

**ME 2000 Behavioral Risk Factor Surveillance System Questionnaire**

**1/6/00**

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**CORE SECTIONS**

Section 1: Health Status.....3  
Section 2: Health Care Access.....5  
Section 3: Asthma.....10  
Section 4: Diabetes.....11  
Module 1: Diabetes.....12  
Section 5: Care Giving.....16  
Section 6: Exercise.....17  
Section 7: Tobacco Use.....20  
Section 8: Fruits and Vegetables.....22  
Section 9: Weight Control.....25  
Section 10: Demographics.....27  
Section 11: Women's Health.....34  
Section 12: HIV/AIDS.....38

**OPTIONAL MODULES**

Module 7: Hypertension Awareness.....46  
State-Added Module 1: High Blood Pressure.....47  
State-Added Module 2: Children's Health.....48  
State-Added Module 3: Lyme Disease.....51  
State-Added Module 4: HIV infection.....54

HELLO, I'm \_\_\_\_\_ calling for the Maine Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of \_\_\_\_\_ residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this \_\_\_\_\_ ?

**No** Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence?

**No** Thank you very much, but we are only interviewing private residences. **Stop**

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

**If "1"** Are you the adult?

**If "yes"** Then you are the person I need to speak with. **Go to page 3**

**If "no"** May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?

Who is the next oldest man who presently lives in this household?

**Etc.**

Who is the oldest woman who presently lives in this household?

Who is the next oldest woman who presently lives in this household?

**Etc.**

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," go to page 3**

**To correct respondent** HELLO, I'm \_\_\_\_\_ calling for the Maine Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of \_\_\_\_\_ residents to guide state health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health.

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes 15 minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

**Section 1: Health Status**

1.1. Would you say that in general your health is: (66)

**Please Read**

- a. Excellent 1
- b. Very good 2
- c. Good 3
- d. Fair 4
- or**
- e. Poor 5

**Do not  
read these  
responses**

- Don't know/Not Sure 7
- Refused 9

1.2. 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? (67-68)

- a. Number of days
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

1.3. 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? (69-70)

a. Number of days

b. None **If Q1.2 also "None," go to Q2.1** 8 8

Don't know/Not sure 7 7

Refused 9 9

1.4. 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? (71-72)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

## Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)
- a. Yes 1
  - b. No **Go to Q2.3a** 2
    - Don't know/Not sure **Go to Q2.6** 7
    - Refused **Go to Q2.6** 9
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (74)
- a. Yes **Go to Q2.6** 1
  - b. No 2
    - Don't know/not sure 7
    - Refused 9

2.3. What type of health care coverage do you use to pay for most of your medical care? (75-76)

Is it coverage through: Coverage Code — —

**Please Read**

- a. Your employer **Go to Q2.4** 0 1
- b. Someone else's employer **Go to Q2.4** 0 2
- c. A plan that you or someone else buys on your own **Go to Q2.4** 0 3
- d. Medicare **Go to Q2.6** 0 4
- e. Medicaid or Medical Assistance [**or substitute state program name**] **Go to Q2.4** 0 5
- f. The military, CHAMPUS, TriCare, or the VA [**or CHAMP-VA**] **Go to Q2.4** 0 6
- g. The Indian Health Service [**or the Alaska Native Health Service**] **Go to Q2.4** 0 7  
or
- h. Some other source **Go to Q2.4** 0 8
- None **Go to Q2.5** 8 8
- Don't know/Not sure **Go to Q2.4** 7 7
- Refused **Go to Q2.4** 9 9

**Do not read these responses**

2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (77-78)

Coverage through: Coverage Code — —

**Please Read**

**If more than one, ask "Which type do you use to pay for most of your medical care?"**

- a. Your employer 0 1
- b. Someone else's employer 0 2
- c. A plan that you or someone else buys on your own 0 3
- d. Medicare **Go to Q2.6** 0 4
- e. Medicaid or Medical Assistance [**or substitute state program name**] 0 5
- f. The military, CHAMPUS, TriCare, or the VA [**or CHAMP-VA**] 0 6
- g. The Indian Health Service [**or the Alaska Native Health Service**] **or** 0 7
- h. Some other source 0 8
- None **Go to Q2.5** 8 8
- Don't know/Not sure **Go to Q2.6** 7 7
- Refused **Go to Q2.6** 9 9

**Do not read these responses**

- 2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (79)
- a. Yes **Go to Q2.6** 1
  - b. No **Go to Q2.6** 2
  - Don't know/Not sure **Go to Q2.6** 7
  - Refused **Go to Q2.6** 9
- 2.5. About how long has it been since you had health care coverage? (80)
- Read Only if Necessary**
- a. Within the past 6 months (1 to 6 months ago) 1
  - b. Within the past year (6 to 12 months ago) 2
  - c. Within the past 2 years (1 to 2 years ago) 3
  - d. Within the past 5 years (2 to 5 years ago) 4
  - e. 5 or more years ago 5
  - Don't know/Not sure 7
  - Never 8
  - Refused 9
- 2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (81)
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

2.7. About how long has it been since you last visited a doctor for a routine checkup? (82)

**Read Only if Necessary**

|   |   |   |
|---|---|---|
| <b>A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition</b> | a. Within the past year (1 to 12 months ago)  | 1 |
|   | b. Within the past 2 years (1 to 2 years ago) | 2 |
|   | c. Within the past 5 years (2 to 5 years ago) | 3 |
|   | d. 5 or more years ago                        | 4 |
|   | Don't know/Not sure                           | 7 |
|   | Never   | 8 |
|   | Refused                                       | 9 |

### Section 3: Asthma

|     |   |      |
|-----|---|------|
| 3.1 | Did a doctor ever tell you that you had asthma? | (83) |
|     | a. Yes  | 1    |
|     | b. No <b>Go to Q4.1</b>                         | 2    |
|     | Don't know/Not sure <b>Go to Q4.1</b>           | 7    |
|     | Refused <b>Go to Q4.1</b>                       | 9    |
| 3.2 | Do you still have asthma?                       | (84) |
|     | a. Yes  | 1    |
|     | b. No   | 2    |
|     | Don't know/Not sure                             | 7    |
|     | Refused   | 9    |

## Section 4: Diabetes

4.1. Have you ever been told by a doctor that you have diabetes? (85)

**If "Yes" and  
female, ask  
"Was this  
only when  
you were  
pregnant?"**

- a. Yes 1
- b. Yes, but female told only during pregnancy 2
- c. No 3
- Don't know/Not sure 7
- Refused 9

## Module 1: Diabetes

|         |  |           |
|---------|--|-----------|
| Mod1_1. | How old were you when you were told you have diabetes?   | (202-203) |
|         | Code age in years [97 = 97 and older]  |           |
|         | Don't know/Not sure  | 9 8       |
|         | Refused  | 9 9       |
| Mod1_2. | Are you now taking insulin?  | (204)     |
|         | a. Yes   | 1         |
|         | b. No  | 2         |
|         | Refused  | 9         |
| Mod1_3. | Are you now taking diabetes pills?   | (205)     |
|         | a. Yes   | 1         |
|         | b. No  | 2         |
|         | Don't know/Not sure  | 7         |
|         | Refused  | 9         |
| Mod1_4. | 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. | (206-208) |
|         | a. Times per day   | 1         |
|         | b. Times per week  | 2         |
|         | c. Times per month   | 3         |
|         | d. Times per year  | 4         |
|         | e. Never   | 8 8 8     |
|         | Don't know/Not sure  | 7 7 7     |
|         | Refused  | 9 9 9     |

Mod1\_5. 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.

(209-211)

|                     |       |
|---------------------|-------|
| a. Times per day    | 1     |
| b. Times per week   | 2     |
| c. Times per month  | 3     |
| d. Times per year   | 4     |
| e. Never            | 8 8 8 |
| f. No feet          | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused             | 9 9 9 |

Mod1\_6. Have you had any sores or irritations on your feet that took more than four weeks to heal?  
(212)

|                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

Mod1\_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?  
(213-214)

|                     |     |
|---------------------|-----|
| a. Number of times  |     |
| b. None             | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

Mod1\_8. A test for hemoglobin "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 hemoglobin "A one C"? (215-216)

- a. Number of times [**76 = 76 or more**]
- b. None 8 8
- C. Never heard of hemoglobin "A one C" test 9 8
  - Don't know/Not sure 7 7
  - Refused 9 9

**If "no feet" to Q5, go to Q10**

Mod1\_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (217-218)

- a. Number of times
- b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9

Mod1\_10. 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. (219)

**Read Only if Necessary**

- a. Within the past month (0 to 1 month ago) 1
- b. Within the past year (1 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. 2 or more years ago 4
- e. Never 8
  - Don't know/Not sure 7
  - Refused 9

Mod1\_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?  
(220)

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

Mod1\_12. Have you ever taken a course or class in how to manage your diabetes yourself?  
(221)

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

## Section 5: Care Giving

5.1. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older? (86)

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |

5.2. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?

(87-88)

### Read Only if Necessary

- |                              |     |
|------------------------------|-----|
| a. Relative or friend        | 0 1 |
| b. Would provide care myself | 0 2 |
| c. Nursing home              | 0 3 |
| d. Home health service       | 0 4 |
| e. Personal physician        | 0 5 |
| f. Area Agency on Aging      | 0 6 |
| g. Hospice                   | 0 7 |
| h. Hospital nurse            | 0 8 |
| i. Minister/priest/rabbi     | 0 9 |
| j. Other                     | 1 0 |
| k. Don't know who to call    | 1 1 |
| Refused                      | 9 9 |

**Section 6: Exercise**

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

- 6.1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (89)
- a. Yes 1
  - b. No **Go to Q7.1** 2
  - Don't know/Not sure **Go to Q7.1** 7
  - Refused **Go to Q7.1** 9

- 6.2. What type of physical activity or exercise did you spend the most time doing during the past month? (90-91)

Activity [specify]: \_\_\_\_\_

**See coding list A**

Refused **Go to Q6.6** 9 9

**Ask Q6.3 only if answer to Q6.2 is running, jogging, walking, or swimming. All others, go to Q6.4.**

- 6.3. How far did you usually walk/run/jog/swim? (92-94)

**See coding list B if response is not in miles and tenths**

Miles and tenths --.

Don't know/Not sure 7 7 7

Refused 9 9 9

- 6.4. How many times per week or per month did you take part in this activity during the past month? (95-97)

a. Times per week 1

b. Times per month 2

Don't know/Not sure 7 7 7

Refused 9 9 9

6.5. And when you took part in this activity, for how many minutes or hours did you usually keep at it?  
(98-100)

|                     |       |
|---------------------|-------|
| Hours and minutes   | —:    |
| Don't know/Not sure | 7 7 7 |
| Refused             | 9 9 9 |

6.6. Was there another physical activity or exercise that you participated in during the last month?  
(101)

|                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No <b>Go to Q7.1</b>               | 2 |
| Don't know/Not sure <b>Go to Q7.1</b> | 7 |
| Refused <b>Go to Q7.1</b>             | 9 |

6.7. What other type of physical activity gave you the next most exercise during the past month?  
(102-103)

Activity [**specify**]: \_\_\_\_\_  
**See coding list A**

|                           |     |
|---------------------------|-----|
| Refused <b>Go to Q7.1</b> | 9 9 |
|---------------------------|-----|

**Ask Q6.8 only if answer to Q6.7 is running, jogging, walking, or swimming. All others go to Q6.9.**

6.8. How far did you usually walk/run/jog/swim? (104-106)

**See coding list B if response is not in miles and tenths**

|                     |       |
|---------------------|-------|
| Miles and tenths    | —.    |
| Don't know/Not sure | 7 7 7 |
| Refused             | 9 9 9 |

|      |  |           |
|------|--|-----------|
| 6.9. | How many times per week or per month did you take part in this activity? | (107-109) |
|      | a. Times per week  | 1         |
|      | b. Times per month   | 2         |
|      | Don't know/Not sure  | 7 7 7     |
|      | Refused  | 9 9 9     |

|       |  |           |
|-------|--|-----------|
| 6.10. | And when you took part in this activity, for how many minutes or hours did you usually keep at it? | (110-112) |
|       | Hours and minutes  | _:        |
|       | Don't know/Not sure  | 7 7 7     |
|       | Refused  | 9 9 9     |

**Section 7: Tobacco Use**

|   |       |   |           |
|---|-------|---|-----------|
|   | 7.1.  | Have you smoked at least 100 cigarettes in your entire life?  | (113)     |
| <b>5 packs<br/>= 100<br/>cigarettes</b> | a.    | Yes   | 1         |
|   | b.    | No <b>Go to Q8.1</b>  | 2         |
|   |       | Don't know/Not sure <b>Go to Q8.1</b>   | 7         |
|   |       | Refused <b>Go to Q8.1</b>   | 9         |
|   | 7.2.  | Do you now smoke cigarettes everyday, some days, or not at all?   | (114)     |
|   | a.    | Everyday  | 1         |
|   | b.    | Some days <b>Go to Q7.3a</b>  | 2         |
|   | c.    | Not at all <b>Go to Q7.5</b>  | 3         |
|   |       | Refused <b>Go to Q8.1</b>   | 9         |
|   | 7.3.  | On the average, about how many cigarettes a day do you now smoke?                                       | (115-116) |
| <b>1 pack = 20<br/>cigarettes</b>       |       | Number of cigarettes [ <b>76 = 76 or more</b> ]<br><b>Go to Q7.4</b>                                    |           |
|   |       | Don't know/Not sure <b>Go to Q7.4</b>   | 7 7       |
|   |       | Refused <b>Go to Q7.4</b>   | 9 9       |
|   | 7.3a. | On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? | (117-118) |
| <b>1 pack = 20<br/>cigarettes</b>       |       | Number of cigarettes [ <b>76 = 76 or more</b> ]<br><b>Go to Q8.1</b>                                    |           |
|   |       | Don't know/Not sure <b>Go to Q8.1</b>   | 7 7       |
|   |       | Refused <b>Go to Q8.1</b>   | 9 9       |

|      |  |           |
|------|--|-----------|
| 7.4. | During the past 12 months, have you quit smoking for 1 day or longer?                  | (119)     |
|      | a. Yes <b>Go to Q8.1</b>   | 1         |
|      | b. No <b>Go to Q8.1</b>  | 2         |
|      | Don't know/Not sure <b>Go to Q8.1</b>  | 7         |
|      | Refused <b>Go to Q8.1</b>  | 9         |
| 7.5. | About how long has it been since you last smoked cigarettes regularly, that is, daily? | (120-121) |
|      | Time code  | — —       |
|      | <b>Read Only if Necessary</b>  |           |
|      | a. Within the past month (0 to 1 month ago)  | 0 1       |
|      | b. Within the past 3 months (1 to 3 months ago)  | 0 2       |
|      | c. Within the past 6 months (3 to 6 months ago)  | 0 3       |
|      | d. Within the past year (6 to 12 months ago)   | 0 4       |
|      | e. Within the past 5 years (1 to 5 years ago)  | 0 5       |
|      | f. Within the past 15 years (5 to 15 years ago)  | 0 6       |
|      | g. 15 or more years ago  | 0 7       |
|      | Don't know/Not sure  | 7 7       |
|      | Never smoked regularly   | 8 8       |
|      | Refused  | 9 9       |

## Section 8: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

- 8.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (122-124)
- a. Per day 1
  - b. Per week 2
  - c. Per month 3
  - d. Per year 4
  - e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9
- 
- 8.2. Not counting juice, how often do you eat fruit? (125-127)
- a. Per day 1
  - b. Per week 2
  - c. Per month 3
  - d. Per year 4
  - e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

|      |   |           |
|------|---|-----------|
| 8.3. | How often do you eat green salad?   | (128-130) |
|      | a. Per day  | 1         |
|      | b. Per week   | 2         |
|      | c. Per month  | 3         |
|      | d. Per year   | 4         |
|      | e. Never  | 5 5 5     |
|      | Don't know/Not sure   | 7 7 7     |
|      | Refused   | 9 9 9     |
| 8.4. | How often do you eat potatoes not including french fries, fried potatoes, or potato chips?<br>(131-133) |           |
|      | a. Per day  | 1         |
|      | b. Per week   | 2         |
|      | c. Per month  | 3         |
|      | d. Per year   | 4         |
|      | e. Never  | 5 5 5     |
|      | Don't know/Not sure   | 7 7 7     |
|      | Refused   | 9 9 9     |
| 8.5. | How often do you eat carrots?   | (134-136) |
|      | a. Per day  | 1         |
|      | b. Per week   | 2         |
|      | c. Per month  | 3         |
|      | d. Per year   | 4         |
|      | e. Never  | 5 5 5     |
|      | Don't know/Not sure   | 7 7 7     |
|      | Refused   | 9 9 9     |

8.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?  
(137-139)

**Example:**  
**A serving of**  
**vegetables at**  
**both lunch**  
**and dinner**  
**would be two**  
**servings**

- |                     |       |
|---------------------|-------|
| a. Per day          | 1     |
| b. Per week         | 2     |
| c. Per month        | 3     |
| d. Per year         | 4     |
| e. Never            | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused             | 9 9 9 |

## Section 9: Weight Control

|                                |   |       |
|--------------------------------|---|-------|
| 9.1.                           | Are you now trying to lose weight?  | (140) |
|                                | a. Yes <b>Go to Q. 9.3</b>  | 1     |
|                                | b. No   | 2     |
|                                | Don't know/Not sure   | 7     |
|                                | Refused   | 9     |
| 9.2.                           | Are you now trying to maintain your current weight, that is to keep from gaining weight?<br>(141)   |       |
|                                | a. Yes  | 1     |
|                                | b. No <b>Go to Q. 9.5</b>   | 2     |
|                                | Don't know/Not sure <b>Go to 9.5</b>  | 7     |
|                                | Refused <b>Go to Q. 9.5</b>   | 9     |
| 9.3.                           | Are you eating either fewer calories or less fat to...<br>lose weight? [if "Yes" on Q. 9.1]<br>keep from gaining weight? [if "Yes" on Q. 9.2] | (142) |
| <b>Probe<br/>for<br/>which</b> | a. Yes, fewer calories  | 1     |
|                                | b. Yes, less fat  | 2     |
|                                | c. Yes, fewer calories and less fat   | 3     |
|                                | d. No   | 4     |
|                                | Don't know/Not sure   | 7     |
|                                | Refused   | 9     |

|      |   |       |
|------|---|-------|
| 9.4. | Are you using physical activity or exercise to... |       |
|      | lose weight? [if "Yes" on Q. 9.1]                 |       |
|      | keep from gaining weight? [if "Yes" on Q. 9.2]    | (143) |
|      | a. Yes  | 1     |
|      | b. No   | 2     |
|      | Don't know/Not sure                               | 7     |
|      | Refused   | 9     |

9.5. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (144)

**Probe  
for  
which**

|                                 |   |
|---------------------------------|---|
| a. Yes, lose weight             | 1 |
| b. Yes, gain weight             | 2 |
| c. Yes, maintain current weight | 3 |
| d. No                           | 4 |
| Don't know/Not sure             | 7 |
| Refused                         | 9 |

## Section 10: Demographics

10.1. What is your age? (145-146)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

10.2. What is your race? (147)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

**or**

e. Other: [specify]\_\_\_\_\_ 5

**Do not  
read these  
responses**

Don't know/Not sure 7

Refused 9

10.3. Are you of Spanish or Hispanic origin? (148)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

10.4. Are you:(149)

**Please Read**

- a. Married 1
- b. Divorced 2
- c. Widowed 3
- d. Separated 4
- e. Never been married 5
- or**
- f. A member of an unmarried couple 6
- Refused 9

10.5. How many children live in your household who are...

**Please Read**

**Code 1-9**  
**7 = 7 or more**  
**8 = None**  
**9 = Refused**

- a. less than 5 years old? \_ (150)
- b. 5 through 12 years old? \_ (151)
- c. 13 through 17 years old? \_ (152)

10.6. What is the highest grade or year of school you completed?

(153)

**Read Only if Necessary**

- a. Never attended school or only attended kindergarten 1
- b. Grades 1 through 8 (Elementary) 2
- c. Grades 9 through 11 (Some high school) 3
- d. Grade 12 or GED (High school graduate) 4
- e. College 1 year to 3 years (Some college or technical school) 5
- f. College 4 years or more (College graduate) 6
- Refused 9

10.7. Are you currently: (154)

**Please Read**

- a. Employed for wages 1
- b. Self-employed 2
- c. Out of work for more than 1 year 3
- d. Out of work for less than 1 year 4
- e. Homemaker 5
- f. Student 6
- g. Retired 7
- or**
- h. Unable to work 8
- Refused 9

10.8. Is your annual household income from all sources: (155-156)

**Read as Appropriate**

**If res-  
pondent  
refuses  
at any  
income  
level,  
code  
refused**

- a. Less than \$25,000 **If "no," ask e; if "yes," ask b**  
(\$20,000 to less than \$25,000) 0 4
- b. Less than \$20,000 **If "no," code a; if "yes," ask c**  
(\$15,000 to less than \$20,000) 0 3
- c. Less than \$15,000 **If "no," code b; if "yes," ask d**  
(\$10,000 to less than \$15,000) 0 2
- d. Less than \$10,000 **If "no," code c** 0 1
- e. Less than \$35,000 **If "no," ask f**  
(\$25,000 to less than \$35,000) 0 5
- f. Less than \$50,000 **If "no," ask g**  
(\$35,000 to less than \$50,000) 0 6
- g. Less than \$75,000 **If "no," code h**  
(\$50,000 to \$75,000) 0 7

|  |                     |     |
|--|---------------------|-----|
| <b>Do not<br/>read these<br/>responses</b> | h. \$75,000 or more | 0 8 |
|  | Don't know/Not sure | 7 7 |
|  | Refused             | 9 9 |

|                                    |        |  |           |
|------------------------------------|--------|--|-----------|
|                                    | 10.9.  | 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? | (157)     |
|                                    |        | a. Yes   | 1         |
|                                    |        | b. No <b>Go to Q10.12</b>  | 2         |
|                                    |        | Don't know/Not sure <b>Go to Q10.12</b>  | 7         |
|                                    |        | Refused <b>Go to Q10.12</b>  | 9         |
|                                    | 10.10. | Which of the following best describes your current military status?  | (158)     |
|                                    |        | Are you: <b>Please Read</b>  |           |
|                                    |        | a. Currently on active duty <b>Go to Q10.12</b>  | 1         |
|                                    |        | b. Currently in reserves <b>Go to Q10.12</b>   | 2         |
|                                    |        | c. No longer in military service   | 3         |
| <b>Do not read these responses</b> |        | Don't know/Not sure <b>Go to Q10.12</b>  | 7         |
|                                    |        | Refused <b>Go to Q10.12</b>  | 9         |
|                                    | 10.11. | In the last 12 months have you received some or all of your health care from VA facilities?  | (159)     |
| <b>Probe for which</b>             |        | a. Yes, all of my health care  | 1         |
|                                    |        | b. Yes, some of my health care   | 2         |
|                                    |        | c. No, no VA health care received  | 3         |
|                                    |        | Don't know/not sure  | 7         |
|                                    |        | Refused  | 9         |
|                                    | 10.12. | About how much do you weigh without shoes?   | (160-162) |
| <b>Round fractions up</b>          |        | Weight   | pounds    |
|                                    |        | Don't know/Not sure  | 7 7 7     |
|                                    |        | Refused  | 9 9 9     |

10.13. How much would you like to weigh? (163-165)

Weight pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

10.14. About how tall are you without shoes? (166-168)

**Round** Height \_/  
**fractions** ft/inches  
**down**

Don't know/Not sure 7 7 7

Refused 9 9 9

10.15. What county do you live in? (169-171)

FIPS county code

Don't know/not sure 7 7 7

Refused 9 9 9

10.16. Do you have more than one telephone number in your household? (172)

a. Yes 1

b. No **Go to Q10.18** 2

Refused **Go to Q10.18** 9

10.17. How many residential telephone numbers do you have? (173)

**Exclude dedicated fax and computer lines** Total telephone numbers [**8 = 8 or more**]

Refused 9

10.18. Indicate sex of respondent. **Ask Only if Necessary** (174)

Male **Go to Section 12: HIV/AIDS** 1

Female 2

## Section 11: Women's Health

- 11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (175)
- a. Yes 1
  - b. No **Go to Q11.4** 2
    - Don't know/Not sure **Go to Q11.4** 7
    - Refused **Go to Q11.4** 9
- 11.2. How long has it been since you had your last mammogram? (176)
- Read only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
  - b. Within the past 2 years (1 to 2 years ago) 2
  - c. Within the past 3 years (2 to 3 years ago) 3
  - d. Within the past 5 years (3 to 5 years ago) 4
  - e. 5 or more years ago 5
    - Don't know/Not sure 7
    - Refused 9

- 11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (177)
- a. Routine checkup 1
  - b. Breast problem other than cancer 2
  - c. Had breast cancer 3
  - Don't know/Not sure 7
  - Refused 9
- 11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (178)
- a. Yes 1
  - b. No **Go to Q11.7** 2
  - Don't know/Not sure **Go to Q11.7** 7
  - Refused **Go to Q11.7** 9
- 11.5. How long has it been since your last breast exam? (179)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
  - b. Within the past 2 years (1 to 2 years ago) 2
  - c. Within the past 3 years (2 to 3 years ago) 3
  - d. Within the past 5 years (3 to 5 years ago) 4
  - e. 5 or more years ago 5
  - Don't know/Not sure 7
  - Refused 9

- 11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (180)
- a. Routine Checkup 1
  - b. Breast problem other than cancer 2
  - c. Had breast cancer 3
  - Don't know/Not sure 7
  - Refused 9
- 11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (181)
- a. Yes 1
  - b. No **Go to Q11.10** 2
  - Don't know/Not sure **Go to Q11.10** 7
  - Refused **Go to Q11.10** 9
- 11.8. How long has it been since you had your last Pap smear? (182)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
  - b. Within the past 2 years (1 to 2 years ago) 2
  - c. Within the past 3 years (2 to 3 years ago) 3
  - d. Within the past 5 years (3 to 5 years ago) 4
  - e. 5 or more years ago 5
  - Don't know/Not sure 7
  - Refused 9

- 11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (183)
- a. Routine exam 1
  - b. Check current or previous problem 2
  - Other 3
  - Don't know/Not sure 7
  - Refused 9

11.10. Have you had a hysterectomy? (184)

**A hysterectomy is an operation to remove the uterus (womb)**

- a. Yes **Go to Section 12: HIV/AIDS** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

**If respondent 45 years old or older, go to Section 12: HIV/AIDS**

- 11.11 To your knowledge, are you now pregnant? (185)
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

## Section 12: HIV/AIDS

**If respondent is 65 years old or older, go to Next module**

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 don't want to.

|                               |   |           |
|-------------------------------|---|-----------|
| 12.1.                         | If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? | (186-187) |
| <b>Code 01<br/>through 12</b> | a. Grade  |           |
|                               | b. Kindergarten   | 5 5       |
|                               | c. Never  | 8 8       |
|                               | Don't know/Not sure   | 7 7       |
|                               | Refused   | 9 9       |
| 12.2.                         | If you had a teenager who was sexually active, would you encourage him or her to use a condom?  | (188)     |
|                               | a. Yes  | 1         |
|                               | b. No   | 2         |
|                               | Would give other advice   | 3         |
|                               | Don't know/Not sure   | 7         |
|                               | Refused   | 9         |

12.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (189)

Would you say: **Please Read**

a. High 1

b. Medium 2

c. Low 3

**or**

d. None 4

Not applicable **Go to Q12.7a** 5

Don't know/Not sure 7

Refused 9

**Do not  
read these  
responses**

12.4. Have you donated blood since March 1985? (190)

a. Yes 1

b. No **Go to Q12.6a** 2

Don't know/Not sure **Go to Q12.6a** 7

Refused **Go to Q12.6a** 9

12.5. Have you donated blood in the past 12 months? (191)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

12.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?  
(192)

a. Yes **Go to Q12.7** 1

b. No **Go to Next module** 2

Don't know/Not sure **Go to Next module** 7

**Include  
saliva  
tests**

|                                     |  |       |
|-------------------------------------|--|-------|
|                                     | Refused <b>Go to Next module</b>   | 9     |
| 12.6a.                              | Have you ever been tested for HIV?   | (193) |
| <b>Include<br/>saliva<br/>tests</b> | a. Yes <b>Go to Q12.7a</b>   | 1     |
|                                     | b. No <b>Go to Next module</b>   | 2     |
|                                     | Don't know/Not sure <b>Go to Next module</b>   | 7     |
|                                     | Refused <b>Go to Next module</b>   | 9     |
| 12.7.                               | Not including your blood donations, have you been tested for HIV in the past 12 months?<br>(194) |       |
| <b>Include<br/>saliva<br/>tests</b> | a. Yes <b>Go to Q12.8</b>  | 1     |
|                                     | b. No <b>Go to Next module</b>   | 2     |
|                                     | Don't know/Not sure <b>Go to Next module</b>   | 7     |
|                                     | Refused <b>Go to Next module</b>   | 9     |
| 12.7a.                              | Have you been tested for HIV in the past 12 months?  | (195) |
| <b>Include<br/>saliva<br/>tests</b> | a. Yes   | 1     |
|                                     | b. No <b>Go to Next module</b>   | 2     |
|                                     | Don't know/Not sure <b>Go to Next module</b>   | 7     |
|                                     | Refused <b>Go to Next module</b>   | 9     |

12.8. What was the main reason you had your last test for HIV?

(196-197)

Reason code

**Read Only if Necessary**

|  |     |
|--|-----|
| a. For hospitalization or surgical procedure       | 0 1 |
| b. To apply for health insurance                   | 0 2 |
| c. To apply for life insurance                     | 0 3 |
| d. For employment                                  | 0 4 |
| e. To apply for a marriage license                 | 0 5 |
| f. For military induction or military service      | 0 6 |
| g. For immigration                                 | 0 7 |
| h. Just to find out if you were infected           | 0 8 |
| I. Because of referral by a doctor                 | 0 9 |
| j. Because of pregnancy                            | 1 0 |
| k. Referred by your sex partner                    | 1 1 |
| l. Because it was part of a blood donation process |     |
| <b>Go to Next module</b>                           | 1 2 |
| m. For routine check-up                            | 1 3 |
| n. Because of occupational exposure                | 1 4 |
| o. Because of illness                              | 1 5 |
| p. Because I am at risk for HIV                    | 1 6 |
| q. Other   | 8 7 |
| Don't know/Not sure                                | 7 7 |
| Refused  | 9 9 |

12.9. Where did you have your last test for HIV? (198-199)

Facility Code

**Read Only if Necessary**

|  |     |
|--|-----|
| a. Private doctor, HMO                           | 0 1 |
| b. Blood bank, plasma center, Red Cross          | 0 2 |
| c. Health department                             | 0 3 |
| d. AIDS clinic, counseling, testing site         | 0 4 |
| e. Hospital, emergency room, outpatient clinic   | 0 5 |
| f. Family planning clinic                        | 0 6 |
| g. Prenatal clinic, obstetrician's office        | 0 7 |
| h. Tuberculosis clinic                           | 0 8 |
| I. STD clinic                                    | 0 9 |
| j. Community health clinic                       | 1 0 |
| k. Clinic run by employer                        | 1 1 |
| l. Insurance company clinic                      | 1 2 |
| m. Other public clinic                           | 1 3 |
| n. Drug treatment facility                       | 1 4 |
| o. Military induction or military service site   | 1 5 |
| p. Immigration site                              | 1 6 |
| q. At home, home visit by nurse or health worker | 1 7 |
| r. At home using self-sampling kit               | 1 8 |
| s. In jail or prison                             | 1 9 |
| t. Other   | 8 7 |
| Don't know/Not sure                              | 7 7 |
| Refused  | 9 9 |

|        |   |       |
|--------|---|-------|
| 12.10. | Did you receive the results of your last test?  | (200) |
| a.     | Yes   | 1     |
| b.     | No <b>Go to Next module</b>   | 2     |
|        | Don't know/Not sure <b>Go to Next module</b>  | 7     |
|        | Refused <b>Go to Next module</b>  | 9     |
| 12.11. | Did you receive counseling or talk with a health care professional about the results of your test?<br>(201) |       |
| a.     | Yes   | 1     |
| b.     | No  | 2     |
|        | Don't know/Not sure   | 7     |
|        | Refused   | 9     |

### **Transition to Modules and/or State-added Questions**

Finally, I have just a few questions left about some other health topics.

**Activity List for Common Leisure Activities  
Coding List A**

**Code Description**

- |   |   |
|---|---|
| 01. Aerobics class  | 28. Racketball                                    |
| 02. Backpacking   | 29. Raking lawn                                   |
| 03. Badminton   | 30. Running                                       |
| 04. Basketball  | 31. Rope skipping                                 |
| 05. Bicycling for pleasure  | 32. Scuba diving                                  |
| 06. Boating (canoeing, rowing,<br>sailing for pleasure or<br>camping) | 33. Skating - ice or roller                       |
| 07. Bowling   | 34. Sledding, tobogganing                         |
| 08. Boxing  | 35. Snorkeling                                    |
| 09. Calisthenics  | 36. Snowshoeing                                   |
| 10. Canoeing/rowing - in<br>competition                               | 37. Snow shoveling by hand                        |
| 11. Carpentry   | 38. Snow blowing                                  |
| 12. Dancing-aerobics/ballet   | 39. Snow skiing                                   |
| 13. Fishing from river bank or       boat                             | 40. Soccer  |
| 14. Gardening (spading, weeding,<br>digging, filling)                 | 41. Softball                                      |
| 15. Golf  | 42. Squash  |
| 16. Handball  | 43. Stair climbing                                |
| 17. Health club exercise  | 44. Stream fishing in waders                      |
| 18. Hiking - cross-country  | 45. Surfing                                       |
| 19. Home exercise   | 46. Swimming laps                                 |
| 20. Horseback riding  | 47. Table tennis                                  |
| 21. Hunting large game - deer,  | 48. Tennis  |
| 22. Jogging   | 49. Touch football                                |
| 23. Judo/karate   | 50. Volleyball                                    |
| 24. Mountain climbing   | 51. Walking                                       |
| 25. Mowing lawn   | 52. Waterskiing                               elk |
| 26. Paddleball  | 53. Weight lifting                                |
| 27. Painting/papering house   | 54. Other_____                                    |
|   | 55. Bicycling machine exercise                    |
|   | 56. Rowing machine exercise                       |

**Coding List B**

**Lap Swimming**

50 meter pool

**Size pool/Laps  
(1 lap = 2 lengths)**

1½ laps (3 lengths) = .1 mile

50 ft. pool

5 laps (10 lengths) = .1 mile

100 ft. pool

2½ laps (5 lengths) = .1 mile

## **Running/Jogging/Walking**

$\frac{1}{2}$  mile = .5 mile

$\frac{1}{4}$  mile = .3 mile

$\frac{1}{8}$  mile = .1 mile

1 block = .1 mile

## Module 7: Hypertension Awareness

MOD7\_1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (270)

### Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (6 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never **Go to Next Module** 8
- Refused 9

MOD7\_2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (271)

- a. Yes 1
- b. No **Go to Next Module** 2
- Don't know/Not sure **Go to Next Module** 7
- Refused **Go to Next Module** 9

MOD7\_3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (272)

- a. More than once 1
- b. Only once 2
- Don't know/Not sure 7
- Refused 9

**State-Added Module 1: High Blood Pressure**

ME1\_1. Have you been prescribed medication for high blood pressure? (400)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

ME1\_2. Are you currently taking your medication for high blood pressure? (401)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

## State-Added Module 2: Children's Health

If Q10.5=none then go to next section.

Ask ME2\_1a only if the answer to Q10.5 indicates that only one child lives in this household. All others, go to ME2\_1b.

ME2\_1a. My next questions are about children's health. Earlier you told me that one child under age 18 lives in your household. What is the child's first name?

ME2\_1b. My next few questions are about children's health. In order to randomly choose one child in your household to ask about, I need to know the first name of the child who had the most recent birthday and is less than 18 years old. What is the child's name? (402-411)

- |                     |       |
|---------------------|-------|
| a. Name             | _____ |
| Don't know/Not sure | 7     |
| Refused             | 9     |

ME2\_2. What is {restore name from ME2\_1a or ME2\_1b} age? (412-413)  
If age >5, Go to ME2\_4.

- |                        |    |
|------------------------|----|
| a. Code age in years.  | —  |
| b. Less than one year. | 77 |
| Don't know/not sure.   | 88 |
| Refused                | 99 |

ME2\_3. During the past 12 months, about how many days did {restore name} miss school because of illness or injury? (414-416)

- |                                |     |
|--------------------------------|-----|
| a. Number of days              | —   |
| b. None                        | 888 |
| c. Child does not go to school | 555 |
| Don't know/not sure            | 777 |
| Refused                        | 999 |

ME2\_4. About how long has it been since {restore name} last visited a doctor for a routine checkup or physical examination? (417)

**[Interviewers: Please Read]**

- a. Within the past year (0-12 months ago) 1
- b. Within the past two years (1-2 years ago) 2
- c. Within the past 5 years (2-5 years ago) 3
- d. More than 5 years ago. 4

**Do not  
read these  
responses**

- Never 8
- Don't know/Not sure 7
- Refused 9

ME2\_5. Was there a time during the last 12 months when {restore child's name} needed to see a doctor, but could not because of the cost? (418)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

ME2\_6. Does {restore child's name} have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (419)

- a. Yes 1
- b. No **Go to next Module** 2
- Don't know/Not sure 7
- Refused 9

ME2\_7. There are some types of health care coverage you may not have considered. Does {restore

**child's name** have coverage through your employer, someone else's employer, the military, Medicaid, [Cub Care], Medicare, the Indian Health Service, or some other source? (420)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9



|  |       |
|--|-------|
| ME3_4. Do you plan on receiving the vaccine in the future? | (424) |
| a. Yes   | 1     |
| b. No  | 2     |
| Don't know/Not sure  | 7     |
| Refused  | 9     |

ME3\_5. Many methods have been suggested to protect oneself from getting Lyme Disease from a tick bite. During the past year, when in high risk areas, such as wooded or grassy areas, please tell me how often you have taken the following measures to protect yourself:

A. Wearing long pants tucked into socks? (425)

**[Interviewers: Please Read]**

|                     |   |
|---------------------|---|
| a. Always           | 1 |
| b. Sometimes        | 2 |
| c. Never            | 3 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

**Do not  
read these  
responses**

B. Looking for ticks on yourself and removing them? (426)

**[Interviewers: Please Read]**

|                     |   |
|---------------------|---|
| a. Always           | 1 |
| b. Sometimes        | 2 |
| c. Never            | 3 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

**Do not  
read these  
responses**

C. Using an insect repellent on your skin or clothes? (427)

**[Interviewers: Please Read]**

a. Always 1

b. Sometimes 2

c. Never 3

**Do not** Don't know/Not Sure 7

**read these** Refused 9

**responses**

## State-Added Module 4: HIV infection

If respondent 65 years old or older, go to closing statement.

Our last module is about the risks of HIV infection.

|   |           |
|---|-----------|
| ME4_1. During the past twelve months, with how many people have you had sexual intercourse?   | (429-429) |
| a. Enter number of people   | —         |
| b. None   | 88        |
| Don't know/Not sure   | 77        |
| Refused   | 99        |
| ME4_2. Interviewer, you indicated the respondent had sexual intercourse with {restore number from ME4_1.} people during the past 12 months...is this correct? | (430)     |
| a. Yes  | 1         |
| b. No   | 2         |
| Don't know/Not sure   | 7         |
| Refused   | 9         |
| ME4_3. Was a condom used the last time you had sexual intercourse?  | (431)     |
| a. Yes  | 1         |
| b. No   | 2         |
| Don't know/Not sure   | 7         |
| Refused   | 9         |

ME4\_4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say.....

**[Interviewers: Please Read]** (432)

- a. Very effective 1
- b. Somewhat effective 2
- c. Not effective at all 3
- d. Don't know how effective 4
- e. Don't know method 5

**Do not  
read this  
responses**

Refused 9

ME4\_5. How many new sex partners did you have during the past twelve months? (433-434)

- a. Number —
- b. None 88
- Don't know/ not sure 77
- Refused 99

ME4\_6. In the past five years, have you been treated for a sexually transmitted or venereal disease?

(435)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

ME4\_7. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months?  
(436)

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

### **Closing Statement**

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