



2011

**Missouri Behavioral Risk Factor Surveillance System
Questionnaire**

January 27, 2011



**Missouri Behavioral Risk Factor Surveillance System
2011 Questionnaire**

Table of Contents

Table of Contents 2

Interviewer’s Script..... 3

Core Sections..... 5

Section 1: Health Status..... 5

Section 2: Healthy Days — Health-Related Quality of Life..... 5

Section 3: Health Care Access 6

Section 4: Hypertension Awareness 7

Section 5: Cholesterol Awareness 7

Section 6: Chronic Health Conditions 8

Section 7: Tobacco Use 11

Section 8: Demographics 13

 1 State-added KC city limits

Section 9: Fruits and Vegetables 19

Section 10: Exercise (Physical Activity) 22

Section 11: Disability..... 24

Section 12: Arthritis Burden 25

Section 13: Seatbelt Use..... 26

Section 14: Immunization..... 26

Section 15: Alcohol Consumption 27

Section 16: HIV/AIDS..... 28

 H1N1 ILI (Jan-April only)..... 29

Closing/Transition Statement..... 31

Optional Modules 31

Module 2: Diabetes 31

Module 5: Preconception Health/Family Planning 33

Module 10: Actions to Control High Blood Pressure..... 36

Module 18: Arthritis Management 38

Module 19: Tetanus Diphtheria (Adults) 39

Module 32: Random Child Selection..... 40

Module 33: Childhood Asthma Prevalence 42

Module 34: Child Immunization (Influenza)..... 42

H1N1 Child ILI (Jan-April only)..... 43

State-added:

 Secondhand Smoke Policy for ARRA..... 44

 Tobacco Quitline Promotion for ARRA..... 44

 Physical Activity Environment for ARRA..... 45

 Perceived Nutrition Environment for ARRA..... 46

Asthma Call-Back Permission Script..... 47

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity) 48

Interviewer's Script

HELLO, I am calling for the **Missouri Department of Health and Senior Services**. My name is (name) . We are gathering information about the health of **Missouri** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "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 in (state) ?

If "no,"

Thank you very much, but we are only interviewing private residences in (state) . **STOP**

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."]

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I 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?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

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

___ Number of men

___ Number of women

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

If "you," go to page 4



To the correct respondent:

HELLO, I am calling for the **Missouri Department of Health and Senior Services**. My name is (name) . We are gathering information about the health of **Missouri** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, I will provide you with a name and telephone number to call. **[Interviewer Note – If asked for a name and telephone number, provide them with Janet Wilson, Missouri Dept. of Health and Senior Services, 573/526-6660.]**

Section 1: Health Status

- 1.1 Would you say that in general your health is—? (73)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 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? (74–75)
- — Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 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? (76–77)

- – Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 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? (78-79)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services? (80)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 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?” (81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 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? (82)

- 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? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within 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: Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

(84)

Read only if necessary:

By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to next section]**
- 3 No **[Go to next section]**
- 4 Told borderline high or pre-hypertensive **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

4.2 Are you currently taking medicine for your high blood pressure?

(85)

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

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

(86)

- 1 Yes
- 2 No **[Go to next section]**



- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

5.2 About how long has it been since you last had your blood cholesterol checked? (87)

Read only if necessary:

- 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

Do not read:

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

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (88)

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

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (89)

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

6.2 (Ever told) you had angina or coronary heart disease? (90)

- 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

(91)

6.4 (Ever told) you had asthma?

(92)

- 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?

(93)

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

6.6 (Ever told) you had skin cancer?

(94)

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

6.7 (Ever told) you had any other types of cancer?

(95)

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

6.8 (Ever told) you have COPD (chronic obstructive pulmonary disease, emphysema or chronic bronchitis)? (96)

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? (97)

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
- 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)? (98)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (99)

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 Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses? (100)

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don't know / Not sure
- 9 Refused

6.13 (Ever told) you have diabetes? (101)

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

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

CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module. If any other response to Q6.13, go to next section.

Section 7: Tobacco Use

7.1 Have you smoked at least 100 cigarettes in your entire life? (102)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

7.2 Do you now smoke cigarettes every day, some days, or not at all? (103)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q7.4]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]



7.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (104)

- 1 Yes [Go to Q7.5]
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

7.4 How long has it been since you last smoked a cigarette, even one or two puffs? (105-106)

- 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

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

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

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

(107)

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

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

Section 8: Demographics

8.1 What is your age? (108-109)

— — Code age in years
0 7 Don't know / Not sure
0 9 Refused

8.2 Are you Hispanic or Latino? (110)

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

8.3 Which one or more of the following would you say is your race? (111-116)

(Check all that apply)

Please read:

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native

Or

6 Other [specify] _____

Do not read:

8 No additional choices
7 Don't know / Not sure
9 Refused

8.4 Which one of these groups would you say best represents your race? (117)

Please read:

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native



Or

6 Other [specify]_____

Do not read:

7 Don't know / Not sure

9 Refused

8.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (118)

1 Yes

2 No

Do not read:

7 Don't know / Not sure

9 Refused

8.6 Are you...? (119)

Please read:

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married

Or

6 A member of an unmarried couple

Do not read:

9 Refused

8.7 How many children less than 18 years of age live in your household? (120-121)

— — Number of children

8 8 None

9 9 Refused

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

(122)

Read only if necessary:

- 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)

Do not read:

- 9 Refused

8.9 Are you currently...?

(123)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

8.10 Is your annual household income from all sources—

(124-125)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 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

Do not read:

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

8.11 About how much do you weigh without shoes? (126-129)

NOTE: If respondent answers in metrics, put “9” in column 126.

Round fractions up

- — — — Weight
(pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

8.12 About how tall are you without shoes? (130-133)

NOTE: If respondent answers in metrics, put “9” in column 130.

Round fractions down

- — / — — Height
(f t / inches/meters/centimeters)
- 7 7 / 7 7 Don't know / Not sure
- 9 9 / 9 9 Refused

8.13 What county do you live in? (134-136)

- — — ANSI County Code (formerly FIPS county code)
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

State Added Question

CATI note: Ask SACitKC only if Q8.13 = 095, 047, or 165.

SACitKC Do you live within the city limits of Kansas City?

(551)

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

8.14 What is the ZIP Code where you live? (137-141)

- — — — — Zip Code
- 7 7 7 7 7 Don't know / Not sure
- 9 9 9 9 9 Refused

8.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

(142)

- 1 Yes
- 2 No **[Go to Q8.17]**
- 7 Don't know / Not sure **[Go to Q8.17]**
- 9 Refused **[Go to Q8.17]**

8.16 How many of these telephone numbers are residential numbers?

(143)

- Residential telephone numbers **[6 = 6 or more]**
- 7 Don't know / Not sure
- 9 Refused

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

(144)

- 1 Yes **[Go to Q8.19]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused



8.18 Do you share a cell phone for personal use (at least one-third of the time) with other adults? (145)

- 1 Yes [Go to Q8.20]
- 2 No [Go to Q8.21]
- 7 Don't know / Not sure [Go to Q8.21]
- 9 Refused [Go to Q8.21]

8.19 Do you usually share this cell phone (at least one-third of the time) with any other adults? (146)

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

8.20 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (147-149)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8.21 Do you own or rent your home? (150)

- 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.

8.22 Indicate sex of respondent. Ask only if necessary. (151)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

8.23 To your knowledge, are you now pregnant?

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

Section 9: Fruits and Vegetables

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

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

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

- 9.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

(153-155)

- | | |
|-------|-----------------------|
| 1 _ _ | Per day |
| 2 _ _ | Per week |
| 3 _ _ | Per month |
| 5 5 5 | Never |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 9.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

- 9.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

(156-158)



- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

9.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

(159-161)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

9.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(162-164)

- 1 __ Per day

2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

9.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(165-167)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).



9.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(168-170)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: “Do not count vegetables you have already counted and do not include fried potatoes.”

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Section 10: Exercise (Physical Activity)

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

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

10.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(171)

- 1 Yes
- 2 No [Go to Q10.8]
- 7 Don't know / Not sure [Go to Q10.8]
- 9 Refused [Go to Q10.8]

10.2. What type of physical activity or exercise did you spend the most time doing during the past month?

(172-173)

--	(Specify)	[See Coding List A]
7 7	Don't know / Not Sure	[Go to Q10.8]
9 9	Refused	[Go to Q10.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.3 How many times per week or per month did you take part in this activity during the past month?
(174-176)

1__	Times per week
2__	Times per month
7 7 7	Don't know / Not sure
9 9 9	Refused

10.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?
(177-179)

_:__	Hours and minutes
7 7 7	Don't know / Not sure
9 9 9	Refused

10.5 What other type of physical activity gave you the next most exercise during the past month?
(180-181)

--	(Specify)	[See Coding List A]
8 8	No other activity	[Go to Q10.8]
7 7	Don't know / Not Sure	[Go to Q10.8]
9 9	Refused	[Go to Q10.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.6 How many times per week or per month did you take part in this activity during the past month?
(182-184)

1__	Times per week
-----	----------------



- 2__ Times per month
- 777 Don't know / Not sure
- 999 Refused

10.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

- _:__ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

10.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (188-190)

- 1__ Times per week
- 2__ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

Section 11: Disability

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

11.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

11.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (192)

NOTE: Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

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

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (193)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

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

INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (194)

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

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (195)

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

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



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

12.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be. (196-197)

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say— (198)

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 14: Immunization

14.1 Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (199)

- 1 Yes
- 2 No [Go to Q14.4]
- 7 Don't know / Not sure [Go to Q14.4]
- 9 Refused [Go to Q14.4]

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

(200-205)

__ / __ __	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

14.3 At what kind of place did you get your last flu shot/vaccine?

(206-207)

0 1	A doctor's office or health maintenance organization (HMO)
0 2	A health department
0 3	Another type of clinic or health center (Example: a community health center)
0 4	A senior, recreation, or community center
0 5	A store (Examples: supermarket, drug store)
0 6	A hospital (Example: inpatient)
0 7	An emergency room
0 8	Workplace
0 9	Some other kind of place
1 0	Received vaccination in Canada/Mexico (Volunteered – Do not read)
1 1	A school
7 7	Don't know / Not sure (Probe: "How would you describe the place where you went to get your most recent flu vaccine?")

Do not read:

9 9 Refused

14.4 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(208)

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

Section 15: Alcohol Consumption

15.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(209-211)

1 __	Days per week	
2 __	Days in past 30 days	
8 8 8	No drinks in past 30 days	[Go to next section]
7 7 7	Don't know / Not sure	[Go to next section]
9 9 9	Refused	[Go to next section]

15.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(212-213)



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

15.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (214-215)

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

15.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

- Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (218)

- 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 Not including blood donations, in what month and year was your last HIV test? (219-224)

NOTE: If response is before January 1985, code "Don't know."

CATI 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
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused / Not sure

16.3

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(225)

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

INFLUENZA LIKE ILLNESS SURVEY (ILI) QUESTIONS – ASK ONLY on Landline Interviews January 1 – April 30, 2011.

Insert the following adult questions after core in the Landline questionnaire. This section will be referenced as Section () in EdFix10.

We would like to ask you some questions about recent respiratory illnesses.

1. Last month (i.e September [to change to previous month each month of survey]), were you ill with a fever? (226)

- 1 Yes
- 2 No [Go to Q8]
- 7 Don't know [Go to Q8]
- 9 Refused [Go to Q8]

2. Did you also have a cough and/or sore throat? (227)

- 1 Yes
- 2 No [Go to Q8]
- 7 Don't know [Go to Q8]
- 9 Refused [Go to Q8]

3. Did you visit a doctor, nurse, or other health professional for this illness? (228)

- 1 Yes
- 2 No [Go to Q8]
- 7 Don't know [Go to Q8]
- 9 Refused [Go to Q8]

4. When did you visit the doctor, nurse, or other health professional for this illness? [Interviewer: read off choices; choose the most specific] (229)

- 1 Within two days of getting ill
- 2 Within three to 7 days of getting ill
- 3 More than 7 days of getting ill
- 7 Don't know
- 9 Refused

5. What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices] (230)
- 1 You had influenza or the flu [Interviewer: if respondent says they had either H1N1 or seasonal influenza, please code as '1 = You had influenza or the flu.']
 - 2 You had some other illness, but not the flu
 - 7 Don't know/not sure
 - 9 Refused
6. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...[Interviewer: read off choices] (231)
- 1 Had flu test and it was positive [Interviewer: if respondent says they had either a positive H1N1 or seasonal influenza test result, please code as '1 = Had flu test and it was positive.']
 - 2 Had flu test and it was negative
 - 3 Did not have flu test
 - 7 Don't know
 - 9 Refused
7. Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness? (232)
- 1 Yes
 - 2 No
 - 7 Don't know
 - 9 Refused

CATI Note: Apply prior to Q8; [(For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section); (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)]

8. Did any other members of your household have a fever with cough or sore throat last month (i.e September [to change each month of survey])? (233)
- 1 Yes
 - 2 No – **[If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]**
 - 7 Don't know
 - 9 Refused
9. How many household members, **[CATI note: Fill in “including you,” if Q1=1(Yes) and Q2=1 (Yes)]** were ill last month (i.e September [to change each month of survey])? (234-235)
- ___ # persons
 - 8 8 None
 - 7 7 Don't know/Not Sure
 - 9 9 Refused

CATI note: Apply prior to Q10; If (Q1 = 1(Yes) and Q2 = 1 (Yes)) or Q8 = 1 (Yes) continue to Q10; otherwise, skip to next section.

10. How many people in your household, including you, were hospitalized for flu last month (i.e September [to change each month of survey])? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.] (236-237)

__ __ # persons
8 8 None
7 7 Don't know/Not Sure
9 9 Refused

Closing Statement or Transition to Modules and/or State-Added Questions

Closing Statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 2: Diabetes

To be asked following Core Q6.13; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (247-248)

__ __ Code age in years [97 = 97 and older]
9 8 Don't know / Not sure
9 9 Refused

2. Are you now taking insulin? (249)

1 Yes
2 No
9 Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(250-252)

- 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

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(253–255)

- 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

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

(256-257)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(258-259)

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

CATI NOTE: If Q4 = 555 "No feet", go to Q8.

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

(260-261)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure

9 9 Refused

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(262)

Read only if necessary:

- 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

Do not read:

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself?

(264)

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

Module 5: Preconception Health / Family Planning

If respondent is female and 45 years of age or older, or male, go to next module.

The next question is about discussions that occurred as part of a routine health care visit. **DO NOT** include visits while pregnant, also called prenatal care visits.

1. Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby? (281)

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



The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential. (282)

2. Have you ever been pregnant?

INTERVIEWER NOTE: If respondent is currently pregnant, code Yes.

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

Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

3. Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant? (283)

- 1 Yes
- 2 No [Go to Q5]
- 3 No partner/not sexually active [Go to Q6]
- 4 Same sex partner [Go to Q6]
- 7 Don't know / Not sure [Go to Q6]
- 9 Refused [Go to Q6]

4. What did you or your husband/partner do the last time you had sex to keep you from getting pregnant? (284-285)

INTERVIEWER NOTE: If respondent reports using MORE THAN ONE method, please code the method that occurs first on the list.

INTERVIEWER NOTE: If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."

INTERVIEWER NOTE: If respondent reports using an "IUD" probe to determine if "levonorgestrel IUD" or "copper-bearing IUD."

INTERVIEWER NOTE: If respondent reports "other method," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read only if necessary:

- 01. Female sterilization (ex. tubal ligation, Essure, Adiana) [Go to Q7]
- 02. Male sterilization (vasectomy) [Go to Q7]
- 03. Contraceptive implant (ex. Implanon) [Go to Q6]
- 04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena) [Go to Q6] 05.
- 05. Copper-bearing IUD (ex. ParaGard) [Go to Q6]
- 06. IUD, type unknown [Go to Q6]
- 07. Shots (ex. Depo-Provera) [Go to Q6]

- 08. Birth control pills, any kind [Go to Q6]
- 09. Contraceptive patch (ex. Ortho Evra) [Go to Q6]
- 10. Contraceptive ring (ex. NuvaRing) [Go to Q6]
- 11. Male condoms [Go to Q6]
- 12. Diaphragm, cervical cap, sponge [Go to Q6]
- 13. Female condoms [Go to Q6]
- 14. Not having sex at certain times (rhythm or natural family planning) [Go to Q6]
- 15. Withdrawal (or pulling out) [Go to Q6]
- 16. Foam, jelly, film, or cream [Go to Q6]
- 17. Emergency contraception (morning after pill) [Go to Q6]
- 18. Other method [Go to Q6]

- 77. Don't know / Not sure [Go to Q6]
- 99. Refused [Go to Q6]

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

5. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (286-287)

INTERVIEWER NOTE: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it/don't care if you get pregnant
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/side effects
- 06 You couldn't pay for birth control
- 07 You had a problem getting birth control when you needed it
- 08 Religious reasons
- 09 Lapse in use of a method
- 10 Don't think you or your partner can get pregnant (infertile or too old)
- 11 You had tubes tied (sterilization) [Go to next module]
- 12 You had a hysterectomy [Go to next module]
- 13 Your partner had a vasectomy (sterilization) [Go to next module]
- 14 You are currently breast-feeding
- 15 You just had a baby/postpartum
- 16 You are pregnant now [Go to Q7]
- 17 Same sex partner
- 18 Other reason

Do not read:

- 77 Don't know / Not sure
- 99 Refused



6. How do you feel about having a child now or sometime in the future? Would you say: (288)

Please read:

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

Do not read:

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

7. How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin? (289)

- 1 0 times a week
- 2 1 to 3 times a week
- 3 4 to 6 times a week
- 4 Every day of the week
- 7 Don't know / Not sure
- 9 Refused

Module 10: Actions to Control High Blood Pressure

CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next module.

Earlier you stated that you had been diagnosed with high blood pressure.

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

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (316)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (317)

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

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318)

- 1 Yes

- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (319)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (320)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (321)

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

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (322)

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

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (323)

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



9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (324)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

10. Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure? (325)

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

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

Module 18: Arthritis Management

CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to next module.

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (394)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (395)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (396)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(397)

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

Module 19: Tetanus Diphtheria (Adults)

Next, I will ask you about the tetanus diphtheria vaccination.

1. Have you received a tetanus shot in the past 10 years?

(398)

- 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. Was your most recent tetanus shot given in 2005 or later?

(399)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure
- 9 Refused

3. There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?

(400)

- 1 Yes (included pertussis)
- 2 No (did not include pertussis)
- 3 Doctor did not say
- 7 Don't know / Not sure
- 9 Refused



Module 32: Random Child Selection

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

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

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

CATI 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” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.”

1. What is the birth month and year of the “Xth” child? (488-493)

__/__/____ Code month and year
77/7777 Don't know / Not sure
99/9999 Refused

CATI 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? (494)

1 Boy
2 Girl
9 Refused

3. Is the child Hispanic or Latino? (495)

1 Yes
2 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?

(496-501)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI 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?

(502)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

6. How are you related to the child?

(503)

Please read:

- 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

Do not read:

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

Module 33: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.

Now, I would like to ask you about the “Xth” **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (504)

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. Does the child still have asthma? (505)

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

Module 34: Child Immunization (Influenza)

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI NOTE: If selected child's age is \geq 6 months, continue. Otherwise, go to next module.

1. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose? (506)

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. During what month and year did [Fill: he/she] receive his/her most recent seasonal flu vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed the nose?? (507-512)

_ _ / _ _ _ _	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

3. At what kind of place did [he/she] get [his/her] last seasonal flu vaccine?

(513-514)

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)
- 9 9 Refused

CHILD INFLUENZA LIKE ILLNESS MODULE – Ask only January-April
For states using Random Child Selection, add these questions following the Module. This will be referenced as Module 34 in Edfix10 and the data submission layout.

The next questions are about the "Xth" child.

1. Last month (i.e September [to change each month of survey]), did the child have a fever with cough and/or sore throat?

(238)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know [Go to next module]
- 9 Refused [Go to next module]

2. Did the child visit a doctor, nurse, or other health professional for this illness?

(239)

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused



STATE-ADDED QUESTIONS

Secondhand Smoke Policy (State-added)

- SATP1.** Some cities and towns are considering laws that would make workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants, bars and casinos. Would you support such a law in your community? (552)
1. Yes
 2. No

 7. Don't know/Not sure
 9. Refused

- SATP2.** Missouri state law allows designated smoking areas in restaurants and other public places. Would you support a change in the state law that would make all workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants, bars and casinos? (553)
1. Yes
 2. No

 7. Don't know/Not sure
 9. Refused

Tobacco Quitline Promotion (State-added)

- SAQL1.** In the past 30 days, have you seen, read or heard any ads about quitting smoking cigarettes? (554)
1. Yes
 2. No

 7. Don't know/not sure
 9. Refused

- SAQL2.** A telephone quitline is a free telephone-based service that connects people who smoke cigarettes with trained counselors who can help them quit. Are you aware of the Missouri Tobacco Quitline services that are available to help people quit smoking? (555)
1. Yes
 2. No

 7. Don't know/not sure
 9. Refused

Perceived Physical Activity Environment (State-added)

Think about your neighborhood when answering the following questions. For this interview, neighborhood is defined as the area within one-half mile or a ten-minute walk from your house.

SAPA1. Does your neighborhood have any sidewalks? (556)

- 1 Yes
- 2 No

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

SAPA2. For walking at night, would you describe the street lighting in your neighborhood as: (557)

Please read

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor

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

SAPA3. Do the roads and streets in your community have shoulders or marked lanes for bicycling?" (558)

- 1 Yes
- 2 No

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

SAPA4. During the past 30 days, for about how many days did you walk in your neighborhood for leisure or as a way to get to your destination? (559-560)

- __ Number of days (If 4 or less go to Q5; Otherwise go to Q6)
- 88 None **(Go to Q6)**

- 77 Don't know / Not sure **(Go to Q6)**
- 99 Refused **(Go to Q6)**

SAPA5. What is the number one reason that you did not walk more frequently in your neighborhood? (DO NOT READ RESPONSES) (561-562)

- 01 Weather
- 02 Lack of time
- 03 Nowhere to go
- 04 No sidewalks
- 05 Too much traffic
- 06 Medical conditions
- 07 Lack of energy/motivation



- 08 Exercise elsewhere
- 09 Safety (crime)
- 10 Other

- 77 Don't know/Not sure
- 99 Refused

SAPA6. How safe from crime do you consider your neighborhood to be? Would you say...

Please read: (563)

- 1 Extremely safe
- 2 Quite safe
- 3 Slightly safe
- 4 Not at all safe

Do not read:

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

Perceived Nutrition Environment (State-added)

SANE1. To what degree would you agree or disagree with the statement, "In my neighborhood, it is easy to purchase healthy foods such as whole grain foods, low fat options, and fruits and vegetables."

Would you...? (564)

Please read:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree (neutral)
- 4 Disagree
- 5 Strongly disagree

Do not read:

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



Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in **Missouri**. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(565)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	