



**2009**

**South Carolina  
Behavioral Risk Factor Surveillance System  
Questionnaire**

**November 12, 2008**

# Behavioral Risk Factor Surveillance System 2009 Draft Questionnaire

## Table of Contents

Table of Contents.....	2
Interviewer’s Script.....	3
Core Sections.....	5
Section 1: Health Status .....	5
Section 2: Healthy Days — Health-Related Quality of Life .....	5
Section 3: Health Care Access .....	6
Section 4: Sleep.....	7
Section 5: Exercise .....	7
Section 6: Diabetes.....	8
Module 2: Diabetes.....	8
Section 7: Hypertension Awareness.....	10
Section 8: Cholesterol Awareness.....	11
Section 9: Cardiovascular Disease Prevalence .....	11
Section 10: Asthma.....	12
Section 11: Tobacco Use.....	13
Section 12: Demographics .....	14
Section 13: Caregiver Status.....	20
Section 14: Disability .....	20
Section 15: Alcohol Consumption.....	21
Section 16: Immunization .....	22
[Pandemic Influenza Questions --- Asked January-February 2009] .....	23
Section 17: Arthritis Burden.....	26
Section 18: Fruits and Vegetables.....	28
Section 19: Physical Activity .....	29
Section 20: HIV/AIDS .....	31
Section 21: Emotional Support and Life Satisfaction .....	33
Section 22: Cancer Survivors .....	33
Optional Modules .....	36
Module 6: Cardiovascular Health .....	36
Module 7: Actions to Control High Blood Pressure .....	37
Module 8: Heart Attack and Stroke.....	39
Module 14: Arthritis Management.....	41
Module 21: Mental Illness and Stigma.....	42
Module 23: Social Context.....	45
State Added (None for 2009) .....	48

## Interviewer's Script

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

Is this (phone number) ?

**If "no,"**

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in (state) ?

**If "no,"**

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

Is this a cellular telephone?

**[Read only if necessary: "By cellular 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 South Carolina Department of Health and Environmental Control. My name is       **(name)**      . We are gathering information about the health of South Carolina residents. This project is conducted by the Department of Health and Environmental Control 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 **(give appropriate state telephone number)**.

### Section 1: Health Status

---

1.1 Would you say that in general your health is— (73)

**Please read:**

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

**Or**

- 5 Poor

**Do not read:**

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

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

---

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

**2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

- |   |   |                       |   |
|---|---|-----------------------|---|
| – | – | Number of days        |   |
| 8 | 8 | None                  | <b>[If Q2.1 and Q2.2 = 88 (None), go to next section]</b> |
| 7 | 7 | Don't know / Not sure |   |
| 9 | 9 | Refused               |   |

**2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

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

### Section 3: Health Care Access

---

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

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

**3.2** Do you have one person you think of as your personal doctor or health care provider?  
**If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”** (81)

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

**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)
- 1 Within past year (anytime less than 12 months ago)
  - 2 Within past 2 years (1 year but less than 2 years ago)
  - 3 Within past 5 years (2 years but less than 5 years ago)
  - 4 5 or more years ago
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused

## Section 4: 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? (84-85)
- — 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? (86)
- 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.**

(87)

- 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

## 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?

(247-248)

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

**2.** Are you now taking insulin?

(249)

- 1 Yes
- 2 No
- 9 Refused

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

(250-252)

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

(253–255)

1	–	–	Times per day
2	–	–	Times per week
3	–	–	Times per month
4	–	–	Times per year
5	5	5	No feet
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

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

(256-257)

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

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

(258-259)

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

**CATI note: If Q4 = 555 (No feet), go to Q8.**

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

(260-261)

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

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

(262)

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

**Do not read:**

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

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

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

**10.** Have you ever taken a course or class in how to manage your diabetes yourself? (264)

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

## 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? (88)

**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? (89)

- 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? (90)

- 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? (91)

**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? (92)

- 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? (93)

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

**9.2** (Ever told) you had angina or coronary heart disease? (94)

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

**9.3** (Ever told) you had a stroke? (95)

- 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? (96)

- 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? (97)

- 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? (98)

**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? (99)

- |   |                       |               |
|---|-----------------------|---------------|
| 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? (100)

- |   |                       |               |
|---|-----------------------|---------------|
| 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? (101-102)

- |     |  |
|-----|--|
| 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? (103)

**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? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

- 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? (107-112)

**(Check all that apply)**

**Please read:**

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

**Or**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

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

**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? (113)

- 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. (114)

- 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...? (115)

**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

**12.7** How many children less than 18 years of age live in your household? (116-117)

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

**12.8** What is the highest grade or year of school you completed? (118)

**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...? (119)

**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

**12.10** Is your annual household income from all sources— (120-121)

**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? (122-125)

**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? (126-129)

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

**Round fractions down**

- \_\_ / \_\_    Height  
(ft / 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.**

(130-133)

**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	<b>[Go to Q12.15]</b>
9 9 9 9	Refused	<b>[Go to Q12.15]</b>

**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?

(134)

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

**12.15** What county do you live in?

(135-137)

— — —	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?

(138-142)

— — — —	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.

(143)

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

**12.18** How many of these telephone numbers are residential numbers? (144)

- 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 telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

**[CELL PHONE QUESTIONS to be inserted in Demographics Section following Q12.19]**

**12.19a** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (232)

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

**12.19b** Do you share a cell phone for personal use (at least one-third of the time) with other adults? (233)

- 1 Yes **[Go to Q12.19d]**
- 2 No **[Go to Q12.20]**
- 7 Don't know / Not sure **[Go to Q12.20]**
- 9 Refused **[Go to Q12.20]**

**12.19c.** Do you usually share this cell phone (at least one-third of the time) with any other adults? (234)

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

**12.19d.** Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone? (235-237)

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

**12.20** Indicate sex of respondent. Ask only if necessary. (146)

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

**12.21** To your knowledge, are you now pregnant? (147)

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? (148)

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

## 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? (149)

- 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? (150)

**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? (151)

- 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? (152-154)

- 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? (155-156)

**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?  
(157-158)

- — 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?  
(159-160)

- — 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?  
(161)

- 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?  
(162-167)

- / — — — — 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™.  
(168)

- 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? (169-174)

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

**16.5** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (175)

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

[Pandemic Influenza Questions --- Asked January-February 2009]

**16.6** What do you think is the most effective ONE thing you can do to prevent getting sick from the flu? (751)

**Please read:**

- 1    Avoiding touching your eyes, nose or mouth as much as possible during the flu season
- 2    Avoiding close contact with others who may have the flu
- 3    Getting the flu vaccination
- 4    Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

**Do not read:**

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

**16.7** What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick? (752)

**Please read:**

- 1    Frequent hand washing
- 2    Covering your mouth and nose when coughing or sneezing
- 3    Staying home when you are sick with the flu
- 4    Getting the flu vaccination

**OR**

- 5    Something else

**Do not read:**

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

**Please read:** “Pandemic Influenza” or “Pan Flu” is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is not a pandemic flu outbreak occurring.

- 16.8** If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu? (753)

**Interviewer Note: Please read both the subjective label and the percentage range.**

- 1 Very high (90-100%)
- 2 High (70-89%)
- 3 Average (50-69%)
- 4 Low (20-49%)
- 5 Very low (0-19%)

**Do not read:**

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

- 16.9** If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you? (754)

**Please read:**

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get one
- 4 Definitely not get a pandemic flu vaccination

**Do not read:**

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

- 16.10** If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you... (755)

**Please read:**

- 1 Definitely go
- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

**Do not read:**

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

**16.11** Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know?

(756-757)

**Please read:**

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flu
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu
- 0 5 Cities where cases of the flu have been identified
- 0 6 Information about the flu vaccine
- 0 7 Something else

**Do not read:**

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

**16.12** During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.

(758-759)

**Do not read:**

- 0 1 Newspapers
- 0 2 Television
- 0 3 Radio
- 0 4 Internet websites
- 0 5 Your doctor
- 0 6 The CDC (Centers for Disease Control and Prevention)
- 0 7 State or local public health departments
- 0 8 Other government agencies
- 0 9 Family or friends
- 1 0 Religious leaders
- 1 1 Some other source
- 7 7 Don't know / Not sure
- 9 9 Refused

**16.13** Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list?

(760-761)

**Please read:**

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

**SAY: I will repeat the question and answer choices to assist your recall.**

**Do not read:**

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

**16.14** If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month? (762)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely to stay at home for a month
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If Q12.9 = 1 (Employed for wages) or 2 (Self-employed) continue, otherwise skip to next section.**

**16.15** I'm going to read you a list of job types. Please tell me if you currently work in any of these fields. (763)

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

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

## Section 17: Arthritis Burden

---

Next I will ask you about arthritis.

**17.1** Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (176)

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

**INTERVIEWER NOTE: Arthritis diagnoses include:**

- **rheumatism, polymyalgia rheumatica**

- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

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

- 17.2** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (177)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

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

**INTERVIEWER NOTE:** 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? (178)
- |   |                       |
|---|-----------------------|
| 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? (179)
- 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.

(180-181)

- \_ \_ 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?

(182-184)

- 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?

(185-187)

- 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? (188-190)

- 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? (191-193)

- 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? (194-196)

- 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.) (197-199)

- 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— (200)

**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? (201)

- 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? (202-203)

- — Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? [Go to Q19.5]
- 7 7 Don't know / Not sure [Go to Q19.5]
- 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? (204-206)

- :— Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 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?  
(207)

- 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?  
(208-209)

- \_\_ \_\_ Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 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?  
(210-212)

- \_\_:\_\_ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 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.  
(213)

- 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? (214-219)

**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
77/7777	Don't know / Not sure
99/9999	Refused

**20.3** 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 a drug treatment facility, at home, or somewhere else? (220-221)

- 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? (222)

- 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? (223)

- 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.”

(224)

**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?

(225)

**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?

(226)

**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? (227)

- 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? (228-229)

- **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? (230-231)

**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

**Transition to modules and/or state-added questions****Please read:**

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

## Optional Modules

### Module 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." (291)
- 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." (292)
- 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? (293)
- 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? (294)

**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 7: Actions to Control High Blood Pressure

---

**CATI note: If Core Q7.1 = 1 (Yes); continue. Otherwise, go to next module.**

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

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (295)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (296)

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

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (297)

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

4. (Are you) exercising (to help lower or control your high blood pressure)? (298)

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

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

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (299)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (300)

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

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (301)

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

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (302)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (303)

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

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (304)

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

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

## Module 8: 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.

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.”

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (305)  

1	Yes
2	No
7	Don't know / Not sure
9	Refused
  
2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (306)  

1	Yes
2	No
7	Don't know / Not sure
9	Refused
  
3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (307)  

1	Yes
2	No
7	Don't know / Not sure
9	Refused
  
4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (308)  

1	Yes
2	No
7	Don't know / Not sure
9	Refused
  
5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (309)  

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

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (310)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (311)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (312)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (313)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (314)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (315)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (316)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (317)

**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

## Module 14: Arthritis Management

---

**CATI note: If Core Q17.1 = 1 (Yes), continue. Otherwise, go to next module.**

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (362)

**Please read:**

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

**Do not read:**

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (363)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (364)

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

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (365)

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

## Module 21: Mental Illness and Stigma

---

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (410)

1 All  
2 Most  
3 Some  
4 A little  
5 None  
7 Don't know / Not sure  
9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (411)

1 All  
2 Most  
3 Some  
4 A little  
5 None  
7 Don't know / Not sure  
9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?  
**[If necessary: all, most, some, a little, or none of the time?]** (412)

1 All  
2 Most  
3 Some  
4 A little  
5 None  
7 Don't know / Not sure  
9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?  
**[If necessary: all, most, some, a little, or none of the time?]** (413)

1 All  
2 Most  
3 Some  
4 A little  
5 None  
7 Don't know / Not sure  
9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**?  
**[If necessary: all, most, some, a little, or none of the time?]** (414)

1 All  
2 Most  
3 Some  
4 A little  
5 None  
7 Don't know / Not sure  
9 Refused

6. During the past 30 days, about how often did you feel **worthless**?

**[If necessary: all, most, some, a little, or none of the time?]**

(415)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(416-417)

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

**INTERVIEWER NOTE:** If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(418)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

9. Treatment can help people with mental illness lead normal lives. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

(419)

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

10. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (420)

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

**INTERVIEWER NOTE:** If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

## Module 23: Social Context

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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? (429)

**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---

(430)

**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---

(431)

**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:

(432)

- 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? (433-434)

- - 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: (435)

- 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? (436-437)

- - 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? (438)

- 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

## State Added (**None for 2009**)

### 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.