



2012

**Behavioral Risk Factor Surveillance System
Questionnaire**

VIRGINIA

#5490

December 21, 2011

Behavioral Risk Factor Surveillance System 2012 Questionnaire – Virginia #5490

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Interviewer's Script

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.

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 Is this a private residence in (state) ?

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

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

COLHOS 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"

1. Yes **GO TO CELLPH**
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**

Qualified Level 1

CELLPH 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."

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. **GO TO RESPONDENT SELECTION**
- 2 Yes **SCREEN-OUT**

SOCELLFON Thank you very much, but we are only interviewing land line telephones and private residences.

1 S/O CELLULAR PHONE

Qualified Level 2**RESPONDENT 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?

NUMADULT ___ Number of adults

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"**.

Qualified Level 3

- **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**

NUMMEN How many of these adults are men?

___ Number of men

NUMWOMEN How many of these adults are women?

___ Number of women

Qualified Level 4

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 888-735-0673, extension 5490.

Section 1: Health Status

GENHLTH 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

Qualified Level 5

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? (74–75)

— — 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? (76–77)

- – 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? (78–79)

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

Section 3: Health Care Access

HLTHPLAN 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

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?” (81)

- 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? (82)

- 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. (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

- 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? (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."

- CVDINFR4** (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

- CVDCRHD4** (Ever told) you had angina or coronary heart disease? (86)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CVDSTRK3 (Ever told) you had a stroke? (87)

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

ASTHMA2 (Ever told) you had asthma? (88)

- 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? (89)

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

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

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

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

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

CHCCOPD (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

HAVARTH2 (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)

ADDEPEV2 (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

CHCKIDNY (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (95)

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

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

CHCVISON 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

DIABETE2 (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

Module 2: Diabetes

IF DIABETE2 = 1 CONTINUE; ELSE GO TO next section.

DIABAGE2 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

CATI: IF DIABAGE2>52 AND DIABAGE2<98, CONFIRM; ELSE GO TO INSULIN

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

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

INSULIN Are you now taking insulin? (214)

- 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. (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

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.

(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

DOCTDIAB 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

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"?

(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 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?

(225-226)

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

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.

(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

DIABEYE 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

DIABEDU 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

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. (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

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.

(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

AGE What is your age? (100-101)

- – 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 HISPANC2}

UPDTAGDI I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and earlier you stated you were first diagnosed with Diabetes at age **{CATI: fill-in response from DIABAGE2}**. Can you help me resolve this difference?

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

HISPANC2 Are you Hispanic or Latino? (102)

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

MRACE 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 MRACE; continue. Otherwise, go to VETERAN3.

ORACE2 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

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? 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

MARITAL 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

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

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

EDUCA 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

EMPLOY 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

INCOME2 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,” ask 08**
(\$50,000 to less than \$75,000)

0 8 Less than \$100,000 **If “no,” ask 09**
(\$75,000 to less than \$100,000)

****Data submitted to CDC will need to conform to the BRFSS-standard codes 1-8, 77, 99. That is, Virginia income category codes 9-11 will need be rolled into income code 8 for CDC submission.****

0 9 Less than \$150,000 **If “no,” ask 10**
(\$100,000 to less than \$150,000)

1 0 Less than \$200,000 **If “no,” code 11**
(\$150,000 to less than \$200,000)

1 1 \$200,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

WEIGHT2 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

HEIGHT3 About how tall are you without shoes? (122-125)

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

Round fractions down

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

CTYCODE 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

ZIPCODE 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

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. (134)

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

Qualified Level 6

NUMPHON2 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

CPDEMO1 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 RENTHOM1]**
- 7 Don't know / Not sure **[Go to RENTHOM1]**
- 9 Refused **[Go to RENTHOM1]**

CPDEMO4 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? (139-141)

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

RENTHOM1 Do you own or rent your home? (142)

- 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.

SEX Indicate sex of respondent. Ask only if necessary. (143)

- 1 Male **[Go to next section]**
 - 2 Female **[If respondent is 46 years old or older, go to next section]**
- *NOTE: Virginia asks it of females up to 46 years old.**

****Only submit data on women <45 to CDC****

PREGNANT To your knowledge, are you now pregnant? (144)

- 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.

QLACTLM2 Are you limited in any way in any activities because of physical, mental, or emotional problems? (145)

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

USEEQUIP 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? (146)

Include occasional use or use in certain circumstances.

- 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? (147)

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? (148)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to LASTSMK1]
- 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?

(149)

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

LASTSMK1 How long has it been since you last smoked a cigarette, even one or two puffs?

(150-151)

- | | |
|-----|--|
| 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 |

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. (152)

- | | |
|---|------------|
| 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

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? (153-155)

- | | |
|------|----------------------|
| 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?

(156-157)

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

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?

(158-159)

- 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?

(160-161)

- 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.

Section 11: Immunization

FLUSHOT5 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?

(162)

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

IMFVPLAC At what kind of place did you get your last flu shot/vaccine? (169-170)

[IF RESPONDENT UNSURE, PROBE: "How would you describe the place where you went to get your most recent flu vaccine?"]

- 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

Do not read:

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? (171)

- 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.

FALL3MN2 In the past 12 months, how many times have you fallen? (172-173)

- | | | | |
|----|----|-----------------------|-----------------------------|
| -- | -- | 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 FALL3MN2) cause an injury?”]. If only one fall from FALL3MN2 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.

(174-175)

- | | | | |
|---|---|-----------------------|--------------------------|
| – | – | 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> FALL3MN2, 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 FALL3MN2].

- 1 Correct number of falls **GO TO FALL3MN2** (and then re-ask FALLINJ2)
- 2 Correct number of falls causing injury **GO TO FALLINJ2**

Section 13: Seatbelt Use

SEATBELT How often do you use seat belts when you drive or ride in a car? Would you say—

(176)

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 15; otherwise continue.

Section 14: Drinking and Driving

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

The next question is about drinking and driving.

DRNKDRI2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (177-178)

- – 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.

HADMAM A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (179)

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

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

PROFEXAM 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? (181)

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

LENGEXAM How long has it been since your last breast 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 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

HADPAP2 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (183)

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

LASTPAP2 How long has it been since you had your last Pap test? (184)

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 PREGNANT = 1 (is pregnant); then go to next section.

HADHYST2 Have you had a hysterectomy? (185)

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.

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? (186)

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

PCPSADIS Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (187)

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

PCPSAADV Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (188)

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

PSATEST1 Have you EVER HAD a PSA test? (189)

- 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? (190)

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 ...? (191)

- 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.

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? (192)

- 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? (193)

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? (194)

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

HADSGC01 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? (195)

- 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? (196)

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.

HIVTST5 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. (197)

- 1 Yes
- 2 No [Go to HIVRISK2]
- 7 Don't know / Not sure [Go to HIVRISK2]
- 9 Refused [Go to HIVRISK2]

HIVTSTD2 Not including blood donations, in what month and year was your last HIV test? (198-203)

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

HIVRISK2

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?

(204)

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

Transition to Modules and State-Added Questions

Please read:

Now I have some questions about other health topics.

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to DIABETE2 (Diabetes awareness question). (If DIABETE2= 2, 3, 4, 7, 9)

PDIABTST Have you had a test for high blood sugar or diabetes within the past three years? (210)

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

CATI note: If DIABETE2 = 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? (211)

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

Module 11: Shingles (Zostavax or ZOS)

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

The next question is about the Shingles vaccine.

SHINGLE2 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? (303)

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

Module 12: Tetanus Diphtheria (Adults)

Next, I will ask you about the tetanus diphtheria vaccination.

- TNSRCV** Have you received a tetanus shot in the past 10 years? (304)
- 1 Yes
 - 2 No [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]

- TNSRCNT** Was your most recent tetanus shot given in 2005 or later? (305)
- 1 Yes
 - 2 No [Go to next module]
 - 7 Don't know / Not sure
 - 9 Refused

- TNSCSHOT** There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine? (306)
- 1 Yes (included pertussis)
 - 2 No (did not include pertussis)
 - 7 Don't know / Not sure
 - 9 Refused

State-Added Questions

VA State-Added 2: Cognitive Impairment

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

- CIMEMLOS** During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If number of adults > 1, go to CINOADLT.

CATI note: If 1 adult in household and CIMEMLOS= 1 (Yes), go to CIHOWOFT; otherwise, go to next module.

CINOADLT [If CIMEMLOS=1]; Not including yourself, how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

- Number of people [6 = 6 or more]
- 8 None
- 7 Don't know / Not sure
- 9 Refused

CATI: If CINOADLT <7 and CINOADLT > NUMADULT, CONFIRM RESPONSE.

CNFM18.2 INTERVIEWER: Number of household adults experiencing confusion or memory loss [DISPLAY RESPONSE TO CINOADLT] cannot exceed total number of adults in household [DISPLAY RESPONSE TO NUMADULT].

1 Correct CINOADLT **GO TO CINOADLT**

CATI NOTE: If CIMEMLOS = 1 and CINOADLT > 6, go to CIHOWOFT.

CATI note: If CINOADLT < 7; go to CIRBIAGE. Otherwise, go to next module.

CIRBIAGE Of these people, please select the person who had the most recent birthday. How old is this person?

Read only if necessary:

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90 +

Do not read:

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

CATI note: If CIMEMLOS ≠ 1 (Yes); read: “For the next set of questions we will refer to the person you identified as ‘this person’.”

INTERVIEWER NOTE: Repeat definition only as needed: “For these questions, please think about confusion or memory loss that is happening more often or getting worse.”

CIHOWOFT During the past 12 months, how often **[If CIMEMLOS=1 (Yes): insert “have you;” otherwise, insert “has this person”]** given up household activities or chores **[If CIMEMLOS=1 (Yes): insert “you;” otherwise, insert “they”]** used to do, because of confusion or memory loss that is happening more often or is getting worse?

Please read:

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

Do not read:

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

CIASSIST As a result of **[If CIMEMLOS = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** confusion or memory loss, in which of the following four areas **[If CIMEMLOS = 1 (Yes): insert “do you;” otherwise, insert “does this person”]** need the MOST assistance?

- 1 Safety **[read only if necessary:** such as forgetting to turn off the stove or falling]
- 2 Transportation **[read only if necessary:** such as getting to doctor's appointments]
- 3 Household activities **[read only if necessary:** such as managing money or housekeeping]
- 4 Personal care **[read only if necessary:** such as eating or bathing]

Do not read:

- 5 Needs assistance, but not in those areas
- 6 Doesn't need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

CIINTFER During the past 12 months, how often has confusion or memory loss interfered with **[If CIMEMLOS = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** ability to work, volunteer, or engage in social activities?

Please read:

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

Do not read:

- 7 Don't know / Not sure

9 Refused

CIFAMCAR During the past 30 days, how often **[If CITEMLOS = 1 (Yes): insert “has;” otherwise, insert “have you,;”]** a family member or friend provided any care or assistance for **[If CITEMLOS = 1 (Yes): “you;” otherwise, insert “this person”]** because of confusion or memory loss?

Please read:

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

Do not read:

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

CIHCPROF Has anyone discussed with a health care professional, increases in **[If CITEMLOS = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** confusion or memory loss?

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

CIMEDS **[If CITEMLOS = 1 (Yes): insert “Have you;” otherwise, insert “Has this person”]** received treatment such as therapy or medications for confusion or memory loss?

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

CIDIAGAZ Has a health care professional ever said that **[If CITEMLOS = 1 (Yes): insert “you have;” otherwise, insert “this person has”]** Alzheimer's disease or some other form of dementia?

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's disease
- 3 No diagnosis has been given
- 7 Don't know / Not sure
- 9 Refused

VA State-Added 3: Disability

VA3_1 Do you have a disability?

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know/Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

VA3_2 What is your main disability? [IF NEEDED, PROBE FOR CLARITY]

- 1. Physical or motor disability (e.g., cerebral palsy, spinal cord injury)
- 2. Learning or intellectual disability
- 3. Memory or other cognitive disability (e.g., traumatic brain injury, Alzheimer's)
- 4. Emotional or mental health condition (e.g., depression, bipolar disorder)
- 5. Deaf or hard of hearing
- 6. Vision loss or blindness
- 7. Communication or speech disability
- 8. More than one of the above
- 9. Other disability, specify _____
- 77. Don't know or not sure
- 99. Refused

VA3_3 Does your disability affect your doing any of the following:
[READ LIST, RECORD EACH "YES"]

- 1 Participating in school or work activities?
- 2 Performing personal care activities including bathing, dressing, grooming, using the toilet, or getting in and out of bed?
- 3 Performing household activities including paying bills, shopping, cooking, or cleaning the house?
- 4 Participating in exercise or physical activity?
- 5 Moving around including walking, using stairs, lifting, or carrying objects?
- 8 (VOL) No to all/None of these
- 9 (VOL) Refused

VA3_4 Given your disability, what kinds of help do you currently need but are not receiving?
[READ LIST, RECORD EACH "YES"]

- 1 Personal care (help with daily living activities like bathing, dressing, shopping)
- 2 Medical care
- 3 Medication information or funding
- 4 Health insurance
- 5 Transportation
- 6 Service coordination or case management (help finding needed services)
- 7 Counseling or therapy
- 8 Socialization (social contact, support group, peer support)
- 9 Housing
- 10 Employment
- 11 Public assistance (e.g., Medicaid, TANF, Food Stamps)
- 12 Other need for assistance (specify) _____
- 77 (VOL) Don't know/Not sure
- 88 (VOL) None, no help needed
- 99 (VOL) Refused

Closing Statement

Please read:

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in Virginia. 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?

- 1 English
- 2 Spanish