

District of Columbia 2002 Behavioral Risk Factor Surveillance System

Section 1: Health Status.....	3
Section 2: Health Care Access.....	4
Section 3: Exercise	6
Section 4: Fruits and Vegetables	7
Section 5: Asthma.....	9
Section 6: Diabetes	10
Section 7: Oral Health	11
Section 8: Immunization.....	12
Section 9: Tobacco Use	13
Section 10: Alcohol Consumption	14
Section 11: Use of Seatbelts	15
Section 12: Demographics	16
Section 13: Family Planning.....	20
Section 14: Women’s Health	22
Section 15: Prostate Cancer Screening	24
Section 16: Colorectal Cancer Screening.....	26
Section 17: HIV/AIDS.....	27
Section 18: Firearms	30
Module 2: Hypertension Awareness.....	31
Module 3: Cholesterol Awareness	32
Module 6: Quality of Life.....	33
Module 6: Quality of Life.....	33
Module 8: Adult Asthma History	36
Module 10: Heart Attack and Stroke	39
State Added: Traumatic Brain Injury.....	42
State Added: Family Planning	43
State Added: Sexual Assault.....	46
State Added: Oral Health.....	47
Closing Statement.....	48

HELLO, I'm calling for the (health department) and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of (state) residents. Your phone number has been chosen randomly, and I'd 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? **If "no"** Thank you very much, but we are only interviewing 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 women below (Ask gender if necessary). Go to page 2**

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" at bottom of 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 2}

To correct respondent: HELLO, I'm (name) calling for the (health department) and the Centers for Disease Control and Prevention. We're gathering information on the health of **(state)** residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices. I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

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

(72)

[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: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)

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

2.2. Do you have one person you think of as your personal doctor or health care provider? (74)

[IF "NO," ASK "IS THERE MORE THAN ONE OR IS THERE NO PERSON WHO YOU THINK OF?"]

- | | |
|---|---------------------|
| 1 | Yes, only one |
| 2 | More than one |
| 3 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

2.3. When you are sick or need advice about your health, to which one of the following places do you usually go? (75)

WOULD YOU SAY: [PLEASE READ]

- | | |
|---|---|
| 1 | A doctor's office |
| 2 | A public health clinic or community health center |
| 3 | A hospital outpatient department |
| 4 | A hospital emergency room |
| 5 | Urgent care center |
| 6 | Some other kind of place |
| 8 | No usual place |

[DO NOT READ.]

- | | |
|---|------------|
| 7 | Don't know |
| 9 | Refused |

2.4. Was there a time in the past 12 months when you needed medical care, but could not get it? (76)

- | | | |
|---|------------|-----------------------------|
| 1 | Yes | {Go to Q 2.5} |
| 2 | No | {Go to Next Section} |
| 7 | Don't know | {Go to Next Section} |
| 9 | Refused | {Go to Next Section} |

2.5. What is the main reason you did not get medical care? (77-78)

[NOTE: IF MORE THAN ONE INSTANCE ASK ABOUT THE MOST RECENT.]

WOULD YOU SAY: [PLEASE READ]

- | | |
|----|--|
| 01 | Cost [Include no insurance] |
| 02 | Distance |
| 03 | Office wasn't open when I could get there. |
| 04 | Too long a wait for an appointment |
| 05 | Too long a wait in waiting room |
| 06 | No child-care |

[DO NOT READ.]

07	No transportation
08	No access for people with disabilities
09	The medical provider didn't speak my language.
10	Other
77	Don't know/ Not sure
99	Refused

Section 3: Exercise

3.1. 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?

(79)

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

Section 4: 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.

4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

4.2. Not counting juice, how often do you eat fruit? (83-85)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

4.3. How often do you eat green salad? (86-88)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

4.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (89-91)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 555 Never
- 777 Don't know/Not sure
- 999 Refused

4.5. How often do you eat carrots?

(92-94)

1__ __	Per day
2__ __	Per week
3__ __	Per month
4__ __	Per year
555	Never
777	Don't know/Not sure
999	Refused

4.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

(95-97)

[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
555	Never
777	Don't know/Not sure
999	Refused

Section 5: Asthma

5.1. Have you ever been told by a doctor or other health professional that you had asthma? (98)

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. Do you still have asthma? (99)

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?

(100)

[IF “YES” AND FEMALE, ASK “WAS THIS ONLY WHEN YOU WERE PREGNANT?”]

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

Section 7: Oral Health

7.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (101)

[INCLUDE VISITS TO DENTAL SPECIALISTS, SUCH AS ORTHODONTISTS]

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

7.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (102)

[INCLUDE TEETH LOST DUE TO "INFECTION"]

1	1 to 5
2	6 or more but not all
3	All
8	None
7	Don't know/Not sure
9	Refused

{IF Q7.1 = 8/NEVER OR Q7.2 = 3/ALL, SKIP TO NEXT SECTION}

7.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (103)

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

Section 8: Immunization

8.1. During the past 12 months, have you had a flu shot? (104)

- | | | |
|---|---------------------|--------------|
| 1 | Yes | |
| 2 | No | {Go to Q8.3} |
| 7 | Don't know/Not sure | {Go to Q8.3} |
| 9 | Refused | {Go to Q8.3} |

8.2. At what kind of place did you get your last flu shot? (105-106)

WOULD YOU SAY: [READ ONLY IF NECESSARY]

- | | |
|----|--|
| 01 | A doctor's office or health maintenance organization |
| 02 | A health department |
| 03 | Another type of clinic or health center
[Example: a community health center] |
| 04 | A senior, recreation, or community center |
| 05 | A store [Examples: supermarket, drug store] |
| 06 | A hospital or emergency room |
| 07 | Workplace |
| | or |
| 08 | Some other kind of place |
| 77 | Don't know |
| 99 | Refused |

8.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (107)

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

Section 9: Tobacco Use

9.1. Have you smoked at least 100 cigarettes in your entire life? (108)

[5 PACKS = 100 CIGARETTES]

1	Yes	
2	No	{Go to Next Section}
7	Don't know/Not sure	{Go to Next Section}
9	Refused	{Go to Next Section}

9.2. Do you now smoke cigarettes every day, some days, or not at all? (109)

1	Every day	
2	Some days	
3	Not at all	{Go to Next Section}
9	Refused	{Go to Next Section}

9.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)

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

Section 10: Alcohol Consumption

- 10.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (111-113)

1	___ ___	Days per week	
2	___ ___	Days in past 30	
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}

- 10.2. On the days when you drank, about how many drinks did you drink on the average? (114-115)

___ ___	Number of drinks
77	Don't know/Not sure
99	Refused

- 10.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)

___ ___	Number of times
88	None
77	Don't know/Not sure
99	Refused

- 10.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (118-119)

___ ___	Number of times
88	None
77	Don't know/Not sure
99	Refused

Section 11: Use of Seatbelts

11.1 How often do you use seatbelts when you drive or ride in a car?

(120)

- | | |
|---|------------------------------|
| 1 | Always |
| 2 | Nearly always |
| 3 | Sometimes |
| 4 | Seldom |
| 5 | Never |
| 7 | Don't know/Not sure |
| 8 | Never drive or ride in a car |
| 9 | Refused |

[DO NOT READ]

Section 12: Demographics

12.1. What is your age? (121-122)

— —	Code age in years
07	Don't know/Not sure
09	Refused

12.2. Are you Hispanic or Latino? (123)

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? (124)

[PLEASE READ] [MARK ALL THAT APPLY]

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] _____
8	No additional choices

[DO NOT READ]

7	Don't know/Not sure
9	Refused

{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? (125)

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

12.5. Are you: (126)

[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

12.6. How many children less than 18 years of age live in your household ? (127-128)

- — Number of children
- 88 None
- 99 Refused

12.7. What is the highest grade or year of school you completed? (129)

[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)
- 9 Refused

12.8. Are you currently: (130)

[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

12.9. Is your annual household income from all sources: (131-132)

[READ AS APPROPRIATE]

04	Less than \$25,000	If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
03	Less than \$20,000	If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)
02	Less than \$15,000	If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)
01	Less than \$10,000	If "no," code 02
05	Less than \$35,000	If "no," ask 06 (\$25,000 to less than \$35,000)
06	Less than \$50,000	If "no," ask 07 (\$35,000 to less than \$50,000)
07	Less than \$75,000	If "no," code 08 (\$50,000 to less than \$75,000)
08	\$75,000 or more	

[DO NOT READ]

77	Don't know/Not sure
99	Refused

12.10. About how much do you weigh without shoes? (133-135)

___ ___ Weight
pounds **[ROUND FRACTIONS UP]**
777 Don't know/Not sure
999 Refused

12.11. About how tall are you without shoes? (136-138)

___/___ Height
ft/inches **[ROUND FRACTIONS DOWN]**
777 Don't know/Not sure
999 Refused

12.12. What county do you live in? (139-141)

___ ___ FIPS county code
777 Don't know/Not sure
999 Refused

12.13. 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 Q12.15}
7	Don't know/Not sure	{Go to Q12.15}
9	Refused	{Go to Q12.15}

12.14. How many of these are residential numbers? (143)

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

12.15. Indicate sex of respondent. (144)

[ASK ONLY IF NECESSARY]

1 Male {Go to Next Section}
2 Female

{If respondent 45 years old or older, go to Q13.1. }

12.16. To your knowledge, are you now pregnant? (145)

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

Section 13: Family Planning

If respondent is female, 45 years of age or older, pregnant, or male 60 years or older, go to next section.

QUESTIONS ARE ASKED OF NON-PREGNANT FEMALES 18-44 YEARS OF AGE AND MALES 18-59 YEARS OF AGE.

The next few questions ask about pregnancy and ways to prevent pregnancy.

- 13.1. Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert "you"; insert "her" if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-Provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

(146)

[IF MULTIPLE PARTNERS, CONSIDER USUAL METHOD.]

- | | | |
|---|--------------------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to 13.4} |
| 3 | No partner/not sexually active | {Go to Next Section} |
| 4 | Same sex partner | {Go to Next Section} |
| 7 | Don't know/Not sure | {Go to Next Section} |
| 9 | Refused | {Go to Next Section} |

- 13.2. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert you; insert her if male] from getting pregnant?

(147-148)

[INTERVIEWER: RECORD RESPONDENT'S CONDITION IF BOTH HAVE HAD STERILIZATION PROCEDURES]

[READ ONLY IF NECESSARY]

- | | | |
|----|--|----------------------|
| 01 | Tubes tied (sterilization) | {Go to Next Section} |
| 02 | Vasectomy (sterilization) | {Go to Next Section} |
| 03 | Pill | |
| 04 | Condoms | |
| 05 | Foam, jelly, cream | |
| 06 | Diaphragm | |
| 07 | Norplant | |
| 08 | IUD | |
| 09 | Shots (Depo-Provera) | |
| 10 | Withdrawal | |
| 11 | Not having sex at certain times (rhythm) | |
| 12 | No partner/Not sexually active | {Go to Next Section} |
| 13 | Other method(s) | |
| 77 | Don't know/not sure | {Go to Next Section} |
| 99 | Refused | {Go to Next Section} |

13.3. What other method are you also using to prevent pregnancy?

(149-150)

[READ ONLY IF NECESSARY]

01	Tubes tied (sterilization)	{Go to Next Section}
02	Vasectomy (sterilization)	{Go to Next Section}
03	Pill	{Go to Next Section}
04	Condoms	{Go to Next Section}
05	Foam, jelly, cream	{Go to Next Section}
06	Diaphragm	{Go to Next Section}
07	Norplant	{Go to Next Section}
08	IUD	{Go to Next Section}
09	Shots (Depo-Provera)	{Go to Next Section}
10	Withdrawal	{Go to Next Section}
11	Not having sex at certain times (rhythm)	{Go to Next Section}
12	No partner/Not sexually active	{Go to Next Section}
13	Other methods(s)	{Go to Next Section}
87	NO other method(s)	{Go to Next Section}
77	Don't know/not sure	{Go to Next Section}
99	Refused	{Go to Next Section}

13.4. {FEMALES} What is your main reason for not doing anything to keep you from getting pregnant?

{MALES} What is your main reason for not doing anything to keep your partner from getting pregnant?

(151-152)

[READ ONLY IF NECESSARY]

01	Not sexually active/no partner
02	Didn't think was going to have sex/no regular partner
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/fear side effects
06	You can't pay for birth control
07	Lapse in use of a method
08	Don't think you or your partner can get pregnant
09	You or your partner had tubes tied (sterilization)
10	You or your partner had a vasectomy (sterilization)
11	You or your partner had a hysterectomy
12	You or your partner are too old
13	You or your partner are currently breast-feeding
14	You or your partner just had a baby/postpartum
15	Other reason
16	Don't care if get pregnant
17	Same sex partner
18	Partner is pregnant now
77	Don't know/not sure
99	Refused

{If respondent is male, Go to Next Section.}

Section 14: Women's Health

14.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (153)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to Q14.3} |
| 7 | Don't know/Not sure | {Go to Q14.3} |
| 9 | Refused | {Go to Q14.3} |

14.2. How long has it been since you had your last mammogram? (154)

[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 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less 5 years ago) |
| 5 | 5 or more years ago |
| 7 | Don't know/Not sure |
| 9 | Refused |

14.3. A clinical breast exam is when a doctor or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (155)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to Q14.5} |
| 7 | Don't know/Not sure | {Go to Q14.5} |
| 9 | Refused | {Go to Q14.5} |

14.4. How long has it been since your last breast exam? (156)

[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 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |
| 7 | Don't know/Not sure |
| 9 | Refused |

14.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (157)

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | {Go to Q14.7} |
| 7 | Don't know/Not sure | {Go to Q14.7} |
| 9 | Refused | {Go to Q14.7} |

14.6. How long has it been since you had your last Pap smear? (158)

[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 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |
| 7 | Don't know/Not sure |
| 9 | Refused |

{If response to Q 13.4 is 11 (had hysterectomy) or Q 12.16 is 1 (is pregnant) then {Go to Next Section}.}

14.7. Have you had a hysterectomy? (159)

[A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB)]

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

Section 15: Prostate Cancer Screening

{If respondent is 39 years old or younger, or is female, go to Q16.1}

15.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (160)

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | {Go to Q15.3} |
| 7 | Don't Know/not sure | {Go to Q15.3} |
| 9 | Refused | {Go to Q15.3} |

15.2. How long has it been since you had your last PSA test? (161)

[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) |
| 3 | Within the past 3 years (2 years but less than 3 years) |
| 4 | Within the past 5 years (3 years but less than 5 years) |
| 5 | 5 or more years ago |
| 7 | Don't know |
| 9 | Refused |

15.3. A digital rectal exam is an exam in which a doctor or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (162)

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | {Go to Q15.5} |
| 7 | Don't know/Not sure | {Go to Q15.5} |
| 9 | Refused | {Go to Q15.5} |

15.4. How long has it been since your last digital rectal exam? (163)

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years) |
| 3 | Within the past 3 years (2 years but less than 3 years) |
| 4 | Within the past 5 years (3 years but less than 5 years) |
| 5 | 5 or more years ago |
| 7 | Don't know/Not sure |
| 9 | Refused |

15.5. Have you ever been told by a doctor or other health professional that you had prostate cancer?

(164)

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

Section 16: Colorectal Cancer Screening

{If respondent 49 years old or younger, go to Q17.1}

16.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (165)

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | {Go to Q16.3} |
| 7 | Don't know/Not sure | {Go to Q16.3} |
| 9 | Refused | {Go to Q16.3} |

16.2. How long has it been since you had your last blood stool test using a home kit? (166)

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

16.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (167)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to Next Section} |
| 7 | Don't know/Not sure | {Go to Next Section} |
| 9 | Refused | {Go to Next Section} |

16.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (168)

[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 | Within the past 10 years (5 years but less than 10 years ago) |
| 5 | 10 or more years ago |
| 7 | Don't know/Not sure |
| 9 | Refused |

Section 17: HIV/AIDS

{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 don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

- 17.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (169)
- | | |
|---|---------------------|
| 1 | True |
| 2 | False |
| 7 | Don't know/Not Sure |
| 9 | Refused |

- 17.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (170)
- | | |
|---|---------------------|
| 1 | True |
| 2 | False |
| 7 | Don't know/Not Sure |
| 9 | Refused |

- 17.3. How important do you think it is for people to know their HIV status by getting tested? (171)

WOULD YOU SAY: [PLEASE READ]

- | | |
|-----------|----------------------|
| 1 | Very important |
| 2 | Somewhat important |
| or | |
| 3 | Not at all important |

[DO NOT READ]

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

- 17.4. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (172)

[INCLUDE SALIVA TESTS]

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | {Go to Q17.8} |
| 7 | Don't know/Not sure | {Go to Q17.8} |
| 9 | Refused | {Go to Q17.8} |

17.5. Not including blood donations, in what month and year was your last HIV test? (173-178)

[INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985 CODE "DON'T KNOW".]

[INCLUDE SALIVA TESTS]

___/___ Code month and year
777777 Don't know/Not sure
999999 Refused

17.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (179-180)

[PLEASE READ]

___ Reason code
01 It was required
02 Someone suggested you should be tested
03 You thought you may have gotten HIV through sex or drug
use
04 You just wanted to find out whether you had HIV
05 You were worried that you could give HIV to someone
06 **IF FEMALE:** You were pregnant
07 It was done as part of a routine medical check-up
08 Or you were tested for some other reason

[DO NOT READ]

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

17.7. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (181-182)

___ Facility code
01 Private doctor or HMO
02 Counseling and testing site
03 Hospital
04 Clinic
05 In a jail or prison (or other correctional facility)
06 Home
07 Somewhere else

[DO NOT READ]

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

17.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (183)

- 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

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

17.9 In the past 12 months has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use? (184)

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

Section 18: Firearms

The next three questions are about firearms. We are asking these in a survey on health and health practices because homicide and suicide are among the leading causes of death, and firearms are involved in a majority of these deaths.

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

18.1 Are any firearms kept in or around your home? (185)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to next section} |
| 7 | Don't Know/Not Sure | {Go to next section} |
| 9 | Refused | {Go to next section} |

18.2 Are any of these firearms now loaded? (186)

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

18.3 Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (187)

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

Module 2: Hypertension Awareness

1. Have you ever been told by a doctor or other health professional that you have high blood pressure? (208)

[IF “YES” AND 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}
7	Don't know/Not sure	{Go to Next Section}
9	Refused	{Go to Next Section}

2. Are you currently taking medicine for your high blood pressure? (209)

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

Module 3: Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (210)

1	Yes	
2	No	{Go to Next Section}
7	Don't know/Not sure	{Go to Next Section}
9	Refused	{Go to Next Section}

2. About how long has it been since you last had your blood cholesterol checked? (211)

[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
7	Don't know/Not sure
9	Refused

3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (212)

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

Module 6: Quality of Life

1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (232)

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

2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (233)

[INCLUDE OCCAIONAL USE OR USE IN CERTAIN CIRCUMSTANCES]

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

{If "yes" to Q1 or "yes" to Q2, continue. Otherwise go to Q7.}

3. What is your major impairment or health problem? (234-235)

[READ ONLY IF NECESSARY]

—	Reason Code
0 1	Arthritis/rheumatism
0 2	Back or neck problem
0 3	Fractures, bone/joint injury
0 4	Walking problem
0 5	Lung/breathing problem
0 6	Hearing problem
0 7	Eye/vision problem
0 8	Heart problem
0 9	Stroke problem
1 0	Hypertension/high blood pressure
1 1	Diabetes
1 2	Cancer
1 3	Depression/anxiety/emotional problem
1 4	Other impairment/problem
7 7	Don't know/Not sure
9 9	Refused

4. For how long have your activities been limited because of your major impairment or health problem? (236-238)

- 1___ Days
- 2___ Weeks
- 3___ Months
- 4___ Years
- 7 7 7 Don't know/Not Sure
- 9 9 9 Refused

5. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (239)

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

6. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (240)

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

7. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (241-242)

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

8. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (243-244)

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

9. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (245-246)

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

10. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (247-248)

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

11. During the past 30 days, for about how many days have you felt very healthy and full of energy? (249-250)

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

Module 8: Adult Asthma History

{If "yes" to core Q5.1, continue.}

Previously you said you were told by a doctor or other health professional that you had asthma.

1. How old were you when you were first told by a doctor or other health professional that you had asthma? (255-256)

—	Age in years	11 or older [96 = 96 and older]
97	Age 10 or younger	
98	Don't know/Not sure	
99	Refused	

{If "yes" to core Q5.2, continue.}

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (257)

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

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (258-259)

—	Number of visits [87 = 87 or more]
88	None
98	Don't know/Not sure
99	Refused

4. [If one or more visits to Q3, fill in (Besides those emergency room visits,)] During the past 12 months, how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms? (260-261)

—	Number of visits [87 = 87 or more]
88	None
98	Don't know/Not sure
99	Refused

5. During the past 12 months, how many times did you see a doctor or other health professional for a routine checkup for your asthma? (262-263)

—	Number of visits [87 = 87 or more]
88	None
98	Don't know/Not sure
99	Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (264-266)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? (267)

Would you say: **[PLEASE READ]**

8	Not at any time	{Go to Q9}
1	Less than once a week	
2	Once or twice a week	
3	More than 2 times a week, but not every day	
4	Every day, but not all the time	
or		
5	Every day, all the time	

[DO NOT READ]

7	Don't know/Not sure
9	Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? (268)

Would you say: **[PLEASE READ]**

8	None
1	One or two
2	Three to four
3	Five
4	Six to ten
or	
5	More than ten

[DO NOT READ]

7	Don't know/Not sure
9	Refused

9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. (269)

Would you say: **[PLEASE READ]**

- | | |
|-----------|---|
| 8 | Didn't take any |
| 1 | Less than once a week |
| 2 | Once or twice a week |
| 3 | More than 2 times a week, but not every day |
| 4 | Once every day |
| or | |
| 5 | 2 or more times every day |

[DO NOT READ]

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

Module 10: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

1. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.
- a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (274)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (275)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- c. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (276)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- d. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (277)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- e. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (278)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- f. (Do you think) shortness of breath (is a symptom of a heart attack?) (279)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure.

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke? (280)

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

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (281)

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

c. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (282)

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

d. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (283)

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

e. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (284)

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

f. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (285)

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

3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

(286)

[PLEASE READ]

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member
- or**
- 5 Do something else

[DO NOT READ]

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

State Added: Traumatic Brain Injury

DC1_1. Have you ever had a head injury or concussion?

(352)

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

State Added: Family Planning

[ASK ONLY IF RESPONDENT SAID “No” TO Q12.16]

IF RESPONDENT IS MALE OR AGE 45 YEARS OR OLDER, GOT TO NEXT SECTION

The next few questions ask about pregnancy and ways to prevent pregnancy.

DC2_1. Have you been pregnant in the last five years? (353)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to DC2_4} |
| 7 | Don't know/Not sure | |
| 9 | Refused | |

[ASK ONLY IF RESPONDENT SAID “No” TO Q12.16]

DC2_2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? Would you say: (354)

[PLEASE READ:]

- | | | |
|---|---|----------------------|
| 1 | You wanted to be pregnant sooner | {Go to DC2_4} |
| 2 | You wanted to be pregnant later | {Go to DC2_4} |
| 3 | You wanted to be pregnant then | {Go to DC2_4} |
| 4 | You didn't want to be pregnant then or at anytime in the future | {Go to DC2_4} |

[DO NOT READ]

- | | | |
|---|----------------|----------------------|
| 7 | You don't know | {Go to DC2_4} |
| 9 | Refused | {Go to DC2_4} |

[ASK ONLY IF RESPONDENT SAID “YES” TO Q12.16]

DC2_3. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? Would you say: (355)

[PLEASE READ:]

- | | | |
|---|---|--|
| 1 | You wanted to be pregnant sooner | |
| 2 | You wanted to be pregnant later | |
| 3 | You wanted to be pregnant then | |
| 4 | You didn't want to be pregnant then or at anytime in the future | |

[DO NOT READ]

- | | | |
|---|----------------|----------------------|
| 7 | You don't know | {Go to DC2_7} |
| 9 | Refused | {Go to DC2_7} |

DC2_4. Are you or your **{fill in husband/partner from core Q8.4}** using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foan, rhythm, Norplant, shots (Depo-Provera) or any other way to keep from getting pregnant? (356)

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | {Go to DC2_6} |
| 7 | Don't know/Not sure | {Go to DC2_6} |
| 9 | Refused | {Go to DC2_6} |

DC2_5. What kinds of birth control are you or your **{fill in husband/partner from core Q8.4}** using now? (357-358)

- | | | |
|----|----------------------------|---------------|
| 01 | Tubes tied (sterilization) | {Go to DC2_7} |
| 02 | Vasectomy (sterilization) | {Go to DC2_7} |
| 03 | Pill | {Go to DC2_7} |
| 04 | Condoms | {Go to DC2_7} |
| 05 | Foam, jelly, cream | {Go to DC2_7} |
| 06 | Diaphragm | {Go to DC2_7} |
| 07 | Norplant | {Go to DC2_7} |
| 08 | Shots | {Go to DC2_7} |
| 09 | Withdrawal | |
| 10 | Other [specify]_____ | {Go to DC2_7} |
| 77 | Don't know/Not sure | {Go to DC2_7} |
| 99 | Refused | {Go to DC2_7} |

DC2_6. What are your reasons for not using any birth control now? (359-360)

[IF MORE THAN ONE ANSWER, CODE OTHER AND SPECIFY EACH METHOD CODE]

[READ ONLY IF NECESSARY]

- | | |
|----|---|
| 01 | I am not having sex |
| 02 | I want to get pregnant |
| 03 | I don't want to use birth control |
| 04 | My husband or partner doesn't want to use birth control |
| 05 | I don't think I can get pregnant |
| 06 | I can't pay for birth control |
| 10 | Other [specify]_____ |
| 77 | Don't know/Not sure |
| 99 | Refused |

DC2_7. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns? (361)

PLEASE READ

- 1 A family planning clinic [Example: a Planned Parenthood clinic] **{Go to DC2_9}**
- 2 A health department clinic
- 3 A community health center
- 4 A private gynecologist
- 5 A general or family physician
- 6 Some other kind of place

(DO NOT READ)

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

DC2_8. Have you ever used the services at a family planning clinic? Example: a Planned Parenthood Clinic (362)

- 1 Yes
- 2 No **{Go to Next Section}**
- 7 Don't Know/not sure **{Go to Next Section}**
- 9 Refused **{Go to Next Section}**

DC2_9. How long has it been since you used the services at a family planning clinic? (363)

READ ONLY IF NECESSARY:

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1-2 years ago)
- 3 Within the past 3 years (2-3 years ago)
- 4 Within the past 5 years (3-5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

State Added: Sexual Assault

DC3_1. Have you ever been sexually assaulted? (364)

1	Yes
2	No
7	Don't Know/not sure
9	Refused

DC3_2. Has any member of your family or anyone you know ever been sexually assaulted? (365)

1	Yes
2	No
7	Don't Know/not sure
9	Refused

DC3_3. Have you ever experienced date rape or acquaintance rape? (366)

1	Yes
2	No
7	Don't Know/not sure
9	Refused

DC3_4. Do you believe there are any circumstances that a female deserves to be raped? (367)

1	Yes
2	No
7	Don't Know/not sure
9	Refused

State Added: Oral Health

{If 7.2=3 "all", go to Closing Statement}

DC4_1. What was the main reason for your last visit or talk with a dentist at either his office or at a clinic? (368-369)

01	Adjustment or repair of a dental plate
02	To have a dental plate made
03	Toothache
04	Tooth pulled or other surgery
05	Trouble with gums
06	Regular checkup visit
07	For cleaning teeth
08	to have teeth filled
09	For a prescription
10	Some other reason
77	Don't Know/not sure
99	Refused

DC4_2. Have you ever been told by a dentist that you have periodontal or gum disease? (370)

1	Yes
2	No
7	Don't Know/not sure
9	Refused

DC4_4. What District Ward do you live in? (371-372)

	___ __ District Ward
77	Don't Know/not sure
99	Refused

DC4_5. What is your zip code? (373)

-----	Zipcode
77	=Don't Know/not sure
99	=Refused

Closing Statement

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