

**2005**

**Behavioral Risk Factor Surveillance System**

**New Hampshire**

# Behavioral Risk Factor Surveillance System 2005 New Hampshire Questionnaire

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## Interviewer's Script

HELLO, I am calling for the **New Hampshire Department of Health and Human Services**. My name is **(name)**. We are gathering information about the health of **New Hampshire** residents. The survey is conducted by the **New Hampshire Department of Health and Human Services** with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. 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 is 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**

Is this a **cellular telephone**? If **"Yes"**, thank you very much, but we are only interviewing landline telephones in 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 confidentiality statement**

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" on next 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 confidentiality statement**

**To Correct Respondent:** HELLO, I am calling for the **New Hampshire Department of Health and Human Services**. My name is **(name)**. We are gathering information about the health of **New Hampshire** residents. This project is conducted by the **New Hampshire Department of Health and Human Services** with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. I can provide you a name and number from the New Hampshire Department of Health and Human Services. Would you like that now?

**Confidentiality Statement:**

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about 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: (73)

**Please read**

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- or
- 5 Poor

**DO NOT READ**

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

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

**{If Q2.1 and Q2.2=88 (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? (78-79)

- 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? (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? (81)

[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?*"]

- 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 yr (1-12 months ago)
- 2 Within past 2 yrs (1-2 yrs ago)
- 3 Within past 5 yrs (2-5 yrs ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 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? (84)

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

## Section 5: Diabetes

---

5.1. Have you EVER been told by a doctor that you have diabetes? (85)

**Note:** If respondent says 'pre-diabetes or borderline diabetes', use response **Code 4**.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No

- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

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

## Module 1: Diabetes

---

{To be asked following Core Q5.1; if response code=1 (Yes).}

Mod1\_1. How old were you when you were told you have diabetes? (201-202)

- 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? (203)

- 1 Yes
- 2 No
- 9 Refused

Mod1\_3. Are you now taking diabetes pills? (204)

- 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. (205-207)

- 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. (208-210)

- 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? (211)

- 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? (212-213)

- 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"? (214-215)

- 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 Mod1\_5= 555 (No Feet), Go to Q10; else continue}**

Mod1\_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (216-217)

- 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. (218)

**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
- Do not read
- 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? (219)

- 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? (220)

- 1 Yes

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

## **Section 6: Hypertension Awareness**

---

- 6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

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

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

- 6.2. Are you currently taking medicine for your high blood pressure? (87)

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

## **Section 7: Cholesterol Awareness**

---

- 7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 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. About how long has it been since you last had your blood cholesterol checked? (89)

**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

- 7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

## Section 8: Cardiovascular Disease Prevalence

---

Now I would like to ask you some questions about cardiovascular disease.

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”:

8.1. (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

8.2. (Ever told) you had angina or coronary heart disease? (92)

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

8.3. (Ever told) you had a stroke? (93)

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

## Section 9: Asthma

---

9.1. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma? (94)

- 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? (95)

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

## State-Added 1: Work-Related Asthma

---

{If S9q1=1, continue, else go to next section}

**NH1\_1** Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had?

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

**NH1\_2** Did you ever tell a doctor or other medical person that your asthma was related to any job you ever had?

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

## **Section 10: Immunization (& Adult Flu Supplemental Questions)**

Q10.1 A flu shot is an influenza vaccine injected in your arm. 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

Q10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™.

- 1 Yes
- 2 No **[Jan-Feb only: If Q10.1 is "Yes" go to Q10.4, otherwise go to Q10.6]**
- 7 Don't know/Not sure **[Jan-Feb only: If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]**
- 9 Refused **[Jan-Feb only: If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]**

**Q10.4-Q10.7 to be asked January-February only. March-December, go to Q10.3}**

Q10.4 During what month and year did you receive your most recent flu vaccination?

**{If "Yes" to both Q10.1 and Q10.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."}**

**[If Don't Know, probe: "Was it before or after September 2004?"]**

**\_ / \_ \_ \_ \_** Month / Year Code approximate month and year)

- 77/7777 Don't know/Not Sure
- 99/9999 Refused

**{If Q10.4 is DK or RF go to Q10.5}**

Q10.5. Where did you go to get your most recent **[FILL: flu shot/vaccine that was sprayed in your**

nose/vaccination (whether it was a shot or spray in the nose)]? {CATI fill in appropriate response from Q10.1 and q10.2.}

**Read only if necessary:**

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center  
[Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital [Example: in-patient]
- 07 An emergency room
- 08 Workplace
- or
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico
- 77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

**{If Q10.4 is before 9/2004 go to Q10.6, if Q10.4 is DK or RF, go to Q10.6, otherwise go to Q10.7}**

- Q10.6. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

**[Do not read answer choices below. Select category that best matches response.]**

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
  
- 77 Don't know/Not sure [Probe: "What was the main reason?"]
- 99 Refused

**{ If Q10.4=09/2003-03/2004 go to Q10.3; Else if Q10.4=04/2004-present, DK, REF or Blank, continue }**

- Q10.7 Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
- 7 Don't know/Not sure [Do not probe]
- 9 Refused

**{Ask of all}**

Q10.3 Have you EVER had a pneumonia shot? 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?

- 1 Yes
- 2 No
- 7 Don't know/Not sure **[Do not probe]**
- 9 Refused

**{Q10.8-Q10.11 to be asked January-February only. March-December, go to next section}**

Q10.8 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

**Read each problem listed below:**

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

-or-

Sickle cell anemia or other anemia

- 1 Yes
- 2 No **[Go to Q10.10]**
- 7 Don't know/Not sure **[Go to Q10.10]**
- 9 Refused **[Go to Q10.10]**

Q10.9 Do you still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 Don't know/Not sure **[Do not probe]**
- 9 Refused

Q10.10. Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

**[If necessary say: This includes part-time and volunteer work.]**

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

Q10.11. Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

- 1 Yes
- 2 No
- 7 Don't know/Not sure **[Probe by repeating question]**
- 9 Refused

## Section 11: Tobacco Use

---

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

**[Note:** 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]**

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

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to next section]**
- 7 **Don't know / Not sure [Go to next section]**
- 9 Refused **[Go to next section]**

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

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

## Section 12: Alcohol Consumption

---

12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (102)

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

12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)

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

12.3. 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? (106-107)

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

12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)

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

12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)

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

## Section 13: Demographics

---

13.1. What is your age? (112-113)

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

13.2. Are you Hispanic or Latino? (114)

- 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? (115-120)

**[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 S13q3; continue. Otherwise, Go to S13q5.}**

13.4. Which one of these groups would you say BEST represents your race? (121)

- 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] \_\_\_\_\_
- 7 Don't know / Not sure
- 9 Refused

13.5. Are you...? (122)

**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? (123-124)

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

13.7. What is the highest grade or year of school you completed? (125)

**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? (126)

**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...? (127-128)

**[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

13.10. About how much do you weigh without shoes? (129-132)

**{Note: If respondent answers in metrics, put “9” in column 129.}**

**[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? (133-136)

**{Note: If respondent answers in metrics, put “9” in column 133.}**

**[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? (137-139)

- \_\_\_\_ FIPS county code
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

## State-Added 2: Demographics

---

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

NH2\_1 What town do you live in?

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

13.13. What is your ZIP Code where you live? (140-144)

- — — — ZIP Code
- 7 7 7 7 7 Don't know / Not sure
- 9 9 9 9 9 Refused

13.14. 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. (145)

- 1 Yes
- 2 No **[Go to Q13.16]**
- 7 Don't know / Not sure **[Go to Q13.16]**
- 9 Refused **[Go to Q13.16]**

13.15. How many of these phone numbers are residential numbers? (146)

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

13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (147)

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

13.17. Indicate sex of respondent. **[Ask only if necessary]**. (148)

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

13.18. To your knowledge, are you now pregnant? (149)

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

## Section 14: Veteran's Status

---

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

- 14.1. 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? (150)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 15: Disability

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

- 15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 15.2. 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? (152)

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

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

## Section 16: Arthritis Burden

---

The next questions refer to the joints in your body. Please do NOT include the back or neck.

- 16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)
- 1 Yes
  - 2 No **[Go to Q16.4]**
  - 7 Don't know / Not sure **[Go to Q16.4]**
  - 9 Refused **[Go to Q16.4]**

- 16.2. Did your joint symptoms FIRST begin more than 3 months ago? (154)
- 1 Yes
  - 2 No **[Go to Q16.4]**
  - 7 Don't know / Not sure **[Go to Q16.4]**
  - 9 Refused **[Go to Q16.4]**

16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

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

16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (156)

- 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)

**{If either Q16.2=1 (Yes) or Q16.4=1 (Yes); continue. Otherwise, Go to next section.}**

16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (157)

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

**Note:** If a respondent question arises about medication, then the interviewer should reply: ***"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."***

## **Section 17: Fruits & Vegetables**

---

**These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.**

17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year

5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

17.2. Not counting juice, how often do you eat fruit? (161-163)

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

17.3. How often do you eat green salad? (164-166)

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

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)

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

17.5. How often do you eat carrots? (170-172)

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

17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (173-175)

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

## Section 18: Physical Activity

---

{If Core Q13.8=1(employed for wages) or 2(self-employed); continue. Otherwise, Go to Q18.2.}

- 18.1. When you are at work, which of the following best describes what you do? Would you say? (176)

[Note: If respondent has multiple jobs, include all jobs.]

**Please read**

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

**DO NOT READ**

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

**Please read**

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.

- 18.2. Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] 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 some increase in breathing or heart rate? (177)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

- 18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (178-179)

— — Days per week

- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q18.5]
- 7 7 Don't know / Not sure [Go to Q18.5]
- 9 9 Refused [Go to Q18.5]

- 18.4. 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? (180-182)

— : — Hours and minutes per day

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

- 18.5. Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] 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? (183)

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

- 18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (184-185)
- Days per week
  - 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to next section]**
  - 7 7 Don't know / Not sure **[Go to next section]**
  - 9 9 Refused **[Go to next section]**
- 18.7. 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? (186-188)
- \_: \_ Hours and minutes per day
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

## Section 19: HIV/AIDS

---

{If respondent is 65 years 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 do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth. (189)
- 1 Yes
  - 2 No **[Go to Q19.4]**
  - 7 Don't know / Not sure **[Go to Q19.4]**
  - 9 Refused **[Go to Q19.4]**

- 19.2. Not including blood donations, in what month and year was your last HIV test? (190-195)

**[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

- 19.3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, at a drug treatment facility, or somewhere else? (196-197)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 In a jail or prison (or other correctional facility)
- 0 6 Home
- 0 7 Somewhere else
- 0 8 Drug treatment facility
- 7 7 Don't know / Not sure
- 9 9 Refused

19.4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

**Please read**

- 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? (198)

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

## **Section 20: Emotional Support & Life Satisfaction**

---

The next two questions are about emotional support and your satisfaction with life.

20.1. How often do you get the social and emotional support you need? (199)

**Please read**

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

**DO NOT READ**

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

20.2. In general, how satisfied are you with your life? (200)

**Please read**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**DO NOT READ**

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

**Go to modules and/or state-added questions**

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

## Module 10: Random Child Selection

---

{If Core S13q6 = 00, 88, or 99 (no children under age 18 in the household, or refused), Go to next Module.}

{If Core S13q6 = 1}:

**INTERVIEWER:** "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Mod10\_1.]

{If Core S13q6 is >1 and Core S13q6 does not equal to 88 or 99}:

**INTERVIEWER:** "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last child." Please include children with the same birth date, including twins, in the order of their birth.

**{CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.} This is the "Xth" child. Please substitute "Xth" child's number in all questions below.**

**INTERVIEWER:** "I have some additional questions about one specific child. The child I will be referring to is the "X"th child in your household. All following questions about children will be about the "X"th child."

Mod10\_1. What is the birth month and year of the "X"th child? (294-299)

--/----	Code month and year
77/7777	Don't know / Not sure
99/9999	Refused

**{CATI INSTRUCTION:** Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12). }

Mod10\_2. Is the child a boy or a girl? (300)

1	Boy
2	Girl
9	Refused

Mod10\_3. Is the child Hispanic or Latino? (301)

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

Mod10\_4. Which one or more of the following would you say is the race of the child? (302-307)

**[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

- 6 or  
Other [specify] \_\_\_\_\_

**DO NOT READ**

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

**{If more than one response to Mod10\_4; continue. Else go to Mod10\_6.}**

Mod10\_5. Which one of these groups would you say best represents the child's race? (308)

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

Mod10\_6. How are you related to the child? (309)

**Please read**

- 1 Parent (mother or father) include biologic, step or adoptive parent  
2 Grandparent  
3 Foster parent or guardian [other than parent or grandparent]  
4 Sibling (brother or sister) include biologic, step and adoptive sibling  
5 Other relative  
6 Not related in any way

**DO NOT READ**

- 7 Don't know / Not sure  
9 Refused

## **Child Flu Module – January - February**

---

**{Ask questions Q13.20-Q13.26 following Module 10 during January and February 2005 only. March-December, go to next section.}**

Q13.20 Has a doctor, nurse, or other health professional ever said that [Fill: he/she] has any of the following health problems?

**Read each problem listed below:**

- Asthma  
Lung problems, other than asthma  
Heart problems  
Diabetes  
Kidney problems  
Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids  
Must take aspirin every day  
-or-

Sickle cell anemia or other anemia

- 1 Yes
- 2 No [Go to Q13.22]
- 7 Don't know/Not sure [Probe by repeating the question] [Go to Q13.22]
- 9 Refused [Go to Q13.22]

Q13.21 Does [Fill: he/she] still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 Don't know/Not sure [Do not probe]
- 9 Refused

Q13.22 {If child is less than 6 months old, go to next module, otherwise ask}: During the past 12 months, has [Fill: he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

- 1 Yes
- 2 No
- 7 Don't know/Not sure [Do not probe]
- 9 Refused

Q13.23. During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™ .

- 1 Yes [Go to Q13.24]
- 2 No [If Q13.22 is "Yes" go to Q13.24, otherwise go to Q13.25]
- 7 Don't know/Not sure [Do not probe] [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]
- 9 Refused [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]

Q13.24 During what month and year did [Fill: he/she] receive the most recent flu vaccination?

{If "Yes" to both Q13.22 and Q13.23, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."}

[If Don't Know, probe: "Was it before or after September 2004?" Code approximately month and year]

\_\_ / \_\_\_\_ Month / Year [If Q13.24 is before 09/2004 go to Q13.25, otherwise go to Q13.26]

- 77/7777 Don't know/Not Sure
- 99/9999 Refused

{If Q13.24 is DK or RF, go to Q13.25}

Q13.25. What is the MAIN reason [Fill: he/she] has not received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

[Do not read answer choices below. Select category that best matches response.]

- 01 Need: Child does not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that child should be vaccinated
- 04 Need: Flu is not that serious

- 05 Need: Child had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get child vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
  
- 77 Don't know/Not sure [**Probe: "What was the main reason?"**]
- 99 Refused

**{If Q13.19 date is 09/2003 to present, go to next module; if Q13.24 is 04/2004 to present or if Q13.24 is DK or RF, continue (ask Q13.26); otherwise go to next module}**

Q13.26. Did [**Fill: he/she**] get the flu vaccine during the 'last flu season' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
- 7 Don't know/Not sure [**Do not probe**]
- 9 Refused

## **Module 11: Childhood Asthma Prevalence**

---

**{If Core S13q6=00, 88, or 99 (no children under age 18 in the household, or refused); Else, Go to next module.}  
 {This Module refers to the child selected in Module 10}**

The next two questions are about the "Xth" [CATI: please fill in correct number] child.

Mod11\_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (310)

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

Mod11\_2. Does the child still have asthma? (311)

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

## **State-Added 3: Health Insurance Coverage –Child**

---

**NH 3\_1** Which of the following *BEST* describes this child's health insurance coverage?

**Please Read:**

- 01 A plan available through your employer

- 02 A plan available through your spouse's employer (or former spouse)
- 03 New Hampshire Healthy Kids Gold
- 04 New Hampshire Healthy Kids Silver
- 05 Medicare
- 06 Katie Beckett Medicaid
- 07 VA, Champus, or other military plan
- 08 A plan you purchase on your own (including COBRA)
- 09 He/she does not have health insurance coverage

**Do Not Read:**

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

## Module 12: Child Immunization

---

**{Module 12 to be asked March-December only.}**

**{Ask Module 12 only if CHLDAGE1 ≥ 6 months of age; Else Go to next module.}**

**I have 2 additional questions about the “Xth” child {CATI, please fill in the correct number}.**

Mod12\_1. During the past 12 months, has the child had a flu shot? A flu shot is an influenza vaccine injected in [his/her] arm or thigh? (312)

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

Mod12\_2. During the past 12 months, has the child had an influenza vaccine sprayed in [his/her] nose? **The influenza vaccine that is sprayed in the nose is FluMist.** (313)

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

## Module 8: Influenza

---

**{Module 8 to be asked March-December only.}**

**{If Core S10q1 or S10q2= 1 (Yes), continue; else go to next section}**

Mod8\_1. Where did you go to get your most recent flu shot / vaccine that was sprayed in your nose / vaccination (whether it was a shot or spray in your nose)? **{CATI fill in appropriate response from Immunization Core Questions S10q1 and S10q2}.** (276-277)

**Read only if necessary:**

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center

- 04 [Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital [Example: in-patient]
- 07 An emergency room
- 08 Workplace
- or
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico

**Do not read**

- 77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

## Module 21: Smoking Cessation

---

{If response to Core S11q2 =3 (Not at all), continue; If Core S11q2=1 or 2 ('every day' or 'some days'), Go to Mod21\_2; IF S11q2=7, 9 go to next section}

**Previously you said you have smoked cigarettes:**

Mod21\_1. About how long has it been since you last smoked cigarettes? (355-356)

**Read only if necessary:**

- 0 1 Within the past month (anytime less than 1 month ago) [Go to Mod21\_2]
- 0 2 Within the past 3 months (1 month but less than 3 months ago) [Go to Mod21\_2]
- 0 3 Within the past 6 months (3 months but less than 6 months ago) [Go to Mod21\_2]
- 0 4 Within the past year (6 months but less than 1 year ago) [Go to Mod21\_2]
- 0 5 Within the past 5 years (1 year but less than 5 years ago) [Go to next module]
- 0 6 Within the past 10 years (5 years but less than 10 years ago) [Go to the next module]
- 0 7 10 or more years ago [Go to next module]

**Do not read**

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

{If response to Mod21\_1= 01, 02, 03, or 04, Or if Core S11q2=1 or 2, continue}

**The next questions are about interactions you might have had with a doctor, nurse, or other health professional.**

Mod21\_2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (357-358)

- Number of times [01-76]
- 8 8 None [Go to next module]
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod21\_3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (359-360)

- Number of visits [01-76]
- 8 8 None

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

Mod21\_4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion? (361-362)

**(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)**

- Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod21\_5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking? (363-364)

- Number of visits [01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## **State-Added 4: Smoking Cessation**

---

{If S11q2=1,2 or 3, continue, else go to next section}

**NH 4\_1** Are you aware of assistance that might be available to help you quit smoking, such as telephone quitlines, or local health clinic services?

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

## **State-Added 5: Health Insurance Coverage**

---

{Ask if s3q1= 1, else go to next section}

**NH 5\_1** Which of the following *BEST* describes the type of health insurance coverage you have?

**Please Read:**

- 01 A plan available through your employer (or workplace union)
- 02 A plan available through your spouse's employer (or workplace union)
- 03 Medicare
- 04 Medicaid
- 05 VA, Champus, or other military plan
- 06 A plan you purchase on your own
- 07 A COBRA plan

**Do Not Read:**

- 66 Other
- 77 Don't know / Not sure

## State-Added 6: Vision Examination

---

{Ask if MOD1\_10 = 3,4,8, else go to next section}

NH6\_1 What is the main reason you have not visited an eye care professional in the past 12 months?

**Read only if necessary:**

- 01 Cost/insurance
- 02 Do not have/know an eye doctor
- 03 Cannot get to the office/clinic (too far away, no transportation)
- 04 Could not get an appointment
- 05 No reason to go (no problem)
- 06 Have not thought of it
- 66 Other

**Do not read:**

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

## State-Added 7: 5 A Day Program

---

{This section to be asked of all respondents}

NH7\_1 Have you ever heard of the program "5 A Day for Better Health?"

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

NH7\_2 What is the emphasis of the "5 A Day for Better Health" program?

**Please read:**

- 1 The 5 food groups
- 2 Fruits and vegetables
- 3 Weight control

**Do not read:**

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

## State-Added 8: Epilepsy

---

{This section to be asked of all respondents}

NH8\_1 Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

- 1 Yes

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

## **Closing Statement**

---

That is 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.