

2008

**New Hampshire Behavioral Risk Factor Surveillance
System**

Questionnaire

**NH Department of Health and Human Services, Office
of Health Statistics and Data Management**

NH Behavioral Risk Factor Surveillance System 2008 Questionnaire

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Introduction 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. 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 the Survey Coordinator 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 in New Hampshire ?

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 5.**

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 page 4

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 the Survey Coordinator 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 about this survey, please call **1-603-271-4671**. This call may be monitored for quality assurance and the interview will take approximately 20 minutes.

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: Sleep

The next question is about getting enough rest or sleep.

- 4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

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

Section 5: Exercise

- 5.1 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? (86)

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

Section 6: Diabetes

- 6.1 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. (87)

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

Module 1: Pre-Diabetes

[CATI: if s6q1 = 2,3,4,7,9, continue. Else go to next section/module]

[NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.1 (Diabetes awareness question).]

Mod1_1. Have you had a test for high blood sugar or diabetes within the past three years? (226)

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

[CATI: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Mod1_2 = 1.]

Mod1_2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (227)

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

Module 2: Diabetes

{If S6q1=1, continue; else go to next section}

Mod2_1. How old were you when you were told you have diabetes? (228-229)

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

Mod2_2. Are you now taking insulin? (230)

1	Yes
2	No
9	Refused

Mod2_3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (231-233)

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

Mod2_4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(234-236)

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

Mod2_5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(237-238)

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

Mod2_6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(239-240)

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

{CATI: If Mod2_4 = 555 (No feet), go to Mod2_8.}

Mod2_7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(241-242)

_	_	Number of times [76 = 76 or more]
8	8	None

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

Mod2_8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(243)

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

Mod2_9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(244)

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

Mod2_10. Have you ever taken a course or class in how to manage your diabetes yourself?

(245)

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

Section 7: Oral Health

7.1 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.

(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

7.2 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.

(89)

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

{CATI: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.}

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

(90)

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

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

Section 10: Disability

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

10.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

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

10.2 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? (97)

Include occasional use or use in certain circumstances.

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

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (98)

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? (99)

- 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? (100)

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

Section 12: Demographics

12.1 What is your age? (101-102)

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

12.2 Are you Hispanic or Latino? (103)

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

12.3 Which one or more of the following would you say is your race? (104-109)

(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: If more than one response to Q12.3; continue. Otherwise, go to Q12.5}

12.4 Which one of these groups would you say best represents your race? (110)

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

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

(111)

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

12.6 Are you...?

(112)

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

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

(113-114)

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

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

(115)

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

12.9 Are you currently...?

(116)

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

12.10 Is your annual household income from all sources—

(117-118)

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

12.11 About how much do you weigh without shoes? (119-122)

NOTE: If respondent answers in metrics, put "9" in column 119.

Round fractions up

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

CATI: If Q12.11 = 7777 (Don't know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14).

12.12 About how tall are you without shoes? (123-126)

NOTE: If respondent answers in metrics, put "9" in column 123.

Round fractions down

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

12.13 How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?] **CATI: If female respondent and age <46.** (127-130)

NOTE: If respondent answers in metrics, put "9" in column 127.

Round fractions up

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

{CATI: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.}

12.14 Was the change between your current weight and your weight a year ago intentional? (131)

1 Yes
2 No

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

12.15 What county do you live in? (132-134)

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

State-Added 1: Demographics

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

(421-422)

NH1_1. What town do you live in?

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

Section 12: Demographics, Continued

12.16 What is your ZIP Code where you live? (135-139)

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

12.17 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. (140)

- 1 Yes
- 2 No **[Go to Q12.19]**
- 7 Don't know / Not sure **[Go to Q12.19]**
- 9 Refused **[Go to Q12.19]**

12.18 How many of these telephone numbers are residential numbers? (141)

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

12.19 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. (142)

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

12.20 Indicate sex of respondent. Ask only if necessary. (143)

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

12.21 To your knowledge, are you now pregnant? (144)

- 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? (145)

- 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? (146-148)

- 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

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?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

(149-150)

— — 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?

(151-152)

— — 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?

(153-154)

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

Section 14: Immunization

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

(155)

1 Yes
2 No **[Go to Q14.3]**
7 Don't know / Not sure **[Go to Q14.3]**
9 Refused **[Go to Q14.3]**

14.2 During what month and year did you receive your most recent flu shot?

(156-161)

— / — Month / Year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused

14.3 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™.

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Office of Health Statistics and Data Management

(162)

- 1 Yes
- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]

14.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (163-168)

- / Month / Year
- / Don't know / Not sure
- / Refused

14.5 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? (169)

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

Section 15: Falls

{CATI: If s6q1>44 (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? (170-171)

- 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]

15.2 [Fill in "Did this fall (from Q15.1) cause an injury?". If only one fall from Q15.1 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.

How many of these falls caused 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.

(172-173)

— —	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— (174)

Please read:

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

Do not read:

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

Section 17: Drinking and Driving

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

{CATI: 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? (175-176)

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

Section 18: Women's Health

{CATI: If s12q20=1 (male), go to the next section.}

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? (177)

- 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? (178)

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? (179)

- 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? (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 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? (181)
- 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? (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 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: If Q12.21 = 1 (is pregnant) go to next section; else continue.}

- 18.7** Have you had a hysterectomy? (183)

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: If s12q1 <40 years of age, or s12q20=2 (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? (184)
- 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? (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)
- 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

19.3 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? (186)

- 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? (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)
- 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? (188)

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

State Added 2: Prostate Cancer Screening

{CATI: If age <40 years of age or s12q20=2 go to next section}

NH2_1 Have you discussed prostate cancer early detection or screening with your health care provider?

(404)

- 1 Yes
- 2 No **(Go to Next Section)**
- 7 Not sure **(Go to Next Section)**
- 9 Refused **(Go to Next Section)**

NH2_2 When did you last discuss prostate cancer early detection or screening with your health care provider?

(405)

Read if Necessary

- 1 In the last year **(anytime less than 12 months ago)**
- 2 In the last 2 years **(1 year but less than 2 years)**
- 3 In the last 3 years **(2 years but less than 3 years)**
- 4 3 or more years ago

Do not read

- 7 Don't know
- 9 Refused

Section 20: Colorectal Cancer Screening

CATI: 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?

(189)

- 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?

(190)

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? (191)

- 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 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (192)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (192)

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

State Added 3: Colon Cancer Screening

{CATI: If S20q4 =7, 9 (Don't know, refused), Go to Next Section}

NH3_1 Were you given medication to make you sleepy and more comfortable during the exam? (406)

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused (**Go to Next Section**)

NH3_2 Were you advised not to drive or work on the day of the exam? (407)

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

Section 21: HIV/AIDS

{CATI: If s12q1>64 (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. (193)

- 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? (194-199)

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

INTERVIEWER: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

$\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$ Code month and year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at 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? (200-201)

- 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: If Q21.2 = within last 12 months, continue. Otherwise, go to Q21.5.}

21.4 Was it a rapid test where you could get your results within a couple of hours? (202)

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

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

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

Do any of these situations apply to you? (203)

- 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?

INTERVIEWER NOTE: If asked, say “please include support from any source”.
(204)

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?
(205)

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 State-Added Questions

Please read:

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

Module 15: Random Child Selection

CATI: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q12.7 = 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 Mod15_1]**

If Core Q12.7 is >1 and Core Q12.7 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."

Mod15_1. What is the birth month and year of the "Xth" child?

(365-370)

<u> </u> / <u> </u> <u> </u> <u> </u>	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).

Mod15_2. Is the child a boy or a girl?

(371)

1	Boy
2	Girl
9	Refused

Mod15_3. Is the child Hispanic or Latino?

(372)

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

Mod15_4. Which one or more of the following would you say is the race of the child?

(373-378)

[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: If more than one response to Mod15_4, continue. Otherwise, go to Mod15_6.}

Mod15_5. Which one of these groups would you say best represents the child's race? (379)

- 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

Mod15_6. How are you related to the child? (380)

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

Module 16: Childhood Asthma Prevalence

{CATI: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.}

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

Mod16_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (381)

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

Mod16_2. Does the child still have asthma? (382)

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

State Added 4: Child Influenza Vaccination

{CATI: If Core Q12.7 = 88, or 99 (no children under age 18 in HH, or refused), go to next section.}

NH4_1. Has a doctor, nurse, or other health professional ever said that [Fill: he/she] has any of the following health problems? (408)

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 NH4_3]
- 7 Don't know / Not sure [Go to NH4_3]
- 9 Refused [Go to NH4_3]

NH4_2. Does [Fill: he/she] still have (this/any of these) problem(s)? (409)

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

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

NH4_3. During the past 12 months, has **[Fill: he/she]** had a flu shot or flu vaccine sprayed in the nose?

(410)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to NH4_5] |
| 7 | Don't know / Not sure | [Go to NH4_5] |
| 9 | Refused | [Go to NH4_5] |

NH4_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.

(411-416)

- | | | |
|---|-----------------------|---|
| <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> | Month / Year | |
| 77 / 7777 | Don't know / Not sure | (Probe: "Was it before September 2007?" Code approximate month and year) |
| 99 / 9999 | Refused | |

{CATI: If NH4_4 is before 09/2007 or NH4_4 = 77/777 (Don't know) or 99/9999 (Refused) continue. Otherwise, go to next section.}

NH4_5. What is the MAIN reason **[Fill: he/she]** has not received a flu vaccination for this current flu season?

(417-418)

[INTERVIEWER NOTE: The current flu season = September 2007 – March 2008.]

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 <u>main</u> reason?") |
| 9 9 | Refused |

State-Added 5: Health Insurance Coverage –Child

{CATI: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next section.}

NH 5_1. Which of the following BEST describes this child's health insurance coverage?

[Note: If more than one type of insurance, ask "which insurance do you consider this child's primary insurance?"]

(419-420)

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

CATI: PLEASE READ TO ALL: Now we have just a few more questions about your health

State Added 6: COPD

{CATI: Ask of all adult respondents}

NH6_1. Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?

(421)

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

State-Added 7: Adult Health Insurance Coverage

{CATI: Ask if s3q1= 1 (Have some kind of health plan) else go to next section}

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

(422-423)

NH 7_1. Which of the following BEST describes the type of health insurance coverage you have?

[NOTE: If more than one type of insurance, say "which insurance do you consider your primary insurance?"]

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 8: Tobacco Indicators

{CATI: If Q11.1=1, (Ever smoked 100 cigarettes) continue. Else, go to next section}

Previously you said you have smoked cigarettes.

NH8_1. How old were you the first time you smoked a cigarette, even one or two puffs?

(424-425)

-- Code age in years

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

NH8_2. How old were you when you first started smoking cigarettes regularly?

(426-427)

-- Code age in years

- 88 Never smoked regularly **[Go to NH10_1]**
- 77 Don't know/Not sure
- 99 Refused

State-Added 9: Smoking Cessation

[Ask if s11q2=3 (do not currently smoke); else if S11q2 = 1 or 2 (currently smoke) go to pre-NH9_2]

Previously you said you have smoked cigarettes:

NH 9_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 9_1 = 01, 02, 03, or 04 OR if S11Q2 = 1 or 2 (currently smoke)}

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

NH 9_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?

(430-431)

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

NH 9_3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

(432-433)

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

NH 9_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?

(434-435)

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

NH 9_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?

(436-437)

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

{Ask if NH9_1 = 01, 02, 03, or 04 OR if S11Q2 = 1 or 2}

NH 9_6. Are you aware of assistance that might be available to help you quit smoking, such as telephone quitlines, or local health clinic services?

(438)

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

State Added 10: Other Tobacco Products

{Ask of All}

NH10_1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff, or Snus?

(439)

- 1 Yes
- 2 No **[Go to NH10_3]**
- 7 Don't know / Not sure **[Go to NH10_3]**
- 9 Refused **[Go to NH10_3]**

NH10_2. Do you currently use chewing tobacco, snuff or snus every day, some days, or not at all?

(440)

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

NH10_3. Have you ever smoked a cigar, even one or two puffs?

(441)

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

NH10_4. Do you now smoke cigars every day, some days, or not at all?

(442)

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

State-Added 11: Radon

{To be asked of all respondents}

NH11_1. How would you best describe the construction of the type of home you live in? (468)

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 NH11_5, NH11_6, and NH11_7]**
- 3 Senior Citizen housing **[skip NH11_5, NH11_6, and NH11_7]**

Do not read:

- 7 Don't Know / Not Sure **[skip NH11_5, NH11_6, and NH11_7]**
- 9 Refused **[skip NH11_5, NH11_6, and NH11_7]**

NH11_2. Have you heard of radon? (469)

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

NH11_3. Which of the following most closely describes radon? (470)

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]**

NH11_4. What health condition is most often associated with radon in air? (471-472)

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]**

NH11_5. To the best of your knowledge, has your present home been tested for radon in the indoor air?

(473)

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

NH11_6. Was the result of the radon test equal or greater than the maximum recommended value of 4 picocuries per liter ?

(474)

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]**

NH11_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?

(475)

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

State Added 12: Cancer

[CATI: Ask of all respondents]

NH12_1 Have you ever been told by a doctor that you had cancer? (443)

1 Yes
2 No (**Go to next section**)

Do Not Read:

7 Don't know/not sure (**Go to next section**)
9 Refused (**Go to next section**)

NH12_2 What type of cancer was it, or in what part of the body did the cancer start?

Do not read

Note: If more than one type, ask what was the type when first told they had cancer. If more than one type on initial diagnosis, enter "16", "Multiple sites"

(444-445)

01 Bladder
02 Breast
03 Colon or rectal
04 Prostate
05 Lung or bronchus
06 Melanoma of the skin
66 Extended list
77 Don't know (**Go to next section**)
99 Refused (**Go to next section**)

07 Bone
08 Brain
09 Cervical cancer (cancer of the cervix)
10 Endometrial cancer (cancer of the uterus)
11 Head or neck cancer
12 Heart
13 Internal organs
14 Leukemia/blood cancer
15 Lymphoma
16 Multiple sites at first diagnosis
17 Oral cancer
18 Other skin cancer (not melanoma)
19 Ovarian cancer
20 Pancreatic cancer
21 Pharyngeal (throat) cancer
24 Rectal cancer
22 Renal (kidney) cancer
23 Stomach
25 Thyroid
26 Other not listed – Do not specify

NH12_3 At what age or in what year were you **first** told that you had cancer?

(446-448)

[Enter Unit and year or age]

- 1 __ Age
- 2 __ Year (last 2 digits)
- 777 Don't know/not sure
- 999 Refused

State-Added 13: Occupational Health

Now I would like to ask some questions about employment and occupational health.

[CATI: If S12.9 = 5,6,7,8 continue; Else go to pre_NH13_2.]

NH13_1. We would like to know if you have worked in the last year. During the past twelve months, have you been employed for any period of time, either part time, full time or self-employed?

- 1 Yes, employed full time or part time.
- 2 Yes, self-employed.
- 3 No. **[Go to next section]**
- 7 Don't know/Not Sure. **[Go to next section]**
- 9 Refused. **[Go to next section]**

[CATI: If (S12.9 = 1, 2, 4) OR if (S12.9 = 5, 6, 7, 8 (employment) AND NH13_1 = 1, 2), then continue. Else go to next section]

NH13_2. Are **both** of these true with respect to your work?

In your job:

your work is directed by a supervisor or boss, not a client

and

you are provided with a 1099 tax form, **not** a W-2 form at the end of the year?

(450)

- 1 Yes, both are true
- 2 No, both are not true
- 7 Don't know
- 9 Refused

NH13_3 What kind of business or industry do you work in?

(451 – 452)

Read only if necessary

- 01 Agriculture, fishing, hunting
- 02 Business and technical services
- 03 Construction
- 04 Education
- 05 Finance, Insurance, Real Estate
- 06 Food Service
- 07 Government (local, state, federal)
- 08 Health care
- 09 Manufacturing
- 10 Other Service Industry
- 11 Transportation and warehousing
- 12 Utilities or mining
- 13 Wholesale or retail sales
- 14 Other, Specify_____
- 15 Accommodations (hotel, motel)
- 77 Don't know/not sure
- 99 Refused

READ TO ALL: The next questions are about your work and whether you had a work-related injury. As a reminder, all your answers are strictly confidential.

NH13_4 During the past 12 months, that is since **{CATI fill-in: one year before today date}** were you injured seriously enough while performing your job that you got medical advice or treatment?

(453)

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

NH13_5 For your most recent work-related injury, who paid for your treatment?

[Code all that apply]

(454 – 467)

Please read:

- 01 Worker's compensation paid all.
- 02 Worker's compensation paid some but denied some
- 03 My Health Insurance. (Note: Can also be spouse's or domestic partner's insurance)
- 04 Medicare or Medicaid
- 05 You or your family; out of pocket.
- 06 Your employer without a worker's compensation claim.
- 07 Who will pay is still in process or not resolved.

Do not read these responses

- 08 Other
- 88 No one paid because there was no treatment.
- 77 Don't know/not sure.
- 99 Refused.

State-Added 14: Vision Examination

{Ask if MOD2_8 = 3,4,8, else go to next section}

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

NH14_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

Asthma Follow-up Questions

{New Hampshire will participate in the Adult & Child Asthma Callback survey in 2008}

{If s9q1 or s9q2=1 or mod2_1 or mod2_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 **{CATI fill in: 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]

Closing statement

Please read:

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. I can provide you the phone number of the Survey Coordinator at the New Hampshire Department of Health and Human Services. Would you like that now? **[IF YES: YOU CAN CALL 1-603-271-4671]**

Thank you very much for your time and cooperation.