

Virginia

Behavioral Risk Factor Surveillance System

2016 QUESTIONNAIRE



Behavioral Risk Factor Surveillance System

Virginia Questionnaire

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Interviewer's Script

SAMPLE READ-IN: FRAME

1. Landline
2. Cell Phone

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

CATI NOTE: Don't Know and Refused answer codes should be present only where specified in this script; do not add codes for Don't Know or Refused.

IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO CTELENUM

SAFE Is this a safe time to talk with you?

Yes **[Go to CTELENUM]**
No **CALLBACK**

CTELENUM Is this (phone number) ?

1. Yes **GO TO PVTRESID**
2. No
7. (VOL) Don't Know/Not Sure
9. (VOL) Refused

If "No", "Don't Know", "Refused"

SOCTEL 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**

PVTRESID

IF FRAME=1, ASK: Is this a private residence?

IF FRAME=2, ASK: Do you live in a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

1. Yes **GO TO STATERES**
2. No **GO TO COLGHOUS**
3. No, business phone only **THANK & END**

Thank you very much but we are only interviewing persons on residential phone lines at this time.

College Housing

COLGHOUS 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 arrangement provided by a college or university."

1. Yes **GO TO STATERES**
2. No

**If “No,”
SOPVTRES**

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

State of Residence

STATERES Do you currently live in Virginia?

Yes **[Go to CELLPH]**
No **[Go to state]**

**IF FRAME=1 (landline) SCREEN-OUT AT ‘STATE’. IF FRAME=2 (cell phone), GO TO RSPSTATE.
STATE** Thank you very much, but we are only interviewing persons who live in the state of Virginia at this time. **STOP**

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

RSPSTATE In what state do you live?

_____ ENTER STATE
99 REFUSED **[THANK & END]**

Cellular Phone

CELLPH Is this a cellular telephone?

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

Read only if necessary: “By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

1. Yes
2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO ‘CELLFON’. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

CELLFON

- 1 No, not a cellular telephone.
- 2 Yes

CATI: IF FRAME=1 (landline) and CELLFON=1 (not a cell phone), GO TO RESPONDENT SELECTION.

IF FRAME=1 (landline) and CELLFON=2 (yes cell phone), THANK & END.
IF FRAME=2 (cell phone) and CELLFON=1 (not a cell phone), THANK & END.
IF FRAME=2 (cell phone) and CELLFON=2 (yes cell phone), ASK LANDLINE.

CATI VARIABLE, SET BRF3200=1.

LANDLINE Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use."

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

PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- | | |
|---|-----------------------|
| 1 | YES |
| 2 | NO |
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED |

Adult Random Selection

CATI NOTE:

- **IF CELLPH=1 (is a cell phone) or COLGHOUS=1 (College Housing = Yes) continue;**
- **Otherwise go to Adult Random Selection**

CADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

- | | |
|---|---------------------------|
| 1 | Yes, respondent is male |
| 2 | Yes, respondent is female |
| 3 | No |

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

CATI NOTE:

- **IF COLGHOUS=1, Set NUMADULT=1 and Skip to [Core Section Introduction]**

IF FRAME=1, ASK: 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?

IF FRAME=2, ASK: How many members of your household, including yourself, are 18 years of age or older?

NUMADULT ___ Number of adults
IF (FRAME=2 AND NUMADULT=0), WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO CADULT:

[INTERVIEWER: NUMBER OF ADULTS CANNOT BE ZERO IF RESPONDENT IS 18 OR OLDER: PLEASE RE-ASK QUESTIONS.]

IF FRAME=2, SKIP TO [CORE SECTION INTRODUCTION]

If NUMADULT = 1, ASK:
NMADLT1 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).

If "no,"
Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent"**.

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**
- **IF NUMADULT>4, ASK**

PNMADULT
Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

1 Yes	GO TO NUMMEN
2 No	GO BACK TO NUMADULT AND RE-ASK IT
9 (VOL) Refused	GO TO NUMMEN

CATI VARIABLE, SET BRF2111=1.

NUMMEN How many of these adults are men?

___ Number of men

NUMWOMEN How many of these adults are women?

___ Number of women

CATI VARIABLE, SET BRF2112=1.

IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

1. Continue **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

RNAME The person in your household that I need to speak with is the (first/second) (male/female) adult.

[CATI: this should display as a text screen and then go to INTRO1]

- **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK “ALLNA” TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

(IF NUMMEN=1-10) ASK FOR THE NAME OF THE “OLDEST MALE”, THEN THE “SECOND OLDEST MALE, THEN “THIRD OLDEST MALE”, ETC.

(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE “OLDEST FEMALE”, THEN THE “SECOND OLDEST FEMALE, THEN “THIRD OLDEST FEMALE”, ETC.

ALLNA Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF ____ OLDEST (MALE/FEMALE) ADULT]

AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:

RNAME The person in your household that I need to speak with is (display name of selected adult).

[CATI: this should display as a text screen and then go to INTRO1]

INTRO1 May I speak with (him/her)?

- 1 Continue
- 2 Callback
- 3 (VOL) Refused
- 4 Not available duration
- 5 Language barrier / not Spanish
- 6 Physical / Mental incapacity / health / deaf
- 7 Screen out location

To the correct respondent:

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

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 804-864-7686.

Section 1: Health Status

GENHLTH Would you say that in general your health is—

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

Qualified Level 1

CATI VARIABLE, SET BRF2120=1.

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

PHYSHLTH Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

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

MENTHLTH Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- Number of days

- 8 8 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

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

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

Section 3: Health Care Access

HLTHPLN1 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?

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

PERSDOC2 Do you have one person you think of as your personal doctor or health care provider?

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

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

MEDCOST Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

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

CHECKUP1 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within 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

EXERANY3 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?

INTERVIEWER NOTE: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

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

Section 5: Inadequate Sleep

SLEPTIM1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 6: Chronic 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.”

CVDINFR4 (Ever told) you that you had a heart attack also called a myocardial infarction?

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

CVDCRHD4 (Ever told) you had angina or coronary heart disease?

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

CVDSTRK3 (Ever told) you had a stroke?

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

ASTHMA3 (Ever told) you had asthma?

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

ASTHNOW Do you still have asthma?

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

CHCSCNCR (Ever told) you had skin cancer?

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

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

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

CHCCOPD (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?

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

HAVARTH3 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 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)

ADDEPEV2 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

CHCKIDNY (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.

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

DIABETE3 (Ever told) you have diabetes?

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

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

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

Module 1: Pre-Diabetes

IF STATERES=1 (VIRGINIA RESIDENT) CONTINUE, ELSE SKIP TO DIABAGE2.

NOTE: Only asked of those not responding "Yes" (code = 1) to DIABETE3 (Diabetes awareness question).

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

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

CATI note: If DIABETE3 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB1 "Yes" (code = 1).

PREDIAB1 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No

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

Section 6: Chronic Health Conditions, Continued

If DIABETE3 = 1 (Yes), CONTINUE (DIABAGE2), ELSE GO TO SECTION 7.

DIABAGE2 How old were you when you were told you have diabetes?

(NOTE: We are interested in age when FIRST diagnosed, NOT current age)

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

CATI: IF DIABAGE2>52 AND DIABAGE2<98, CONFIRM; ELSE GO TO next section.

CNFBAG INTERVIEWER: Is [DISPLAY RESPONSE TO DIABAGE2] the correct age when respondent was diagnosed with diabetes?

- 1 Yes, age is correct **GO TO next section**
- 2 No **GO TO DIABAGE2**

Module 2: Diabetes

IF STATERES=1 (VIRGINIA RESIDENT) CONTINUE, ELSE SKIP TO SECTION 7.

NOTE: To be asked following Core DIABAGE2; if response is "Yes" (code = 1) and Core DIABETE3 is "Yes" (code = 1).

IF DIABETE3 NE 1, SKIP TO SECTION 7.

INSULIN Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

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

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

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

[if (BLDSUGAD > 5 AND < 76) OR (BLDSUGAW > 35 AND < 76) ASK:]

XBLDSGR I would like to confirm you check your blood for glucose or sugar [INSERT # FROM BLDSUGAD/BLDSUGAW] times per [day/week]. Is that correct?

- | | | |
|---|-----|----------------------------------|
| 1 | Yes | [Go to FEETCHK2] |
| 2 | No | [Go to BLDSUGAD/BLDSUGAW] |

FEETCHK2 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

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

[if (FTCHK2D > 5 AND < 76) OR (FTCHK2W > 35 AND < 76) ASK:]

XFTCH2 I would like to confirm you check your feet for any sores or irritations [INSERT # FROM FTCHK2D/FTCHK2W] times per [day/week]. Is that correct?

- | | | |
|---|-----|--------------------------------|
| 1 | Yes | [Go to DOCTDIAB] |
| 2 | No | [Go to FTCHK2D/FTCHK2W] |

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

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

[if (DOCTDIAB > 52 AND < 77) ASK:]

XDTDIAB I would like to confirm you have seen a health professional for your diabetes [INSERT # FROM DOCTDIAB] times in the past 12 months. Is that correct?

- | | | |
|---|-----|-------------------------|
| 1 | Yes | [Go to CHKHEMO3] |
| 2 | No | [Go to DOCTDIAB] |

CHKHEMO3 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

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

CATI note: If FEETCHK2 = 555 (No feet), go to EYEEXAM.

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

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

[if (FEETCHK > 52 AND < 77) ASK:]

XFTCHK I would like to confirm a health professional has checked your feet for sores or irritations [INSERT # FROM FEETCHK] times in the past 12 months. Is that correct?

- 1 Yes **[Go to EYEEXAM]**
- 2 No **[Go to FEETCHK]**

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

Read only if necessary:

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

Do not read:

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

DIABEYE Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

DIABEDU Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes

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

Section 7: Oral Health

LASTDEN3 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.

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

RMVTETH3 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.

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

Section 8: Demographics

SEX **Are you ... [READ LIST]**

PROGRAMMER NOTE: This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

- 1 Male,
- 2 Female?

AGE What is your age?

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

{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to HISPANC3}

UPDTAGDI I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with Diabetes at age **{CATI: fill-in response from DIABAGE2}**. What was your age when you were **FIRST** diagnosed with diabetes?

- Update age **GO TO AGE**
- Update diabetes age **GO TO DIABAGE2**

HISPANC3 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

INTERVIEWER NOTE: *One or more categories may be selected.*

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 8 No additional choices (DP code only)
- 7 Don't know / Not sure
- 9 Refused

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

Interviewer Note: Select all that apply.

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

Do not read:

- 60 Other (specify)
- 88 No additional choices (DP code only)
- 77 Don't know / Not sure
- 99 Refused

IF MRACEA=40 OR 50, ASK MRACEB. ELSE SKIP TO MRACE2

CATI: IF MRACEA=40, SHOW CODES 41-47, 99. IF MRACEA=50, SHOW CODES 51-54, 99.

MRACEB Would you say you are . . . [READ LIST, MULTIPLE RECORD]

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 99 (VOL) Refused

MRACE2: CATI dummy variable to hold the respondent race.

CATI CODE RESPONSES FROM MRACEA AND MRACEB. IF MRACEA=40 AND MRACEB=99, CODE MRACE2=40. IF MRACEA=0 AND MRACEB=90, CODE MRACE2=50.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
- 60 Other
- 77 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 51 Native Hawaiian
- 52 Guamanian or Chamorro

- 53 Samoan
- 54 Other Pacific Islander

CATI note: If more than one response to MRACE2; continue. Otherwise, go to MARITAL.

SHOW RESPONSES IN MRACE2

ORACE3 Which one of these groups would you say best represents your race?

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 60 Other
- 77 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused

MARITAL Are you...?

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

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

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

RENTHOM1 Do you own or rent your home?

- 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.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

CTYCODE1 What county do you live in?

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

ZIPCODE What is the ZIP Code where you live?

- ZIP Code [RANGE 20101-20199; 22002-24658]
- 7 7 7 7 7 Don't know / Not sure
- 8 8 8 8 8 Other State Zip Code (SPECIFY)
- 9 9 9 9 9 Refused

CATI NOTE: IF FRAME 2, SKIP TO VETERAN3 (QSTVER GE 20)

NUMHHOL2 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1 Yes
- 2 No [Go to CPDEMO1]
- 7 Don't know / Not sure [Go to CPDEMO1]
- 9 Refused [Go to CPDEMO1]

NUMPHON2 How many of these telephone numbers are residential numbers?

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

CPDEMO1 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

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

VETERAN3 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?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No

Do not read:

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

EMPLOY1 Are you currently...?

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 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

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

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

CATI VARIABLE, SET BRF1200=1.

Qualified Level 2

INCOME2 Is your annual household income from all sources—

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

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)

- 0 6 Less than \$50,000 **If “no,” ask 07**
 (\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**
 (\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

INTERNET Have you used the internet in the past 30 days?

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

WEIGHT2 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put “9” in column 161.

Round fractions up

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

HEIGHT3 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put “9” in column 165.

Round fractions down

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

If SEX=1, go to S8.22, if female respondent is 45 years old or older, go to text screen prior to S8.22

PREGNANT To your knowledge, are you now pregnant?

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

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

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

S8.22 Are you deaf or do you have serious difficulty hearing?

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

BLIND Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

DECIDE Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

DIFFWALK Do you have serious difficulty walking or climbing stairs?

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

DIFFDRES Do you have difficulty dressing or bathing?

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

DIFFALON Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

Section 9: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

SMOKDAY2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all [Go to LASTSMK2]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

STOPSMK2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes [Go to USENOW3]
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

LASTSMK2 How long has it been since you last smoked a cigarette, even one or two puffs?

- 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

USENOW3 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.

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

Do not read:

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

Section 10: E-Cigarettes

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

S10.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

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

S10.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure

Section 11: Alcohol Consumption

ALCDAY5 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?

- 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]**

AVEDRNK2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

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

[if AVEDRNK2 > 9 AND < 77 ASK:]

CHKAVEDRNK2 I would like to confirm that during the past 30 days, on the days you drank, you drank on average **[insert # from AVEDRNK2]** drinks. Is that correct?

- 1 Yes **[Go to DRNK3GE5]**
- 2 No **[Go back to AVEDRNK2]**

DRNK3GE5 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?

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

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

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

CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.

[if MAXDRNKS > 9 AND < 77 ASK:]

CHKMXDRNKS I would like to confirm that during the past 30 days, the largest number of drinks you had was //INSERT # FROM MAXDRNKS// drinks. Is that correct?

1	Yes	[Go to NEXT SECTION]
2	No	[Go back to MAXDRNKS]

Section 12: Immunization

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

FLUSHOT6 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

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 PNEUVAC3]
7	Don't know / Not sure	[Go to PNEUVAC3]
9	Refused	[Go to PNEUVAC3]

FLSHTMY2 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?

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

PNEUVAC3 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?

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

TETANUS Since 2005, have you had a tetanus shot?

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

1	Yes, received Tdap
---	--------------------

- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

Section 13: 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.

FALL12MN In the past 12 months, how many times have you fallen?

- | | | |
|-----|-----------------------|-----------------------------|
| __ | 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] |

FALLINJ2 **[Fill in "Did this fall (from FALL12MN) cause an injury?"]. If only one fall from FALL12MN 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.

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

CATI: If FALLINJ2>0 and FALLINJ2<77 and FALLINJ2> FALL12MN, CONFIRM RESPONSE; OTHERWISE GO TO NEXT SECTION.

CNFFAL **INTERVIEWER:** Number of falls causing an injury [DISPLAY RESPONSE TO FALLINJ2] cannot exceed number of falls [DISPLAY RESPONSE TO FALL12MN].

- 1 Correct number of falls **GO TO FALL12MN** (and then re-ask FALLINJ2)
- 2 Correct number of falls causing injury **GO TO FALLINJ2**

Section 14: Seatbelt Use

SEATBELT How often do you use seat belts when you drive or ride in a car? 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
- 8 Never drive or ride in a car
- 9 Refused

CATI note: If SEATBELT = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

Section 15: Drinking and Driving

CATI note: If ALCDAY5= 888 (No drinks in the past 30 days); go to next section.

DRNKDRI2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

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

Section 16: 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.

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

- 1 Yes
- 2 No [Go to HADPAP2]
- 7 Don't know / Not sure [Go to HADPAP2]
- 9 Refused [Go to HADPAP2]

HOWLONG How long has it been since you had your last mammogram?

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

HADPAP2 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No [Go to PRE HPVST1]
- 7 Don't know / Not sure [Go to PRE HPVST1]
- 9 Refused [Go to PRE HPVST1]

LASTPAP2 How long has it been since you had your last Pap test?

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

Now, I would like to ask you about the Human Papillomavirus (**Pap-uh-loh-muh virus**) or HPV test.

HPVTST1 An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test?

- 1 Yes
- 2 No [Go to PRE HADHYST2]
- 7 Don't know/Not sure [Go to PRE HADHYST2]
- 9 Refused [Go to PRE HADHYST2]

HPVTST2 How long has it been since you had your last HPV test?

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

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

HADHYST2 Have you had a hysterectomy?

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 17: 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.

PCPSAREC 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?

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

PCPSADI1 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

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

PCPSARE1 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

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

PSATEST1 Have you EVER HAD a PSA test?

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

PSATIME How long has it been since you had your last PSA test?

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

PCPSARSN What was the MAIN reason you had this PSA test – was it ...?

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 18: 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.

BLDSTOOL 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?

- | | | |
|---|-----------------------|-------------------------|
| 1 | Yes | |
| 2 | No | [Go to HADSIGM3] |
| 7 | Don't know / Not sure | [Go to HADSIGM3] |
| 9 | Refused | [Go to HADSIGM3] |

LSTBLDS3 How long has it been since you had your last blood stool test using a home kit?

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 |

HADSIGM3 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?

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

HADSGCO1 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?

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

LASTSIG3 How long has it been since you had your last sigmoidoscopy or colonoscopy?

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 19: 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 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.

HIVTST6 Not counting tests you may have had as part of a blood donation, have you ever been tested for HIV? Include testing fluid from your mouth.

- 1 Yes
- 2 No **[Go to HIVRISK3]**
- 7 Don't know / Not sure **[Go to HIVRISK3]**
- 9 Refused **[Go to HIVRISK3]**

HIVTSTD3 Not including blood donations, in what month and year was your last HIV test?

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

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

- / Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

HIVRISK3 I am going to read you a list. When I am 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.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

Optional and State-Added Modules

IF STATERES=1 (Virginia Resident) CONTINUE, ELSE GO TO CLOSING STATEMENT.

Transition to modules and state-added questions

Please read:

Now I have some questions about other health topics.

Optional Modules

Module 5: Health Literacy

M5_1. How difficult is it for you to get advice or information about health or medical topics if you need it?
Would you say it is . . .

INTERVIEWER NOTE: Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say, "You can think about any source of health or medical advice or information."

Please read

- | | |
|---|--------------------|
| 1 | Very easy |
| 2 | Somewhat easy |
| 3 | Somewhat difficult |

- 4 Very difficult
- 5 I don't look for health information

Do not read

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

M5_2. How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is . . .

Please read

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult

Do not read

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

M5_3. You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is . . .

Please read

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't pay attention to written health information

Do not read

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

Module 15: Shingles

CATI NOTE: If respondent is \leq 49 years of age go to next module.

SHINGLE1 Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

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

Module 21: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

SOGI1 Do you consider yourself to be:

Please read:

- 1 1 - Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual

Do not read:

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

SOGI2 Do you consider yourself to be transgender?

If yes, ask “Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?”

INTERVIEWER NOTE: Please say the number before the “yes” text response. Respondent can answer with either the number or the text/word.

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming
- 4 4 - No

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

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Virginia State-Added 1: Adverse Childhood Experience

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

VA1.1 Did you live with anyone who was depressed, mentally ill, or suicidal?

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

VA1.2 Did you live with anyone who was a problem drinker or alcoholic?

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

VA1.3 Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

VA1.4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

VA1.5 Were your parents separated or divorced?

- 1 Yes
- 2 No

- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

VA1.6 How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

VA1.7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

VA1.8 How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

VA1.9 How often did anyone at least 5 years older than you or an adult touch you sexually?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

VA1.10 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

VA1.11 How often did anyone at least 5 years older than you or an adult force you to have sex?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial (place state or local hotline here) to reach a referral service to locate an agency in your area. **[Note: if no local or state hotline is available, give respondent the National Hotline for child abuse 1-800-422-4-A-CHILD (1-800-422-4453)].**

Virginia State-Added 2: Health Care Access (Cost of Medication)

VA2.1 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

Virginia State-Added 3: Hypertension Awareness

BPHIGH3 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

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 **[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] |

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

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

Virginia State-Added 4: Satisfaction with Life Scale

Please tell me on a scale of 1 to 5 how much you agree or disagree with the following statements about your life. 1 means strongly agree and 5 means strongly disagree. **[Read choices only if necessary.]**

VA4.1 In most ways your life is close to ideal.

- | | |
|---|----------------------------|
| 1 | Strongly agree |
| 2 | Agree |
| 3 | Neither agree nor disagree |
| 4 | Disagree |
| 5 | Strongly disagree |

Do not read:

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

VA4.2 The conditions of your life are excellent

- | | |
|---|----------------------------|
| 1 | Strongly agree |
| 2 | Agree |
| 3 | Neither agree nor disagree |
| 4 | Disagree |
| 5 | Strongly disagree |

Do not read:

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

VA4.3 You are satisfied with your life

- | | |
|---|----------------------------|
| 1 | Strongly agree |
| 2 | Agree |
| 3 | Neither agree nor disagree |
| 4 | Disagree |
| 5 | Strongly disagree |

Do not read:

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

9 Refused

VA4.4 So far you have gotten the important things you want in life.

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

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 [IF STATERES=1, DISPLAY "Virginia", ELSE DISPLAY "this state"]. Thank you very much for your time and cooperation.

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?
(QSTLANG)

- 1 English
- 2 Spanish