

Virginia

Behavioral Risk Factor Surveillance System

2018 QUESTIONNAIRE



January 3, 2018

Behavioral Risk Factor Surveillance System

Virginia ##### 2018 Questionnaire

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Interviewer's Script Sample

Form Approved

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Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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.

ABT SRBI MASTER QUESTIONNAIRE NOTE (remove from state questionnaires): For 2018, We will ask the screener questions in the order the CDC has set for each frame.

Landline Sample Screener

**CATI: (ASK LANDLINE SAMPLE SCREENER IF FRAME=1);
IF FRAME=2; GO TO CELL PHONE SCREENER**

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?

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

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

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’. .
STATE Thank you very much, but we are only interviewing persons who live in the state of ___Virginia___ at this time. **STOP**

Cellular Phone

CELLPH Is this a cell 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 cell (or 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.
THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING AT THIS TIME.
(STOP)

CATI VARIABLE, SET BRF3200=1.

CATI NOTE:

- IF COLGHOUS=1 (College Housing = Yes) continue;
- Otherwise go to Adult Random Selection

CADULT Are you 18 years of age or older?

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

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

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

Adult Random Selection

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. Excluding adults living away from home, such as students away at college. How many members of your household, including yourself, are 18 years of age or older?

NUMADULT ___ Number of adults

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

[INTERVIEWER: SEX WILL BE ASKED AGAIN DEMOGRAPHICS SECTION]

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

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 " To the 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
- 2 No
- 9 (VOL) Refused

GO TO NUMMEN
GO BACK TO NUMADULT AND RE-ASK IT
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.

Cell Phone Sample Screener

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CATI: (ASK CELL PHONE SAMPLE SCREENER IF FRAME=2); IF FRAME=1; GOTO CORE

IF FRAME=2 (CELL PHONE) ASK SAFE

SAFE Is this a safe time to talk with you?

Yes **[GO TO CTELENUM]**
 No **CALLBACK**

[CATI NOTE: IF "NO" : THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CTELENUM Is this (phone number) ?

- 1 Yes **[GO TO CELLPH]**
- 2 No **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**
- 7 (VOL) Don't Know/Not Sure
- 9 (VOL) Refused

[CATI NOTE: IF "NO", "Don't Know" or "REFUSED": 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]

CATI VARIABLE, SET BRF3200=1.

Cellular Phone

CELLPH Is this a cell 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 cell (or 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).

[CATI NOTE: IF "NO" : THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELLULAR TELEPHONES. STOP]

CELLFON

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

CATI: 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 CADULT.

Adult

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.

INTERVIEWER: SEX WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION

- 1 Yes, male respondent **[GO TO PRIVATE RESIDENCE]**
- 2 Yes, female respondent **[GO TO PRIVATE RESIDENCE]**
- 3 No **[GO TO SOCOLAD]**

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

CATI VARIABLE, SET BRF2210=1.

PVTRESID Do you live in a private residence?

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

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 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.

CATI VARIABLE, SET BRF2210=1.

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 LANDLINE]**
- No **[Go to RSPSTATE]**

RSPSTATE In what state do you currently live?

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

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 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.).

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

[CATI NOTE: IF COLLEGE HOUSING = “YES”, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

[CATI NOTE: IF COLLEGE HOUSING = “YES” THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

Core Sections

[INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]

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 not be connected to any person information. 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
- 88 None
- 77 Don't know / Not sure
- 99 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
- 88 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**
- 77 Don't know / Not sure
- 99 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
- 88 None
- 77 Don't know / Not sure
- 99 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 **If PPHF state, ASK MEDICARE**
- 2 No **GO TO PERSDOC2**
- 7 Don't know / Not sure **GO TO PERSDOC2**
- 9 Refused **GO TO PERSDOC2**

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 OR IS RETIRED, THEY MAY COUNT ANY PHYSICAL ACTIVITY OR EXERCISE THEY DO

- 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."

CV DINFR4 (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

CV DCRHD4 (Ever told) you had angina or coronary heart disease?

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

CV DSTRK3 (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 or 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

Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

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?

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

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

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

CATI note: If **DIABETE3 = 1 (Yes)**, go to next question (**DIABAGE2**). Otherwise, go to next section (**Pre-Diabetes**).

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

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

- 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; Otherwise, go to next section

CNFD BAG 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

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

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?

INTERVIEWER NOTE: Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

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.

- 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

[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 Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 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 . About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A-one-C"?

INTERVIEWER NOTE: A test for "A one C" measures the average level of blood sugar over the past three months.

- — 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 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

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 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

READ IF NECESSARY:

- 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 What is your sex? ...

[READ LIST]

- 1 Male
- 2 Female
- 9 Refused

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.

INTERVIEWER NOTE: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. **(NOTE FOR ALEC: THIS IS CORRECT THAT IT IS NOT IN THE PROGRAM)**

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
- 88 No additional choices
- 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?

Interviewer note: If respondent has selected multiple races in previous and refuses to select a single race, code refused

- 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

RENTHOM1 Do you own or rent your home?

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

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

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: We ask this question in order to compare health indicators among people with different housing situations.

Read only if necessary:

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

CTYCODE1 In what county do you currently live?

- — — 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 currently 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 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

- 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 How many cell phones do you have for personal use?

INTERVIEWER NOTE: Include cell phone used for both business and personal use.

- Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 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
- 7 Don't know / Not sure
- 9 Refused

EMPLOY1 Are you currently...?

INTERVIEWER NOTE: If more than one, say: "Select the category which best describes you."

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)

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

Do not read:

77 Don't know / Not sure
99 Refused

WEIGHT2 About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 183.

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?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187.

ROUND FRACTIONS DOWN

Height
(ft / 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 50 years old or older, go to text screen prior to S8.21]

PREGNANT To your knowledge, are you now pregnant?

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

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.”

INTERVIEWER 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?

Do not read:

- 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?

Read only if necessary:

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

Do not read:

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

USENOW3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

INTERVIEWER NOTE: Snus (rhymes with ‘goose’)

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

Do not read:

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

- 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?

INTERVIEWER 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 NOTE: 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 11: Immunization

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 **[Go to PNEUVAC3]**
 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 or vaccine?

INTERVIEWER NOTE: If respondent is unsure, probe with “How would you describe the place where you went to get your most recent flu vaccine”?

Read only if necessary:

- 01 A doctor’s office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

Do not read:

- 10 Received vaccination in Canada/Mexico
- 77 Don’t know / Not sure
- 99 Refused

PNEUVAC3 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: If respondent is confused read: There are two types of pneumina shots: Polysaccharide (pronunciation), also known as Pneumovax, and conjugate, also known as prevnar.

- 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.

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

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- | | | |
|-----|-----------------------|-----------------------------|
| -- | 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.

INTERVIEWER NOTE: 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.

How many of these falls caused an injury that limited your regular activities for at least a day?

- | | | |
|-----|-----------------------|--------------------------|
| __ | 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 13: Seat Belt Use and Drinking and Driving

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 14; otherwise continue.

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 14: 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 Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

- 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?

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

HADPAP2 Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

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

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

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

INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)

- | | | |
|---|---------------------|-----------------------------|
| 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 H.P.V. 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 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 15: Prostate Cancer Screening

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

PCPSAREC Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

INTERVIEWER NOTE: A prostate-specific antigen test, also called a P.S.A. Test, is a blood test used to check men for prostate cancer.

- 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 P.S.A. 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 P.S.A. test?

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

PSATEST1 Have you EVER HAD a P.S.A. 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 P.S.A. 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 P.S.A. 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 16: Colorectal Cancer Screening

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

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 17: 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 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.

- 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

IF STATERES=1 (Virginia resident) CONTINUE, ELSE SKIP TO CLOSING STATEMENT.

Transition to Modules and/or State-Added Questions

Optional Modules

Module 6: E-Cigarettes

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

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.

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

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

Module 18: Tetanus Diphtheria (TDAP) (Adults)

TETANUS Have you received a tetanus shot in the past 10 years?

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 shot in the past 10 years
- 7 Don't know/Not sure
- 9 Refused

Module 19: Shingles (Zostavax or ZOS)

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

SHINGLE1. Have you ever had the shingles or zoster vaccine?
(19.1)

INTERVIEWER NOTE: SHINGLES IS AN ILLNESS THAT RESULTS IN A RASH OR BLISTERS ON THE SKIN, AND IS USUALLY PAINFUL. THERE ARE TWO VACCINES NOW AVAILABLE FOR SHINGLES; ZOSTAVAX, WHICH REQUIRES 1 SHOT, AND SHINGRIX, A NEW VACCINE WHICH REQUIRES 2 SHOTS.

- 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.

(CATI NOTE: ASK SOMALE IF SEX=1)

SOMALE Which of the following best represents how you think of yourself?

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.

Please read:

- 1 Gay
- 2 Straight, that is, not gay
- 3 Bisexual

Do not read:

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

(CATI NOTE: ASK SOMALE IF SEX=2)

SOFEMALE Which of the following best represents how you think of yourself?

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.

Please read:

- 1 Lesbian or Gay
- 2 Straight, that is, not gay
- 3 Bisexual

Do not read:

- 4 Something else
- 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.

Please read:

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

Do not read:

- 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

(VA BRFSS 2017, STATE ADDED 2)

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? Would you say --

- 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? Would you say --

- 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? Would you say---

- 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? Would you say---

- 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? Would you say---

- 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 1-800-4-A-CHILD (1-800-422-4453) to reach a referral service to locate an agency in your area.

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

(VA BRFSS 2017, VA STATE-ADDED 3)

The next question is about medication you may have taken.

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: Oral Health

VA3.1 Do you have any kind of dental care coverage, including dental insurance, prepaid plans such as HMOs, government plans such as Medicaid, or Indian Health Service?

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

Virginia State-Added 4: Satisfaction with Life Scale

(VA BRFSS 2017, STATE ADDED 4)

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

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

ASTSTAT = 1

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

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

- 1 English
- 2 Spanish

DRAFT