



2012

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

January 31, 2012

Behavioral Risk Factor Surveillance System 2012 Questionnaire

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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 **South Carolina**?

If "Yes" [Go to cellular phone question]

If "No" [Go to college housing]

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

College Housing

Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

If "No,"

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

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

If "Yes"

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

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection

Adult

Are you 18 years of age or older?

- 1 **Yes, respondent is male** **[Go to Page 6]**
- 2 **Yes, respondent is female** **[Go to Page 6]**
- 3 **No**

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

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 6.**

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 6



To the correct respondent:

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.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 1-800-476-3803 to get more information.

Section 1: Health Status

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

Please read:

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

Or

- 5 Poor

Do not read:

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

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

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

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

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

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

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

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (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 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 4: Exercise

4.1 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? (84)

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

Section 5: Chronic Health Conditions

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

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

5.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (85)

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

5.2 (Ever told) you had angina or coronary heart disease? (86)

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

5.3 (Ever told) you had a stroke? (87)

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

5.4 (Ever told) you had asthma? (88)

- 1 Yes
- 2 No [Go to Q5.6]
- 7 Don't know / Not sure [Go to Q5.6]
- 9 Refused [Go to Q5.6]

5.5 Do you still have asthma? (89)

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

5.6 (Ever told) you had skin cancer? (90)

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

5.7 (Ever told) you had any other types of cancer? (91)

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

5.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (92)

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

5.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(93)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

5.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

(94)

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

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

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

(95)

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

- 5.12** Do you have any trouble seeing, even when wearing glasses or contact lenses? (96)
- 1 Yes
 - 2 No
 - 3 Not applicable (blind)
 - 7 Don't know / Not sure
 - 9 Refused

- 5.13** (Ever told) you have diabetes? (97)
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"
- If respondent says pre-diabetes or borderline diabetes, use response code 4.
- 1 Yes
 - 2 Yes, but female told only during pregnancy
 - 3 No
 - 4 No, pre-diabetes or borderline diabetes
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Q5.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q5.13, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Module 2: Diabetes

To be asked following Core Q5.13; if response is "Yes" (code = 1)

- 1.** How old were you when you were told you have diabetes? (212-213)
- Code age in years **[97 = 97 and older]**
 - 9 8 Don't know / Not sure
 - 9 9 Refused
- 2.** Are you now taking insulin? (214)
- 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. (215-217)

- 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.

(218-220)

- 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?

(221-222)

- _ _ 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"?

(223-224)

- _ _ 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?

(225-226)

- _ _ 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.

(227)

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?

(228)

- 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?

(229)

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

Section 6: Oral Health

- 6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(98)

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
- 8 Never
- 9 Refused

6.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(99)

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

Section 7: Demographics

7.1 What is your age? (100-101)

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

7.2 Are you Hispanic or Latino? (102)

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

7.3 Which one or more of the following would you say is your race? (103 -108)

(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 Q7.3; continue. Otherwise, go to Q7.5.

7.4 Which one of these groups would you say best represents your race? (109)

Please read:

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

Or

6 Other [specify]_____

Do not read:

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

7.5 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. (110)

- 1 Yes
- 2 No

Do not read:

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

7.6 Are you...? (111)

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

7.7 How many children less than 18 years of age live in your household? (112-113)

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

7.8 What is the highest grade or year of school you completed? (114)

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

7.9 Are you currently...? (115)

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

7.10 Is your annual household income from all sources— (116-117)

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

7.11 About how much do you weigh without shoes? (118-121)

NOTE: If respondent answers in metrics, put "9" in column 118.

Round fractions up

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

7.12 About how tall are you without shoes? (122-125)

NOTE: If respondent answers in metrics, put "9" in column 122.

Round fractions down

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

7.13 What county do you live in? (126-128)

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

7.14 What is the ZIP Code where you live? (129-133)

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

7.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (134)

| | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q7.17] |
| 7 | Don't know / Not sure | [Go to Q7.17] |
| 9 | Refused | [Go to Q7.17] |

7.16 How many of these telephone numbers are residential numbers? (135)

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

7.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (136)

| | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q7.19] |
| 7 | Don't know / Not sure | [Go to Q7.19] |
| 9 | Refused | [Go to Q7.19] |

7.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (137-139)

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

7.19 Do you own or rent your home? (140)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

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

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

7.20 Indicate sex of respondent. **Ask only if necessary.** (141)

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

7.21 To your knowledge, are you now pregnant? (142)

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

Section 8: Disability

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

8.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (143)

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

8.2 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? (144)

Include occasional use or use in certain circumstances.

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

State 1: Disability Benefits

SC1.1 Do you currently receive income from any source because of any kind of disability or health condition? (451)

Read only if needed: "For example, do you receive supplemental disability benefits from Social Security, Veteran's Affairs, Workers' Compensation or private disability insurance."

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

Section 9: Tobacco Use (incl. State 2: Tobacco Years)

9.1 Have you smoked at least 100 cigarettes in your entire life? (145)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

SC2.1 Over your lifetime, how many years have you smoked tobacco products? (452-453)

- Number of years (01-76)
- 7 7 Don't know / Not sure
- 9 9 Refused

9.2 Do you now smoke cigarettes every day, some days, or not at all? (146)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (147)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (148-149)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 7 7 Don't know / Not sure
- 9 9 Refused

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

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (150)

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

Do not read:

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

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (151-153)

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

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (154-155)

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

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (156-157)

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

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (158-159)

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

Section 11: Immunization

11.1 Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in

the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

(160)

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.4]
- 9 Refused [Go to Q11.4]

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

(161-166)

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

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

(167-168)

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

Do not read:

- 9 9 Refused

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

(169)

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

Section 12: Falls

If respondent is 45 years or older continue, otherwise go to next section.

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.1 In the past 12 months, how many times have you fallen? (170-171)

- | | | | |
|---|---|-----------------------|-----------------------------|
| – | – | Number of times | [76 = 76 or more] |
| 8 | 8 | None | [Go to next section] |
| 7 | 7 | Don't know / Not sure | [Go to next section] |
| 9 | 9 | Refused | [Go to next section] |

12.2 **[Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(172-173)

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

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say— (174)

Please read:

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

Do not read:

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

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

14.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175-176)

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

Section 15: Breast and Cervical Cancer Screening

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

- | | | |
|---|-----------------------|----------------------|
| 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 mammogram? (178)

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 |

Do not read:

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

15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (179)

- 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 breast exam? (180)

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

Do not read:

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

- 1 Yes
- 2 No [Go to Q15.7]
- 7 Don't know / Not sure [Go to Q15.7]
- 9 Refused [Go to Q15.7]

15.6 How long has it been since you had your last Pap test? (182)

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

Do not read:

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

CATI note: If response to Core Q7.21 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (183)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Section 16: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (184)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (185)

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (186)

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

16.4 Have you EVER HAD a PSA test? (187)

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

16.5 How long has it been since you had your last PSA test? (188)

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

Do not read:

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

16.6 What was the MAIN reason you had this PSA test – was it ...? (189)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do Not Read:

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

Section 17: Colorectal Cancer Screening

CATI note: If respondent is \leq 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

17.1 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? (190)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2 How long has it been since you had your last blood stool test using a home kit? (191)

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

Do not read:

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

17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (192)

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

17.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (193)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (194)

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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not 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.

18.1 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. (195)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q18.3] |
| 7 | Don't know / Not sure | [Go to Q18.3] |
| 9 | Refused | [Go to Q18.3] |

18.2 Not including blood donations, in what month and year was your last HIV test? (196-201)

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- | | |
|---------------|-----------------------|
| __ / __ __ | Code month and year |
| 7 7 / 7 7 7 7 | Don't know / Not sure |
| 9 9 / 9 9 9 9 | Refused / Not sure |

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

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

Do any of these situations apply to you? (202)

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

Optional Modules

Module 21: Chronic Obstructive Pulmonary Disease (COPD)

CATI NOTE: If core Q5.8 = 1 (Yes) then continue, else go to next module.

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease or COPD.

1. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (375)

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

2. Would you say that shortness of breath affects the quality of your life? (376)

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

3. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (377)

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

4. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (378)

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

5. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (379-380)

- — Number (01-76)
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

State 3: COPD Risk Assessment

CATI NOTE: If core Q5.8 = 2 (No) then say: “The next few questions are about breathing problems you may have.

SC3.1 During the past 30 days, how often did you feel short of breath – 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? (454)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None

Do not read:

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

SC3.2 Thinking about your physical activity during the last 12 months, do you **agree** slightly or strongly, or **disagree** slightly or strongly with the following statement.

I do less now than I used to because of my breathing problems.

(455)

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree or disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

SC3.3 How often do you cough up mucus or phlegm? Would you say...

(456)

- 1 Everyday
- 2 Most days a week
- 3 A few days a month
- 4 Only with occasional colds or chest infections
- 5 Never

Do not read:

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

State 4: Stroke Symptoms

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

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

SC4.1 (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (457)

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

SC4.2 (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (458)

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

SC4.3 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (459)

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

SC4.4 (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (460)

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

SC4.5 (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (461)

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

9 Refused

SC4.6 (Do you think) severe headache with no known cause (is a symptom of a stroke)? (462)

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

SC4.7 If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (463)

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 5: Hypertension Awareness

SC5.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (464)

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

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

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

State 6: Sugar Sweetened Beverages

SC6.1 How often do you drink regular soft drinks (such as coke or mountain dew); sweet tea; fruit drinks or fruit punch; Kool-Aid or sports drinks? Do not include diet drinks, 100% fruit juice or carbonated water.

(465-467)

- 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

Module 23: Random Child Selection (incl. State 7: Respondent's Relation)

CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q7.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

If Core Q7.7 is >1 and Core Q7.7 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the "Xth" **[CATI: please fill in]** child.

1. What is the birth month and year of the "Xth" child?

(392-397)

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

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in

CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl? (398)

- 1 Boy
- 2 Girl
- 9 Refused

3. Is the child Hispanic or Latino? (399)

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

4. Which one or more of the following would you say is the race of the child? (400-405)

[Check all that apply]

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6 SC7.1.

5. Which one of these groups would you say best represents the child's race? (406)

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

- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

SC7.1 How are you related to the child?

(468-469)

[IF respondent says 'Mother' or 'Father' PROBE: 'Are you his/her biological mother/father?']

- 01 Biological Mother
- 02 Step Mother
- 03 Adoptive Mother
- 04 Foster Mother
- 05 Biological Father
- 06 Step Father
- 07 Adoptive Father
- 08 Foster Father
- 09 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship (**Not related in any way**)

- 77 Don't know
- 99 Refused

**[CATI NOTE: IF SC7.1 = (1,2,3,5,6,7,18,19) THEN Module 23.6 = 1 (Parent);
 ELSE IF SC7.1 = (9,10) THEN Module 23.6 = 2 (Grandparent);
 ELSE IF SC7.1 = (4,8,15,16) THEN Module 23.6 = 3 (Foster/Guardian);
 ELSE IF SC7.1 = (13,14) THEN Module 23.6 = 4 (Sibling);
 ELSE IF SC7.1 = (11,12,17) THEN Module 23.6 = 5 (Other relative);
 ELSE IF SC7.1 = (20) THEN Module 23.6 = 6 (Not related)]**

[CATI Note: AUTOFILL Module 23.6; GO TO Module 25]

6. How are you related to the child?

(407)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

Module 25: Childhood Immunization

CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

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

1. Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has **[Fill: he/she]** had a seasonal flu vaccination? (410)

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

2. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did **[Fill: he/she]** receive **[Fill: his/her]** most recent seasonal flu vaccination? (411-416)

- __ / __-__-__ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

State Added

State 8: CHAS Follow-up Script

SC8.1 We are conducting a study to learn more about the health of children in South Carolina. The information we collect will help us improve child health services in our state. We would like to call you back to ask some additional questions about this child. (470)

[NOTE: If needed say, “the one we’ve just been talking about.”]

All of the information we collect will be kept confidential. Would this be OK with you?

- 1 Yes
- 2 No **[GO TO NEXT MODULE]**

SC8.2 Are you well-informed about the child’s health and able to answer questions about the health and health practices of this child? (471)

- 1 Yes **[GO TO SC8.4]**
- 2 No **[CATI: IF CELL PHONE GO TO SC8.7; ELSE IF LANDLINE GO TO SC8.3]**

SC8.3 Who would that person be in your household (the person who knows most about the health of the child)? (472-473)

[INTERVIEWER: If respondent says ‘Mother’ or ‘Father’ PROBE: ‘Would this be his/her biological (real) mother/father?’]

- 01 Biological Mother
- 02 Step Mother
- 03 Adoptive Mother
- 04 Foster Mother
- 05 Biological Father
- 06 Step Father
- 07 Adoptive Father
- 08 Foster Father
- 09 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative

- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship

- 77 Don't know
- 99 Refused

SC8.4 Just to make sure that we are talking about the same child when we call back, please tell me the first name of this child or his/her initials. (475-500)

[NOTE: If parent refuses name, just ask for the child's initials or a nick name.]

_____ Child's name

SC8.5 When would be the best time to call **[CATI FILL, IF LANDLINE: 'your household' IF CELLPHONE: 'you back']?** Would you say: Daytime, Evenings or Weekends? (502)

[NOTE: If respondent says no best time to call then select 2 for evenings.]

- 1 Daytime
- 2 Evenings
- 3 Weekends

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

SC8.6 In our follow-up survey, we will be asking about the CHILD'S HEIGHT AND WEIGHT. In the next few days, please be sure to measure the child's height with the child's shoes off and with (his/her) back to the wall and weigh (him/her) on a scale with (his/her) shoes off. Thank you for your willingness to participate. The rest of this survey should only take a few more minutes.

IF SC8.3 ≤14, show:

Please be sure to tell (CHILD)'s **[CATI fill SC8.3 [see CHAMP vRelate code]** that we will be calling in the next two weeks. Also, please be sure that (CHILD)'s height is measured with (his/her) shoes off and back against the wall and weighed on a scale with (his/her) shoes off. We will be asking for (CHILD)'s height and weight in our follow-up survey. The rest of this survey should only take a few more minutes.

Press '1' to continue.

SC8.7 Thank you very much, but we are only interested in speaking with the person who knows most about the health of the child. The rest of this survey should only take a few more minutes.

- 1 continue to next section

[CATI: GO TO SC9.1]

State 9: Carbon Monoxide Detectors

Carbon monoxide is a colorless, odorless, poisonous gas produced whenever certain fuels are burned. The following question is about carbon monoxide or CO detectors used in a home.

SC9.1 A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Do you have a carbon monoxide detector in your home? (505)

Please read:

- 1 Yes
- 2 No

Do not read:

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

State 10: Physical Activity Environment

The next questions ask about your neighborhood. For the purpose of this survey, a neighborhood is defined as the area within ½ mile or a 10 minute walk from your home.

Interviewer note: If asked, say “These questions assess what is available to support walking, biking, and other types of physical activity in your neighborhood.”

SC10.1 Are there sidewalks or shoulders of the road in your neighborhood that are sufficient to safely walk, run or bike? (506)

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

SC10.2 Are there any parks or trails in your neighborhood where you can walk, run or bike? (507)

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

SC10.3 In your neighborhood, do you have access to public exercise facilities such as walking or running tracks, basketball or tennis courts, swimming pools, sports fields, or other types of exercise facilities? (508)

Interviewer Note: If respondent asks for clarification of public exercise facilities, say “Facilities that are generally free, low cost, or affordable such as parks and recreation facilities, the YMCA, or community centers.”

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

State 11: Sodium Awareness

The following questions are about your knowledge of sodium, frequently referred to as salt, in foods you may eat.

SC11.1 Which of the following do you think is the maximum amount of sodium or salt that is recommended for adults daily? Would you say... (509)

Please read:

- 1 1/4 teaspoon (600 mg)
- 2 1/2 teaspoon (1,200 mg)
- 3 3/4 teaspoon (1,800 mg)
- 4 1 teaspoon (2,300 mg)
- 5 2 teaspoons (4,600 mg)

Do not Read:

- 7 Don't know **Interviewer Note:** Ask “Would you be willing to take a guess?”
- 9 Refused

Interviewer Note: If asked for the correct answer, say “According to USDA guidelines a healthy adult should consume no more than **2,300 mg** or approximately **1 teaspoon** of sodium per day.”

Next I will read a list of regular everyday food items.

SC11.2 For each of these, please tell me if you think it is **high** or **low** in sodium or salt content. (510-517)

Interviewer Note: Items in **bold** are considered **high** in salt.

Foods

- A. **Chicken noodle soup** (1 cup)
- B. Cola or Soda pop (12 fl oz)
- C. **Canned ham** (3 oz)
- D. **Spaghetti sauce** (1 cup)
- E. Frosted mini-wheats (1 cup)
- F. Fresh carrots (1 cup)
- G. **Cottage cheese** (1 cup)
- H. Ground beef (3 oz)

Do not Read:

- 1 High
- 2 Low
- 7 Don't Know
- 9 Refused

SC11.3 Which of the following do you think is the main source of sodium or salt in food? (518)

Interviewer Note: The correct answer is in **bold**.

Please read:

- 1 Sodium or salt added while cooking or at the table
- 2 **Sodium or salt from processed foods such as breads and frozen dinners**
- 3 Sodium or salt from natural sources such as fruits and vegetables

Do not Read:

- 7 Don't Know
- 9 Refused

State 12: Fish Consumption

Now, I am going to ask you some questions about eating fish. When thinking about the fish you ate, *please do not include shellfish such as shrimp, crab, lobster, or clams.*

The next few questions are about local sport caught-fish. Sport-caught fish are those caught by you or someone else from rivers, lakes, streams, ponds or the ocean in or off the coast of South Carolina. These are not fish purchased from a store, market or restaurant.

SC12.1 During the past 12 months, on average, how often did you eat sport-caught fish? Would you say... (519)

- 1 3 or more times a week
- 2 1 to 2 times a week
- 3 1 to 3 times a month
- 4 Less than 1 time a month
- 5 You didn't eat any sport-caught fish **[Go to SC12.5]**

Do not read:

- 7 Don't know / Not sure **[Go to SC12.5]**
- 9 Refused **[Go to SC12.5]**

SC12.2 Which group of sport-caught fish did you eat the most? (520)

- 1 **Group 1:** Largemouth bass, bowfin (or mudfish), tuna, shark, king mackerel or swordfish
- 2 **Group 2:** Pan fish or bream/brim (such as crappie, sunfish or bluegill), mahi mahi, striped bass or catfish
- 3 **Group 3:** Saltwater species other than tuna, shark, king mackerel, swordfish or mahi mahi

4 Other

Do not read:

7 Don't know / Not sure
9 Refused

SC12.3 Which type, or body, of water did the sport-caught fish you ate the most come from? (521)

INTERVIEWER NOTE: If asked, "saltwater river, creek, beach or pier" includes harbors, bays, jetties (wharfs), inlets and marshes.

- 1 A freshwater river or creek
- 2 A saltwater river, creek, beach or pier
- 3 A large public lake or reservoir
- 4 A pond
- 5 The open ocean **[Go to SC12.5]**

Do not read:

7 Don't know / Not sure
9 Refused

SC12.4 Thinking only about the sport-caught fish you ate the most, what area of the state did the fish come from? (522)

- 1 The Upstate (including the mountains and places in and near Greenville, Spartanburg and Clemson)
- 2 The Midlands (including places in and near Columbia, Newberry, and Rock Hill)
- 3 The Pee Dee (including places in and near Florence, Myrtle Beach and Georgetown)
- 4 The areas near the Edisto River (including places in and near Orangeburg and Walterboro)
- 5 The Low Country (including places in and near Charleston and Beaufort)
- 6 Other

Do not read:

7 Don't know / Not sure
9 Refused

Now I'm going to ask you about eating commercial fish. Commercial fish are those that are purchased from a store or market (fresh or frozen and including canned tuna and other canned fish) or fish ordered from a restaurant. Again, when thinking about the fish you ate, *please do not include shellfish such as shrimp, crab, lobster, or clams.*

SC12.5 During the past 12 months, on average, how often did you eat commercial fish? Would you say... (523)

- 1 3 or more times a week
- 2 1 to 2 times a week
- 3 1 to 3 times a month

- 4 Less than 1 time a month
- 5 You didn't eat any commercial fish

[Go to END]

Do not read:

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

[Go to END]

[Go to END]

SC12.6 What kind of commercial fish did you eat most?

(524)

- 1 Canned fish, such as tuna
- 2 Fresh or frozen fish from a store or market
- 3 Fish served at a restaurant
- 4 Other

Do not read:

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

Closing Statement

Please read:

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