

2008

Texas Behavioral Risk Factor Surveillance System

Questionnaire

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Introduction Script

HELLO, I am calling for the Texas Department of State Health Services . My name is (name) . We are gathering information about the health of Texas 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.

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 Texas ?

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 Texas Department of State Health Services . My name is (name) . We are gathering information about the health of Texas 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.

Confidentiality Statement

I will not ask for your last 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 (give appropriate state telephone number).**

This call may be monitored for Quality Assurance.

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)

Read if necessary

- 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

Do not read

- 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: Module 1 to follow core S6q1}

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

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 "Yes" (code = 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

{CATI: Module 2 to follow Core S6q1.}

{CATI: 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?

- — 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

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

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

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, go to S12q15.]

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 Demographics

{CATI: If Core Q12.15=201 (Harris County), continue with Q12.15a. If Core Q12.15=029 (Bexar County), continue with Q12.15b. Otherwise go to Q12.16.}

12.15a Do you live in the city limits of Houston?

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

{CATI: If Core Q12.15=029 (Bexar County), continue with Q12.15b. Otherwise go to Q12.16.}

12.15b Do you live in the city limits of San Antonio?

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

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

— — — —	ZIP Code
7 7 7 7	Don't know / Not sure
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

This Section Removed May 2008

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™. (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
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 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

State-Added 10: Pandemic Flu Questions (added for December 2008)

TX10_1. What do you think is the most effective ONE thing you can do to prevent getting sick from the flu?

Please read:

1. Avoiding touching your eyes, nose or mouth as much as possible during the flu season
2. Avoiding close contact with others who may have the flu
3. Getting the flu vaccination
4. Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

Do not read:

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

TX10_2 What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick?

Please read:

1. Frequent hand washing
2. Covering your mouth and nose when coughing or sneezing
3. Staying home when you are sick with the flu
4. Getting the flu vaccination

OR

5. Something else

Do not read:

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

TX10_3. How many flu vaccinations, including FluMist, have you had in the past 5 years, that is, since January 2003?

1. 0 or none
2. 1-5
3. 6-10
7. Don't know / Not sure
9. Refused

TX10_4. Since September 2007, have you seen a doctor or other health professional about your own health?

1. Yes
2. No [Go to Q 6]
7. Don't know / Not sure [Go to Q 6]
9. Refused [Go to Q 6]

TX10_5. Since September 2007, has a doctor or other health professional told you to get a flu vaccination?

INTERVIEWER NOTE: Flu vaccination includes the flu shot and flu mist which is sprayed into the nose.

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

TX10_6. Do you think the flu vaccination is very effective, somewhat effective, or not at all effective in preventing the flu?

- 1 Very effective
- 2 Somewhat effective
- 3 Not at all effective in preventing the flu
- 7 Don't know / Not sure
- 9 Refused

TX10_7. If you do not get the flu vaccination this fall or winter, what do you think are your chances of getting the flu?

Please read:

- 1 Very high
- 2 Somewhat high
- 3 Somewhat low
- 4 Very low

Do not read:

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

**CATI note: If received flu vaccination this season, go to Q9.
[Note to moderator] if answered Yes to 14.1 or 14.3, go to Q9.**

TX10_8. There are many reasons why people don't get flu vaccinations. What is the ONE main reason you did not get a flu vaccination last flu season?

INTERVIEWER INSTRUCTION: If more than one reason is given, ask "What is the one MAIN reason you did not get the flu vaccination last flu season?"

Please read:

- 1 Concerns about side effects or sickness
- 2 Think vaccines do not work
- 3 Vaccination is not needed
- 4 Allergic to the vaccine
- 5 Vaccine costs too much

OR

- 6 Some other reason

Do not read:

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

CATI: Ask TX 10_9 If TX10_3 = 1 (0 vaccinations or none), 7 (Don't Know/Not sure), or 9 (Refused)

TX10_9. If you were to get the flu vaccination, how worried would you be about getting sick from it?

Please read:

- 1 Very worried
- 2 Somewhat worried
- 3 Not worried at all about getting sick from the flu vaccination

Do not read:

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

TX10_10. Do you know what the term "pandemic flu" means?

- 1 Yes
- 2 No

Do not read:

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

TX10_11T Please read: "Pandemic Influenza" or "Pan Flu" is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is not a pandemic flu outbreak occurring.

TX10_11. Are you very concerned, somewhat concerned or not at all concerned about a pandemic flu outbreak?

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not concerned at all about the pandemic flu outbreak
- 7 Don't know / Not sure
- 9 Refused

TX10_12. If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu?

Interviewer Note: Please read both the subjective label and the percentage range.

- 1 Very high (90-100%)
- 2 High (70-89%)
- 3 Average (50-69%)
- 4 Low (20-49%)
- 5 Very low (0-19%)

Do not read:

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

TX10_13. If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you?

Please read:

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get one
- 4 Definitely not get a pandemic flu vaccination

Do not read:

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

TX10_14. If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you...

Please read:

- 1 Definitely go
- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

Do not read:

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

TX10_15. Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know?

Please read:

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flu
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu
- 0 5 Cities where cases of the flu have been identified
- 0 6 Information about the flu vaccine
- 0 7 Something else

Do not read:

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

TX10_16. During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.

Do not read:

- 0 1 Newspapers
- 0 2 Television
- 0 3 Radio
- 0 4 Internet websites
- 0 5 Your doctor
- 0 6 The CDC (Centers for Disease Control and Prevention)
- 0 7 State or local public health departments

- 0 8 Other government agencies
- 0 9 Family or friends
- 1 0 Religious leaders
- 1 1 Some other source
- 7 7 Don't know / Not sure
- 9 9 Refused

TX10_17. Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list?

Please read:

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

SAY: I will repeat the question and answer choices to assist your recall.

Do not read:

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

TX10_18. If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month?

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely to stay at home for a month
- 7 Don't know / Not sure
- 9 Refused

TX10_19. During a severe outbreak of pandemic flu in your community, would you participate in a telephone interview like this one about pandemic flu? Would you definitely participate, probably participate, probably not participate, or definitely not participate in an interview?

- 1 Definitely participate
- 2 Probably participate
- 3 Probably not participate
- 4 Definitely not participate in an interview like this
- 7 Don't know / Not sure
- 9 Refused

If s12q9=1, 2, 9 ask TX 10_20. Else skip if unemployed.

- TX10_20.** I'm going to read you a list of job types. Please tell me if you currently work in any of these fields.
- TX10_20A Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- TX10_20B Public health, healthcare provider, home health, or in a nursing home.
- TX10_20C Homeland or national security as one who would be deployed during a flu pandemic.
- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

{CATI: If S12q1>44, continue; else 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; else 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. Else continue}

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 Core 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 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
- 9 Refused

Section 20: Colorectal Cancer Screening

{CATI: If S12q1<50 go to next section; Else continue.}

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?

- 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?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

Section 21: HIV/AIDS

{CATI: If S12q1>64 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 Q21.5]**
- 7 Don't know / Not sure **[Go to Q21.5]**
- 9 Refused **[Go to Q21.5]**

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."]

[NOTE: 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.]

-- / -- --
7 7 / 7 7 7 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?

- 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 some questions left about other health topics.

Module 6: Binge Drinking

CATI Note: If Q13.4 is ≥ 1 ; but < 77 , continue. Otherwise, go to next module.

Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are **about the most recent occasion** when this happened. For these questions, **one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor**. So, a 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

[INTERVIEWER NOTE: If asked, "occasion" means in a row or within a few hours.]

Mod6_1. During the **most** recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about **how many beers**, including malt liquor, did you drink?

(268-269)

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

Mod6_2. During the same occasion, about **how many glasses of wine** did you drink? (270-271)

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

Mod6_3. During the same occasion, about **how many drinks of liquor**, including cocktails, did you have? (272-273)

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

Mod6_4. During the same occasion, about **how many other pre-mixed, flavored** drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice. (274-275)

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

Mod6_5. During this most recent occasion, **where were you** when you did **most** of your drinking? (276)

Read only if necessary:

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

Do not read:

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

Mod6_6. Did you drive a motor vehicle such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion?

[INTERVIEWER NOTE: For those with concerns about this question, answering “Yes” is not meant to imply they were drunk driving or breaking the law.]

(277)

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

{CATI: If Mod6_5 = 3 or 4, continue. Else, go to next section.}

Mod6_7. During this most recent occasion, approximately how much did **you pay** for the alcohol which **you drank**?

[INTERVIEWER NOTE: If anyone asks, they do not need to include the amount spent on tips.]

(278-280)

- – – Total amount
- 8 8 8 Paid nothing – all drinks free or paid for by others
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Module 7: Other Tobacco Products

{CATI: Ask of All, regardless of smoking status.}

Now, I would like to ask you questions about your use of tobacco products other than cigarettes.

Mod7_1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, or snus? (Snus rhymes with goose). (281)

[NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches, that is placed under the lip against the gum.]

- 1 Yes
- 2 No [Go to Mod7_3]
- 7 Don't know / Not sure [Go to Mod7_3]
- 9 Refused [Go to Mod7_3]

Mod7_2. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (282)

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

Mod7_3. Do you currently use any tobacco products other than cigarettes, cigars, pipes, bidis, kreteks, or any of the previously mentioned tobacco products?

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

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

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

(283)

Module 10: Adult Human Papilloma Virus (HPV)

{CATI: If S12q20=2 and S12q1=18-49, continue; Else go to next section.}

[NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus); Gardasil (Gar-duh- seel)]

Mod10_1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Have you EVER had the HPV vaccination? (308)

- | | | |
|---|---------------------------|---------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 3 | Doctor refused when asked | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

{CATI INSTRUCTION NOTE: Alternative 1 not to be asked as of January 1, This question will replace Mod10_1 when Cervarix® is licensed in 2008.}

(Alternative)

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, GARDASIL®, or Cervarix®. Have you EVER had the HPV vaccination?

(309)

- | | | |
|---|---------------------------|---------------------|
| 2 | Yes | |
| 2 | No | [Go to next module] |
| 3 | Doctor refused when asked | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

Mod10_2. How many HPV shots did you receive? (309-310)

- | | | |
|---|---|-----------------------|
| – | – | Number of shots |
| 0 | 3 | All shots |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Module 15: Random Child Selection

{CATI: If Core Q12.7 = 88 or 99 (No children under age 18 in HH, 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)

__/__/__	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).

[CATI: If birth year = 1990, ask mod15age]

Mod15age: How old is the "xth" child?

__	RECORD AGE
99	Refused

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 Core Q12.7 = 88 (None) or 99 (Refused), go to next section.}

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

- Mod16_2.** Does the child still have asthma? (382)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 17: Child Human Papilloma Virus (HPV)

{CATI: If selected child from Module 15 is female between ages 9-17 continue. Otherwise, go to next section.}

[NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus); Gardasil (Gar-duh· seel)]

I have two additional questions about a vaccination the selected child may have had.

- Mod17_1.** A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Has this child EVER had the HPV vaccination? (383)
- 1 Yes
 - 2 No [Go to next section]
 - 3 Doctor refused when asked [Go to next section]
 - 7 Don't know / Not sure [Go to next section]

{CATI INSTRUCTION NOTE: Alternative 1 not to be asked as of January 1, This question will replace Mod17_1 when Cervarix® is licensed in 2008.}

(Alternative)

- 1.** A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, GARDASIL® or Cervarix®. Have you EVER had the HPV vaccination? (384)

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

Mod17.3. How many HPV shots did she receive?

(384-385)

- – Number of shots
- 0 3 All shots
- 7 7 Don't know / Not sure
- 9 9 Refused

State-Added 1: Other Child Questions

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

I have a couple more questions concerning the "Xth" **{CATI: please fill in correct number}** child.

TX1_1 Has a doctor, nurse, or other health professional EVER said that this child has diabetes? ()

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

TX1_2 Does this child have type 1 or type 2 diabetes? ()

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

State-Added 2: Additional Oral Health Questions

{CATI: Asked to ALL respondents.}

Next, I have a few additional questions concerning oral health.

TX2_1 How would you describe the condition of your mouth, teeth, and gums? ()

Please read:

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

Do not read:

7 Don't know / Not sure
9 Refused

TX2_2 Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

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

()

{CATI: If S7q1>1 and S7q1<9, continue with TX2_3, else go to TX2_4.}

TX2_3 Previously you mentioned that you had not visited the dentist in the past year. What is the main reason you have not?

Read if necessary:

- 01 Dislike going to the dentist
- 02 Fear, apprehension, nervousness, pain
- 03 Cost
- 04 Do not have/know a dentist
- 05 Cannot get to the office/clinic (too far away, no transportation)
- 06 No appointments available
- 07 I have no dental problems
- 08 I have no reason to go
- 09 I have no teeth
- 10 The dentist does not accept my insurance
- 11 CHIP / Medicaid does not cover

Do not read:

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

()

TX2_4 When was the last time you had an exam for oral cancer in which a doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, feels under the tongue and inside the cheeks?

Read only if necessary:

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

Do not read:

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

()

State-Added 3: Immunization

TX3_1 During the past ten years, have you had either a tetanus shot or the new tetanus shot that also includes pertussis (whooping cough)? ()

[Read only if necessary: It is often called Td or Tdap.]

- 1 Yes
- 2 No **{Go to TX3_3}**
- 7 Don't know / Not sure **{Go to TX3_3}**
- 9 Refused **{Go to TX3_3}**

TX3_2 Which tetanus vaccine did you receive? If you have received more than one tetanus shot in the past ten years, tell us about the most recent one that you received. ()

Read if necessary

- 1 The shot that includes only tetanus and diphtheria. (This vaccine is called Td.)
- 2 The new shot that includes tetanus and diphtheria but also includes pertussis, also known as whooping cough. (The vaccine is called Tdap.)

Do not read

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

TX3_3 Do you currently have regular close contact with an infant (a child less than one year of age)? Examples of close contact would include living with or taking care of an infant as a parent, grandparent, childcare provider or healthcare provider. ()

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

State-Added 4: Secondhand Smoke

{Ask of all}

TX4_1 If there were a total ban on smoking in restaurants, would you eat out more, less, or would it make no difference? ()

[NOTE: Instructions to interviewer: If the respondent indicates that they already have a total ban on smoking in restaurants, ask if, after implementation did they eat out more, less or no difference.]

- 1 More often
- 2 Less often
- 3 No difference
- 7 Don't know / Not sure
- 9 Refused

TX4_2 If there were a total ban on smoking in bars and music clubs, would you go to bars and music clubs more, less or would it make no difference?

()

[NOTE: If the respondent indicates that they already have a total ban on smoking in bars and music clubs, ask if, after implementation did they go out more, less or no difference.]

- 1 More often
- 2 Less often
- 3 No difference
- 7 Don't know / Not sure
- 9 Refused

State-Added 5: Smokeless Tobacco Products & Snus

{CATI: If Mod7_1 = 1 (Yes), continue, otherwise go to next section.}

TX5_1 Previously you mentioned having ever used or tried smokeless tobacco products. Snus is a moist smokeless tobacco, usually sold in small pouches, that is placed under the lip against the gum. Have you ever used or tried snus? **[Snus rhymes with goose.]**

()

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

TX5_2 **{CATI: If Core 11.3 = 1 (Yes)}** Earlier you mentioned that in the past 12 months you stopped smoking for one day or longer because you were trying to quit smoking. Are you using smokeless tobacco products such as chewing tobacco, snuff, or snus as an option to quit smoking?

{CATI: If Core 11.2 = 3 (Not at all)} Earlier you mentioned that you used to smoke cigarettes. Did you use smokeless tobacco products such as chewing tobacco, snuff, or snus as an option to quit smoking?

()

- 1 Yes

- 2 No
- 7 Don't know / Not sure
- 8 Never tried to quit smoking in the past 12 months.
- 9 Refused

State-Added 6: Sexual Violence

Removed in March 2008

{Ask of all}

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

TX6_safe Are you in a safe place to answer these questions?

()

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

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

TX6_1 In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

()

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

TX6_2 In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

()

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

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

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

TX6_3 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? ()

1 Yes
2 No [Go to TX6_5]
7 Don't know / Not sure [Go to TX6_5]
9 Refused [Go to TX6_5]

TX6_4 Has this happened in the past 12 months? ()

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

TX6_5 Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? ()

1 Yes
2 No [Go to TX6_7]
7 Don't know / Not sure [Go to TX6_7]
9 Refused [Go to TX6_7]

TX6_6 Has this happened in the past 12 months? ()

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

{CATI: If TX6_3 = 1 (Yes) or TX6_5 = 1 (Yes) continue. Else go to TX6_close.}

TX6_7 Think about the time of the most recent incident involving a person who **had sex with you** –or- **attempted to have sex with you** after you said or showed that you didn't want to or without your consent? What was that person's relationship to you? ()

Do not read:

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

TX6_8 Was the person who did this male or female?

()

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

TX6_close. **Closing Statement:** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

State-Added 7: Weight Control

{Ask of all}

TX7_1 Are you now trying to lose weight?

- 1 Yes **[Go to TX7_3]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

TX7_2 Are you now trying to maintain your current weight that is to keep from gaining weight?

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

TX7_3 Are you eating either fewer calories or less fat to.

Probe for which:..

lose weight? **[if "Yes" TO TX7_1]**

keep from gaining weight? **[If "Yes" TO TX7_2]**

- 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

TX7_4 Are you using physical activity or exercise to....

lose weight? **[if "Yes" TO TX7_1]**

keep from gaining weight? **[If "Yes" to TX7_2]**

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

TX7_5 In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 8: Care Giving

{Ask of all}

TX8_1 There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend?

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

{CATI: If TX8_1 = 1 (Yes) continue. Else go to next section}

TX8_2 What is the age of the person whom you are giving care?

- __ Code age in years
- 07 Don't know / Not sure
- 09 Refused

TX8_3 Has this person ever been told by a doctor, nurse, or other health care professional that they have dementia?

[Interviewer note: If necessary, "Dementia is serious memory loss or confusion that keeps a person from doing their daily activities, such as self-care, work, or recreation, and interferes with their social relationships."]

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

TX8_4 What type of dementia does this person have?

Do not read

- 01 Alzheimer's disease (pronunciation: ahlts-hahy-merz di-zeez)
- 02 Multi-infarct dementia (stroke related)
- 03 Creutzfeldt-Jakob disease
- 04 Normal pressure hydrocephalus
- 05 Pick's disease
- 06 Parkinson's disease
- 07 Lewy body disease
- 08 Huntington's disease
- 09 Other dementia

- 55 They have never been told that they have dementia. **[Go to next section]**
- 77 Don't know / Not sure
- 99 Refused

TX8_5 How long has this person been diagnosed with **[Fill in from TX8_4]** _____?

Interviewer note: If respondent does not know what diagnosis means, say "This is when the doctor first told the person you are giving care to that they had Dementia."

- 1__ __ days
- 2__ __ weeks
- 3__ __ months
- 4__ __ years

Do not read:

- 555 Never
- 777 Don't know / Not sure
- 999 Refused

State-Added 9: EPRB [Added Oct-Dec 2008]

{Ask of All}

{Questions added October-December 2008. To be placed at end of survey, before the Asthma Callback permission section}

Next I have a few questions about your plans for the care of yourself in the case of a natural disaster.

TX9_1. If government officials ordered a mandatory evacuation in your area because of a major disaster such as a hurricane, flooding, wildfire, or tornado, would you leave or stay?

- 1 I would leave the area
- 2 I would stay

Do not read

- 3 I'm required to stay (e.g., police officer, electrician, health official, etc.)
- 7 Don't know/Not sure
- 9 Refused

TX9_2. If you had to evacuate, how would you leave the area?

Interviewer note: Read if necessary

- 1 Go in your car
- 2 Ride in a family member or friend's car
- 3 Use public transportation
- 4 Use evacuation provided transportation

Do not read

- 8 Would not leave home
- 7 Don't know how you would evacuate
- 9 Refused

TX9_3. If you had to evacuate, would you physically be able to ride on a bus for several hours?

- 1 Yes

2 No

Do not read

8 Would not leave home
7 Don't know/Not sure
9 Refused

TX9_4. If you had to evacuate, where would you go to stay until you could return home?

Interviewer note: Read if necessary

1 Would leave home for a safer structure in your area
2 Stay with friends or family members outside of your area
3 Go to a public disaster shelter
4 Sleep in a car or outdoors
5 Stay in a hotel or motel

Do not read

8 Would not leave home
7 Don't know where you would go
9 Refused

Asthma Call-Back

{CATI: If core Q9.1 = 1 or Core Q9.2 = 1 or Module 16_1 = 1 or Module 16_2 = 1 continue, else go to next section}

{CATI: If ADULT only, proceed with ADULT; If CHILD only, proceed with CHILD.}

{CATI: If both adult and child EVER had asthma, randomly select adult or child. [50% ADULT / 50% CHILD]}

AST1. We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Texas.

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 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

Closing Statement

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Language Indicator

Lang1. INTERVIEWER DO NOT READ

Code language of interview

()

- 1 English
- 2 Spanish