. More than once
7. Don’t know / Not sure
9. Refused
SD09Q07. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

SD09Q08. How often did a parent or adult in your home ever swear at you, insult you, or put you down?
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

SD09Q09. How often did anyone at least 5 years older than you or an adult touch you sexually?
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

SD09Q10. How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

SD09Q11. How often did anyone at least 5 years older than you or an adult force you to have sex?
1 Never
2 Once
3 More than once
7 Don't know / Not sure
9 Refused

Please read:

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?

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.