

2001 New Hampshire Behavioral Risk Factor Surveillance System Questionnaire

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I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

1.1. Would you say that in general your health is: (72)

Please Read

	Excellent	1
	Very good	2
	Good	3
	Fair	4
	or	
	Poor	5
Do not read these responses	Don't know/Not sure	7
	Refused	9

1.2. 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?

(73-74)

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

1.3. 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?

(75-76)

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

If 1.2 and 1.3=88, Go to 2.1

1.4. 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?

(77-78)

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

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (79)

Yes		1
No	Go to 2.3	2
Don't know/Not sure	Go to 2.3	7
Refused	Go to 2.3	9

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)

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

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

If "no," ask "Is there <u>more</u> <u>than one</u> or is there <u>no</u> person who you think of?"	Yes, only one	1
	More than one	2
	No	3
	Don't know/Not sure	7
	Refused	9

Section 3: Exercise

3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)

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

Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

Yes	1
No	Go to 5.1 2
Don't know/Not sure	Go to 5.1 7
Refused	Go to 5.1 9

4.2. Are you currently taking medicine for your high blood pressure? (84)

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

Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

Yes		1
No	Go to 6.1	2
Don't know/Not sure	Go to 6.1	7
Refused	Go to 6.1	9

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

Read Only if Necessary

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

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

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

Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (88)

Yes		1
No	Go to 7.1	2
Don't know/Not sure	Go to 7.1	7
Refused	Go to 7.1	9

6.2. Do you still have asthma? (89)

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

Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

If "Yes" and female, ask "Was this only when you were pregnant?"	Yes		1
	Yes, but female told only during pregnancy	Go to 8.1	2
	No	Go to 8.1	3
	Don't know/Not sure	Go to 8.1	7
	Refused	Go to 8.1	9

Module 1: Diabetes

MOD1_1. How old were you when you were told you have diabetes? (180-181)

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

MOD1_2. Are you now taking insulin? (182)

Yes	1
No	2
Refused	9

MOD1_3. Are you now taking diabetes pills? (183)

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

MOD1_4. 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. (184-186)

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

MOD1_5. 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. (187-189)

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

MOD1_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (190)

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

MOD1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (191-192)

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

MOD1_8. A test for hemoglobin "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 hemoglobin "A one C"? (193-194)

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

If MOD1_5 =555, Go to MOD1_10

MOD1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (195-196)

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

MOD1_10. 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. (197)

Read Only if Necessary

Within the past month (anytime less than 1 month ago)	1
Within the past year (1 month but less than 1 year ago)	2
Within the past 2 years (1 year but less than 2 years ago)	3
2 or more years ago	4
Never	8
Don't know/Not sure	7
Refused	9

MOD1_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (198)

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

MOD1_12. Have you ever taken a course or class in how to manage your diabetes yourself? (199)

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

Section 8: Arthritis

8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (91)

Yes	1	
No	Go to 8.5	2
Don't know/Not sure	Go to 8.5	7
Refused	Go to 8.5	9

8.2. Were these symptoms present on most days for at least one month? (92)

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

8.3. Are you now limited in any way in any activities because of joint symptoms? (93)

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

8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)

	Yes		1
	No		2
	Don't know/Not sure		7
	Refused		9
8.5.	Have you ever been told by a doctor that you have arthritis?		(95)
	Yes		1
	No	Go to 9.1	2
	Don't know/Not sure	Go to 9.1	7
	Refused	Go to 9.1	9
8.6.	Are you currently being treated by a doctor for arthritis?		(96)
	Yes		1
	No		2
	Don't know/Not sure		7
	Refused		9

Section 9: Immunization

- 9.1. During the past 12 months, have you had a flu shot? (97)
- | | |
|---------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
- 9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (98)
- | | |
|---------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

5 packs = 100 cigarettes	Yes		1
	No	Go to 11.1	2
	Don't know/Not sure	Go to 11.1	7
	Refused	Go to 11.1	9

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

Every day		1
Some days		2
Not at all	Go to 11.1	3
Refused	Go to 11.1	9

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

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

Section 11: Alcohol Consumption

- 11.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (102-104)

Days per week		1	__	__
Days in past 30		2	__	__
No drinks in past 30 days	Go to 12.1	8	8	8
Don't know/Not sure	Go to 12.1	7	7	7
Refused	Go to 12.1	9	9	9

- 11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

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

- 11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

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

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

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

Section 13: Demographics

13.1. What is your age? (110-111)

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

13.2. Are you Hispanic or Latino? (112)

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

13.3. Which one or more of the following would you say is your race? (113-118)
{MUL 6}

Please Read

Mark all that apply	White	1
	Black or African American	2
	Asian	3
	Native Hawaiian or Other Pacific Islander	4
	American Indian, Alaska Native	5
	or	
	Other [specify] _____	6
	No additional choices	8
Do not read these responses	Don't know/Not sure	7
	Refused	9

If more than one response to 13.3, continue. Otherwise, go to 13.5

13.4. Which one of these groups would you say best represents your race? (119)

White	1
Black or African American	2
Asian	3
Native Hawaiian or Other Pacific Islander	4
American Indian, Alaska Native	5
Other [specify] _____	6
Don't know/Not sure	7
Refused	9

13.5. Are you: (120)

Please Read

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

Do not read Refused 9

13.6. How many children less than 18 years of age live in your household ? (121-122)

Number of children	
None	<u>0</u> <u>8</u>
Refused	0 9

13.7. What is the highest grade or year of school you completed? (123)

Read Only if Necessary

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

Ask if Core Q13.7=6, else go to 13.8

13.7.a Was that a Bachelor's Degree, or a Graduate / Professional Degree? (#)

Bachelor's Degree	1
Graduate / Professional Degree	2
Don't Know/ Not Sure	7
Refused	9

13.8. Are you currently: (124)

Please Read

- Employed for wages 1
- Self-employed 2
- Out of work for more than 1 year 3
- Out of work for less than 1 year 4
- A Homemaker 5
- A Student 6
- Retired 7

or

- Unable to work 8

- Do not read** Refused 9

13.9. Is your annual household income from all sources: (125-126)

Read as Appropriate

If respondent refuses at any income level, code refused	Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)	0 4
	Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)	0 3
	Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)	0 2
	Less than \$10,000 If "no," code 02	0 1
	Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)	0 5
	Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)	0 6
	Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)	0 7
	\$75,000 or more	0 8
	Do not read these responses	Don't know/Not sure
	Refused	9 9

13.10. About how much do you weigh without shoes? (127-129)

Round fractions up	Weight	— — —
		pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

13.11. About how tall are you without shoes? (130-132)

Round fractions down	Height	— / — —
		ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

13.12. What county do you live in?

(133-135)

Belknap	001
Carroll	003
Cheshire	005
Coos	007
Grafton	009
Hillsboro	011
Merrimack	013
Rockingham	015
Strafford	017
Sullivan	019
Don't Know/Not Sure	777
Refused	999

13.12.a What town do you live in?

(##)

Alton	Sandwich	Swanzy
Barnstead	Tamworth	Troy
Belmont	Tuftsboro	Walpole
Center Harbor	Wakefield	Westmoreland
Gilford	Wolfeboro	Winchester
Gilmanton	Hale's Location	A & G Grant
Laconia	Alstead	Bean's Purchase
Meredith	Chesterfield	Berlin
New Hampton	Dublin	Cambridge
Sanbornton	Fitzwilliam	Carroll
Tilton	Gilsum	Clarksville
Albany	Harrisville	Colebrook
Bartlett	Hinsdale	Columbia
Brookfield	Jaffrey	Dalton
Chatham	Keene	Dartmouth College Grant
Conway	Marlborough	Dix's Grant
Eaton	Marlow	Dixville
Effingham	Nelson	Dummer
Freedom	Richmond	Errol
Harts Location	Rindge	Erving's Location
Jackson	Roxbury	Gorham
Madison	Stoddard	Greens Grant
Moultonborough	Sullivan	Jefferson
Ossipee	Surry	Kilkenny

Lancaster
Martins Location
Milan
Millsfield
Northumberland
Odell
Pinkhams Grant
Pittsburg
Randolph
Shelburne
Stark
Stewartstown
Stratford
Success
Sargent's Grant
Wentworth's Location
Whitefield
Alexandria
Ashland
Bath
Benton
Bethlehem
Bridgewater
Bristol
Campton
Canaan
Dorchester
Easton
Ellsworth
Enfield
Franconia
Grafton
Groton
Hanover
Haverhill
Hebron
Holderness
Landaff
Lebanon
Lincoln
Lisbon

Littleton
Livermore
Lyman
Lyme
Monroe
Orange
Orford
Piermont
Plymouth
Rumney
Thornton
Warren
Waterville
Wentworth
Woodstock
Sugar Hill
Amherst
Antrim
Bedford
Bennington
Brookline
Deering
Fracestown
Goffstown
Greenfield
Greenville
Hancock
Hillsborough
Hollis
Hudson
Litchfield
Lyndeborough
Manchester
Mason
Merrimack
Milford
Mont Vernon
Nashua
New Boston
New Ipswich
Pelham

Peterborough
Sharon
Temple
Weare
Wilton
Windsor
Allenstown
Andover
Boscawen
Bow
Bradford
Canterbury
Chichester
Concord
Danbury
Dunbarton
Epsom
Franklin
Henniker
Hill
Hooksett
Hopkinton
Loudon
Newbury
New London
Northfield
Pembroke
Pittsfield
Salisbury
Sutton
Warner
Webster
Wilmot
Atkinson
Auburn
Brentwood
Candia
Chester
Danville
Deerfield
Derry

East Kingston	Plaistow	Rochester
Epping	Portsmouth	Rollinsford
Exeter	Raymond	Somersworth
Fremont	Rye	Strafford
Greenland	Salem	Acworth
Hampstead	Sandown	Charlestown
Hampton	Seabrook	Claremont
Hampton Falls	South Hampton	Cornish
Kensington	Stratham	Croydon
Kingston	Windham	Goshen
Londonderry	Barrington	Grantham
New Castle	Dover	Langdon
Newfields	Durham	Lempster
Newington	Farmington	Newport
Newmarket	Lee	Plainfield
Newton	Madbury	Springfield
North Hampton	Middleton	Sunapee
Northwood	Milton	Unity
Nottingham	New Durham	Washington

Don't Know	77
Refused	99

13.12.b What is your zip code? (#####)

Enter Zip Code	— — — —
Don't Know/Not Sure	7 7 7 7 7
Refused	9 9 9 9 9

13.13. 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. (136)

Yes	1
No	Go to 13.15 2
Don't know/Not sure	Go to 13.15 7
Refused	Go to 13.15 9

13.14. How many of these are residential numbers? (137)

Residential telephone numbers [6=6 or more]	—
---	---

Don't know/Not sure	7
Refused	9

13.15. How many adult members of your household currently use a cell phone for any purpose? (138)

Number of adults [6=6 OR MORE]	—
None	8
Don't know/Not sure	7
Refused	9

13.16. Indicate sex of respondent. **Ask only if necessary** (139)

Male Go to 14.1	1
Female	2

If respondent 45 years old or older, go to 14.1

13.17. To your knowledge, are you now pregnant? (140)

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

Section 14: Disability

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

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

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

14.2. 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? (142)

Include occasional use or use in certain circumstances	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

Section 15: Physical Activity

If 13.8=1,2, Ask 15.1, Else go to 15.2

15.1. When you are at work, which of the following best describes what you do? (143)

Would you say: **Please Read**

If respondent has multiple jobs, include all jobs	Mostly sitting or standing	1
	Mostly walking	2
	or Mostly heavy labor or physically demanding work	3
Do not read these responses	Don't know/Not sure	7
	Refused	9

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

15.2. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core 13.8]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (144)

- Yes 1
- No **Go to 15.5** 2
- Don't know/Not sure **Go to 15.5** 7
- Refused **Go to 15.5** 9

15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (145-146)

- Days per week
- Does not Exercise 10 minutes weekly **Go to 15.5** 8 8
- Don't know/Not sure 7 7
- Refused 9 9

15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)

- Hours and minutes per day **Range 0:10-9:59** ____:____
- Don't know/Not sure 7 7 7
- Refused 9 9 9

15.5. Now thinking about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core 13.8]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)

- Yes 1
- No **Go to 16.1** 2
- Don't know/Not sure **Go to 16.1** 7
- Refused **Go to 16.1** 9

15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)

Days per week	— —
Does not Exercise 10 minutes weekly Go to 16.1	8 8
Don't know/Not sure	7 7
Refused	9 9

15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)

Hours and minutes per day Range 0:10-9:59	—:
Don't know/Not sure	7 7 7
Refused	9 9 9

Section 16: Prostate Cancer Screening

If Respondent is female, or 13.1<40, Go to 17.1

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

- Yes 1
- No **Go to 16.3** 2
- Don't Know/not Sure **Go to 16.3** 7
- Refused **Go to 16.3** 9

16.2. How long has it been since you had your last PSA test? (157)

Read Only if Necessary

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

16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

- Yes 1
- No **Go to 16.5** 2
- Don't know/Not sure **Go to 16.5** 7
- Refused **Go to 16.5** 9

16.4. How long has it been since your last digital rectal exam? (159)

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

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)

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

16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)

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

Section 17: Colorectal Cancer Screening

If 13.1<50, Go to 18.1

17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (162)

Yes		1
No	Go to 17.3	2
Don't know/Not sure	Go to 17.3	7
Refused	Go to 17.3	9

17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

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

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (164)

Yes		1
No	Go to HIV/AIDS Section	2
Don't know/Not sure	Go to HIV/AIDS Section	7
Refused	Go to HIV/AIDS Section	9

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165)

Read Only if Necessary

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

Don't know	7
Refused	9
Don't know	7
Refused	9

Section 18: HIV/AIDS

If 13.1>64, Go to Transition to Modules

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 don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you Don't know.

18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

- True 1
- False 2
- Don't know/Not Sure 7
- Refused 9

18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

- True 1
- False **Go to 18.4** 2
- Don't know/Not Sure **Go to 18.4** 7
- Refused **Go to 18.4** 9

18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

Please Read

- Very effective 1
- Somewhat effective 2
- or
- Not at all effective 3

- Do not read these responses** Don't know/Not sure 7
- Refused 9

18.4. How important do you think it is for people to know their HIV status by getting tested?
(169)

Would you say:

Please Read

	Very important	1
	Somewhat important	2
	or	
	Not at all important	3
Do not read these responses	Don't know/Not sure	7
	Refused	9

18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.
(170)

Include saliva tests	Yes		1
	No	Go to 18.9	2
	Don't know/Not sure	Go to 18.9	7
	Refused	Go to 18.9	9

18.6. Not including blood donations, in what month and year was your last HIV test?
Note: If HIV test occurred before January 1985 enter 7777, Don't know/Not sure.

Include saliva tests	Code month and year	(171-174)
	Don't know/Not sure	$\frac{\quad}{7} \frac{\quad}{7} / \frac{\quad}{7} \frac{\quad}{7}$
	Refused	6 6 6 6

18.7. What was the main reason you had your test for HIV in [fill in date from 18.6]?
(175-176)

Read Only if Necessary

For hospitalization or surgical procedure	0 1
To apply for health insurance	0 2
To apply for life insurance	0 3
For employment	0 4
To apply for a marriage license	0 5
For military induction-or military service	0 6
For immigration	0 7
Just to find out if you were infected	0 8
Because of referral by a doctor	0 9
Because of pregnancy	1 0

Referred by your sex partner	1 1
For routine check-up	1 3
Because of occupational exposure	1 4
Because of illness	1 5
Because I am at risk for HIV	1 6
Other	8 7
Don't know/Not sure	7 7
Refused	9 9

18.8. Where did you have the HIV test in [fill in date from 18.6]? (177-178)

Read Only if Necessary

Private doctor, HMO	0 1	
Blood bank, plasma center, Red Cross	0 2	
Health department	0 3	
AIDS clinic, counseling, testing site	0 4	
Hospital, emergency room, outpatient clinic	0 5	
Family planning clinic		0 6
Prenatal clinic, obstetrician's office	0 7	
Tuberculosis clinic	0 8	
STD clinic	0 9	
Community health clinic	1 0	
Clinic run by employer	1 1	
Insurance company clinic	1 2	
Other public clinic	1 3	
Drug treatment facility	1 4	
Military induction or military service site	1 5	
Immigration site	1 6	
At home, home visit by nurse or health worker	1 7	
At home using self-sampling kit	1 8	
In jail or prison	1 9	
Other	8 7	
Don't know/Not sure	7 7	
Refused	9 9	

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

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

Transition to Modules and State-added Questions

Finally, I have just a few questions left about some other health topics.

Module 6: Oral Health

MOD6_1. How long has it been since you last visited a dentist or a dental clinic for any reason?

(257)

	Read Only if Necessary	
Include visits to dental specialists, such as orthodontists	Within the past year (anytime less than 12 months ago)	1
	Within the past 2 years (1 year but less than 2 years ago)	2
	Within the past 5 years (2 years but less than 5 years ago)	3
	5 or more years ago	4
	Don't know/Not sure	7
	Never	8
	Refused	9

MOD6_2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

(258)

Include teeth lost due to "infection"	1 to 5	1
	6 or more but not all	2
	All	3
	None	7
	Don't know/Not sure	8
	Refused	9

If MOD6_1=8 or MOD6_2=3, Go to MOD6_4

MOD6_3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

(259)

Read Only if Necessary

Within the past year (anytime less than 12 months ago)	1
Within the past 2 years (1 year but less than 2 years ago)	2
Within the past 5 years (2 years but less than 5 years ago)	3
5 or more years ago	4
Don't know/Not sure	7
Never	8
Refused	9

If MOD6_1 or MOD6_3=1 Go to MOD6_5

MOD6_4. What is the main reason you have not visited the dentist in the past year?

(260-261)

Read Only if Necessary

Fear, apprehension, nervousness, pain, dislike going	0 1
Cost	0 2
Do not have/know a dentist	0 3
Cannot get to the office/clinic (too far away, no transportation, no appointments available)	0 4
No reason to go (no problems, no teeth)	0 5
Other priorities	0 6
Have not thought of it	0 7
Other	0 8
Don't know/Not sure	7 7
Refused	9 9

MOD6_5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

(262)

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

Module 13: Tobacco Indicators

If Core 10.1≠1, Go to MOD13_6

Previously you said you have smoked cigarettes.

MOD13_1. How old were you the first time you smoked a cigarette, even one or two puffs?
(347-348)

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

MOD13_2. How old were you when you first started smoking cigarettes regularly?
(349-350)

Code age in years	— —
Never smoked regularly Go to MOD13_6	8 8
Don't know/Not sure	7 7
Refused	9 9

If Core 10.2=9, Go to MOD13_6

If Core 10.2≠3, Go to MOD13_4

MOD13_3. About how long has it been since you last smoked cigarettes regularly?
(351-352)

Read Only if Necessary

Within the past month (anytime less than 1 month ago)	01
Within the past 3 months (1 month but less than 3 months ago)	02
Within the past 6 months (3 months but less than 6 months ago)	03
Within the past year (6 months but less than 1 year ago)	04
Within the past 5 years (1 year but less than 5 years ago)	
Go to MOD13_6	05
Within the past 10 years (5 years but less than 10 years ago)	
Go to MOD13_6	06
10 or more years ago	Go to MOD13_6 07
Don't know/Not sure	Go to MOD13_6 77
Refused	Go to MOD13_6 99

MOD13_4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? (353)

Yes		1
No	Go to MOD13_6	2
Don't know/Not sure	Go to MOD13_6	7
Refused	Go to MOD13_6	9

MOD13_5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? (354)

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

MOD13_6. Which statement best describes the rules about smoking inside your home? (355)

Please Read		
Smoking is not allowed anywhere inside your home		1
Smoking is allowed in some places or at some times		2
Smoking is allowed anywhere inside the home		3
or		
There are no rules about smoking inside the home		4
Don't know/Not sure		7
Refused		9

Do not read these responses

If Core 13.8≠1,2, Go to next module

MOD13_7. While working at your job, are you indoors most of the time? (356)

Yes		1
No	Go to state added new england	2
Don't Know/Not Sure	Go to state added new england	7
Refused	Go to state added new england	9

MOD13_8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (357)

	Please Read	
For workers who visit clients, "place of work" means their base location	Not allowed in any public areas	1
	Allowed in some public areas	2
	Allowed in all public areas	3
	or No official policy	4
Do not read these responses	Don't know/Not sure	7
	Refused	9

MOD13_9. Which of the following best describes your place of work's official smoking policy for work areas? (358)

	Please Read	
	Not allowed in any work areas	1
	Allowed in some work areas	2
	Allowed in all work areas	3
	Or No official policy	4
Do not read these responses	Don't know/Not sure	7
	Refused	9

State Added Questions

New England State-Added Asthma Questions

[IF 13.6 > 1]

NE1_1 Earlier you said that there were [Number from 13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

[IF 13.6 = 1]

NE1_1 Earlier you said that there was a child aged 17 or younger living in your household. Has your child been diagnosed with asthma?

(590)

Number of Children	_____	_____
Don't know/Not sure	7	7
None	8	8
Refused	9	9

[IF NE1_1 > 1THEN]

NE1_2 How many of these children still have asthma?

(592)

Number of Children	_____	_____
Don't know/Not sure	7	7
None	8	8
Refused	9	9

[IF NE1_1 < 1THEN]

NE1_2 Does this child still have asthma?

(593)

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

State-Added SIDS

NH1_1	Is there a baby, 12 months or younger, that sleeps in your household at least one day a week? This could be your baby or a baby that you care for.		(400)
	Yes	1	
	No	Go to NH2_1	2
	Don't know/Not sure	Go to NH2_1	7
	Refused	Go to NH2_1	9
NH1_2	Are you responsible for the care of this baby while he or she sleeps?		(401)
	Yes		1
	No	Go to NH2_1	2
	Don't know/Not sure	Go to NH2_1	7
	Refused	Go to NH2_1	9
NH1_3	When you put the baby down to sleep, do you have a position that you USUALLY place the baby in? [Interviewers: Please probe for correct response]		(402)
	Yes, on side		1
	Yes, on stomach – head face down		2
	Yes, on stomach – head turned to the side		3
	Yes, on back		4
	Yes, some other position		5
	No special position		6
	Don't know/Not sure		7
	Refused		9
NH1_4	What position do you most commonly find the baby in when you check on him or her while they are asleep?		(403)
	on side		1
	on stomach – head face down		2
	on stomach – head turned to the side		3
	on back		4
	some other position		5
	No special position		6
	Don't know/Not sure		7
	Refused		9

State Added Immunizations

NH2_1	You may have already answered this question, but did you receive a flu shot between September and December of LAST year, between January and May of THIS year, both times, or neither?		(404)
	September-December 2000	1	
	January-May 2001	2	
	Neither	3	
	Both	4	
	Don't know/Not sure	7	
	Refused	9	

Ask if NH2_1 = 2 or 3, else go to NH2_3

NH2_2	What is the main reason you didn't get a flu shot between September and December of LAST year?		(405)
	Didn't know I needed it	1	
	Doctor didn't recommend it	2	
	Didn't think of it/forgot/missed it	3	
	No shots were available	4	
	Tried to get a flu shot/ but my doctor said I didn't need it	5	
	Not at serious risk	6	
	Shot could give me the flu/ allergic reaction/ other health problem	8	
	Don't know/not sure	7	
	Refused	9	

NH2_3	At what kind of place did you get your last flu shot {before June 2001?}		(406)
	Doctor's office	1	
	Health Department	2	
	Senior, Recreation, or Community Center	3	
	Store	4	
	Hospital or Emergency Room	5	
	Workplace	6	
	Don't know/not sure	7	
	Refused	9	

State Added Violence

NH3_1 During the past 12 months, that is since CATI fill in date, have you been subject to any physical violence?
 [Interviewer: if respondent says they were raped, reply that the rape will be coded, and ask "when you were raped, were you also hit, slapped, pushed, or kicked or hit with an object or weapon?" and code response. Being hit by young children is excluded. A young child is defined as less than or equal to 12 years-old.] (407)

Yes		1
No	[SKIP TO NH3_16]	2
Raped and hit or struck		3
Raped but NOT hit or struck		4
Don't know		7
Refused	[SKIP TO NH3_16]	9

NH3_2 During the past 12 months, on how many different occasions have you been subject to physical violence? (408)

Number of times		—	—
0 or none	Go to NH3_16	0	0
95 or more times		9	5
Don't know	Go to NH3_16	9	8
Refused	Go to NH3_16	9	9
N/A (Skip)		9	7

NH3_3 Thinking of (this occasion/each of these occasions), what was the relationship of the person who did this? Was it (ever) ...
 [Code all answers. Ask respondent to specify "other"]

your spouse or domestic partner (410)

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

NH3_4 your ex-spouse or ex-partner (411)

	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
NH3_5	your boyfriend, girlfriend, or date		(412)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
NH3_6	your ex-boyfriend or ex-girlfriend		(413)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
NH3_7	your parent, brother, sister, or other family member		(414)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
NH3_8	a friend or someone you know		(415)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
NH3_9	a total stranger		(416)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	

NH3_10	Was there someone else I didn't mention?		(417)
	Yes (specify)	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
NH3_100	Other (specify)		
NH3_11	During the past 12 months, how many times did these incidents result in an injury that required you to see a doctor, nurse, dentist, or other health care provider for treatment?		(418)
	Number of times	— —	
	0 or none	0 0	
	95 or more times	9 5	
	Don't know/Not sure	9 8	
	Refused	9 9	
NH3_12	During the past 12 months, when (this/any of these) incidents occurred, were you drinking or using drugs?		(420)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
NH3_13	During the past 12 months, did a spouse/partner/or ex-partner force you to have sexual relations (or intercourse) that you did not want?		(421)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
NH3_14	During the past <u>30 days</u> , on how many days did you carry a weapon such as a gun, knife, or club? Do not count carrying a weapon as part of your job.		(422)
	Number of days	— —	
	0 or none	0 0	
	Don't know/Not sure	7 7	
	Go to NH3_16		
	Go to NH3_16		

Refused	Go to NH3_16	9 9
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NH3_15 During the past 30 days, on how many days did you carry a gun? Do not count carrying a gun as part of your job. (424)

Number of days	— —
0 or none	0 0
Don't know/Not sure	7 7
Refused	9 9

NH3_16 The next question asks about some of your attitudes towards physical violence. Do you think it's OK for a man to hit his wife, partner, or girlfriend, to discipline or keep her in line? (426)

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

NH3_17 Were you subject to physical violence as a usual means of punishment when you were a child of 12 or under? (427)

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

Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide, that is, taking some action to end their own life. The next four questions ask about attempted suicide.

NH3_18 During the past 12 months, have you ever seriously considered attempting suicide? (428)

Yes	1
No	Go to NH5_1
Don't know/Not sure	Go to NH5_1
	7

	Refused	Go to NH5_1	9	
NH3_19	During the past 12 months, did you ever make a serious plan about how you would attempt suicide?			(429)
	Yes		1	
	No		2	
	Don't know/Not sure		7	
	Refused		9	
NH3_20	During the past 12 months, how many times did you actually attempt suicide?			(430)
	Number of times			
	0 or none	Go to NH5_1	0 0	
	95 or more times		9 5	
	Don't know/Not sure	Go to NH5_1	9 8	
	Refused	Go to NH5_1	9 9	
NH3_21	If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?			(432)
	Yes		1	
	No		2	
	Don't know/Not sure		7	
	Refused		9	

State Added Diabetes

NH5_1	Has anyone in your immediate family (grandmother, grandfather, mother, father) been told by a doctor that they have diabetes?		(433)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	

IF Q7.1≠1, Go to Family Planning

NH5_2	Have you ever seen a dietitian to discuss your diet and your diabetes?		(434)
	Once only	1	
	More than once but regularly	2	
	One time each year regularly	3	
	Two times each year regularly	4	
	Three or more times each year regularly	5	
	Never	6	
	Don't know/not sure,	7	
	Refused	9	

NH5_3	Have you ever seen a specialist in diabetes education, also know as a CDE, Certified Diabetic Educator?		(435)
	Once only	1	
	More than once but regularly	2	
	One time each year regularly	3	
	Two times each year regularly	4	
	Three or more times each year regularly	5	
	Never	6	
	Don't know/not sure,	7	
	Refused	9	

State Added Family Planning

If respondent is male or age 45 years old or older, go to next module.

If pregnant now ("Yes" to core Q13.17), go to NH6_2a.

The next few questions ask about pregnancy and ways to prevent pregnancy

NH6_1.	Have you been pregnant in the last 5 years?		(436)
	Yes		1
	No	[Go to NH6_3]	2
	Don't know/Not sure	[Go to NH6_3]	7
	Refused	[Go to NH6_3]	9
NH6_2.	Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?		(437)
	Would you say: Please Read		
	You wanted to be pregnant sooner	[Go to NH6_3]	1
	You wanted to be pregnant later	[Go to NH6_3]	2
	You wanted to be pregnant then	[Go to NH6_3]	3
	You didn't want to be pregnant then or at anytime in the future	[Go to NH6_3]	4
	Don't know/Not sure	[Go to NH6_3]	7
Do not read	Refused	[Go to NH6-3]	9
NH6_2a.	Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?		(438)
	Would you say: Please Read		
	You wanted to be pregnant sooner		1
	You wanted to be pregnant later		2
	You wanted to be pregnant then		3
	You didn't want to be pregnant then or at any time in the future		4
	Don't know		7
Do not read	Refused		9

If respondent is pregnant now ("Yes" to core Q13.17), go to NH6_6.

NH6_3. Are you or your [fill in (husband/partner) from coreQ13.5] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.

(439)

Yes		1
No	[Go to NH6_5]	2
Not sexually active	[Go to NH6_6]	3
Don't know/Not sure	[Go to NH6_6]	7
Refused	[Go to NH6_6]	9

NH6_4. What kinds of birth control are you or your [fill in (husband/partner) from core Q10.4] using now?

(440)

Read Only if Necessary

[If more than one, code other and specify each method]

Tubes tied (sterilization)	[Go to NH6_6]	0 1
Vasectomy (sterilization)	[Go to NH6_6]	0 2
Pill	[Go to NH6_6]	0 3
Condoms	[Go to NH6_6]	0 4
Foam, jelly, cream	[Go to NH6_6]	0 5
Diaphragm	[Go to NH6_6]	0 6
Norplant	[Go to NH6_6]	0 7
Shots (Depo-Provera)	[Go to NH6_6]	0 8
Withdrawal	[Go to NH6_6]	0 9
Other [specify]	[Go to NH6_6]	8 7
Do not read Don't know/Not sure	[Go to NH6_6]	7 7
Refused	[Go to NH6_6]	9 9

NH6_5 What are your reasons for not using any birth control now?

(442)

Read Only if Necessary

I am not having sex		1
I want to get pregnant		2
I don't want to use birth control		3

	My husband or partner doesn't want to use birth control	4	
	I don't think I can get pregnant	5	
	I can't pay for birth control	6	
Do not read	Other [specify]	8	
	Don't know/Not sure	7	
	Refused	9	
NH6_6	Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?		(444)
	Would you say: Please Read		
	A family planning clinic [Example: a Planned Parenthood clinic] [Go to NH6_8]	1	
	A health department clinic	2	
	A community health center	3	
	A private gynecologist	4	
	A general or family physician	5	
Do not Read	Some other kind of place	8	
	Don't know/not sure	7	
	Refused	9	
NH6_7	Have you ever used the services at a family planning clinic? [Example: Planned Parenthood]		(445)
	Yes	1	
	No [Go to Next Module]	2	
	Don't know/not sure [Go to Next Module]	7	
	Refused [Go to Next Module]	9	
NH6_8	How long has it been since you used the services at a family planning clinic? Read Only if Necessary		(446)
	Within the past year (1 to 12 months ago)	1	
	Within the past 2 years (1 to 2 years ago)	2	
	Within the past 3 years (2 to 3 years ago)	3	
	Within the past 5 years (3 to 5 years ago)	4	
	5 or more years ago	5	
	Don't know/Not sure	7	

Closing Statement

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