



**2011**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**January 24, 2011**

# Behavioral Risk Factor Surveillance System 2011 Questionnaire

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## Core Sections

### Section 1: Health Status

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- 1.1 Would you say that in general your health is—? (73)
- Please read:**
- 1 Excellent
  - 2 Very good
  - 3 Good
  - 4 Fair
  - 5 Poor
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused

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

---

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- – Number of days
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused
- 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)
- – Number of days
  - 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
  - 7 7 Don't know / Not sure
  - 9 9 Refused
- 2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)
- – Number of days
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

## Section 3: Health Care Access

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- 3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, Native Health Service or Indian Health Service? (80)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 3.2** Do you have one person you think of as your personal doctor or health care provider?  
**If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"** (81)
- 1 Yes, only one
  - 2 More than one
  - 3 No
  - 7 Don't know / Not sure
  - 9 Refused
- 3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)
- 1 Within past year (anytime less than 12 months ago)
  - 2 Within past 2 years (1 year but less than 2 years ago)
  - 3 Within past 5 years (2 years but less than 5 years ago)
  - 4 5 or more years ago
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused

## Section 4: Hypertension Awareness

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**4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84)

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

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

- |   |                                            |                             |
|---|--------------------------------------------|-----------------------------|
| 1 | Yes                                        |                             |
| 2 | Yes, but female told only during pregnancy | <b>[Go to next section]</b> |
| 3 | No                                         | <b>[Go to next section]</b> |
| 4 | Told borderline high or pre-hypertensive   | <b>[Go to next section]</b> |
| 7 | Don’t know / Not sure                      | <b>[Go to next section]</b> |
| 9 | Refused                                    | <b>[Go to next section]</b> |

**4.2** Are you currently taking medicine for your high blood pressure? (85)

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

## Section 5: Cholesterol Awareness

---

**5.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (86)

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

**5.2** About how long has it been since you last had your blood cholesterol checked? (87)

**Read only if necessary:**

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

**Do not read:**

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

- 5.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (88)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 6: 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."

- 6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (89)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 6.2** (Ever told) you had angina or coronary heart disease? (90)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 6.3** (Ever told) you had a stroke? (91)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 6.4** (Ever told) you had asthma? (92)
- 1 Yes
  - 2 No [Go to Q6.6]
  - 7 Don't know / Not sure [Go to Q6.6]
  - 9 Refused [Go to Q6.6]

- 6.5** Do you still have asthma? (93)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**6.6** (Ever told) you had skin cancer? (94)

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

**6.7** (Ever told) you had any other types of cancer? (95)

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

**6.8** (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis? (96)

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

**6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (97)

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)

**6.10** (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (98)

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

**6.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (99)

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

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

**6.12** (Ever told) you have vision or eye problems? (100)

- 1 Yes
- 2 No
- 3 Respondent is blind
- 7 Don't know / Not sure
- 9 Refused

**6.13** (Ever told) you have diabetes? (101)

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

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

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

**CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q6.13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.**

## Section 7: Tobacco Use

---

**7.1** Have you smoked at least 100 cigarettes in your entire life? (102)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**7.2** Do you now smoke cigarettes every day, some days, or not at all? (103)

- 1 Every day
- 2 Some days



- 3 Not at all [Go to Q7.4]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**7.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (104)

- 1 Yes [Go to Q7.5]
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**7.4** How long has it been since you last smoked a cigarette, even one or two puffs? (105-106)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

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

**Snus (rhymes with 'goose')**

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

(107)

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

**Do not read:**

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

State added questions C.1 and C.2 inserted here, then to Section 8.

**Section 8: Demographics**

---

**8.1** What is your age? (108-109)

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

0 9 Refused

**8.2** Are you Hispanic or Latino? (110)

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

**8.3** Which one or more of the following would you say is your race? (111-116)  
**(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
- 6 Other [specify]\_\_\_\_\_

**Do not read:**

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

**8.4** Which one of these groups would you say best represents your race? (117)

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify]\_\_\_\_\_

**Do not read:**

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

**8.5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (118)

- 1 Yes
- 2 No

**Do not read:**  
 7 Don't know / Not sure  
 9 Refused

**8.6** Are you...? (119)

**Please read:**

1 Married  
 2 Divorced  
 3 Widowed  
 4 Separated  
 5 Never married  
 6 A member of an unmarried couple

**Do not read:**  
 9 Refused

**8.7** How many children less than 18 years of age live in your household? (120-121)

— — Number of children  
 8 8 None  
 9 9 Refused

**8.8** What is the highest grade or year of school you completed? (122)

**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)  
 7 GED  
 8 Home-school with diploma

**Do not read:**  
 9 Refused

**Read if necessary, probe if answer was = 4 (“Grade 12”), or respondent did not select other answer:**

**Interviewer probe: If respondent says “12<sup>th</sup> grade”:** When you say that you completed the 12<sup>th</sup> grade, does that mean you graduated with a diploma from your high school or a correspondence school or home-school, or did you receive a GED?

**8.9** Are you currently...? (123)

**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
- 8 Unable to work

**Do not read:**

- 9 Refused

**8.10** Is your annual household income from all sources—

(124-125)

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

**Read only if necessary:**

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read:**

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

**8.11** About how much do you weigh without shoes?

(126-129)

**NOTE: If respondent answers in metrics, put "9" in column 126.**

**Round fractions up**

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

**8.12** About how tall are you without shoes? (130-133)

**NOTE: If respondent answers in metrics, put "9" in column 130.**

**Round fractions down**

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

**8.14** What is the ZIP Code where you live? (137-141)

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

**8.15** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (142)

1 Yes  
 2 No **[Go to Q8.17]**  
 7 Don't know / Not sure **[Go to Q8.17]**  
 9 Refused **[Go to Q8.17]**

**8.16** How many of these telephone numbers are residential numbers? (143)

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

**8.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (144)

1 Yes **[Go to Q8.19]**  
 2 No  
 7 Don't know / Not sure  
 9 Refused

**8.18** Do you share a cell phone for personal use (at least one-third of the time) with other adults? (145)

1 Yes **[Go to Q8.20]**  
 2 No **[Go to Q8.21]**  
 7 Don't know / Not sure **[Go to Q8.21]**

9 Refused [Go to Q8.21]

**8.19** Do you usually share this cell phone (at least one-third of the time) with any other adults? (146)

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

**8.20** 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? (147-149)

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

**8.21** Do you own or rent your home? (150)

- 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.

**8.22** Indicate sex of respondent. Ask only if necessary. (151)

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

**8.23** To your knowledge, are you now pregnant? (152)

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

## Section 9: Fruits and Vegetables

---

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

**INTERVIEWER NOTE: If respondent responds less than once per month, put “0” times per month. If respondent gives a number without a time frame, ask: “Was that per day, week, or month?”**

**9.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (153-155)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks. Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.**

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 9.6.**

**DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.**

**9.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (156-158)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”**

**INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.**

**Do not include dried fruit in ready-to-eat cereals.**

**Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size***

*they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

**9.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (159-161)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."**

**INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

**9.4** During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? (162-164)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.**

**INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.**

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**

**9.5** During the past month, how many times per day, week, or month did you eat orange-



colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?  
(165-167)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."**

**FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.**

**Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).**

**Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.**

**Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.**

**Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).**

**9.6** Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(168-170)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."**

**INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.**

**Include any form of the vegetable (raw, cooked, canned, or frozen).**

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

## Section 10: Exercise (Physical Activity)

---

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

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

- 10.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (171)
- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q10.8] |
| 7 | Don't know / Not sure | [Go to Q10.8] |
| 9 | Refused               | [Go to Q10.8] |

- 10.2.** What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)
- |     |                       |                     |
|-----|-----------------------|---------------------|
| __  | (Specify)             | [See Coding List A] |
| 7 7 | Don't know / Not Sure | [Go to Q10.8]       |
| 9 9 | Refused               | [Go to Q10.8]       |

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as “Other”.**

**INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.**

- 10.3** How many times per week or per month did you take part in this activity during the past month? (174-176)
- |       |                       |
|-------|-----------------------|
| 1__   | Times per week        |
| 2__   | Times per month       |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

- 10.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

\_\_: \_\_ Hours and minutes  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**10.5** What other type of physical activity gave you the next most exercise during the past month? (180-181)

\_\_ (Specify) [See Coding List A]  
 8 8 No other activity [Go to Q10.8]  
 7 7 Don't know / Not Sure [Go to Q10.8]  
 9 9 Refused [Go to Q10.8]

**INTERVIEWER INSTRUCTION:** If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

**INTERVIEWER NOTE:** Housework may be included as a physical activity or exercise spent and can be coded as "Other".

**10.6** How many times per week or per month did you take part in this activity during the past month? (182-184)

1 \_\_ Times per week  
 2 \_\_ Times per month  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**10.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

\_\_: \_\_ Hours and minutes  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**10.8** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (188-190)

1 \_\_ Times per week  
 2 \_\_ Times per month  
 8 8 8 Never  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

## Section 11: Disability

---

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

- 11.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)
- 1 Yes
  - 2 No
  - 7 Don't know / Not Sure
  - 9 Refused

- 11.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (192)

**NOTE: Include occasional use or use in certain circumstances.**

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

## Section 12: Arthritis Burden

---

**If Q6.9 = 1 (yes) then continue, else go to next section.**

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (193)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

**INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment status.**

- 12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (194)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure

**INTERVIEWER INSTRUCTION:** If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

**12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (195)

**Please read [1-3]:**

- 1 A lot
- 2 A little
- 3 Not at all

**Do not read:**

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

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

**12.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.* (196-197)

- – Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 13: Seatbelt Use

---

**13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (198)

**Please read:**

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

**Do not read:**

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

## Section 14: Immunization

---

**14.1** Now I will ask you questions about 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? (199)

- 1 Yes
- 2 No **[Go to Q14.4]**
- 7 Don't know / Not sure **[Go to Q14.4]**
- 9 Refused **[Go to Q14.4]**

**14.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (200-205)

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

**14.3** At what kind of place did you get your last flu shot/vaccine? (206-207)

**(Probe: "How would you describe the place where you went to get your most recent flu vaccine?")**

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 11 A school
- 77 Don't know / Not sure

**Do not read:**

- 99 Refused

**14.4** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (208)

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

## Section 15: Alcohol Consumption

---

**15.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (209-211)

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

**15.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (212-213)

**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

**15.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion? (214-215)

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

**15.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

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

Effective August 1, 2011 through the end of 2011 data collection year.

The next question is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

**18.1** Has a doctor or other health professional ever talked with you about alcohol use?

**If yes, ask "About how long ago was it?"** (547)

- 1 Yes within the past 12 months
- 2 Yes within the past 3 years
- 3 Yes 3 or more years ago
- 4 No
- 7 Don't know
- 9 Refused

## Section 16: 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.

- 16.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (218)

- 1 Yes
- 2 No [Go to Q16.3]
- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

- 16.2** Not including blood donations, in what month and year was your last HIV test? (219-224)

**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

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

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



Do any of these situations apply to you?

(225)

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

## INFLUENZA LIKE ILLNESS SURVEY (ILI) QUESTIONS

### 2010/2011 BRFSS Landline Telephone Questionnaire Only Effective October 1, 2010 through April 30, 2011.

We would like to ask you some questions about recent respiratory illnesses.

1. Last month (i.e September [to change to previous month each month of survey]), were you ill with a fever?  
(222)

- 1 Yes
- 2 No [Go to Q8]
- 7 Don't know [Go to Q8]
- 9 Refused [Go to Q8]

2. Did you also have a cough and/or sore throat? (223)

- 1 Yes
- 2 No [Go to Q8]
- 7 Don't know [Go to Q8]
- 9 Refused [Go to Q8]

3. Did you visit a doctor, nurse, or other health professional for this illness? (224)

- 1 Yes
- 2 No [Go to Q8]
- 7 Don't know [Go to Q8]
- 9 Refused [Go to Q8]

4. When did you visit the doctor, nurse, or other health professional for this illness?  
[Interviewer: read off choices; choose the most specific]  
(225)

- 1 Within two days of getting ill
- 2 Within three to 7 days of getting ill
- 3 More than 7 days of getting ill
- 7 Don't know
- 9 Refused

5. What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices] (226)
- 1 You had influenza or the flu [Interviewer: if respondent says they had either H1N1 or seasonal influenza, please code as '1 = You had influenza or the flu.']
  - 2 You had some other illness, but not the flu
  - 7 Don't know/not sure
  - 9 Refused
6. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...[Interviewer: read off choices] (227)
- 1 Had flu test and it was positive [Interviewer: if respondent says they had either a positive H1N1 or seasonal influenza test result, please code as '1 = Had flu test and it was positive.']
  - 2 Had flu test and it was negative
  - 3 Did not have flu test
  - 7 Don't know
  - 9 Refused
7. Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness? (228)

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

**CATI Note: Apply prior to Q8; [(For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section); (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)]**

8. Did any other members of your household have a fever with cough or sore throat last month (i.e September [to change each month of survey])? (229)
- 1 Yes
  - 2 No – [If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]
  - 7 Don't know
  - 9 Refused
9. How many household members, [CATI note: Fill in “including you,” If Q1=1(Yes) and Q2=1 (Yes)]were ill last month (i.e September [to change each month of survey])? (230-231)
- \_\_ \_\_ # persons
  - 8 8 None
  - 7 7 Don't know/Not Sure
  - 9 9 Refused

**CATI note: Apply prior to Q10; If (Q1 = 1(Yes) and Q2 = 1 (Yes)) or Q8 = 1 (Yes) continue to Q10; otherwise, skip to next section.**

10. How many people in your household, including you, were hospitalized for flu last month (i.e September [to change each month of survey])? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.]  
(232-233)

__ __	# persons
8 8	None
7 7	Don't know/Not Sure
9 9	Refused

## Optional Modules

### Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.13 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years? (245)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**CATI NOTE: If Core Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).**

2. 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?"** (246)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | Yes, during pregnancy |
| 3 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

### Module 2: Diabetes

---

**To be asked following Core Q6.13; if response is "Yes" (code = 1)**

1. How old were you when you were told you have diabetes? (247-248)
- |       |                                       |
|-------|---------------------------------------|
| __ __ | Code age in years [97 = 97 and older] |
| 9 8   | Don't know / Not sure                 |
| 9 9   | Refused                               |

2. Are you now taking insulin? (249)

1	Yes
2	No
9	Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (250-252)

1	--	Times per day
2	--	Times per week
3	--	Times per month
4	--	Times per year
8	8 8	Never
7	7 7	Don't know / Not sure
9	9 9	Refused

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (253-255)

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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

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

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (258-259)

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

**CATI NOTE: If Q4 = 555 "No feet", go to Q8.**

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)
- |   |   |                                   |
|---|---|-----------------------------------|
| — | — | Number of times [76 = 76 or more] |
| 8 | 8 | None                              |
| 7 | 7 | Don't know / Not sure             |
| 9 | 9 | Refused                           |
8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (262)
- Read only if necessary:**
- |   |                                                            |
|---|------------------------------------------------------------|
| 1 | Within the past month (anytime less than 1 month ago)      |
| 2 | Within the past year (1 month but less than 12 months ago) |
| 3 | Within the past 2 years (1 year but less than 2 years ago) |
| 4 | 2 or more years ago                                        |
- Do not read:**
- |   |                       |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 8 | Never                 |
| 9 | Refused               |
9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |
10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Module 6: Visual Impairment and Access to Eye Care

---

**CATI NOTE: If respondent is less than 40 years of age or Core Q6.12 = 3 (respondent is blind), go to next module.**

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say— (290)

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

**Do not read:**

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

2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say— (291)

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

**Do not read:**

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

3. When was the last time you had your eyes examined by any doctor or eye care provider? (292)

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago) **[Go to Q5]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to Q5]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

**Do not read:**

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

4. What is the main reason you have not visited an eye care professional in the past 12 months? (293-294)

**Read only if necessary:**

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment
- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other

**Do not read:**

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

**CATI NOTE: Skip Q5, if any response to Module 2 (Diabetes) Q8.**

5. 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. (295)

**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
- 5 Never

**Do not read:**

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

6. Do you have any kind of health insurance coverage for eye care? (296)

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

7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts? (297)

- 1 Yes
- 2 No, I had them removed
- 3 No
- 7 Don't know / Not sure
- 9 Refused

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma? (298)

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

**Please read:**

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

**NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)**

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration? (299)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 7: Inadequate Sleep

---

I would like to ask you a few questions about your sleep patterns.

1. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (300-301)
- – Number of days [01-30]
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

2. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get. (302-303)

**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

3. Do you snore? (304)

**INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.**

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

4. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?



- — Number of days [01-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

5. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? (307)
- 1 Yes
  - 2 No
  - 3 Don't drive
  - 4 Don't have license
  - 7 Don't know / Not sure
  - 9 Refused

## Module 11: Heart Attack and Stroke

---

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

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

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (332)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (333)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (334)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (335)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (336)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (337)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (338)
- Please read:**
- 1 Take them to the hospital
  - 2 Tell them to call their doctor
  - 3 Call 911
  - 4 Call their spouse or a family member
  - 5 Do something else
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused

## Module 24: Veterans' Health

---

**CATI NOTE: If Core Q8.5 = 1 (Yes) continue, else go to next module.**

The next questions relate to veteran's health.

1. Did you ever serve in a combat or war zone? (423)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

2. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (424)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

3. A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)? (425)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

4. In the past 12 months, did you receive any psychological or psychiatric counseling or treatment? (426)
- Please read:**
- 1 Yes, from a VA facility
  - 2 Yes, from a non-VA facility
  - 3 Yes, from both VA and non-VA facilities
  - 4 No
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused

**The next few questions are 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.**

5. Has there been a time in the past 12 months when you thought of taking your own life? (427)
- 1 Yes
  - 2 No **[Go to next module]**
  - 7 Don't know / Not sure **[Go to next module]**
  - 9 Refused **[Go to next module]**

6. During the past 12 months, did you attempt to commit suicide? Would you say--- (428)
- Please read:**
- 1 Yes, but did not require treatment
  - 2 Yes, was treated at a VA facility
  - 3 Yes, was treated at a non-VA facility
  - 4 No

**Do not read:**

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

As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

## State Added Questions

### Section A: Health Care Access

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**A.3** In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

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

### Section B: Demographics

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**B.1** Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be Heterosexual or straight, Homosexual, gay, or lesbian, Bisexual, or something else? Remember your answers are confidential.

**IF NEEDED: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Alaska. You don't have to answer any question if you don't want.]**

- 1 Heterosexual or straight **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.**
- 2 Homosexual, gay, or lesbian **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.**
- 3 Bisexual **IF NEEDED: A person who has sex with and/or is attracted to people of either sex.**
- 4 Or something else? (specify?)
- 7 DK/NS
- 9 Refused

### Section C: Smokeless Tobacco Use

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Asked if CQ7.5 = 3, 7, 9

**C.1** Do you currently use a form of smokeless tobacco, called Iq'mik or Blackbull every day, some days, or not at all?

\*Include prompt: By smokeless tobacco use we also mean Iq'mik (also known as blackbull). Iq'mik is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.

- |                     |                     |               |
|---------------------|---------------------|---------------|
| 1                   | Every day           | [Skip to C.3] |
| 2                   | Some days           | [Skip to C.3] |
| 3                   | Not at all          | [Skip to C.3] |
| <b>Do not read:</b> |                     |               |
| 7                   | Don't know/Not sure | [Skip to C.3] |
| 9                   | Refused             | [Skip to C.3] |

**Asked if CQ7.5 = 1, 2**

**C.2** Which smokeless tobacco products do you currently use? Chewing tobacco, snuff, Snus, or Iq'mik\* (also known as Blackbull)? [ Probe for which.]

\*Include prompt: By smokeless tobacco use we also mean Iq'mik (also known as blackbull). Iq'mik is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.

- |                             |                            |                |
|-----------------------------|----------------------------|----------------|
| <b>Mark all that apply.</b> |                            |                |
| 1                           | Yes, chewing tobacco       | [Skip to C.3b] |
| 2                           | Yes, snuff                 | [Skip to C.3b] |
| 3                           | Yes, Iq'mik or Blackbull   | [Skip to C.3b] |
| 4                           | Yes, Snus                  | [Skip to C.3b] |
| 5                           | Yes, other (specify) _____ | [Skip to C.3b] |
| 7                           | Don't know/Not sure        | [Skip to C.4]  |
| 9                           | Refused                    | [Skip to C.4]  |

**TWO VERSIONS OF QUESTION C.3**

**Version 1 asked if CQ7.5 = 3, 7, 9 and C.1 >= 3**

**C.3a** Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, Snus, Iq'mik, or Blackbull?

- |                            |                            |                |
|----------------------------|----------------------------|----------------|
| <b>Mark all that apply</b> |                            |                |
| 1                          | Yes, chewing tobacco       | [Skip to C.10] |
| 2                          | Yes, snuff                 | [Skip to C.10] |
| 3                          | Yes, Iq'mik or Blackbull   | [Skip to C.10] |
| 4                          | Yes, Snus                  | [Skip to C.10] |
| 5                          | Yes, other (specify) _____ | [Skip to C.10] |
| 6                          | No, None                   | [Skip to C.10] |
| 7                          | Don't know/Not sure        | [Skip to C.10] |
| 9                          | Refused                    | [Skip to C.10] |

**OR**

Version 2 asked if CQ7.5 = 1, 2 and if C.1 = 1 or 2

**CATI NOTE: CATI TO AUTOFILL IN TYPES FOR C.2 = 1.5**

**C.3b** Besides [fill in smokeless types named in C.2], have you ever used or tried any other smokeless tobacco products?

**Mark all that apply**

- |   |                            |                      |
|---|----------------------------|----------------------|
| 1 | Yes, chewing tobacco       | <b>[Skip to C.4]</b> |
| 2 | Yes, snuff                 | <b>[Skip to C.4]</b> |
| 3 | Yes, Iq'mik or Blackbull   | <b>[Skip to C.4]</b> |
| 4 | Yes, Snus                  | <b>[Skip to C.4]</b> |
| 5 | Yes, other (specify) _____ | <b>[Skip to C.4]</b> |
| 6 | No, None                   | <b>[Skip to C.4]</b> |
| 7 | Don't know/Not sure        | <b>[Skip to C.4]</b> |
| 9 | Refused                    | <b>[Skip to C.4]</b> |

**Next questions asked if (7.5 < 3 and C.2 < 6 or C.2 ge 7) or C.1 < 3**

**C.4** On the days that you use smokeless tobacco, how soon after you wake up do you start? Would you say . . . . .

- 1 Within 15 minutes
- 2 15 to 30 minutes
- 3 31 to 60 minutes
- 4 Between 1 to 2 hours
- 5 Between 2 to 4 hours
- 6 4 hours or more

**Do not read:**

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

**C.5** During the past 12 months have you stopped using smokeless tobacco for one day or longer because you were trying to quit?

- 1 Yes **[Skip to C.10]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**C.6** Would you like to quit using smokeless tobacco?

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

**C.7** Are you seriously considering quitting smokeless tobacco products within the next 6 months?

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

**C.8** Are you planning to quit using smokeless tobacco within the next 30 days?

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

**C.9** In the past 12 months, has any doctor, dentist or other health professional advised you to quit using smokeless tobacco?

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

**C.10** In the past 12 months, has any doctor, dentist or other health professional asked if you use smokeless tobacco products such as chewing tobacco, snuff, Iq'mik or Blackbull?

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

## Section D: New Smokeless Tobacco Products and Follow up to CQ7.4

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**Ask of All Respondents EXCEPT if C.2=4 (Respondent already said they use Snus)**

**D.1a** Do you currently use any of the new tobacco products, such as e-cigarettes, lozenges, orbs, Snus, or anything else?

**Interviewer note: New tobacco products include products such as e-cigarettes, lozenges, orbs, or snus. Another example: Camel strips or sticks.**

**Probe for which; DO NOT READ RESPONSES.**

- 1 Yes, E-cigarettes
- 2 Yes, lozenges
- 3 Yes, Orbs
- 4 Yes, Snus
- 6 Yes, other: \_\_\_\_\_
- 8 No (none)
- 7 Don't know/Not sure
- 9 Refused

**Asked if respondent uses Snus C.2 =4**

**D.1b** Do you currently use any of the new tobacco products, such as e-cigarettes, lozenges, Orbs, or anything else?

**Interviewer note: New tobacco products include products such as e-cigarettes, lozenges, orbs, or snus. Another example: Camel strips or sticks.**

**Probe for which; DO NOT READ RESPONSES.**

- 1 Yes, E-cigarettes
- 2 Yes, lozenges
- 3 Yes, Orbs
- 6 Yes, other: \_\_\_\_\_
- 8 No (none)
- 7 Don't know/Not sure
- 9 Refused

**Ask if respondent is a current smoker and currently uses smokeless or other products: C07Q02 = 1 | C07Q02 = 2) & (C07Q05 < 3 or AKCQ1<3 or AKDQ1a =1-6 or AKDQ1b = 1-6)**

**D.2** Have you ever used smokeless tobacco or new tobacco products such as e-cigarettes, lozenges, orbs, or Snus, instead of smoking cigarettes?

**Interviewer note: New tobacco products include products such as e-cigarettes, lozenges, orbs, or snus. Another example: Camel strips or sticks.**

**Probe for which; DO NOT READ RESPONSES.**

- 1 Yes, smokeless
- 2 Yes, new tobacco products
- 3 Yes both smokeless and new products
- 4 No
- 7 Don't know/Not sure
- 9 Refused

**CATI note: If Q7.2 = 3 (Not at all) continue. Otherwise, go to next section.**

Earlier we asked about when you last smoked a cigarette, EVEN one or two PUFFS. Now we are asking,

**D.3** About how long has it been since you last smoked cigarettes regularly? Was that...:

**INTERVIEWER NOTE: Pause between each response category to allow respondent to answer "Yes" or "No" to each category.**

**INTERVIEWER NOTE: If respondent refuses at any level, code 99 (Refused). If respondent answers "Don't know" or "Not sure" at any level, ask about the next level. If respondent answers "Don't know" or "Not sure" to two levels in a row, code 77 (Don't know/Not sure).**

- 10 10 years or more (If "No," ask 09; if "Yes," code 10)
- 09 At least 5 years but less than 10 years ago (If "No," ask 08; if "Yes," code 09)
- 08 More than a year ago (but less than 5 years ago) (If "No," ask 07; if "Yes," code 08)
- 07 About 1 year ago **[Interviewer note: Can add, "That is, roughly 12 months" if needed]** (If "No," ask 06; if "Yes," code 07)
- 06 At least 6 months but less than one year ago (If "No," ask 05; if "Yes," code 06)
- 05 At least 3 months but less than 6 months ago (If "No," ask 04; if "Yes," code 05)



- 04 At least 30 days ago but less than 3 months ago (If "No," ask 03; if "Yes," code 04)
- 03 At least 7 days ago but less than 30 days ago (If "No," ask 02; if "Yes," code 03)
- 02 At least 24 hours ago but less than 7 days ago (If "No," ask 01; if "Yes," code 02)
- 01 Within the past 24 hours

**Do not read:**

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

## Section E: Smoking Addiction

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**Ask if CQ7.2 <3 (everyday or someday smokers)**

**E.1** During the past 30 days, on how many days did you smoke cigarettes?

- \_\_ 0-30 Number of Days **[If E.1 = 0 Skip to E.3]**
- 77 Don't know/Not sure **[Skip to section F]**
- 99 Refused **[Skip to section F]**

**E.2** On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

- \_\_ 1 - 180 Number of cigarettes
- 666 Less than one cigarette a day
- 888 None
- 777 Don't know
- 999 Refused

**E.3** {How/On the days that you smoke, how} soon after you wake up do you smoke your first cigarette? Would you say .....

- 1 Within 5 minutes
- 2 6 to 30 minutes
- 3 31 to 60 minutes
- 4 After 60 minutes
  
- 7 Don't know
- 9 Refused

## Section F: Colorectal Cancer Screening

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**(Ask if age >= 50 other wise skip to Section G)**

**F.1** 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 **[Skip to next section]**
- 7 Don't know / Not sure **[Skip to next section]**
- 9 Refused **[Skip to next section]**

**F.2** 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 G: Barriers to Physical Activity

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**G.1** Do you believe you currently get enough physical activity?

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

**G.2** Do you agree or disagree that each of the following are reasons why you don't get more physical activity? Would that be somewhat or strongly?

RANDOMIZE ORDER of a-c

- a. Not enough time/too busy
- b. Lack of self-motivation
- c. Health issues/age

One answer each for G.2 a,b and c

- 1 Strongly disagree
- 2 Somewhat disagree

- 3 Somewhat agree
- 4 Strongly agree
- Do not read:**
- 7 Don't know/ Not sure
- 9 Refused

## Section H: Screen Time

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**H.1** How many hours a day, on average, do you spend watching TV, videos, DVDs or using the computer outside of work?

- \_\_ 01 – 24 (specify)
- 55 Less than one hour
- 66 Less than daily
- 77 Don't know / not sure
- 88 Do not watch TV, videos, or use the computer outside of work
- 99 Refused

## Section I: Sugar Sweetened Beverage Consumption

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**I.1** On an average day, how many cans, bottles, or glasses each of the following beverages do you drink?

**Note to interviewer: that would be a large glass or a 12 oz. can or bottle**

a. Regular soda or other sweetened carbonated beverages

- \_\_ Number of cans or glasses'
- 66 Less than one a day
- 88 None
- 77 Don't know / not sure
- 99 Refused

b. Sweetened non-carbonated beverages, including those made from a powdered mix

- \_\_ Number of cans or glasses
- 66 Less than one a day
- 88 None
- 77 Don't know / not sure
- 99 Refused

From time to time the State of Alaska conducts other surveys to collect information that will help us improve our programs and services. May we call you in the future to collect more information on health-related topics?

This means we might call you back within the next year, or invite you to some focus groups in your area. Of course, you can always refuse to participate in future surveys.

May I please have your first name, nickname, or initials, so that we know who to ask for?

May we email you in the future to collect more information on health-related topics?

May I please have your email address?

## Closing statement

### Please read:

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

## Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

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### Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
	7 0 Other _____

2 9 Lacrosse  
3 0 Mountain climbing  
3 1 Mowing lawn  
3 2 Paddleball  
3 3 Painting/papering house  
3 4 Pilates  
3 5 Racquetball  
3 6 Raking lawn  
3 7 Running  
3 8 Rock Climbing

9 9 Refused