

2006

New Hampshire

Behavioral Risk Factor Surveillance System

Questionnaire

NH Behavioral Risk Factor Surveillance System 2006 Questionnaire

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Introduction and Screener

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 health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. **I can provide you a name and number from the New Hampshire Department of Health and Human Services. Would you like that now? [IF YES: YOU CAN CALL Susan Knight AT 1-603-271-4671]**

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**

Is this a cellular telephone? **Read only if necessary: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.**

If "yes,"

Thank you very much, but we are only interviewing land line telephones and 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 page "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 the 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 the 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 health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. **I can provide you a name and number from the New Hampshire Department of Health and Human Services. Would you like that now? [IF YES: YOU CAN CALL Susan Knight AT 1-603-271-4671]**

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, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1 Would you say that in general your health is— (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 **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

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

Section 3: Health Care Access

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?
If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

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

Section 4: 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: Diabetes

5.1 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.

(85)

- 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 4: Diabetes

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

Mod4_1. How old were you when you were told you have diabetes?

(229-230)

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

Mod4_2. Are you now taking insulin?

(231)

- 1 Yes
- 2 No
- 9 Refused

Mod4_3. Are you now taking diabetes pills?

(232)

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

Mod4_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. (233-235)

- 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

Mod4_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. (236-238)

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

Mod4_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (239)

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

Mod4_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (240-241)

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

Mod4_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"? (242-243)

- — Number of times [76 = 76 or more]
- 8 8 None
- 9 8 **Never heard of A 1 C test**
- 7 7 Don't know / Not sure
- 9 9 Refused

{CATI Note: If Mod4_5 = 555 (No feet), go to Mod4_10.}

Mod4_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (244-245)

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

Mod4_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. (246)

Read only if necessary:

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

Do not read:

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

Mod4_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (247)

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

Mod4_12. Have you ever taken a course or class in how to manage your diabetes yourself? (248)

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

Section 6: Oral Health

- 6.1 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.

(86)

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

- 6.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

(87)

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

{CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next section.}

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

(88)

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

State-Added 1: Oral Health

{If s6q1=1 or s6q3=1 go to NH1_2}

NH1_1. What is the main reason you have not visited the dentist in the past year?

Read Only if Necessary:

- 01 Fear, apprehension, nervousness, pain, dislike going
- 02 Cost
- 03 Do not have/know a dentist
- 04 Cannot get to the office/clinic (too far away, no transportation available, no appointments available)
- 05 No reason to go (no problems, no teeth)
- 06 Other priorities
- 07 Have not thought of it
- 08 Other
- 77 Don't Know / Not Sure
- 99 Refused

NH1_2. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

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

Section 7: 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."

7.1 (Ever told) you had a heart attack, also called a myocardial infarction? (89)

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

7.2 (Ever told) you had angina or coronary heart disease? (90)

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

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

Section 8: Asthma

- 8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

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

Section 9: Disability

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

- 9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (94)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

- 9.2 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? (95)
- Include occasional use or use in certain circumstances.**
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life? (96)

[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]

10.2 Do you now smoke cigarettes every day, some days, or not at all? (97)

- 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]

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (98)

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

Section 11: Demographics

11.1 What is your age? (99-100)

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

11.2 Are you Hispanic or Latino? (101)

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

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

(102-107)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

{CATI note: If more than one response to Q11.3; continue. Otherwise, go to Q11.5}

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

(108)

Please read:

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

Do not read:

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

11.5 Are you...?

(109)

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

11.6 How many children less than 18 years of age live in your household? (110-111)

Number of children
8 8 None
9 9 Refused

11.7 What is the highest grade or year of school you completed? (112)

Read only if necessary:

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

Do not read:

9 Refused

11.8 Are you currently...? (113)

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

11.9 Is your annual household income from all sources— (114-115)

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

Read only if necessary:

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

11.10 About how much do you weigh without shoes?

(116-119)

Note: If respondent answers in metrics, put “9” in column 116.

Round fractions up

____ Weight
(pounds/kilograms)

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

11.11 About how tall are you without shoes?

(120-123)

Note: If respondent answers in metrics, put “9” in column 120.

Round fractions down

__ / __ Height
(ft / inches/meters/centimeters)

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

11.12 What county do you live in? (124-126)

 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

Section 11: Demographics (Cont.)

11.13 What is your ZIP Code where you live? (127-131)

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

11.14 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. (132)

1 Yes
2 No [Go to Q11.16]
7 Don't know / Not sure [Go to Q11.16]
9 Refused [Go to Q11.16]

11.15 How many of these telephone numbers are residential numbers? (133)

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

11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (134)

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

11.17 **Indicate sex of respondent. Ask only if necessary.** (135)

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

11.18 To your knowledge, are you now pregnant? (136)

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

Section 12: Veteran's Status

The next question relates to military service.

12.1 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? (137)

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

Section 13: Alcohol Consumption

13.1 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? (138)

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (139-141)

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

13.3 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? (142-143)

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

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (144-145)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (146-147)

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

Section 14: Immunization/Adult Influenza Supplement

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (148)

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

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (149)

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

_____ 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 Q14.8s]
- _____ 7 Don't know / Not sure [Go to Q14.8s]
- _____ 9 Refused [Go to Q14.8s]

14.6s _____ Do you still have (this/any of these) problem(s)? _____ (159)

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

14.7s _____ Do you currently work in a health care facility, such as a medical clinic, hospital, or
_____ nursing home? This includes part time and volunteer work. _____ (160)

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

14.8s _____ Do you have direct face-to-face or hands-on contact with patients as a part of your
_____ routine work? _____ (161)

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

14.9 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?
(162)

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

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed
after the third shot is given. (163)

- 1 Yes
- 2 No

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

The next question is about behaviors related to Hepatitis B.

{CATI note: If female, do not read response #2}

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- {Read only if Q11.17=1}**You are a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you? (164)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

{If respondent is 45 years or older continue, otherwise go to next section.}

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

15.1 In the past 3 months, how many times have you fallen? (165-166)

- | | | | |
|---|---|-----------------------|-----------------------------|
| — | — | Number of times | [76 = 76 or more] |
| 8 | 8 | None | [Go to next section] |
| 7 | 7 | Don't know / Not sure | [Go to next section] |
| 9 | 9 | Refused | [Go to next section] |

If only one fall in Q15.1, fill in “Did this fall (from Q15.1) cause an injury”

15.2 Did any of these falls cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

If only one fall and respondent answers “yes”, code as 01.
If response is “no”, code as 88

(167-168)

— —	Number of falls	[76 = 76 or more]
8 8	None	[Go to next section]
7 7	Don't know / Not sure	[Go to next section]
9 9	Refused	[Go to next section]

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (169)

Please read:

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

Do not read:

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

{CATI Note: If Q16.1=8 (Never drive or ride in a car), go to Section 18; otherwise continue}

Section 17: Drinking and Driving

{CATI note: If Q13.1 = 2 (No); go to next section.}

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)

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

Section 18: Women's Health

{CATI note: If respondent is male, go to the next module.}

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (172)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 How long has it been since you had your last mammogram? (173)

Read only if necessary:

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

Do not read:

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

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (174)

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

18.4 How long has it been since your last breast exam? (175)

Read only if necessary:

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

Do not read:

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

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

(176)

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

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

(177)

Read only if necessary:

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

Do not read:

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

{CATI note: If response to Core Q11.18 = 1 (is pregnant); then go to next section.}

18.7 Have you had a hysterectomy?

(178)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Section 19: Prostate Cancer Screening

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

Now, I will ask you some questions about prostate cancer screening.

19.1 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?

(179)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not Sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

19.2 How long has it been since you had your last PSA test? (180)

Read only if necessary:

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

Do not read:

- 7 Don't know
- 9 Refused

19.3 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? (181)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.4 How long has it been since your last digital rectal exam? (182)

Read only if necessary:

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

Do not read:

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (183)

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

Section 20: Colorectal Cancer Screening

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

20.1 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? (184)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

20.2 How long has it been since you had your last blood stool test using a home kit? (185)

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

20.3 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? (186)

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

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (187)

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

Do not read:

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

Section 21: HIV/AIDS

{CATI note: If respondent is 65 years 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 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.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (188)

- 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 Not including blood donations, in what month and year was your last HIV test? (189–194)

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

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

21.3 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 a drug treatment facility, at home, or somewhere else? (195-196)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

{CATI Note: Ask Q21.4 only if Q21.2 is within the last 12 months; otherwise go to next section}

21.4 Was it a rapid test where you could get your results within a couple of hours? (197)

- 1 Yes
- 2 No

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

Section 22: Emotional Support and Life Satisfaction

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

22.1 How often do you get the social and emotional support you need? (198)

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life? (199)

Please read:

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

Do not read:

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

Transition to Modules and/or State-Added Questions

Please read:

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

Module 1: Random Child Selection

CATI note: If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.

If Core Q11.6 = 1, Interviewer please read: "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 mod1_1]

If Core Q11.6 is >1 and Core Q11.6 does not equal 88 or 99, Interviewer please read: "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." 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 PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in] child."

Mod1_1. What is the birth month and year of the "Xth" child? (200-205)

$\frac{_}{77} / \frac{_}{7777}$ 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).}

Mod1_2. Is the child a boy or a girl? (206)

1 Boy
2 Girl
9 Refused

Mod1_3. Is the child Hispanic or Latino? (207)

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

Mod1_4. Which one or more of the following would you say is the race of the child? (208-213)

[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

{CATI note: If more than one response to Mod1_4, continue. Otherwise, go to Mod1_6.}

Mod1_5. Which one of these groups would you say best represents the child's race? (214)

- 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

Mod1_6. How are you related to the child? (215)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (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

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 2: Child Influenza Vaccination Supplement

{CATI note: If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.}

Mod2_1. Has a doctor, nurse, or other health professional ever said that **[Fill: he/she]** has any of the following health problems? (216)

Read each problem listed below:

- Lung problems, including asthma
- Heart problems
- Diabetes
- Kidney problems
- Sickle Cell Anemia or other anemia
- Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

-Or-

Take aspirin every day

- 1 Yes
- 2 No **[Go to Mod2_3]**
- 7 Don’t know / Not sure **[Go to Mod2_3]**
- 9 Refused **[Go to Mod2_3]**

Mod2_2. Does **[Fill: he/she]** still have (this/any of these) problem(s)? (217)

- 1 Yes

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

{CATI note: If child is less than 6 months old, go to next module; otherwise continue.}

Mod2_3. During the past 12 months, has **[Fill: he/she]** had a flu shot or flu vaccine sprayed in the nose? (218)

- 1 Yes
- 2 No **[Go to Mod2_5]**
- 7 Don't know / Not sure **[Go to Mod2_5]**
- 9 Refused **[Go to Mod2_5]**

Mod2_4. During what month and year did **[Fill: he/she]** receive the most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray. (219-224)

- / Month / Year
- 77 / 7777 Don't know / Not sure **(Probe: "Was it before September 2005?" Code approximate month and year)**
- 99 / 9999 Refused

{CATI note: If Mod2_4 is before 09/2005 or Mod2_4 = 77/777 (Don't know) or 99/9999 (Refused); continue. Otherwise, go to next module.}

Mod2_5. What is the MAIN reason **[Fill: he/she]** has not received a flu vaccination for this current flu season? (225-226)

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar .'06.

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

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure **(Probe: "What was the main reason?")**
- 9 9 Refused

Module 3: Childhood Asthma Prevalence

{CATI note: If response to Core Q11.6 = 88 (None) or 99 (Refused), go to next module.}

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

Mod3_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (227)

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

Mod3_2. Does the child still have asthma? (228)

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

Module 10: Secondhand Smoke Policy

Mod10_1. Which statement best describes the rules about smoking inside your home? (300)

Please read:

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home

Or

- 4 There are no rules about smoking inside your home

Do not read:

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

{CATI note: If response to Core Q11.8 = 1 (Employed) or 2 (Self-employed), continue. Otherwise, go to next module.}

Mod10_2. While working at your job, are you indoors most of the time? (301)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't Know / Not Sure [Go to next module]
- 9 Refused [Go to next module]

Mod10_3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (302)

[Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.]

Please read:

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

Or

- 4 No official policy

Do not read:

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

Mod10_4. Which of the following best describes your place of work's official smoking policy for work areas? (303)

Please read:

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

Or

- 4 No official policy

Do not read:

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

State-Added 4: Smoking Cessation

{Ask if s10q2 = 3, else if s10q2 = 1 or 2 go to NH 4_2}

Previously you said you have smoked cigarettes:

NH 4_1. About how long has it been since you last smoked cigarettes?

- 01 Within the past month (anytime less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past five years (1 year but less than 5 years ago)

[Go to next section]

- 06 Within the past 10 years (5 years but less than 10 years ago)

		[Go to next section]
07	10 or more years ago	[Go to next section]
77	Don't know / Not sure	[Go to next section]
99	Refused	[Go to next section]

{Ask if NH 4_1 = 01, 02, 03, or 04 OR if s10q2 = 1 or 2}

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

NH 4_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?

__	Number of times	[76 = 76 or more]
8 8	None	[Go to NH 4_6]
7 7	Don't know/ Not sure	
9 9	Refused	

NH 4_3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

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

NH 4_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?

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

NH 4_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?

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

{Ask if s10q2 = 1 or 2, else go to next section}

NH 4_6. 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}

Previously you said you have some kind of health coverage or health insurance:

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
- 99 Refused

State-Added 6: Vision Examination

{Ask if MOD4_10 = 3,4,8, else go to next section}

Previously you said you have not had an eye examination in the past 12 months:

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: Home Water

{To be asked of all respondents}

NH7_1. What is the main source of your home water supply?"

Read only if necessary: "This refers to the water supply to taps or outlets inside the home"

- 1 A city, county, or town water system
- 2 A small water system operated by a home association
- 3 A private well serving your home
- 4 Other source
- 7 Don't know / Not sure
- 9 Refused

NH7_2. Which of the following best describes the water that you drink at home most often?

Please read:

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water
- 4 Water from another source

Do not read:

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

State-Added 8: Radon

{To be asked of all respondents}

NH8_1. How would you best describe the construction of the type of 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 NH8_5, NH8_6, and NH8_7]**
- 3 Senior Citizen housing **[skip NH8_5, NH4_6, and NH8_7]**

Do not read:

- | | | |
|---|-----------------------|--------------------------------|
| 7 | Don't Know / Not Sure | [skip NH8_5, NH8_6, and NH8_7] |
| 9 | Refused | [skip NH8_5, NH8_6, and NH8_7] |
| 7 | Don't know / Not sure | [skip NH8_5, NH8_6, and NH8_7] |
| 9 | Refused | [skip NH8_5, NH8_6, and NH8_7] |

NH8_2. Have you heard of radon?

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

NH8_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 | |
| 9 | Refused | [skip to next section] |

NH8_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] |

NH8_5. To the best of your knowledge, has your present home been tested for radon in the indoor air?

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

NH8_6. Was the result of the radon test equal or greater than the maximum recommended value of 4 picocuries per liter ?

Picocuries is pronounced “pee coh curies” with emphasis on the first syllable

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

NH8_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?

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

Module 14: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

Mod14_1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (325-326)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod14_2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (327-328)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod14_3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

(329-330)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_4. Over the last 2 weeks, how many days have you felt tired or had little energy? (331-332)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (333-334)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (335-336)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (337-338)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (339-340)

__ 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod14_9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

(341)

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

Mod14_10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

(342)

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

Module 15: Sexual Violence

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

Are you in a safe place to answer these questions?

(343)

- 1 Yes
- 2 No **[Go to closing statement]**

My first questions are about unwanted sexual experiences you may have had.

Mod15_1. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

(344)

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

Mod15_2. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies? (345)

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

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[If female]**, anus, or mouth or making you do these things after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Mod15_3. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (346)

- 1 Yes
- 2 No **[Go to Mod15_5]**
- 7 Don't know / Not sure **[Go to Mod15_5]**
- 9 Refused **[Go to Mod15_5]**

Mod15_4. Has this happened in the past 12 months? (347)

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

Mod15_5. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (348)

- 1 Yes
- 2 No **[Go to Mod15_7]**
- 7 Don't know / Not sure **[Go to Mod15_7]**
- 9 Refused **[Go to Mod15_7]**

Mod15_6. Has this happened in the past 12 months? (349)

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

{CATI note: If Mod15_3 = 1 (Yes) or Mod15_5 = 1 (Yes); continue. Otherwise, read closing statement.}

Mod15_7. Think about the time of the most recent incident involving a person who **had sex with you** –or- **attempted to have sex with you** after you said or showed that you didn't want to or without your consent? What was that person's relationship to you? (350-351)

Do not read:

- 0 1 Current boyfriend/girlfriend
- 0 2 Former boyfriend/girlfriend
- 0 3 Fiancé
- 0 4 Spouse or live-in partner
- 0 5 Former spouse or former live-in partner
- 0 6 Someone you were dating
- 0 7 First Date
- 0 8 Friend
- 0 9 Acquaintance
- 1 0 A person known for less than 24 hours
- 1 1 Complete stranger
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Parent in-law
- 1 6 Other relative
- 1 7 Neighbor
- 1 8 Co-worker
- 1 9 Other non-relative
- 2 0 Multiple perpetrators **[Go to closing statement]**
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod15_8. Was the person who did this male or female? (352)

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

SV Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

Asthma Follow-up Questions

{New Hampshire will participate in the Adult & Child Asthma Callback survey}

{If s8q1 or s8q2=1 or mod3_1 or mod3_2=1 continue, else go to closing}

{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD; If ADULT AND CHILD, proceed to Asthma Selection}

Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOOSE ADULT OR CHILD. (50% ADULT / 50% CHILD)}

ast1. We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in New Hampshire.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No **[go to closing]**

ast2. Can I please have (**fill-in:** your/your child's) first name or initials so we will know who to ask for when we call back?

- 1 Gave Information
- 9 Refused

ast3. ENTER NAME: _____

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.