

Texas 2002 BRFSS Questionnaire

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Core 1: Health Status

C01Q01

Would you say that in general your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 2: Health Care Access

C02Q01

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C02Q02

Do you have one person you think of as your personal doctor or health care provider?

1. Yes, only one
2. More than one
3. No
7. DON'T KNOW/NOT SURE
9. REFUSED

C02Q03

When you are sick or need advice about your health, to which one of the following places do you usually go?

1. A doctor's office
2. A public health clinic or community health center
3. A hospital outpatient department
4. A hospital emergency room
5. Urgent care center
6. Some other kind of place
8. No usual place
7. DON'T KNOW/NOT SURE
9. REFUSED

C02Q04

Was there a time in the past 12 months when you needed medical care, but could not get it?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

C02Q05

What is the main reason you did not get medical care?

Would you say:

01. Cost [Include no insurance]
02. Distance
03. Office wasn't open when I could get there
04. Too long a wait for an appointment
05. Too long to wait in waiting room
06. No child care
07. No transportation
08. No access for people with disabilities
09. The medical provider didn't speak my language
10. Other
77. DON'T KNOW/NOT SURE
99. REFUSED

Core 3: Exercise

C03Q01

During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 4: Fruits and Vegetables

C04Q01

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

How often do you drink fruit juices such as orange, grapefruit, or tomato?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C04Q02

Not counting juice, how often do you eat fruit?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C04Q03

How often do you eat green salad?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C04Q04

How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C04Q05

How often do you eat carrots?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C04Q06

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

Example: A serving of vegetables at both lunch and dinner would be two servings.

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

Core 5: Asthma

C05Q01

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C05Q02

Do you still have asthma?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 6: Diabetes

C06Q01

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

1. Yes
2. Yes, but female told only during pregnancy
3. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 1: Diabetes

M01Q01

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

___ Code age in years (97 = 97 and older)

98. DON'T KNOW/NOT SURE
99. REFUSED

M01Q02

Are you now taking insulin?

1. YES
2. NO
9. REFUSED

M01Q03

Are you now taking diabetes pills?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M01Q04

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.

101-109 = time per day 301-399 = times per month

201-263 = times per week 401-499 = times per year

___ Enter times per day,
week, month or year

777. DON'T KNOW/NOT SURE

888. NEVER

999. REFUSED

M01Q05

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.

101-109 = time per day 301-399 = times per month

201-263 = times per week 401-499 = times per year

___ Enter times per day,
week, month or year

555. NO FEET

777. DON'T KNOW/NOT SURE

888. NEVER

999. REFUSED

M01Q06

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

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

M01Q07

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

___ Number of times (76 = 76 or more)

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

M01Q08

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

___ Number of times (76 = 76 or more)

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 98. NEVER HEARD OF HEMOGLOBIN "A one C" TEST
- 99. REFUSED

M01Q09

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

___ Number of times (76 = 76 or more)

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

M01Q10

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.

- 1. Within the past month (ANYTIME LESS THAN 1 MONTH AGO)
- 2. Within the past year (1 MONTH BUT LESS THAN 1 YEAR AGO)
- 3. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
- 4. 2 or more years ago
- 8. NEVER
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M01Q11

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy [ret-in-OP-a-thee]?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M01Q12

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 7: Oral Health

C07Q01

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.

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

C07Q02

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

Include teeth lost due to "infection"

1. 1 to 5
2. 6 or more but not all
3. All
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

C07Q03

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

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

Core 8: Immunization

C08Q01

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q02

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

01. A doctor's office or health maintenance organization
02. A health department
03. Another type of clinic or health center [EXAMPLE: A COMMUNITY HEALTH CENTER]
04. A senior, recreation, or community center
05. A store [EXAMPLES: SUPERMARKET, DRUG STORE]
06. A hospital or emergency room
07. Workplace
08. Some other kind of place
77. DON'T KNOW/NOT SURE
99. REFUSED

C08Q03

Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 9: Tobacco Use

C09Q01

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

5 packs = 100 cigarettes

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C09Q02

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

1. Every day
2. Some days
3. Not at all
9. REFUSED

C09Q03

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 10: Alcohol Consumption

C10Q01

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

101-107 Days per week 201-230 Days in past 30

__ __ __ Enter Days per week or per month

888. No drinks in past 30 days
777. DON'T KNOW/NOT SURE
999. REFUSED

C10Q02

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

_____ Number of drinks

77. DON'T KNOW/NOT SURE
88. NONE
99. REFUSED

C10Q03

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

_____ Number of times

77. DON'T KNOW/NOT SURE
88. NONE
99. REFUSED

C10Q04

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

_____ Number of times

77. DON'T KNOW/NOT SURE
88. NONE
99. REFUSED

Core 11: Seat Belts

C11Q01

How often do you use seatbelts when you drive or ride in a car?

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never
7. DON'T KNOW/NOT SURE
8. NEVER DRIVE OR RIDE IN A CAR
9. REFUSED

Core 12: Demographics

C12Q01

What is your age?

_____ Code age in years

7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q02

Are you Hispanic or Latino?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q03

Which one or more of the following would you say is your race? Would you say:
White, Black or African American, Asian, Native Hawaiian or Other Pacific
Islander, American Indian or Alaska Native, or Other?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native
6. Other [specify]
7. DON'T KNOW/NOT SURE
8. NO ADDITIONAL CHOICES
9. REFUSED

C12Q04

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native
6. Other [specify]
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q05

Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?

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

C12Q06

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

__ __ Number of children

77. DON'T KNOW/NOT SURE
88. NONE
99. REFUSED

C12Q07

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

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)
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q08

Are you currently: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

- 01. Employed for wages
- 02. Self-employed
- 03. Out of work for more than 1 year
- 04. Out of work for less than 1 year
- 05. A Homemaker
- 06. A Student
- 07. Retired
- 08. Unable to work
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C12Q09

Is your annual household income from all sources:

- 01. Less than \$10,000
- 02. Less than \$15,000 (\$10,000 to less than \$15,000)
- 03. Less than \$20,000 (\$15,000 to less than \$20,000)
- 04. Less than \$25,000 (\$20,000 to less than \$25,000)
- 05. Less than \$35,000 (\$25,000 to less than \$35,000)
- 06. Less than \$50,000 (\$35,000 to less than \$50,000)
- 07. Less than \$75,000 (\$50,000 to less than \$75,000)
- 08. \$75,000 or more
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C12Q10

About how much do you weigh without shoes?

Round fractions up

___ ___ ___ Weight pounds

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C12Q11

About how tall are you without shoes?

Round fractions down

__ __ __ Height ft/inches (Ex. 5 feet 9 inches = 509)

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

ASKCNTY

What county do you live in?

__ __ __ FIPS county code

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C12Q13

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C12Q14

How many of these are residential numbers?

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six or more
- 7. DON'T KNOW/NOT SURE
- 8. NONE
- 9. REFUSED

C12Q15

Indicate sex of respondent.

1. Male
2. Female

C12Q16

To your knowledge, are you now pregnant?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 13: Family Planning

C13Q01

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

Are you or your [**husband/partner; insert wife/partner**] doing anything now to keep from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

(If multiple partners, consider usual method.)

1. Yes
2. No
3. No partner/not sexually active
4. Same sex partner
7. DON'T KNOW/NOT SURE
9. REFUSED

C13Q02

What are you or your [husband/partner; wife/partner] doing now to **keep** from getting pregnant?

01. Tubes tied (sterilization)
02. Vasectomy (sterilization)
03. Pill
04. Condoms
05. Foam, jelly, cream
06. Diaphragm
07. Norplant
08. IUD
09. Shots (Depo-Provera)
10. Withdrawal
11. Not having sex at certain times (rhythm)
12. No partner/Not sexually active
13. Other method(s)
77. DON'T KNOW/NOT SURE
99. REFUSED

C13Q03

What other method are you also using to prevent pregnancy?

01. Tubes tied (sterilization)
02. Vasectomy (sterilization)
03. Pill
04. Condoms
05. Foam, jelly, cream
06. Diaphragm
07. Norplant
08. IUD
09. Shots (Depo-Provera)
10. Withdrawal
11. Not having sex at certain times (rhythm)
12. No partner/Not sexually active
13. Other method(s)
77. DON'T KNOW/NOT SURE
99. REFUSED

C13Q04

What is your main reason for not doing anything to keep you from getting pregnant?

What is your main reason for not doing anything to keep your partner from getting pregnant?

01. Not sexually active/no partner
02. Didn't think was going to have sex/no regular partner
03. You want a pregnancy
04. You or your partner don't want to use birth control
05. You or your partner don't like birth control/fear side effects
06. You can't pay for birth control
07. Lapse in use of a method
08. Don't think you or your partner can get pregnant
09. You or your partner had tubes tied (sterilization)
10. You or your partner had a vasectomy (sterilization)
11. You or your partner had a hysterectomy
12. You or your partner are too old
13. You or your partner are currently breast-feeding
14. You or your partner just had a baby/postpartum
15. Other reason
16. Don't care if get pregnant
17. Same sex partner
18. Partner is pregnant now
77. DON'T KNOW/NOT SURE
99. REFUSED

Core 14: Women's Health

C14Q01

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q02

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

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 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q03

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

1. YES
2. NO - SKIP
7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q04

How long has it been since you had your last breast exam?

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q05

A pap smear is a test for cancer of the cervix. Have you ever had a pap smear?

1. YES
2. NO - SKIP
7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q06

How long has it been since you had your last pap smear?

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 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q07

Have you had a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb)

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 15: Prostate Cancer Screening

C15Q01

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C15Q02

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

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON'T KNOW
9. REFUSED

C15Q03

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C15Q04

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

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

C15Q05

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 16: Colorectal Cancer Screening

C16Q01

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C16Q02

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

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 5 years (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

C16Q03

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C16Q04

How long has it been since you had your last Sigmoidoscopy or colonoscopy?

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 5 years (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. Within the past 10 years (5 YEARS BUT LESS THAN 10 YEARS AGO)
5. 10 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 17: HIV/AIDS

C17Q01

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

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

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

1. TRUE
2. FALSE
7. DON'T KNOW/NOT SURE
9. REFUSED

C17Q02

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

1. TRUE
2. FALSE
7. DON'T KNOW/NOT SURE
9. REFUSED

C17Q03

How important do you think it is for people to know their HIV status by getting tested?

1. Very important
2. Somewhat important
3. Not at all important
7. DON'T KNOW/NOT SURE
8. DEPENDS ON RISK
9. REFUSED

C17Q04

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

Include saliva tests

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C17Q05

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

Include saliva tests

__ __/__ __ Code month and year

7777. DON'T KNOW/NOT SURE

6666. REFUSED

C17Q06

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

___ Reason code

01. It was required

02. Someone suggested you should be tested

03. You thought you may have gotten HIV through sex or drug use

04. You just wanted to find out whether you had HIV

05. You were worried that you could give HIV to someone

06. IF FEMALE: You were pregnant

07. It was done as part of a routine medical check-up

08. You were tested for some other reason

77. DON'T KNOW/NOT SURE

99. REFUSED

C17Q07

Where did you have the HIV test in?

___ Facility code

1. Private doctor or HMO

2. Counseling and testing site

3. Hospital

4. Clinic

5. In a jail or prison (or other correctional facility)

6. Home

7. Somewhere else

77. DON'T KNOW/NOT SURE

99. REFUSED

C17Q08

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

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

- You have used intravenous drugs in a 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?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C17Q09

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

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

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 18: Firearms

C18Q01

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

Are any firearms now kept in or around your home?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C18Q02

Are any of these firearms now loaded?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q03

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 5: Healthy Days

M05Q01

Earlier, I asked you to rate your general health as excellent, very good, good, fair, or poor.

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- _____ Number of days
77. DON'T KNOW/NOT SURE
 88. NONE
 99. REFUSED

M05Q02

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- _____ Number of days
77. DON'T KNOW/NOT SURE
 88. NONE
 99. REFUSED

M05Q03

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

_____ Number of days

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

Module 8: Adult Asthma History

M08Q01

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

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

_____ Age in years 11 or older [96 = 96 and older]

- 97. Age 10 or younger
- 98. DON'T KNOW/NOT SURE
- 99. REFUSED

M08Q02

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

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q03

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

_____ Number of visits [87 = 87 or more]

- 88. None
- 98. DON'T KNOW/NOT SURE
- 99. REFUSED

M08Q04

(Besides those emergency room visits,) During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

____ ____ Number of visits [87 = 87 or more]

- 88. None
- 98. DON'T KNOW/NOT SURE
- 99. REFUSED

M08Q05

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

____ ____ Number of visits [87 = 87 or more]

- 88. None
- 98. DON'T KNOW/NOT SURE
- 99. REFUSED

M08Q06

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

____ _____ Number of days

- 777. DON'T KNOW/NOT SURE
- 888. NONE
- 999. REFUSED

M08Q07

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

Would you say . . .

- 8. Not at any time
- 1. Less than once a week
- 2. Once or twice a week
- 3. More than 2 times a week, but not every day
- 4. Every day, but not all the time
- 5. Every day, all the time
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M08Q08

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

Would you say . . .

8. None
1. One or two
2. Three to four
3. Five
4. Six to ten
5. More than ten
7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q09

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

Would you say . . .

8. Didn't take any
1. Less than once a week
2. Once or twice a week
3. More than 2 times a week, but not every day
4. Once every day
5. 2 or more times every day
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 9: Childhood Asthma

M09Q01

Earlier you said there were children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

_____ Number of children

77. DON'T KNOW/NOT SURE
88. None
99. REFUSED

M09Q02

(Does this child/How many of these children) still have asthma?

_____ Number of children

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

Module 12: Weight Control

M12Q01

Are you now trying to lose weight?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M12Q02

Are you now trying to maintain your current weight, that is to keep from gaining weight?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M12Q03

Are you eating either fewer calories or less fat to . . .

lose weight?

keep from gaining weight?

- 1. Yes, fewer calories
- 2. Yes, less fat
- 3. Yes, fewer calories and less fat
- 4. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M12Q04

Are you using physical activity or exercise to . . .
lose weight?
keep from gaining weight?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M12Q05

How much would you like to weigh?

____ _ Weight in pounds

- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

M12Q06

In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

1. Yes, lose weight
2. Yes, gain weight
3. Yes, maintain current weight
4. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 13: Folic Acid

M13Q01

Do you currently take any vitamin pills or supplements?

Include liquid supplements.

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M13Q02

Are any of these a multivitamin?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M13Q03

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M13Q04

How often do you take this vitamin pill or supplement?

101-199 = time per day 301-399 = times per month
201-299 = times per week

___ Enter times per day,
week, or month

777. DON'T KNOW/NOT SURE
999. REFUSED

M13Q05

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

1. To make strong bones
2. To prevent birth defects
3. To prevent high blood pressure
4. Some other reason
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 14: Tobacco Indicators

M14Q01

Previously you said you have smoked cigarettes.

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

__ __ Code age in years (76 = 76 years old or older)

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q02

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

__ __ Code age in years (76 = 76 years old or older)

- 88. Never smoked regularly
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q03

About how long has it been since you last smoked cigarettes regularly?

__ __ Enter Code

- 1. Within the past month (ANYTIME LESS THAN 1 MONTH AGO)
- 2. Within the past 3 months (1 MONTH BUT LESS THAN 3 MONTHS AGO)
- 3. Within the past 6 months (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
- 4. Within the past year (6 MONTHS BUT LESS THAN 1 YEAR AGO)
- 6. Within the past 5 years (1 YEAR BUT LESS THAN 5 YEARS AGO)
- 6. Within the past 10 years (5 YEARS BUT LESS THAN 10 YEARS AGO)
- 7. 10 or more years ago
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q04

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

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M14Q05

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q06

Which statement best describes the rules about smoking inside your home?

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 the home
4. There are no rules about smoking inside the home
7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q07

While working at your job, are you indoors most of the time?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q08

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 lunchrooms?

Would you say not allowed in any public areas, allowed in some public areas, allowed in all public areas, or no official policy?

For workers who visit clients, "place of work" means their base location.

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas
4. No official policy
7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q09

Which of the following best describes your place of work's official smoking policy for work areas?

Would you say not allowed in any work areas, allowed in some work areas, allowed in all work areas, or no official policy?

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
4. No official policy
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 15: Other Tobacco Products

M15Q01

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

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q02

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

1. Every day
2. Some days
3. Not at all
7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q03

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

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q04

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

1. Every day
2. Some days
3. Not at all
7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q05

Have you ever smoked tobacco in a pipe, even one or two puffs?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q06

Do you now smoke a pipe every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q07

A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q08

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

1. Every day
2. Some days
3. Not at all
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05: State Tobacco

TX05Q01

In the past 12 months, when a Doctor or other health care professional advised you to quit smoking, did they also do any of the following?

TX05Q01a: prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills such as Zyban?

TX05Q01b: Suggest that you use a smoking cessation class, program, quitline, or counseling?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q02

Do you think that breathing smoke from other people's cigarettes is?

1. Very harmful to one's health
2. Somewhat harmful to one's health
3. Not very harmful to one's health
4. Not harmful at all to one's health
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q03

In public buildings, do you think that smoking should be allowed in all areas, some areas, or not allowed at all.

1. Allowed in all areas
2. Some areas
3. Or not allowed at all
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q04

In indoor sporting events and concerts, do you think that smoking should be allowed in all areas, some areas, or not allowed at all.

1. Allowed in all areas
2. Some areas
3. Or not allowed at all
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q05

Some cities and towns are considering laws that would make restaurants smoke-free; that is eliminating all tobacco smoke from restaurants. Would you support such a law in your community.

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q06

If there were a total ban on smoking in restaurants, would you eat out more, less, or would it make no difference?

1. Eat out more
2. Less
3. It would make no difference
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q07

Some cities or towns are considering laws that would make clubs, bars, or lounges where alcohol is served smoke-free. Would you support such a law in your community?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q08

If such a law were passed, how would it affect your use of such places as clubs, bars, and lounges? Do you think you would use them more often, less often, or would it make no difference?

1. More often
2. Less often
3. It would make no difference
7. DON'T KNOW/NOT SURE
9. REFUSED

TX05Q09

How important do you think it is to protect employees of public places including restaurants, bars, bingo halls and bowling alleys from second hand smoke? Would you say:

- 4. Very important
- 3. Moderately important
- 2. Not very important
- 1. Not at all important
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

TX03: Quality of Life

TX01Q01

During the past 30 days, for about how many days have you felt sad, blue, or depressed?

_____ Number of days

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

TX01Q02

During the past 30 days, for about how many days have you felt worried, tense, or anxious?

_____ Number of days

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

TX01Q03

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

_____ Number of days

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

TX01Q04

During the past 30 days, for about how many days have you felt very healthy and full of energy?

_____ Number of days

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

TX03Q01

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

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

TX04: CHIPS

TX04Q01

How many of the children in your household, under the age of 18, are boys?

_____ ENTER NUMBER

- 99. REFUSED

TX04Q02

How many of the children in your household, under the age of 18, are girls?

_____ ENTER NUMBER

- 99. REFUSED

ONECHILD

Is the child male or female?

- 1. MALE
- 2. FEMALE
- 9. REFUSED

TX04Q03

May I please have the first name of <SELECTED CHILD>? so that I may refer to that child in the next few questions

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

TX04Q06

What is <SELECTED CHILD's> age?

___ Enter age

77. DON'T KNOW / NOT SURE
99. REFUSED

TX04Q04

Does <SELECTED CHILD> have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

TX04Q05

Was there a time during the past 12 months when <SELECTED CHILD> needed to see a doctor but could not because of the cost?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
8. REFUSED

TX04Q07

Has a physician or other medical care provider ever told you or the child's parent or guardian that <SELECTED CHILD> has asthma?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

TX04Q08

When was the last time you or the child's parent or guardian sought medical care or gave medication for <SELECTED CHILD>'s asthma?

1. Within the past 6 months
2. Within the past year
3. Within the past 2 years
4. Within the past 5 years
5. 5 or more years ago
7. DON'T KNOW / NOT SURE
9. REFUSED

TX01: ACE MODULE

ACE01

Did a parent or other adult in your household often or very often swear at, insult, or put you down?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE02

Did a parent or other adult in your household often or very often act in a way that made you afraid that you would be physically hurt?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE03

Did a parent or other adult in your household often or very often push, grab, shove or slap you?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE04

Did a parent or other adult in your household often or very often hit you so hard that you had marks or were injured?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE05

Did an adult or person at least 5 years older ever touch or fondle you in a sexual way?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE06

Did an adult or person at least 5 years older than you ever have you touch their body in a sexual way?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE07

Did an adult or person at least 5 years older than you attempt oral, anal, or vaginal intercourse with you?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE08

Did an adult or person at least 5 years older than you actually have oral, anal or vaginal intercourse with you?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE09

During your childhood, did you live with anyone who was a problem drinker or alcoholic?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE10

During your childhood, did you live with anyone who used street drugs?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE11

Was a member of your household ever depressed or mentally ill?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE12

Did a member of your household ever attempt suicide?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE13

Was your mother (or stepmother) sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?

1. YES
2. NO
3. NO MOTHER OR STEPMOTHER
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE14

Was your mother (or stepmother) sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE15

Was your mother (or stepmother) ever repeatedly hit over at least a few minutes?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE16

Was your mother (or stepmother) ever threatened with, or hurt by, a knife or a gun?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

ACE17

Did a member of your household ever go to prison?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED