



2004

Behavioral Risk Factor Surveillance System
Indiana State Questionnaire

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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INTROQ

HELLO, I'm calling for the Indiana Department of Health and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of Indiana residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this XXX-XXX-XXXX?

1. Correct Number (Proceed to next question)
2. Number is not the same – **SKIP TO WRONGNUM**

NONRES – ONLY GET THIS IF PRIVRES = 2 (NON-RESIDENTIAL)

Thank you very much, but we are only interviewing private homes.

*****<F3>*****

WRONGNUM – ONLY GET THIS IF INTROQ = 2 (NUMBER IS NOT THE SAME)

Thank you very much, but it I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

****<F3>****

ADULTS

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?

__ ENTER THE NUMBER OF ADULTS

IF ANS = 1 SKIP TO ONEADULT

MEN

How many of these adults are men?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

IF ANS = ADULTS SKIP TO SELECTED

WOMEN

How many of these adults are women?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

IF ANS + MEN = ADULTS SKIP TO SELECTED

WRONGTOT - ONLY GET IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men -

Number of Women -

Number of Adults -

- 1. CORRECT THE NUMBER OF MEN
- 2. CORRECT THE NUMBER OF WOMEN
- 3. CORRECT THE NUMBER OF ADULTS

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SELECTED - ONLY GET IF MORE THAN ONE ADULT IN HOUSEHOLD

The person in your household I need to speak with is the

Are you the ?

1. YES – **SKIP TO YOURTHE1**
2. NO – **SKIP TO GETNEWAD**

ONEADULT - ONLY GET IF ONE ADULT IN HOUSEHOLD

Are you the adult?

1. YES AND THE RESPONDENT IS A MALE – **SKIP TO YOURTHE1**
2. YES AND THE RESPONDENT IS A FEMALE – **SKIP TO YOURTHE1**
3. NO – **SKIP TO ASKGENDR**

ASKGENDR - ONLY GET IF ONEADULT = 3

Is the Adult a man or a woman?

1. Male
2. Female

GETADULT - ONLY GET IF ONEADULT = 3

May I speak with him or her?

1. YES, ADULT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 AND SCHEDULE A CALL-BACK

*****DO NOT USE <F3> ON THIS SCREEN*****

YOURTHE1 - ONLY GET IF ONEADULT = 1 (YES) OR IF SELECTED = 1 (YES)

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE – **SKIP TO FirstScr**
2. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED

GETNEWAD - ONLY GET IF SELECTED = 2 (NO)

May I speak with the _____ ?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 AND SCHEDULE A CALL-BACK
3. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED

*****DO NOT USE F3 ON THIS SCREEN*****

NEWADULT - ONLY GET IF GETNEWAD = 1 OR 2

HELLO, I'm _____ calling for the Indiana Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health of Indiana residents. Your phone number has been chosen randomly to be interviewed and I'd like to ask some questions about health and health practices.

1. PERSON INTERESTED, CONTINUE – **SKIP TO IntroScr**
2. GO BACK TO ADULTS QUESTIONS. WARNING:A NEW RESPONDENT MAY BE SELECTED

INTROSCR – ONLY GET IF NEWADULT = 1 or YOURTHE1 = 1

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

1. Person interested, continue
2. Go Back to Adults Question. Warning: A New Respondent may be selected

NONQAL - ONLY GET IF CATI THINKS THE QUOTACELL IS FULL

INTERVIEWER:

PLEASE ALERT YOUR SUPERVISOR IMMEDIATELY!!!!
THE QUOTAS SET FOR THIS STUDY ARE INCORRECT.

AFTER NOTIFYING YOUR SUPERVISOR, RETURN THE RECORD

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 Days – Health-related Quality of Life

C02Q01

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

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

C02Q02

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

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

C02Q03 – ONLY GET IF C02Q01<>88 OR C02Q02<>88

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

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

Core 3: Health Care Access

C03Q01

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

C03Q02

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?")

1. Yes, only one
2. More than one
3. No

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

C03Q03

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

1. Yes
2. No

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

Core 4: Exercise

C04Q01

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

1. Yes
2. No

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

Core 5: Environmental Factors

C05Q01

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building?

If necessary: If you are experiencing an illness or symptom within the past 12 months that was caused by something in the air you encountered over 12 months ago, the answer is "Yes".

1. Yes
2. No

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

C05Q02

Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors?

If necessary: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is "Yes".

1. Yes
2. No

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

Core 6: Excess Sun Exposure

C06Q01

The next question is about sunburns, including anytime that even a small part of your skin was red for more than 12 hours.

Have you had a sunburn within the past 12 months?

1. Yes
2. No - **SKIP TO C07Q01**

7. DON'T KNOW / NOT SURE - **SKIP TO C07Q01**
9. REFUSED - **SKIP TO C07Q01**

C06Q02 – ONLY GET IF C06Q01=1

Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

1. One
2. Two
3. Three
4. Four
2. Five
3. Six or more

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

Core 7: Tobacco Use

C07Q01

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

NOTE: 5 packs = 100 cigarettes

1. Yes
2. No – **SKIP TO C08Q01**

7. DON'T KNOW / NOT SURE – **SKIP TO C08Q01**
9. REFUSED – **SKIP TO C08Q01**

C07Q02 – ONLY GET IF C07Q01=1

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

1. Everyday
2. Some days
3. Not at all – **SKIP TO C08Q01**

9. REFUSED – **SKIP TO C08Q01**

C07Q03 – ONLY GET IF C07Q01=1 AND C07Q02<3

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 8: Alcohol Consumption

C08Q01

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 many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1__ __ Days per week
- 2__ __ Days in past 30

888. No drinks in past 30 days – **SKIP TO C09Q01**
777. Don't know / Not sure
999. Refused – **SKIP TO C09Q01**

C08Q02 - ONLY GET IF C08Q01 <> 888 AND C08Q01 <> 999

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
99. REFUSED

C08Q03 – ONLY GET IF C08Q01 <> 888 AND C08Q01 <> 999

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

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

C08Q04 – ONLY GET IF C08Q01 <> 888 AND C08Q01 <> 999

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

__ __ Number of times

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

Core 9: Asthma

C09Q01

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

- 1. Yes
- 2. No – **SKIP TO C10Q01**

- 7. DON'T KNOW / NOT SURE – **SKIP TO C10Q01**
- 9. REFUSED – **SKIP TO C10Q01**

C09Q02 – ONLY GET IF C09Q01=1

Do you still have asthma?

- 1. Yes
- 2. No

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

Core 10: Diabetes

C10Q01

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.)

1. Yes
2. Yes, but female told only during pregnancy – **SKIP TO C11Q01**
3. No – **SKIP TO C11Q01**
4. No, pre-diabetes or borderline diabetes– **SKIP TO C11Q01**

7. DON'T KNOW / NOT SURE – **SKIP TO C11Q01**
9. REFUSED – **SKIP TO C11Q01**

Module 1: Diabetes

M01Q01 – ONLY GET IF C10Q01=1

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 – ONLY GET IF C10Q01=1

Are you now taking insulin?

1. Yes
2. No

9. REFUSED

M01Q03 – ONLY GET IF C10Q01=1

Are you now taking diabetes pills?

1. Yes
2. No

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

M01Q04 – ONLY GET IF C10Q01=1

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.

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- 4 ___ ___ Times per year

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

M01Q05 – ONLY GET IF C10Q01=1

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.

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- 4 ___ ___ Times per year

888. NEVER
555. NO FEET
777. DON'T KNOW / NOT SURE
999. REFUSED

M01Q06 – ONLY GET IF C10Q01=1

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 – ONLY GET IF C10Q01=1

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**]

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

M01Q08 – ONLY GET IF C10Q01=1

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 "A one C"?

___ Number of times [**76 = 76 or more**]

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

M01Q09 – ONLY GET IF C10Q01=1 AND M01Q05<>555

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**]

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

M01Q10 – ONLY GET IF C10Q01=1

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.

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

7. DON'T KNOW / NOT SURE
8. Never
9. REFUSED

M01Q11 – ONLY GET IF C10Q01=1

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

1. Yes
2. No

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

M01Q12 – ONLY GET IF C10Q01=1

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 11: Oral Health

C11Q01

How long has it been since you last visited a dentist or a dental clinic for any reason?

Note: Include dental specialists, such as orthodontists.

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

7. DON'T KNOW / NOT SURE
8. Never
9. REFUSED

C11Q02

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.

NOTE: 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. None
9. REFUSED

C11Q03 – ONLY GET IF C11Q01 <> 8 AND C11Q02 <> 3

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

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

7. DON'T KNOW / NOT SURE
8. Never
9. REFUSED

Core 12: Immunization

C12Q01

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

IF NECESSARY: *We want to know if you had a flu shot injected in your arm.*

1. Yes
2. No

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

C12Q02

During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

1. Yes
2. No

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

C12Q03

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 13: Demographics

C13Q01

What is your age?

__ __ Code age in years

- 07. DON'T KNOW / NOT SURE
- 09. REFUSED

C13Q02

Are you Hispanic or Latino?

- 1. Yes
- 2. No

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

C13Q03

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?

(Check all that apply)

- 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**]_____

- 8. NO ADDITIONAL CHOICES
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

C13Q04 – ONLY GET IF MORE THAN ONE RESPONSE FOR C13Q03

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 or
6. Other [**specify**]_____
7. DON'T KNOW / NOT SURE
9. REFUSED

C13Q05

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

Please read:

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

C13Q06

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

__ __ Number of children

88. NONE
99. REFUSED

C13Q07

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

Read only if necessary:

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

9. REFUSED

C13Q08

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?

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
8. Unable to work

9. REFUSED

C13Q09

Is your annual household income from all sources?

1. Less than \$10,000
2. Less than \$15,000 (\$10,000 to less than \$15,000)
3. Less than \$20,000 (\$15,000 to less than \$20,000)
4. Less than \$25,000 (\$20,000 to less than \$25,000)
5. Less than \$35,000 (\$25,000 to less than \$35,000)
6. Less than \$50,000 (\$35,000 to less than \$50,000)
7. Less than \$75,000 (\$50,000 to less than \$75,000)
8. \$75,000 or more

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

C13Q10

About how much do you weigh without shoes?

Round fractions up.

___ ___ ___ Weight (*pounds*)
9 ___ ___ ___ Weight (kilograms)

7777. DON'T KNOW / NOT SURE
9999. REFUSED

C13Q11

About how tall are you without shoes?

Round fractions down

___ ___ ___ Height ft/inches (Ex. 5 feet 9 inches = 509)
9 ___ ___ ___ Height meters/centimeters

7777. DON'T KNOW / NOT SURE
9999. REFUSED

C13Q12

What county do you live in?

___ ___ ___ FIPS county code

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

C13Q13

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 – **SKIP TO C13Q15**

7. DON'T KNOW / NOT SURE – **SKIP TO C13Q15**
9. REFUSED – **SKIP TO C13Q15**

C13Q14 – ONLY GET IF C13Q13=1

How many of these phone numbers are residential numbers?

- ___ Residential telephone numbers [**6=6 or more**]
7. DON'T KNOW / NOT SURE
 9. REFUSED

C13Q15

During the past 12 months, has your household been without telephone service for 1 week or more?

Note: Do not include interruptions of phone service due to weather or natural disasters.

1. Yes
2. No

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

C13Q16

Indicate sex of respondent. Ask only if necessary.

1. Male - **SKIP TO C14Q01**
2. Female

C13Q17 – ONLY GET IF C13Q16=2 AND C13Q01<45

To your knowledge, are you now pregnant?

1. Yes
2. No

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

Core 14: Veteran's Status

C14Q01

The next question relates to military service.

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?

1. Yes
2. No – **SKIP TO C15Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q01**
9. REFUSED – **SKIP TO C15Q01**

C14Q02 – ONLY GET IF C14Q01=1

Which of the following best describes your service in the United States military?

Please read:

1. Currently on active duty – **SKIP TO C15Q01**
2. Currently in a National Guard or Reserve unit – **SKIP TO C15Q01**
3. Retired from military service
4. Medically discharged from military service
5. Discharged from military service

7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q01**
9. REFUSED – **SKIP TO C15Q01**

C14Q03 – ONLY GET IF C14Q02>2 AND C14Q02<7

In the last 12 months have you received some or all of your health care from VA facilities?

If "yes" probe for "all" or "some" of the health care.

1. Yes, all of my health care
2. Yes, some of my health care
3. No, no VA health care received

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

Core 15: Women's Health

C15Q01 – ONLY GET IF C13Q16=2

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

1. Yes
2. No – **SKIP TO C15Q03**

7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q03**
9. REFUSED – **SKIP TO C15Q03**

C15Q02 – ONLY GET IF C15Q01=1

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

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

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

C15Q03 – ONLY GET IF C13Q16=2

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

1. Yes
2. No – **SKIP TO C15Q05**

7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q05**
9. REFUSED – **SKIP TO C15Q05**

C15Q04 – ONLY GET IF C15Q03=1

How long has it been since your last breast exam?

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

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

C15Q05 – ONLY GET IF C13Q16=2

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

1. Yes
2. No – **SKIP TO C15Q07**

7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q07**
9. REFUSED – **SKIP TO C15Q07**

C15Q06 – ONLY GET IF C15Q05=1

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

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

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

C15Q07 – ONLY GET IF C13Q16=2 AND C13Q17<>1

Have you had a hysterectomy?

If necessary: A hysterectomy is an operation to remove the uterus (womb).

1. Yes
2. No

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

Core 16: Prostate Cancer Screening

C16Q01 – ONLY GET IF C13Q16=1 AND C13Q01>39

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 – **SKIP TO C16Q03**

7. DON'T KNOW/ NOT SURE – **SKIP TO C16Q03**
9. REFUSED – **SKIP TO C16Q03**

C16Q02 – ONLY GET IF C16Q01=1

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

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

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

C16Q03 – ONLY GET IF C13Q16=1 AND C13Q01>39

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 – **SKIP TO C16Q05**

7. DON'T KNOW/ NOT SURE – **SKIP TO C16Q05**
9. REFUSED – **SKIP TO C16Q05**

C16Q04 – ONLY GET IF C16Q03=1

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

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

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

C16Q05 – ONLY GET IF C13Q16=1 AND C13Q01>39

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 17: Colorectal Cancer Screening

C17Q01 – ONLY GET IF C13Q01>49

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 – **SKIP TO C17Q03**

7. DON'T KNOW/ NOT SURE – **SKIP TO C17Q03**
9. REFUSED – **SKIP TO C17Q03**

C17Q02 – ONLY GET IF C17Q01=1

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

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

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

C17Q03 – ONLY GET IF C13Q01>49

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?

1. Yes
2. No – **SKIP TO C18Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO C18Q01**
9. REFUSED – **SKIP TO C18Q01**

C17Q04 – ONLY GET IF C17Q03=1

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

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

Core 18: Family Planning

C18Q01 – ONLY GET IF (C13Q01<45 AND C13Q16=2 AND C13Q17<>1 AND C15Q07<>1) OR (C14Q01<60 AND C13Q16=1)

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

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

NOTE: If more than one partner, consider usual partner.

1. Yes
2. No – **SKIP TO C18Q03**
3. No partner/not sexually active – **SKIP TO C19Q01**
4. Same sex partner – **SKIP TO C19Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO C19Q01**
9. REFUSED – **SKIP TO C19Q01**

C18Q02 – ONLY GET IF C18Q01=1

What are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing now to keep **[if female, insert you, if male, insert her]** from getting pregnant?

Read only if necessary

01. Tubes tied – **SKIP TO C19Q01**
02. Hysterectomy (female sterilization) – **SKIP TO C19Q01**
03. Vasectomy (male sterilization) – **SKIP TO C19Q01**
04. Pill, all kinds (Seasonale, etc.) – **SKIP TO C18Q04**
05. Condoms (male or female) – **SKIP TO C18Q04**
06. Contraceptive implants (Jadelle or Implants) – **SKIP TO C18Q04**
07. Shots (Depo-Provera– **SKIP TO C18Q04**
08. 08. Shots (Lunelle) – **SKIP TO C18Q04**
09. Contraceptive Patch – **SKIP TO C18Q04**
10. Diaphragm, cervical ring, or cap (Nuvaring or others) – **SKIP TO C18Q04**
11. IUD (including Mirena) – **SKIP TO C18Q04**
12. Emergency contraception (EC) – **SKIP TO C18Q04**
13. Withdrawal – **SKIP TO C18Q04**
14. Not having sex at certain times (rhythm) – **SKIP TO C18Q04**
15. Other method (foam, jelly, cream, etc.) – **SKIP TO C18Q04**

77. DON'T KNOW/ NOT SURE – **SKIP TO C18Q04**
99. REFUSED – **SKIP TO C18Q04**

C18Q03 – ONLY GET IF C18Q01=2

What is the main reason for not doing anything to keep [if female, insert “you,” if male, insert “your wife/partner”] from getting pregnant?

Read only if necessary

01. Didn't think was going to have sex/no regular partner
02. You want a pregnancy
03. You or your partner don't want to use birth control
04. You or your partner don't like birth control/fear side effects
05. You can't pay for birth control
06. Lapse in use of a method
07. Don't think you or your partner can get pregnant
08. You or your partner had tubes tied (sterilization) – **SKIP TO C19Q01**
09. You or your partner had a vasectomy (sterilization) – **SKIP TO C19Q01**
10. You or your partner had a hysterectomy – **SKIP TO C19Q01**
11. You or your partner are too old
12. You or your partner are currently breast-feeding
13. You or your partner just had a baby/postpartum
14. Other reason
15. Don't care if get pregnant
16. Partner is pregnant now – **SKIP TO C19Q01**

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

C18Q04 – ONLY GET IF C18Q02>3 OR (C18Q03<>8,9,10, OR 16)

How do you feel about having a child now or sometime in the future? Would you say:

1. You don't want to have one – **SKIP TO C19Q01**
2. You do want to have one – **SKIP TO C18Q05**
3. You're not sure if you do or don't – **SKIP TO C19Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO C19Q01**
9. REFUSED – **SKIP TO C19Q01**

C18Q05 – ONLY GET IF C18Q04=2

How soon would you want to have a child? Would you say...

1. Less than 12 months from now
2. Between 12 months to less than two years from now
3. Between two years to less than 5 years from now, or
4. 5 or more years from now

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

Core 19: Disability

C19Q01

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

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

1. Yes
2. No

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

C19Q02

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? Include occasional use or use in certain circumstances.

1. Yes
2. No

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

Core 20: HIV/AIDS

C20Q01 – ONLY GET IF C13Q01 < 65

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. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. 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

C20Q02 – ONLY GET IF C13Q01 < 65

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

C20Q03 – ONLY GET IF C13Q01 < 65

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 – **SKIP TO C20Q10**

7. DON'T KNOW/ NOT SURE – **SKIP TO C20Q10**
9. REFUSED – **SKIP TO C20Q10**

C20Q04 – ONLY GET C20Q03=1

In the past 12 months, how many times have you been tested for HIV, including times you did not get your results?

-- Times

- 88. None
- 77. Don't know / Not sure
- 99. Refused

C20Q05 – ONLY GET C20Q03=1

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

(Include saliva tests)

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

___ / ___ Code month and year

- 77 7777. DON'T KNOW / NOT SURE
- 99 9999. REFUSED

C20Q06 – ONLY GET C20Q03=1

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?

Please read:

___ 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 a part of a routine medical check-up
- 08. Or you were tested for some other reason

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

C20Q07 – ONLY GET C20Q03=1

Where did you have your last HIV test at, a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

__ __ Facility code

01. Private doctor or HMO – **SKIP TO C20Q10**
02. Counseling and testing site – **SKIP TO C20Q10**
03. Hospital – **SKIP TO C20Q10**
04. Clinic
05. Jail or prison – **SKIP TO C20Q10**
06. Drug treatment facility – **SKIP TO C20Q10**
07. Home – **SKIP TO C20Q09**
08. Somewhere else – **SKIP TO C20Q10**

77. DON'T KNOW / NOT SURE – **SKIP TO C20Q10**
99. REFUSED – **SKIP TO C20Q10**

C20Q08 – ONLY GET C20Q08=04

What type of clinic did you go to for your last HIV test?

Read only if necessary

1. Family planning clinic
2. STD clinic
3. Prenatal clinic
4. Public health clinic
5. Community health clinic
6. Hospital clinic
8. Other

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

C20Q09 – ONLY GET C20Q07=07

Was this test done by a nurse or other health worker, or with a home testing kit?

1. Nurse or health worker
2. A home testing kit

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

C20Q10 – ONLY GET C13Q01 <65

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 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

C20Q11 – ONLY GET C14Q01 <65

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 21: Firearms

C21Q01

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. 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 kept in or around your home?

1. Yes
2. No – **SKIP TO M16Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO M16Q01**
9. REFUSED – **SKIP TO M16Q01**

C21Q02 – ONLY GET IF C21Q01=1

Are any of these firearms now loaded?

1. Yes
2. No – **SKIP TO M16Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO M16Q01**
9. REFUSED – **SKIP TO M16Q01**

C21Q03 – ONLY GET IF C21Q02=1

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 16: Secondhand Smoke Policy

M16Q01

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

Please read:

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside the home or
4. There are no rules about smoking inside the home

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

M16Q02- ONLY GET IF C13Q08<3

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

1. Yes
2. No – **SKIP TO M17Q01**

7. DON'T KNOW / NOT SURE – **SKIP TO M17Q01**
9. REFUSED – **SKIP TO M17Q01**

M16Q03- ONLY GET IF M16Q02 = 1

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

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

Would you say...

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

M16Q04- ONLY GET IF M16Q02 = 1

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

Would you say...

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas or
4. No official policy

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

Module 17: Arthritis Burden

M17Q01

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

During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

1. Yes
2. No - **SKIP TO M17Q04**

7. DON'T KNOW/ NOT SURE - **SKIP TO M17Q04**
9. REFUSED - **SKIP TO M17Q04**

M17Q02 – ONLY GET IF M17Q01=1

Did your joint symptoms **FIRST** begin more than 3 months ago?

1. Yes
2. No - **SKIP TO M17Q04**

7. DON'T KNOW/ NOT SURE - **SKIP TO M17Q04**
9. REFUSED - **SKIP TO M17Q04**

M17Q03 – ONLY GET IF M17Q02=1

Have you **EVER** seen a doctor or other health professional for these joint symptoms?

1. Yes
2. No

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

M17Q04

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

1. Yes
2. No

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

Interviewer note: Arthritis diagnoses include:

rheumatism, polymyalgia rheumatica
osteoarthritis (not osteoporosis)
tendonitis, bursitis, bunion, tennis elbow
carpal tunnel syndrome, tarsal tunnel syndrome
joint infection, Reiter's syndrome
ankylosing spondylitis; spondylosis
rotator cuff syndrome
connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's
granulomatosis, polyarteritis nodosa)

M17Q05 – ONLY GET IF M17Q02=1 OR M17Q04=1

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1. Yes
2. No

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

NOTE: If a respondent question arises about medication, then the interviewer should reply:

"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

M17Q06 – ONLY GET IF (M17Q02=1 OR M17Q04=1) AND C13Q01<65

In this next section we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

NOTE: If respondent says he\she is retired or out-of-work, reply: "Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"

1. Yes
2. No

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

Module 18: Arthritis Management

M18Q01 - ONLY GET IF M17Q02=1 OR M17Q04=1

Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **TODAY**?

1. I can do everything I would like to do
2. I can do most things I would like to do
3. I can do some things I would like to do
4. I can hardly do anything I would like to do

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

M18Q02 – ONLY GET IF M17Q02=1 OR M17Q04=1

Has a doctor or other health professional **EVER** suggested losing weight to help your arthritis or joint symptoms?

1. Yes
2. No

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

M18Q03 – ONLY GET IF M17Q02=1 OR M17Q04=1

Has a doctor or other health professional **EVER** suggested physical activity or exercise to help your arthritis or joint symptoms?

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

1. Yes
2. No

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

M18Q04 – ONLY GET IF M17Q02=1 OR M17Q04=1

Have you **EVER** taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

1. Yes
2. No

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

State Added 1: Cancer

IN01Q01 – ONLY GET IF C13Q16=2

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

1. Yes
2. No

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

IN01Q02 – ONLY GET IF C13Q16=2

Do you have a blood relative (mother, sister, daughter, grandmother, aunt) that has been diagnosed with breast cancer?

1. Yes
2. No

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

IN01Q03 – ONLY GET IF C13Q16=1

Do you have a blood relative (brother or father) that was diagnosed with prostate cancer?

1. Yes
2. No

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

IN01Q04 – ONLY GET IF C13Q16=1

Within the last 12 months, have you used any vitamins, herbs or dietary supplements for the purpose of preventing prostate cancer?

1. Yes
2. No

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

IN01Q05

Has a doctor ever told you that you had colon or rectal cancer?

1. Yes
2. No

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

IN01Q06

Has a doctor ever told you that you had color or rectal polyps that were not cancer?

1. Yes
2. No

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

IN01Q07

How many of your close blood relatives (parents, sisters, brothers or children) have had cancer of the colon or rectum?

1. None **–SKIP TO IN01Q09**
2. One
3. Two or more

7. DON'T KNOW/ NOT SURE **–SKIP TO IN01Q09**
9. REFUSED **–SKIP TO IN01Q09**

IN01Q08 – ONLY GET IF IN01Q07=1

Did your relative have cancer of the colon or rectum before they were 60 years old?

1. Yes
2. No

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

IN01Q09 – ONLY GET IF C17Q01=2

Earlier you said that you have not done a blood stool test. What is the main reason you have not done a blood stool test at home?

01. DIDN'T KNOW I NEEDED ONE
 02. DOCTOR NEVER TOLD ME TO DO ONE
 03. DON'T NEED ONE BECAUSE I HAVE NO BOWEL SYMPTOMS/PROBLEMS
 04. DON'T HAVE THE TIME
 05. EMBARRASSED
 06. COST OF THE TEST
 07. FEAR OF FINDING SOMETHING WRONG
 08. HAVE TO CHANGE/RESTRICT MY DIET BEFORE THE TEST
 09. PRIOR BAD EXPERIENCE
 10. TEST IS NOT ALWAYS ACCURATE
 11. COLLECTING A STOOL SAMPLE IS UNPLEASANT
 12. DON'T KNOW HOW TO DO THE TEST
 13. OTHER REASON GIVEN
-
77. DON'T KNOW/NOT SURE
 99. REFUSED

IN01Q10 – ONLY GET IF C17Q03=2

Earlier you said that you have not had a sigmoidoscopy or colonoscopy.

What is the main reason you have not had a sigmoidoscopy or colonoscopy?

01. DIDN'T KNOW I NEEDED TO HAVE ONE
 02. DOCTOR NEVER TOLD ME TO HAVE ONE
 03. DON'T NEED ONE BECAUSE I HAVE NO BOWEL SYMPTOMS/PROBLEMS
 04. DON'T HAVE THE TIME
 05. EMBARRASSED
 06. COST OF THE TEST
 07. FEAR OF FINDING SOMETHING WRONG
 08. HAVE TO CHANGE/RESTRICT DIET AND CLEAN OUT BOWEL BEFORE THE TEST (PREP)
 09. PRIOR BAD EXPERIENCE
 10. TRANSPORTATION PROBLEMS
 11. DON'T KNOW WHAT HAPPENS DURING THE TEST
 12. TEST IS PAINFUL
 13. OTHER REASON GIVEN
-
77. DON'T KNOW/NOT SURE
 99. REFUSED

IN01Q11 – ONLY GET IF C17Q03=1

Earlier you said you had had a sigmoidoscopy or colonoscopy. What was the reason you had your most recent sigmoidoscopy or colonoscopy?

1. Because you were having bowel trouble/symptoms
2. Because you had/have a bowel disease or condition that is checked regularly
3. Just to check to make sure there was no cancer

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

CLOSING

That's 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.