



2004

Behavioral Risk Factor Surveillance System

State Questionnaire

New Hampshire

2004

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

**2004 DRAFT QUESTIONNAIRE
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
08/15/03**

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HELLO, I'm calling for the **New Hampshire Department of Health and Human Services** and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of **New Hampshire** residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices. I can provide you a name and number from the new Hampshire Department of Health and Human Services. Would you like that now?

Is this (phone number) ? **If "no"** Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **Stop**

Is this a private residence? **If "no"** Thank you very much, but we are only interviewing private residences. **Stop**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. Enter 1 man or 1 woman below. (Ask gender if necessary.) **{Go to "correct respondent" at bottom of page}**

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

How many of these adults are men and how many are women?

___ Number of men
___ Number of women

The person in your household that I need to speak with is _____.
{If "you," go to page

2}

To correct respondent:

HELLO, I'm _____ (name) _____ calling for the **New Hampshire Department of Health and Human Services** and the Centers for Disease Control and Prevention. We're gathering information on the health of **New Hampshire** residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices. I can provide you a name and number from the new Hampshire Department of Health and Human Services. Would you like that now?

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 me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

[The interview may be monitored for quality assurance purposes.]

Section 1: Health Status

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

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair

Or

- 5 Poor
- Do not read**
- 7 Don't know / Not sure
 - 9 Refused

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?

- ___ ___ Number of days
- 8 8 None
- 7 7 Don't know / Refused
- 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?

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

{If Q2.1 and Q2.2 are none, go to next section}

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?

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

Section 3: Health Care Access

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?

- 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?]

- 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 the cost?

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

Section 4: Exercise

4.1. 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?

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

Section 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

5.1. Things like dust, mold, smoke and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptoms that you think was caused by something in the air inside a home, office, or other building?

[NOTE: If respondent has experienced an illness or symptom within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".]

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

5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptoms that you think was caused by pollution in the air outdoors?

[NOTE: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptoms within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".]

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

Section 6: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

6.1 Have you had a sunburn within the past 12 months?

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

6.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 7: Tobacco Use

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

[5 packs = 100 cigarettes]

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

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

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to next section]**
- 9 Refused **[Go to next section]**

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

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

Section 8: Alcohol Consumption

8.1. 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 many days per week or per month did you have at least one drink of any alcoholic beverage?

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

8.2. On the days when you drank, about how many drinks did you drink on the average?

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

8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

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

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

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

Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma?

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

9.2. Do you still have asthma?

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

Section 10: Diabetes

10.1. Have you ever been told by a doctor that you have diabetes?

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

[If Respondent says pre-diabetes or borderline diabetes, use response code 4.]

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

Module 1: Diabetes

{To be asked following core Q10.1 if response is "Yes"}

Mod1_1. How old were you when you were told you have diabetes?

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

Mod1_2. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

Mod1_3. Are you now taking diabetes pills?

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

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.

- 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

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.

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

Mod1_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

Mod1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

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

Mod1_8. A test, for "A one C," measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

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

{If "no feet" to Q5, go to Q10}

Mod1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

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

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.

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

Mod1_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

Mod1_12. Have you ever taken a course or class in how to manage your diabetes yourself?

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

Section 11: Oral Health

11.1. How long has it been since you last visited a dentist or a dental clinic for any reason?
[Include visits to dental specialists, such as orthodontists]
[NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.]

Read Only if Necessary

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

Do not read

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

11.2. 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.
[Include teeth lost due to "infection"]

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

{If Q11.1 = 8/Never OR q11.2 = 3/All, SKIP TO NEXT SECTION}

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

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

Section 12: Immunization

12.1. During the past 12 months, have you had a flu shot?

[Read if necessary: We want to know if you had a flu shot injected in your arm]

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

12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

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

12.3. 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 a pneumococcal vaccine.

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

Section 13: Demographics

13.1 What is your age?

- ___ ___ Code age in years [99 = 99 or higher]
- 0 7 Don't know / Not sure
- 0 9 Refused

13.2 Are you Hispanic or Latino?

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

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

[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, Alaska Native

Or

- 6 Other [**specify**] _____

Do not read

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

{If more than one response to Q13.3, continue. Otherwise, go to Q13.5}

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

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

13.5 Are you?

Please read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 **A member of an unmarried couple** **Do not read**
- 9 Refused

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

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

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

Read only if necessary

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

13.8 Are you currently?

Please read

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

Or

- 8 Unable to work Do not read**
- 9 Refused

13.9 Is your annual household income from all sources?
[Note: If respondent refuses at ANY income level, code '99 Refused']

Read as appropriate

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

Do not read

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

13.10 About how much do you weigh without shoes?
[Note: If respondent answers in metrics, put "1" in column 126.]

[Round fractions up]

- ____ Weight
pounds/kilograms
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

13.11 About how tall are you without shoes?
[Note: If respondent answers in metrics, put "1" in column 130.]

[Round fractions down]

___ ___ / ___ ___ Height
ft / inches/meters/centimeters
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

13.12 What county do you live in?

___ ___ FIPS county code
7 7 7 Don't know / Not sure
9 9 9 Refused

{If county=777 or 999, use assigned county from sample to trigger list of towns}

State-Added 1: Demographics (town/zip)

NH1_1 What town do you live in?

___ ___ Enter Town Code
7 7 Don't know / Not sure
9 9 Refused

NH1_2 What is your zip code?

___ ___ ___ ___ Enter zip code
7 7 7 7 7 Don't Know / Not Sure
9 9 9 9 9 Refused

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.

1 Yes
2 No **[Go to Q13.15]**
7 Don't know / Not sure **[Go to Q13.15]**
9 Refused **[Go to Q13.15]**

13.14 How many of these phone numbers are residential numbers?

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

13.15 During the past 12 months, has your household been without telephone service for 1 week or more?

[Note: Do not include interruptions of phone service because of weather or natural disasters.]

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

13.16 Indicate sex of respondent. Ask only if necessary.

1 Male **[Go to next section]**

2 Female

{If respondent 45 years old or older, go to next section.}

13.17 To your knowledge, are you now pregnant?

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

Section 14: Veteran's Status

14.1 The next question relates to military service. 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?

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

14.2 Which of the following best describes your service in the United States Military?

Please read

- 1 Currently on active duty [Go to next section]
- 2 Currently in a National Guard or Reserve unit **[Go to next section]**
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

Do not read:

- 7 Don't know/not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

14.3 In the last 12 months have you received some or all of your health care from VA facilities?
[If "Yes" probe for "all" or "some" of the health care.]

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know/Not sure
- 9 Refused

Section 15: Women's Health

{If respondent is male go to next section}

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

- 1 Yes
- 2 No **[Go to Q15.3]**
- 7 Don't know / Not sure **[Go to Q15.3]**

9 Refuse **[Go to Q15.3]**

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

Read only if necessary

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

15.3 A clinical breast exam is when a doctor, nurse or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

- 1 Yes
- 2 No **[Go to Q15.5]**
- 7 Don't know / Not sure **[Go to Q15.5]**
- 9 Refused **[Go to Q15.5]**

15.4 How long has it been since your last breast exam?

Read only if necessary

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

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

- 1 Yes
- 2 No **[Go to Q15.7]**
- 7 Don't know / Not sure **[Go to Q15.7]**
- 9 Refused **[Go to Q15.7]**

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

Read only if necessary

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

{If response to Q13.17 is 1 (is pregnant), go to next section}

15.7 Have you had a hysterectomy?

[Note: A hysterectomy is an operation to remove the uterus (womb).]

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

Section 16: Prostate Cancer Screening

{If respondent is 39 years old or younger, or is female, go to Q17.1}

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?

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

Read only if necessary

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

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?

- 1 Yes
- 2 No **[Go to Q16.5]**
- 7 Don't know / Not sure **[Go to Q16.5]**
- 9 Refused **[Go to Q16.5]**

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

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

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

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

Section 17: Colorectal Cancer Screening

{If respondent is 49 years old or younger, go to Q18.1}

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?

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

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

Read only if necessary

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

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

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

17.4 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 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Section 18: Family Planning

{If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.}

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

18.1 Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD,

having their tubes tied, or having a vasectomy. Are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing anything now to keep **[if female, insert 'you', if male, insert "her"]** from getting pregnant?

[NOTE: If more than one partner, consider usual partner.]

- 1 Yes
- 2 No **[Go to Q18.3]**
- 3 No partner/not sexually active **[Go to next section]**
- 4 Same sex partner **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

18.2 What are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing now to keep **[if female, insert 'you', if male, insert "her"]** from getting pregnant?

Read only if necessary

- 01 Tubes tied **[Go to next section]**
- 02 Hysterectomy (female sterilization) **[Go to next section]**
- 03 Vasectomy (male sterilization) **[Go to next section]**
- 04 Pill, all kinds (Seasonale, etc.) **[Go to Q18.4]**
- 05 Condoms (male or female) **[Go to Q18.4]**
- 06 contraceptive implants (Jadelle or Implants) **[Go to Q18.4]**
- 07 Shots (Depo-Provera) **[Go to Q18.4]**
- 08 Shots (Lunelle) **[Go to Q18.4]**
- 09 Contraceptive Patch **[Go to Q18.4]**
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) **[Go to Q18.4]**
- 11 IUD (including Mirena) **[Go to Q18.4]**
- 12 Emergency contraception (EC) **[Go to Q18.4]**
- 13 Withdrawal **[Go to Q18.4]**
- 14 Not having sex at certain times (rhythm) **[Go to Q18.4]**
- 15 Other method (foam, jelly, cream, etc.) **[Go to Q18.4]**
- 77 Don't know / Not sure **[Go to Q18.4]**
- 99 Refused **[Go to Q18.4]**

18.3 What is your main reason for not doing anything to keep **[if female, insert "you," if male, insert "your wife/partner"]** from getting pregnant?

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization) **[Go to next section]**
- 09 You or your partner had a vasectomy (sterilization) **[Go to next section]**
- 10 You or your partner had a hysterectomy **[Go to next section]**
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 Partner is pregnant now **[Go to next section]**

Do not read

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

18.4 How do you feel about having a child now or sometime in the future? Would you say:

Please read

- 1 You don't want to have one **[Go to next section]**
- 2 You do want to have one **[Go to Q18.5]**
- 3 You're not sure if you do or don't **[Go to next section]**

Do not read

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

18.5 How soon would you want to have a child? Would you say:

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 More than 5 years from now

Do not read

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

Section 19: Disability

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

19.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

19.2 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?

[Note: Include occasional use or use in certain circumstances]

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

Section 20: HIV/AIDS

{If respondent is 65 year old or older, go to next section}

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. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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

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

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

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

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

20.3 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.

[Note: Include Saliva tests]

- 1 Yes
- 2 No **[Go to Q20.10]**
- 7 Don't know/ Not sure **[Go to Q20.10]**
- 9 Refused **[Go to Q20.10]**

20.4 In the past 12 months, how many times have you been tested for HIV, including times you did not get your results:

- Times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

[Note: Include Saliva tests]

[Note: If response is before January 1985, code "Don't know"]

- / — — — Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

Please Read — — Reason Code

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use

- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 **IF FEMALE:** You were pregnant
- 07 It was done as part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read

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

20.7 Where did you have your last HIV test – at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else?

- — Facility code
- Please read**
- 01 Private doctor or HMO
 - 02 Counseling and testing site
 - 03 Hospital
 - 04 Clinic
 - 05 Jail or prison
 - 06 Drug treatment facility
 - 07 At home
 - 08 Somewhere else

Do not read

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

{If Q20.7 is "04" (clinic) continue, if Q20.7 is "07" (at home) go to Q20.9, else go to Q20.10}

20.8 What type of clinic did you go to for your last HIV test?

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure
- 9 Refused

{If Q20.7=07 continue, else go to Q20.10}

20.9 Was this test done by a nurse or other health worker, or with a home testing kit?

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know / Not sure
- 9 Refused

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't 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

20.10 Do any of these situations apply to you?

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

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

20.11 In the past 12 months, has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use?

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

Section 21: Firearms

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

21.1 Are any firearms kept in or around your home?

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

21.2 Are any of these firearms now loaded?

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

21.3 Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

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

Transition to Modules and/or State-added Questions

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

Module 8: Influenza

{If Core Q12.1=1 or Q12.2=1 (yes) continue, otherwise go to the next module}

Mod8_1. At what kind of place did you get your last flu shot?

Read only if necessary

Would you say:

- 01 A doctor's office or health maintenance organization
- 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 or emergency room
- 07 Workplace

Or

- 08 Some other kind of place

Do not read

- 77 Don't know
- 99 Refused

Module 9: Adult Asthma History

{If "Yes" to core Q9.1, continue...}

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

Mod9_1. How old were you when you were first told by a doctor or other health professional that you had asthma?

- ___ ___ Age in years 11 or older [**96 = 96 and older**]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

{If "Yes" to Core Q9.2, continue...}

Mod9_2. During the past 12 months, have you had an episode of asthma or an asthma attack?

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

Mod9_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

- ___ ___ Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod9_4. [If one or more visits to Q3, fill in (Besides those emergency room visits.)]

During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

___ ___ Number of visits [**87 = 87 or more**]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

Mod9_5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?

___ ___ Number of visits [**87 = 87 or more**]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

Mod9_6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

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

Mod9_7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say...

Please read

8 Not at any time [**Go to Q9**]
1 Less than once a week
2 Once or twice a week
3 More than 2 times a week, but not every day
4 Every day, but not all the time

Or

5 Every day, all the time

Do not read

7 Don't know / Not sure
9 Refused

Mod9_8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say...

Please read

8 None
1 One or two
2 Three to four
3 Five
4 Six to ten
5 More than ten

Do not read

7 Don't know / Not sure
9 Refused

Mod9_9. During the past 30 days, how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. Would you say?

Please read

- 8 Didn't take any
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Once every day

Or

- 5 Two or more times every day

Do not read

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

Module 10: Childhood Asthma

{If response to core Q13.6 is '88' (none) or '99' (refused) go to next module.}

Mod10_1. Earlier you said there were **[fill in number from core Q13.6]** children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

- __ __ Number of children
- 8 8 None **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

Mod10_2. **[Fill in (Does this child/How many of these children) from Q1]** still have asthma?

[If only one child from Q1 and response is "Yes" to Q2, code '01'. If response is "No", code '88'.]

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

State-Added 2: Vitamins/Supplements

NH2_1 Do you currently take any vitamin pills or supplements?

- 1 Yes
- 2 No **[Go to NH2_5]**
- 7 Don't know / Not sure **[Go to NH2_5]**
- 9 Refused **[Go to NH2_5]**

NH 2_2 Are any of these a multivitamin?

- 1 Yes **[Go to NH2_4]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

NH 2_3 Do any of the vitamin pills or supplements you take contain folic acid?

- 1 Yes
- 2 No **[Go to NH2_5]**
- 7 Don't know / Not sure **[Go to NH2_5]**
- 9 Refused **[Go to NH2_5]**

NH 2_4 How often do you take this vitamin pill or supplement?

- 1 Times per day
- 2 Times per week
- 3 Times per month
- 777 Don't know / Not sure
- 999 Refused

NH2_5 Have you ever heard, read, or seen anything about folic acid?

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

NH2_6 Where did you hear, read, or see something about folic acid?

{Multiple response, select all that apply}

Please Read

- 1 Magazine or newspaper article
- 2 Radio or television
- 3 Health professional (doctor, nurse, nurse practitioner) told me
- 4 Friend, relative, or co-worker
- 5 Brochure, pamphlet, or poster
- 8 Internet

6 Other

Do not read

- 7 Don't Know / Not Sure**
- 9 Refused

NH2_7 Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons...

Please read

- 1 To make strong bones **[skip to next section]**
- 2 To prevent birth defects
- 3 To prevent high blood pressure **[skip to next section]**

Or

- 4 Some other reason **[skip to next section]**

Do not read

- 7 Don't know / Not sure **[skip to next section]**
- 9 Refused **[skip to next section]**

NH2_8 When do women need to START taking folic acid to help prevent birth defects?

[NOTE: If the response is both, select choice 1]

Please read:

- 1 Before pregnancy
- 2 During pregnancy
- Do not read**
- 7 Don't Know / Not Sure
- 9 Refused

Module 14: Other Tobacco Products

Mod14_1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- 1 Yes
- 2 No **[Go to Q3]**
- 7 Don't know / Not sure **[Go to Q3]**
- 9 Refused **[Go to Q3]**

Mod14_2. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

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

Mod14_3. Do you currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, or any other tobacco product?

[Note: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries.]

[Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.]

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

{If the MOD14_3=1, continue; else skip to next section.}

State-Added 3: Smoking Now

NH3_1 Do you now smoke cigars every day, some days, or not at all?

Please read

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

Do not read

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

Module 19: Binge Drinking

{Note: Ask if Core Q8.3 = 1-30 (or does not equal 77, 88, 99)}

The next questions are about the most recent occasion when you had 5 or more alcoholic beverages. One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor.

Interviewer read only if necessary:

[NOTE: "Occasion" means 'in a row' or 'within a few hours']

[NOTE: If the respondent asks about how to count an over-sized drink (e.g., a 40-ounce bottle of malt liquor), then repeat: "One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor."]

Mod19_1. During the most recent occasion when you had 5 or more alcoholic beverages, about how many beers, including malt liquor, did you drink?

- ___ ___ Number (Round up)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod19_2. During the same occasion, about how many glasses of wine, including wine coolers, hard lemonade, or hard cider, did you drink?

[NOTE: Flavored malt beverages other than hard lemonade or hard cider (e.g., Smirnoff Ice and Zima, etc.) should be counted as wine.]

- ___ ___ Number (Round up)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod19_3. During the same occasion, about how many drinks of liquor, including cocktails, did you have?

- ___ ___ Number (Round up)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod19_4. During this most recent occasion, where were you when you did most of your drinking?

Please read:

- 1 At your home, for example, your house, apartment, condominium or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event
- 6 Other

Do not read

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

Mod19_5. During this most recent occasion, how did you get most of the alcohol?

Please read:

- 1 Someone else bought it for me or gave it to me
 - 2 I bought it at a store, such as a liquor store, convenience store, or grocery store
 - 3 I bought it at a restaurant, bar or public place
 - 4 Other
- Do not read**
- 7 Don't know / Not sure
 - 9 Refused

Mod19_6. Did you drive a motor vehicle, such as a car, truck, or motorcycle during or within a couple of hours after this occasion?

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

State-Added 4: Radon

NH4_1 How would you best describe the construction type of the home you live in?

Please read

- 1 Single or multi-family house or condominium (with living space below the third floor) or a basement, 1st floor or 2nd floor apartment, or manufactured housing with a permanent foundation
- 2 A mobile home or an apartment or condo on the third floor or higher, or manufactured housing without a permanent foundation [**skip NH4_5, NH4_6, and NH4_7**]
- 3 Senior Citizen housing [**skip NH4_5, NH4_6, and NH4_7**]

Do not read

- 7 Don't Know / Not Sure [**skip NH4_5, NH4_6, and NH4_7**]
- 9 Refused [**skip NH4_5, NH4_6, and NH4_7**]

NH4_2 Have you heard of radon?

Please read

- 1 Yes
- 2 No [**skip to next section**]

Do not read

- 7 Don't Know / Not Sure [**skip to next section**]
- 9 Refused [**skip to next section**]

NH4_3 Which of the following most closely describes radon?

Please read

- 1 By-product waste material from a nuclear power plant
- 2 Naturally occurring radioactive gas
- 3 Radiation emitted from high tension power lines
- 4 None of the above

Do not read

- 7 Don't Know / Not Sure [**skip to NH4_5**]
- 9 Refused [**skip to NH4_5**]

NH4_4 What health condition is most often associated with radon in air?

Please read:

- 01 Asthma
- 02 Heart disease
- 03 Lung Cancer
- 04 Breast Cancer
- 05 Emphysema
- 06 Stroke
- 07 Some other condition
- 08 No conditions

Do not read

- 77 Don't Know / Not Sure
- 99 Refused **[skip to next section]**

{IF NH4_1=2,3,7,9 go to next section; else continue}

NH4_5 To the best of your knowledge, has your present home been tested for radon in the indoor air?

Please read

- 1 Yes
- 2 No **[skip to next section]**

Do not read

- 7 Don't Know / Not Sure **[skip to next section]**
- 9 Refused **[skip to next section]**

NH4_6 Was the result of the radon test equal or greater than the maximum recommended value of 4 picocuries per liter?

[NOTE: Picocuries is pronounced "pee coh curies" with emphasis on the first syllable]

Please read

- 1 Yes
- 2 No

Do not read

- 7 Don't Know / Not Sure
- 9 Refused [skip to next section]**

NH4_7 Has a radon venting system, other than a fan in the window, been installed in your home in response to a high radon test result?

Please read

- 1 Yes
- 2 No

Do not read

- 7 Don't Know / Not Sure
- 9 Refused

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.

If you have any questions about this survey, you can call the New Hampshire Department of health and Human Services at 1-800-852-3345, extension. Would you like me to repeat that name and number so you can write it down?