

2006 Illinois Behavioral Risk Factor Surveillance System Questionnaire

Section 1: Health Status

genhlth

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

physhlth

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

menthlth

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 Q3.1]**

7 7 Don't know / Not sure

9 9 Refused

poorhlth

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

hlthplan

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

medicare

*3.1.1. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (401)

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

plantype

*3.1.2. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through: (402-403)

Coverage Code — —

Please Read

- 0 1 Your employer
- 0 2 Someone else's employer
- 0 3 A plan that you or someone else buys on your own
- 0 4 Medicare
- 0 5 Medicaid or Medical Assistance
- 0 6 The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]
- 0 7 The Indian Health Service [or the Alaska Native Health Service] or
- 0 8 Some other source
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

**Do not
read these
responses**

prmcare5

3.2 Do you have one person you think of as your personal doctor or health care provider? (81)

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

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

medcost

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

checkup

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: Exercise

exerany

- 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: Diabetes

diabetes

- 5.1 Have you ever been told by a doctor that you have diabetes? (85)
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" If respondent says pre-diabetes or borderline diabetes, use response code 4.**
- 1 Yes
 - 2 Yes, but female told only during pregnancy
 - 3 No
 - 4 No, pre-diabetes or borderline diabetes
 - 7 Don't know / Not sure
 - 9 Refused

Section 6: Oral Health

dentvst

- 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. (86)
- 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

permteth

- 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. (87)
- 1 1 to 5
 - 2 6 or more but not all
 - 3 All
 - 8 None
 - 7 Don't know / Not sure
 - 9 Refused

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

CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to question 7.1.

teethcln

6.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (88)

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

Section 7: 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."

cvdatk

7.1 (Ever told) you had a heart attack, also called a myocardial infarction? (89)

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

cvdtold

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

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

stroke

7.3 (Ever told) you had a stroke? (91)

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

Section 8: Asthma

asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)

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

asthnow

8.2 Do you still have asthma? (93)

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

Section 9: Disability

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

qolimit

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (94)

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

qolequip

9.2 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? (95)

Include occasional use or use in certain circumstances.

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

Section 10: Tobacco Use

smk100

10.1 Have you smoked at least 100 cigarettes in your entire life? (96)

NOTE: 5 packs = 100 cigarettes

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

smknow

10.2 Do you now smoke cigarettes every day, some days, or not at all? (97)

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

smkquit

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (98)

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

Section 11: Demographics

age

11.1 What is your age? (99-100)

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

hisplat

- 11.2 Are you Hispanic or Latino? (101)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

race

- 11.3 Which one or more of the following would you say is your race? (102-107)
- (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 Q11.3; continue. Otherwise, go to Q11.5

racetwo

- 11.4 Which one of these groups would you say best represents your race? (108)
- 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

marital

- 11.5 Are you...? (109)
- 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

child017

- 11.6 How many children less than 18 years of age live in your household? (110-111)
- — Number of children
 - 8 8 None
 - 9 9 Refused

educ

11.7 What is the highest grade or year of school you completed? (112)

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

employ

11.8 Are you currently...? (113)

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

income

11.9 Is your annual household income from all sources— (114-115)

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

Read only if necessary:

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

Do not read:

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

weight

11.10 About how much do you weigh without shoes? (116-119)

Note: If respondent answers in metrics, put "9" in column 116.

Round fractions up

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

height
11.11 About how tall are you without shoes? (120-123)

Note: If respondent answers in metrics, put "9" in column 120.

Round fractions down

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

ctycode
11.12 What county do you live in? (124-126)

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

zipcode
11.13 What is your ZIP Code where you live? (127-131)

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

phoneamt
11.14 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. (132)

1 Yes
2 No [Go to Q11.16]
7 Don't know / Not sure [Go to Q11.16]
9 Refused [Go to Q11.16]

phonegt1
11.15 How many of these telephone numbers are residential numbers? (133)

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

nophone
11.16 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. (134)

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

sex
11.17 **Indicate sex of respondent. Ask only if necessary.** (135)

1 Male [Go to Q12.1]
2 Female [If respondent is 45 years old or older, go to Q12.1]

pregnant
11.18 To your knowledge, are you now pregnant? (136)

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

Section 12: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

military

12.1 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? (137)

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

Section 13: Alcohol Consumption

alcohol

13.1 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? (138)

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

haddrnk

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (139-141)

- 1 _ _ _ Days per week
- 2 _ _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days [Go to Q14.1]
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

drnknum

13.3 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? (142-143)

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

drnk4_5

13.4 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? (144-145)

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

drnkmost

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (146-147)

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

Section 14: Immunization/Adult Influenza Supplement

flushot

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (148)

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

flumist

14.2 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™. (149)

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

CATI note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.

NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.

fluwhen

14.3s During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray. (150-155)

- Month / Year
7 7 / 7 7 7 7 Don't know / Not sure (**Probe: "Was it before September 2005?" Code approximate month and year**)
9 9 / 9 9 9 9 Refused

CATI note: If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue. Otherwise, go to Q14.5s.

ynoflu

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu season? (156-157)

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar. '06.

Do not read answer choices below. Select category that best matches response.

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (**Probe: "What was the main reason?"**)
- 9 9 Refused

hlthprob

14.5s Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? (158)

Read each problem listed below:

Lung problems, including asthma; Heart problems; Diabetes; Kidney problems; Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids; or Sickle Cell Anemia or other anemia

- 1 Yes
- 2 No **[Go to Q14.8s]**
- 7 Don't know / Not sure **[Go to Q14.8s]**
- 9 Refused **[Go to Q14.8s]**

probnw

14.6s Do you still have (this/any of these) problem(s)? (159)

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

hlthwork

14.7s Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work. (160)

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

contact

14.8s Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? (161)

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

pneumonia

14.9 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? (162)

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

hadhepb

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (163)

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

heprisk

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

You have hemophilia and have received clotting factor concentrate

You are a man who has had sex with other men, even just one time

You have taken street drugs by needle, even just one time

You traded sex for money or drugs, even just one time

You have tested positive for HIV

You have had sex (even just one time) with someone who would answer "yes" to any of these statements

You had more than two sex partners in the past year (164)

1 Yes, at least one statement is true

2 No, none of these statements is true

7 Don't know / Not sure

9 Refused

Section 15: Falls

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

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

hadfall

15.1 In the past 3 months, how many times have you fallen? (165-166)

— — Number of times [76 = 76 or more]

8 8 None [Go to Q16.1]

7 7 Don't know / Not sure [Go to Q16.1]

9 9 Refused [Go to Q16.1]

lastfall

15.2 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. (167-168)

— — Number of falls [76 = 76 or more]

8 8 None

7 7 Don't know / Not sure

9 9 Refused

Section 16: Seatbelt Use

seatbelt

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (169)

Please read:

1 Always

2 Nearly always

3 Sometimes

4 Seldom

5 Never

Do not read:

7 Don't know / Not sure

8 Never drive or ride in a car

9 Refused

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go Q18.1.

drnkdrv

- 17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)
- | | | |
|---|---|-----------------------|
| — | — | Number of times |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 18: Women's Health

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

hadmam

- 18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (172)
- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q18.3] |
| 7 | Don't know / Not sure | [Go to Q18.3] |
| 9 | Refused | [Go to Q18.3] |

lastmam

- 18.2 How long has it been since you had your last mammogram? (173)
- 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 |

hadbrst

- 18.3 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? (174)
- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q18.5] |
| 7 | Don't know / Not sure | [Go to Q18.5] |
| 9 | Refused | [Go to Q18.5] |

lastbrst

- 18.4 How long has it been since your last breast exam? (175)
- 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 |

hadpap

- 18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (176)
- 1 Yes
 - 2 No [Go to Q18.7]
 - 7 Don't know / Not Sure [Go to Q18.7]
 - 9 Refused [Go to Q18.7]

lastpap

- 18.6 How long has it been since you had your last Pap test? (177)
- 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 Q11.18 = 1 (is pregnant); then go Q19.1.

hadhyst

- 18.7 Have you had a hysterectomy? (178)
- 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 19: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to Q20.1.

psa

- 19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (179)
- 1 Yes
 - 2 No [Go to Q19.3]
 - 7 Don't Know / Not Sure [Go to Q19.3]
 - 9 Refused [Go to Q19.3]

lastpsa

- 19.2 How long has it been since you had your last PSA test? (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)
 - 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
 - 9 Refused

hadrect

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (181)

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

lastrect

19.4 How long has it been since your last digital rectal exam? (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)
- 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

prostca

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (183)

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

Section 20: Colorectal Cancer Screening

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

stool

20.1 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? (184)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

lstool

20.2 How long has it been since you had your last blood stool test using a home kit? (185)

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

hadsig

20.3 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? (186)

- 1 Yes
- 2 No [Go to Q20.4.1]
- 7 Don't know / Not sure [Go to Q20.4.1]
- 9 Refused [Go to Q20.4.1]

lastsig

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (187)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

Section 21: 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.

aidtest

21.1 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. (188)

- 1 Yes
- 2 No [Go to Q21.4]
- 7 Don't know / Not Sure [Go to Q21.4]
- 9 Refused [Go to Q21.4]

hivdate

21.2 Not including blood donations, in what month and year was your last HIV test? (189–194)

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

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

hivwhr

21.3 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? (195-196)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

CATI Note: Ask Q21.4 only if Q21.2 is within the last 12 months; otherwise go Q22.1

hivfast

21.4 Was it a rapid test where you could get your results within a couple of hours? (197)

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

Section 22: Emotional Support and Life Satisfaction

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

support

22.1 How often do you get the social and emotional support you need? (198)

Please read:

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

Do not read:

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

satisfy

22.2 In general, how satisfied are you with your life? (199)

Please read:

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

Do not read:

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

prescost

*3.3.1. Was there a time during the last 12 months when you needed to fill a prescription for medication, but could not because of the cost? (405)

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

dentins

*3.1.3. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (404)

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

dentcost

*3.3.2. Was there a time during the last 12 months when you needed to see a dentist, but could not because of the cost? (406)

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

asthprev

8.2.1. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

Please read:

- 1 Never
- 2 1 to 14 days
- 3 15 to 24 days
- 4 25 to 30 days

Do not read:

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

asthmaer

8.2.2. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (273-274)

— — Number of visits [87 = 87 or more]

- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

asthwork

8.2.3. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (279-281)

— — — Number of days

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

asthnhlr

8.2.4. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? (285)

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

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

asthtreat

8.2.5. **[If one or more visits to Q3, fill in "Besides those emergency room visits,"]** During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (275-276)

— — Number of visits [**87 = 87 or more**]

8 8 None

9 8 Don't know / Not sure

9 9 Refused

Section 20A: Skin Cancer

The next questions are about what you do to protect your skin when you go outside.

sunblock

*20.4.1 When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock? Would you say:

Please Read

- Summer means** 1 Always
- June, July,** 2 Nearly always
- and August.** 3 Sometimes
- Sunny is what** 4 Seldom
- respondent** 5 Never
- considers** 8 Don't stay out more than an hour **Go to Q21.1.**
- sunny**

Do not read:

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

sunshade

*20.4.2 When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade? Would you say:

Please Read

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

Do not read:

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

sunhat

*20.4.3

When you go outside on a sunny summer day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun? Would you say:

Please Read:

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

Do not read:

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

sunshirt

*20.4.4

When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts? Would you say:

Please Read

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

Do not read:

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