



2009

**Behavioral Risk Factor Surveillance System
Questionnaire**

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Interviewer's Script

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) 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 Alaska. **STOP**

Is this a cellular telephone?

[Read only if necessary: "By cellular 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 (health department) . My name is (name) . We are gathering information about the health of (state) 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, please call 1-877-655-2793.

Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 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?

- — 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?

- — 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

2.3 9 9 Refused
 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- — Number of days
- 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?

- 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?”

- 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?

- 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.

- 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

Section 4: Sleep

The next question is about getting enough rest or sleep.

- 4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

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

Section 5: Exercise

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

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

Section 6: Diabetes

- 6.1 Have you ever been told by a doctor that you have diabetes?

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

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

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

Section 7: Hypertension Awareness

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

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] |

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

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

Section 8: Cholesterol Awareness

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

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

8.2 About how long has it been since you last had your blood cholesterol checked?

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 |

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

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

Section 9: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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."

9.1 (Ever told) you had a heart attack, also called a myocardial infarction?

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

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

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

9.3 (Ever told) you had a stroke?

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

Section 10: Asthma

10.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

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

- 10.2** Do you still have asthma?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 11: Tobacco Use

- 11.1** Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

- 11.2** Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

- 11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes [Go to Q11.5]
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

- 11.4** How long has it been since you last smoked cigarettes regularly?

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

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

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

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

Do not read:

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

Section 12: Demographics

12.1 What is your age?

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

12.2 Are you Hispanic or Latino?

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

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

(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
- 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 Q12.3; continue. Otherwise, go to Q12.5.

12.4 Which one of these groups would you say best represents your race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

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

12.5 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.

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 7 Don't know / Not sure
- 9 Refused

12.6 Are you...?

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple

Do not read:

- 9 Refused

12.7 How many children less than 18 years of age live in your household?

- — Number of children
- 8 8 None
- 9 9 Refused

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

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

12.9 Are you currently...?

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
- 8 Unable to work

Do not read:

- 9 Refused

12.10 Is your annual household income from all sources—

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

12.11 About how much do you weigh without shoes?

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

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

CATI note: If Q12.11 = 7777 (Don't Know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14.

12.12 About how tall are you without shoes?

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

Round fractions down

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

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <46.**

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

Round fractions up

— — — —	Weight	
(pounds/kilograms)		
7 7 7 7	Don't know / Not sure	[Go to Q12.15]
9 9 9 9	Refused	[Go to Q12.15]

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

12.14 Was the change between your current weight and your weight a year ago intentional?

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

12.15 What county do you live in?

- FIPS county code
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

12.16 What is your ZIP Code where you live?

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

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

- 1 Yes
- 2 No **[Go to Q12.19]**
- 7 Don't know / Not sure **[Go to Q12.19]**
- 9 Refused **[Go to Q12.19]**

12.18 How many of these telephone numbers are residential numbers?

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

12.19 During the past 12 months, has your household been without land line telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters.

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

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

- 1 Yes **[Go to Q12.20c]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.20b Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1 Yes [Go to Q12.20d]
- 2 No [Go to Q12.21]
- 7 Don't know / Not sure [Go to Q12.21]
- 9 Refused [Go to Q12.21]

12.20c Do you usually share this cell phone (at least one-third of the time) with any other adults?

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

12.20d Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on you cell phone?

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

12.21 Indicate sex of respondent. Ask only if necessary.

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

12.22 To your knowledge, are you now pregnant?

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

Section 13: Caregiver Status

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

13.1 During the past month, did you provide any such care or assistance to a friend or family member?

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

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

14.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
Include occasional use or use in certain circumstances.

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

Section 15: Alcohol Consumption

15.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

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

15.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 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
- 9 9 9 Refused

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

Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

_ _ Number of drinks

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

15.4 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?

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

15.5 During the past 30 days, what is the largest number of drinks you had on any occasion?

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

Section 16: Immunization

16.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

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 During what month and year did you receive your most recent flu shot?

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

16.3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

1 Yes
 2 No **[Go to Q16.5]**
 7 Don't know / Not sure **[Go to Q16.5]**
 9 Refused **[Go to Q16.5]**

16.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

— / — Month / Year
 7 7 / 7 7 7 7 Don't know / Not sure

INTERVIEWER NOTE: Q17.3 should be asked of all respondents regardless of employment status.

17.3 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?

- 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 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."

17.4 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?

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."

17.5 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.*

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

Section 18: 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.

18.1 How often do you drink fruit juices such as orange, grapefruit, or tomato?

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

18.2 Not counting juice, how often do you eat fruit?

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

18.3 How often do you eat green salad?

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

18.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

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

18.5 How often do you eat carrots?

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

18.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

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

Section 19: Physical Activity

CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2.

19.1 When you are at work, which of the following best describes what you do? Would you say—

If respondent has multiple jobs, include all jobs.

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read:

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

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

19.2 Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

- Days per week
- $\frac{_}{8} \frac{_}{8}$ Do not do any moderate physical activity for at least 10 minutes at a time? [Go to Q19.5]
- $\frac{7}{7} \frac{7}{7}$ Don't know / Not sure [Go to Q19.5]
- $\frac{9}{9} \frac{9}{9}$ Refused [Go to Q19.5]

19.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- Hours and minutes per day
- $\frac{_}{7} \frac{_}{7} \frac{_}{7}$ Don't know / Not sure
- $\frac{9}{9} \frac{9}{9} \frac{9}{9}$ Refused

19.5 Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

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

19.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- Days per week
- $\frac{_}{8} \frac{_}{8}$ Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
- $\frac{7}{7} \frac{7}{7}$ Don't know / Not sure [Go to next section]
- $\frac{9}{9} \frac{9}{9}$ Refused [Go to next section]

19.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- Hours and minutes per day
- $\frac{_}{7} \frac{_}{7} \frac{_}{7}$ Don't know / Not sure
- $\frac{9}{9} \frac{9}{9} \frac{9}{9}$ Refused

Section 20: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

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.

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

- 1 Yes
- 2 No **[Go to Q20.5]**
- 7 Don't know / Not sure **[Go to Q20.5]**
- 9 Refused **[Go to Q20.5]**

20.2 Not including blood donations, in what month and year was your last HIV test?
NOTE: If response is before January 1985, code "Don't know."

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

20.3 Where did you have your last HIV test — at a private doctor or HMO office, at counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: Ask Q20.4; if Q20.2 = within last 12 months. Otherwise, go to Q20.5.

20.4 Was it a rapid test where you could get your results within a couple of hours?

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

20.5 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?

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

Section 21: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

21.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source.”

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

21.2 In general, how satisfied are you with your life?

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

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

Section 22: Cancer Survivors

Now I am going to ask you about cancer.

22.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

- | | | |
|---|-----------------------|--------------------------------|
| 1 | Yes | |
| 2 | No | [Go to Core closing Statement] |
| 7 | Don’t know / Not sure | [Go to Core closing Statement] |
| 9 | Refused | [Go to Core closing Statement] |

22.2 How many different types of cancer have you had?

- | | | |
|---|-----------------------|--------------------------------|
| 1 | Only one | |
| 2 | Two | |
| 3 | Three or more | |
| 7 | Don’t know / Not sure | [Go to Core closing Statement] |
| 9 | Refused | [Go to Core closing Statement] |

22.3 At what age were you told that you had cancer?

- | | |
|-----|---------------------------------------|
| — | Code age in years {97 = 97 and older} |
| 9 8 | Don’t know / Not sure |
| 9 9 | Refused |

CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

22.4 What type of cancer was it?

If Q22.2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer:

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

Do not read:

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

Optional Modules

Module 1: Pre-Diabetes

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

1. Have you had a test for high blood sugar or diabetes within the past three years?

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

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

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

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

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

Module 2: Diabetes

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

1. How old were you when you were told you have diabetes?

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

2. Are you now taking insulin?

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.

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.

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?

_ _	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"?

— — 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?

— — 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.

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?

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?

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

Module 6: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI note: If Core Q9.1 = 1 (Yes), ask Q1. If Core Q9.1 = 2, 7, or 9, skip Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

CATI note: If Core Q9.3 = 1 (Yes), ask Q2. If Core Q9.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

[Question 3 is asked of all respondents.]

3. Do you take aspirin daily or every other day

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

4. Do you have a health problem or condition that makes taking aspirin unsafe for you?

If "Yes", ask "Is this a stomach condition?" Code upset stomach as stomach problems.

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 23: Social Context

There are many different factors that can affect a person's health. I'm going to ask you about several factors that can affect a person's health.

1. Do you own or rent your home?

Please read:

- 1 Own
- 2 Rent
- 3 Other arrangement [Go to Q3]

Do not read:

- 7 Don't know / Not sure [Go to Q3]
- 9 Refused [Go to Q3]

INTERVIEWER NOTE: "Other arrangement" may include group home or staying with friends or family without paying rent.

2. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

3. How **often** in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q4 and Q5.

If Core Q12.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q6 and Q7.

If Core Q12.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.

4. At your main job or business, how are you generally paid for the work you do. Are you:

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

5. About how many hours do you work per week at all of your jobs and businesses combined?

- – Hours (01-96 or more) **[Go to Q8]**
- 9 7 Don't know / Not sure **[Go to Q8]**
- 9 8 Does not work **[Go to Q8]**
- 9 9 Refused **[Go to Q8]**

6. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you do? Were you:

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

7. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

- – Hours (01-96 or more)
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

8. Did you vote in the last presidential election? The November 2008 election between Barack Obama and John McCain?

- 1 Yes
- 2 No
- 8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
- 7 Don't know / Not sure
- 9 Refused

Module 25: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q12.7 = 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 Q12.7 is >1 and Core Q12.7 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?

_ / _	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	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?

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino?

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?

[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
- 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?

- 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?

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 27: Childhood Immunization

CATI note: If Core Q12.7 = 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 ≥ 6 months, continue. Otherwise, go to next module.

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

- | | | |
|---|-----------------------|---------------------|
| 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 their most recent flu vaccination? The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose.

- | | |
|-----------------------|-----------------------|
| <u> </u> / <u> </u> | Month / Year |
| 77 / 7777 | Don't know / Not sure |
| 99 / 9999 | Refused |

State Added Questions

Section A: Child Health Insurance (Use randomly selected Child from Module 24)

A.1 Does this child have any kind of health care coverage including health insurance, prepaid plans such as HMO's or government plans such as Medicaid, military coverage, Indian Health or the Native Alaska Health Service?

Help Screen: Medicaid refers to a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program that is administered by the state. Private health insurance refers to any type of health insurance, including health maintenance organizations (HMO) other than public programs. These plans may be provided in part or fully by the person's employer or union, or purchased directly by the individual.

- | | | |
|---|---------------------|-------------|
| 1 | Yes | |
| 2 | No | Skip to A.4 |
| 7 | Don't know/Not sure | |
| 9 | Refused | |

A.2 Is this child's health insurance Medicaid or Denali KidCare?

Help Screen: Medicaid refers to a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program that is administered by the state. Private health insurance refers to any type of health insurance, including health maintenance organizations (HMO) other than public programs. These plans may be provided in part or fully by the person's employer or union, or purchased directly by the individual.

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

A.3 During the past 12 months was there any time when this child was not covered by ANY health insurance?

- 1 Yes **skip to A.5**
- 2 No **skip to A.5**
- 7 Don't know **skip to A.5**
- 9 Refused **skip to A.5**

A.4 During the past 12 months was there any time when this child had health coverage?

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

A.5 During the past 12 months did this child see a doctor, nurse, or other health care professional for any kind of medical care, including sick-child, well child check ups, physical exams or hospitalizations?

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

A.6 During the past 12 months did this child receive all the medical care he/she needed?

- 1 Yes **go to Section B**
- 2 No **go to A.7**
- 7 Don't know **go to Section B**
- 9 Refused **go to Section B**

A.7 Why did your child not get all the medical care needed?

Mark all that apply. Read responses only if necessary.

- 1 Cost too much
- 2 No insurance
- 3 Health Plan problems
- 4 Can't find doctor who accepts child's insurance.
- 5 Not available in area/transportation problems.
- 6 Not convenient times/couldn't get appointment.
- 7 Doctor did not know how to treat or provide care.
- 8 Dissatisfaction with doctor.
- 9 Did not know where to go for treatment.
- 10 Child refused to go.
- 11 Treatment is ongoing.
- 12 Vaccine shortage.
- 13 Other (specify)
- 77 Don't Know
- 99 Refused

Section B: Child Asthma History (Use randomly selected Child from Module 24)

B.1 Has a doctor or other health professional ever told you that your child has asthma?

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

B.2 During the past 6 months, how many asthma episodes or asthma attacks has your child had?

- ___ Number of episodes or attacks
- 777 DK/NS
- 888 None
- 999 Refused

B.3 During the past 12 months, how many times did your child visit an emergency room or urgent care center because of his/her asthma?

- ___ Number of times
- 777 DK/NS
- 888 None
- 999 Refused

B.4 An asthma action plan, or asthma management plan is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you or your child an asthma action plan?

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

B.5 During the past 6 months, how many days of school did your child miss because of his/her asthma?

- ___ Number of days
- 777 DK/NS
- 888 None
- 999 Refused

Section C: Health care insurance and access

If Q3.1 = 1

C.1 Earlier you said you have health care coverage. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

[NOTE: IF MORE THAN ONE, ASK "Which type do you use to pay for most of your medical care?"]

Please read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS or TriCare, or the VA
- 07 Alaska Native Health Service or Indian health Service
- 08 Some other source (Specify)

Do not read:

- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

If Q3.1 = 2 or 7

C.2 Earlier you said you do not have health care coverage or weren't sure you had health care coverage. There are some types of coverage you may not have considered. Please tell me if you have any of the following: Coverage through:

[NOTE: IF MORE THAN ONE, ASK "Which type do you use to pay for most of your medical care?"]

Please read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS or TriCare, or the VA
- 07 Alaska Native Health Service or Indian health Service
- 08 Some other source (Specify)

Do not read:

- 88 None
- 77 Don't Know/Not Sure
- 99 Refused
- 77 Don't Know/Not Sure
- 99 Refused

Asked of all:

C.3 In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

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

Section D: Sexual Orientation

D.1 Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be ...

Remember, your answers are confidential.

- 1 Heterosexual or straight **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.**
- 2 Homosexual, gay, or lesbian **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.**
- 3 Bisexual **IF NEEDED: A person who has sex with and/or is attracted to people of either sex.**
- 4 Or something else? (specify?)
- 7 DK/NS
- 9 Refused

[IF NEEDED: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Alaska. You don't have to answer any question if you don't want.]

Section E: Heart Disease/Stroke Limitations

If Q9.1 = 1 or Q9.2 = 1

E.1 Are you limited in any activities because of physical, mental, or emotional problems due to heart disease?

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

If Q9.3 = 1

E.2 Are you limited in any activities because of physical, mental, or emotional problems due to stroke?

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

Section F: Adult Asthma History

F.1 During the past 12 months, how many asthma episodes or asthma attacks have you had?

___ Number of episodes or attacks
777 DK/NS
888 None
999 Refused

F.2 During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

___ Number of times
777 DK/NS
888 None
999 Refused

F.3 An asthma action plan, or asthma management plan is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you an asthma action plan?

1 Yes
2 No
7 Don't know
9 Refused

F.4 During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

___ Number of days
777 DK/NS
888 None
999 Refused

F.5 During the past 6 months, how many canisters of rescue inhalers (i.e.; Albuterol, Xopenex, ProAir, Ventolin) did you use?

___ Number of Canisters
777 DK/NS
888 None
999 Refused

Section G: Smokeless Tobacco Use

G.1 Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik, or Blackbull? Probe for which.

**Include prompt: By smokeless tobacco use we also mean iq'mik (also known as blackbull). Iq'mik is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.*

Mark all that apply.

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'mik or Blackbull
- 4 Yes, other (specify) _____
- 5 No, None **skip to Section H**
- 7 DK/NS **skip to Section H**
- 9 Refused **skip to Section H**

G.2 Do you currently use any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik, or Blackbull? Probe for which.

**Include prompt: By smokeless tobacco use we also mean iq'mik (also known as blackbull). Iq'mik is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.*

Mark all that apply.

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'mik or Blackbull
- 4 Yes, other (specify) _____
- 5 No, None **skip to Section H**
- 7 DK/NS **skip to Section H**
- 9 Refused **skip to Section H**

G.3 On how many of the past 30 days did you use smokeless tobacco products?

- __ Days
- 88 None
- 77 DK/NS
- 99 Refused

G.4 Would you like to quit using smokeless tobacco?

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

G.5 Are you seriously considering quitting using smokeless tobacco products within the next 6 months?

- 1 Yes
- 2 No **skip to Section G.7**
- 7 DK/NS **skip to Section G.7**
- 9 Refused **skip to Section G.7**

G.6 Are you seriously considering quitting using smokeless tobacco products within the next 30 days?

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

G.7 In the past 12 months has any doctor, dentist or other health professional advised you to stop using smokeless tobacco?

- 1 Yes **Skip to Section H**
- 2 No
- 7 DK/NS
- 9 Refused

G.8 In the past 12 months, has any doctor, dentist or other health professional asked if you use smokeless tobacco products such as chewing tobacco, snuff, Iq'mik or Blackbull?

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

Section H: Obesity Risk Factors

H.1 How many hours a day, on average, do you spend watching TV, videos, DVDs or using the computer outside of work?

- 01-24 (specify) __
- 55 Less than one hour
- 66 Less than daily
- 77 Don't know / not sure
- 88 Do not watch TV, videos, or use the computer outside of work
- 99 Refused

H.2 Do you believe you currently eat enough fruits and vegetables?

- 1 Yes **Skip to Section I**
- 2 No
- 7 Don't know
- 9 Refused

H.3 How strongly do you agree or disagree that each of the following are reasons why you don't eat more fruits and vegetables?

RANDOMIZE ORDER of a-c

a. They are inconvenient to prepare or eat

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree

Do not read:

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

b. They are not available

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree

Do not read:

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

c. They are too expensive

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree

Do not read:

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

Section I: SV/IPV

Many families experience violence in their households. Now I'd like to ask you some questions about violence you may have experienced. This is a sensitive topic and some people may feel uncomfortable with these questions. But remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you believe it would not be safe for you to talk about this now, you may tell me to skip to the next module.

(Note to interviewer: In all questions, do not read the “don't know/not sure” or “refused” responses. These can be checked only if necessary.)

I.1 As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner?

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

I.2 Has anyone ever made you take part in any sexual activity when you really did not want to? (including touch that made you uncomfortable).

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

I.3 In your lifetime, has an intimate partner ever hit, slapped, punched, shoved, kicked, choked, hurt or threatened you?

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

I.4 In the past 5 years, have you ever feared for your safety or been hit, slapped, kicked, choked, or otherwise physically hurt by a current or former intimate partner?

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

From time to time the State of Alaska conducts other surveys to collect information that will help us improve our programs and services. May we call you in the future to collect more information on health-related topics?

This means we might call you back within the next year, or invite you to some focus groups in your area. Of course, you can always refuse to participate in future surveys.

May I please have your first name, nickname, or initials, so that we know who to ask for?

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.

POPULATION-BASED FLU MORBIDITY SURVEY QUESTIONS

2009 BRFSS Landline Telephone Questionnaire Only

Insert the following after core Section 22: Cancer Survivors in the Landline questionnaire.

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

1. During the past month, were you ill with a fever?

- 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?

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

3. When did you first become ill with fever, cough or sore throat? [Interviewer: read off choices; choose the most specific]

- 1 = Within the past 2 weeks [Interviewer, if asked: past 1-14 days]
- 2 = 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]
- 7 = Don't know
- 9 = Refused

4. Did you visit a doctor, nurse, or other health professional for this illness?

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

5. What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices]

- 1 = You had regular influenza or the flu,
- 2 = You had swine flu, also known as H1N1 or novel H1N1
- 3 = You had some other illness, but not the flu– **[If a one adult household and no children, Go to next section, Else Go to Q8]**
- 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]

- 1 = Yes, had flu test and it was positive
- 2 = No, had flu test but it was negative
- 3 = No, flu test was not done
- 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?

- 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 during the past month?

- 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 during the past month?

- ___ # 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 during the past month?
[Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.]

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

For states using random child selection/asthma module, ADD at end:

The next questions are about the "Xth" child.

1. Has the child had a fever with cough and/or sore throat during the past month?

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?

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