



2006

Behavioral Risk Factor Surveillance System

BRFSS Questionnaire

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

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Promotion

Division of Adult and Community Health

Indiana BRFSS 2006 Questionnaire

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Core 1: Health Status

C01Q01

Would you say that in general your health is...

1. Excellent
2. Very good
3. Good
4. Fair, or
5. Poor

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

Core 2: Healthy 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
- SKP → C03Q01 IF C02Q01 = 88

C02Q03 – IF C02Q01 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?

INTERVIEWER NOTE: 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?"

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 cost?

1. YES
2. NO

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

C03Q04

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.

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

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

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: Diabetes

C05Q01

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

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"

INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY SKP → C06Q01
3. NO SKP → C06Q01
4. NO, PRE-DIABETES OR BORDERLINE DIABETES SKP → C06Q01
7. DON'T KNOW/NOT SURE SKP → C06Q01
9. REFUSED SKP → C06Q01

Module 4: Diabetes

[CATI NOTE: INSERT AFTER C05Q01]

M04Q01 - IF C05Q01 = 1

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

_ _ CODE YEARS IN AGE [97 = 97 OR OLDER]

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

M04Q02 - IF C05Q01 = 1

Are you now taking insulin?

- 1. YES
- 2. NO

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

M04Q03 - IF C05Q01 = 1

Are you now taking diabetes pills?

- 1. YES
- 2. NO

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

M04Q04 - IF C05Q01 = 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.

-- -- 101-199 = TIMES PER DAY
201-299 = TIMES PER WEEK
301-399 = TIMES PER MONTH
401-499 = TIMES PER YEAR

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

M04Q05 - IF C05Q01 = 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.

-- -- 101-199 = TIMES PER DAY
201-299 = TIMES PER WEEK
301-399 = TIMES PER MONTH
401-499 = TIMES PER YEAR

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

M04Q06 - IF C05Q01 = 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

M04Q07 - IF C05Q01 = 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 GREATER]

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

M04Q08 - IF C05Q01 = 1

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"?

-- NUMBER OF TIMES [76 = 76 OR GREATER]

88. NEVER
98. NEVER HEARD OF "A ONE C"
77. DON'T KNOW/NOT SURE
99. REFUSED

M04Q09 - IF C05Q01 = 1 & M04Q05 <> 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 GREATER]

88. NEVER
77. DON'T KNOW/NOT SURE
99. REFUSED

M04Q10 - IF C05Q01 = 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 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

M04Q11 - IF C05Q01 = 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

M04Q12 - IF C05Q01 = 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 6: Oral Health

C06Q01

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.

READ 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

C06Q02

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.

INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

1. 1 to 5
2. 6 or more but not all
3. All **SKP → C07Q01**
8. None

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

C06Q03 - IF C06Q01 <> 8 & C06Q02 <> 3

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

READ 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 7: Cardiovascular Disease Prevalence

C07Q01

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."

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

1. YES
2. NO

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

C07Q02

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

1. YES
2. NO

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

C07Q03

(Ever told) you had a stroke?

1. YES
2. NO

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

Core 8: Asthma

C08Q01

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

1. YES
2. NO SKP → C09Q01

7. DON'T KNOW/NOT SURE SKP → C09Q01
9. REFUSED SKP → C09Q01

C08Q02 - IF C08Q01 = 1

Do you still have asthma?

1. YES
2. NO

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

Core 9: Disability

C09Q01

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

C09Q02

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?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1. YES
2. NO

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

Core 10: Tobacco Use

C10Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. YES
- 2. NO SKP → C11Q01

- 7. DON'T KNOW/NOT SURE SKP → C11Q01
- 9. REFUSED SKP → C11Q01

C10Q02 - IF C10Q01 = 1

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

- 1. Every day
- 2. Some days
- 3. Not at all SKP → C11Q01

- 7. DON'T KNOW/NOT SURE SKP → C11Q01
- 9. REFUSED SKP → C11Q01

C10Q03 - IF C10Q01 = 1 & C10Q02 < 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 11: Demographics

C11Q01

What is your age?

-- CODE AGE IN YEARS

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

C11Q02

Are you Hispanic or Latino?

1. YES
2. NO

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

C11Q03

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

INTERVIEWER NOTE: CHECK ALL THAT APPLY.

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]

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

C11Q04 - IF C11Q03 HAS MORE THAN ONE RACE CHECKED

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 or Alaska Native, or
6. Other [SPECIFY]

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

C11Q05

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

1. MARRIED
2. DIVORCED
3. WIDOWED
4. SEPARATED
5. NEVER MARRIED
6. A MEMBER OF AN UNMARRIED COUPLE

9. REFUSED

C11Q06

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

-- NUMBER OF CHILDREN

88. NONE
99. REFUSED

C11Q07

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

READ 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

C11Q08

Are you currently...?

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

9. REFUSED

C11Q09

Is your annual household income from all sources...

- 01. Less than \$10,000
- 02. Less than \$15,000 (\$10,000 to less than \$15,000)
- 03. Less than \$20,000 (\$15,000 to less than \$20,000)
- 04. Less than \$25,000 (\$20,000 to less than \$25,000)
- 05. Less than \$35,000 (\$25,000 to less than \$35,000)
- 06. Less than \$50,000 (\$35,000 to less than \$50,000)
- 07. Less than \$75,000 (\$50,000 to less than \$75,000)
- 08. \$75,000 or more

77. DON'T KNOW/NOT SURE

99. REFUSED

C11Q10

About how much do you weigh without shoes?

-- -- -- -- ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =
9110)

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C11Q11

About how tall are you without shoes?

-- -- -- -- ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES =
509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS =
9175)

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C11Q12

What county do you live in?

-- -- -- FIPS COUNTY CODE

777. DON'T KNOW/NOT SURE

999. REFUSED

C11Q13

What is your ZIP Code where you live?

____ ZIP CODE

77777. DON'T KNOW/NOT SURE

99990. REFUSED

C11Q14

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 SKP → C11Q16

7. DON'T KNOW/NOT SURE SKP → C11Q16

9. REFUSED SKP → C11Q16

C11Q15 - IF C11Q14 = 1

How many of these telephone numbers are residential numbers?

1. ONE

2. TWO

3. THREE

4. FOUR

5. FIVE

6. SIX OR MORE

7. DON'T KNOW/NOT SURE

9. REFUSED

C11Q16

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.

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C11Q17

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

1. Male SKP → C12Q01

2. Female

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Clearwater Research, Inc.

C11Q18 - IF C11Q01 < 45 & C11Q017 = 2

To your knowledge, are you now pregnant?

1. YES
2. NO

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

Core 12: Veteran's Status

C12Q01

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

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

Core 13: Alcohol Consumption

C13Q01

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?

1. YES
2. NO **SKP → C14Q01**

7. DON'T KNOW/NOT SURE **SKP → C14Q01**
9. REFUSED **SKP → C14Q01**

C13Q02 - IF C13Q01 = 1

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

-- -- ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS
(101-107 = DAYS PER WEEK; 201-230 = IN PAST
30 DAYS)

777. DON'T KNOW/NOT SURE
888. NO DRINKS IN PAST 30 DAYS **SKP → C14Q01**
999. REFUSED

C13Q03 - IF C13Q01 = 1 & C13Q02 <> 888

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?

-- NUMBER OF DRINKS

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

C13Q04 - IF C13Q01 = 1 & C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C11Q17 = 1 SHOW] ...5...
[IF C11Q17 = 2 SHOW] ...4...

...or more drinks on an occasion?

-- NUMBER OF TIMES

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

C13Q05 - IF C13Q01 = 1 & C13Q02 <> 888

During the past 30 days, what is the largest number of drinks you had on any occasion?

-- NUMBER OF DRINKS

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

Core 14: Immunization/Adult Influenza Supplement

C14Q01

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

1. YES
2. NO

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

C14Q02

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™.

1. YES
2. NO

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

C14Q09

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?

1. YES
2. NO

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

C14Q10

Have you ever received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

1. YES
2. NO

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

C14Q11

The next question is about behaviors related to Hepatitis B.

Tell me if any of these statements is true for you. Do not tell me which statement or statements are true for you, just if any of them are:

- You have hemophilia and have received clotting factor concentrate.
- [IF C11Q17 = 1 SHOW]** -You are a man who has had sex with other men, even just one time.
- You have taken street drugs by needle, even just one time.
- You traded sex for money or drugs, even just one time.
- You have tested positive for HIV.
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements.
- You had more than two sex partners in the past year.

Are any of these statements true for you?

1. YES AT LEAST ONE STATEMENT IS TRUE
2. NO, NONE OF THESE STATEMENTS IS TRUE

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

Core 15: Falls

C15Q01 - C11Q01 >= 45

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.

In the past 3 months, how many times have you fallen?

_ _ NUMBER OF TIMES [76 = 76 OR MORE]

- | | |
|-------------------------|--------------|
| 88. NONE | SKP → C16Q01 |
| 77. DON'T KNOW/NOT SURE | SKP → C16Q01 |
| 99. REFUSED | SKP → C16Q01 |

C15Q02 - C11Q01 >= 45 & C15Q01 < 77

[IF C15Q01 = 1 SHOW] Did this fall cause an injury?

[IF C15Q01 > 1 SHOW] 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.

-- NUMBER OF TIMES [76 = 76 OR MORE]

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

Core 16: Seatbelt Use

C16Q01

How often do you use seat belts when you drive or ride in a car? Would you say...

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

- 7. DON'T KNOW/NOT SURE
- 8. NEVER DRIVE OR RIDE IN A CAR SKP → C18Q03
- 9. REFUSED

Core 17: Drinking and Driving

C17Q01 - IF C13Q01 <> 2 & C16Q01 <> 8

The next question is about drinking and driving.

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 18: Women's Health

C18Q01 - C11Q17 = 2

The next questions are about breast and cervical cancer.

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

- 1. YES
- 2. NO SKP → C18Q03

- 7. DON'T KNOW/NOT SURE SKP → C18Q03
- 9. REFUSED SKP → C18Q03

C18Q02 - C11Q17 = 2 & C18Q01 = 1

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

READ 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

C18Q03 - IF C11Q17 = 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 breast exam?

- 1. YES
- 2. NO SKP → C18Q05

- 7. DON'T KNOW/NOT SURE SKP → C18Q05
- 9. REFUSED SKP → C18Q05

C18Q04 - IF C11Q17 = 2 & C18Q03 = 1

How long has it been since your last breast exam?

READ 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

C18Q05 - IF C11Q17 =2

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

1. YES
2. NO SKP → C18Q07

7. DON'T KNOW/NOT SURE SKP → C18Q07
9. REFUSED SKP → C18Q07

C18Q06 - IF C11Q17 = 2 & C18Q05 = 1

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

READ 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

C18Q07 - IF C11Q17 = 2 & C11Q18 > 1

Have you had a hysterectomy?

READ 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 19: Prostate Cancer Screening

C19Q01 - IF C11Q17 = 1 & C11Q01 >= 40

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

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 SKP → C19Q03

7. DON'T KNOW/NOT SURE SKP → C19Q03
9. REFUSED SKP → C19Q03

C19Q02 - IF C11Q17 = 1 & C11Q01 >= 40 & C19Q01 = 1

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

READ 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

C19Q03 - IF C11Q17 = 1 & C11Q01 >= 40

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 SKP → C19Q05

7. DON'T KNOW/NOT SURE SKP → C19Q05
9. REFUSED SKP → C19Q05

C19Q04 - IF C11Q17 = 1 & C11Q01 >= 40 & C19Q03 = 1

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

READ 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

C19Q05 - IF C11Q17 = 1 & C11Q01 >= 40

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 20: Colorectal Cancer Screening

C20Q01 - IF C11Q01 >= 50

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 SKP → C20Q03

7. DON'T KNOW/NOT SURE SKP → C20Q03
9. REFUSED SKP → C20Q03

C20Q02 - IF C11Q01 >= 50 & C20Q01 = 1

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

READ 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

C20Q03 - IF C11Q01 >= 50

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 SKP → C21Q01

7. DON'T KNOW/NOT SURE SKP → C21Q01
9. REFUSED SKP → C21Q01

C20Q04 - C11Q01 >= 50 & C20Q03 = 1

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

READ 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 21: HIV/AIDS

C21Q01 - IF C11Q01 = <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 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.

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.

- 1. YES
- 2. NO SKP → C22Q01
- 7. DON'T KNOW/NOT SURE SKP → C22Q01
- 9. REFUSED SKP → C22Q01

C21Q02 - IF C11Q01 = <65 & C21Q01 = 1

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

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."

_ _ _ _ _ CODE MONTH AND YEAR

- 777777. DON'T KNOW/NOT SURE
- 999999. REFUSED

C21Q03 - IF C11Q01 = <65 & C21Q01 = 1

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

- 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

C21Q04 - IF C11Q01 = <65 & C21Q01 = 1 & C21Q02 < [WITHIN PAST 12 MONTHS]

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

1. YES
2. NO

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

Core 22: Emotional Support and Life Satisfaction

C22Q01

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

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED, SAY, "Please include support from any source."

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

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

C22Q02

In general, how satisfied are you with your life?

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

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

Module 1: Random Child Selection

M01Q01 - IF C11Q06 >= 1 & C11Q06 < 88

[IF C11Q06 = 1 SHOW] 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.

[IF C11Q01 > 1 & <88 SHOW] Previously, you indicated there were [ANS C11Q06] children age 17 or younger in your household. Think about those [ANS C11Q06] 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.

I have some additional questions about one specific child. The child I will be referring to is the [Xth] child in your household. All following questions about children will be about the [Xth] child.

What is the birth month and year of the [Xth] child?

_ _ _ _ _ CODE MONTH AND YEAR

777777. DON'T KNOW/NOT SURE
999999. REFUSED

M01Q02 - IF C11Q06 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL

9. REFUSED

M01Q03 - IF C11Q06 < 88

Is the child Hispanic or Latino?

1. YES
2. NO

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

M01Q04 - IF C11Q06 < 88

Which one or more of the follow would you say is the race of the child?

CHECK ALL THAT APPLY

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]

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

M01Q05 - IF C11Q06 < 88 & M01Q04 HAS MORE THAN ONE RESPONSE INDICATED

Which one of these groups would you say best represents the child's race?

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]

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

M01Q06 - IF C11Q06 < 88

How are you related to the child?

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

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

Module 3: Childhood Asthma Prevalence

M03Q01 - IF C11Q06 < 88

The next two questions are about the [Xth] child.

Has a doctor, nurse, or other health professional ever said that the child has asthma?

1. YES
2. NO SKP → [NEXT MODULE]
7. DON'T KNOW/NOT SURE SKP → [NEXT MODULE]
9. REFUSED SKP → [NEXT MODULE]

M03Q02 - IF C11Q06 < 88 & M03Q01 = 1

Does the child still have asthma?

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

State Added Section 4: Asthma Callback Study

IN04Q01 - IF C08Q01 = 1 OR M03Q01 = 1

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

1. YES
2. NO SKP → M10Q01

IN04Q02 - IF IN04Q01 = 1

Can I please have either your first name or initials so we will know who to ask for when we call back?

_____ ENTER FIRST NAME OR INITIALS

IN04Q03 - IF IN04Q01 = 1 & [CHILD SELECTED]

Can I please have either the child's first name or initials so we will know which child to ask about when we call back?

_____ ENTER FIRST NAME OR INITIALS

Module 10: Secondhand Smoke Policy

M10Q01

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

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

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

M10Q02 - IF C11Q08 = 1, 2

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

1. YES
2. NO SKP →[NEXT MODULE]

7. DON'T KNOW/NOT SURE SKP →[NEXT MODULE]
9. REFUSED SKP →[NEXT MODULE]

M10Q03 - IF C11Q08 = 1, 2 & M10Q02 =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?

INTERVIEWER NOTE: FOR WORKERS WHO VISIT CLIENTS OR WORK AT HOME, "PLACE OF WORK" MEANS THEIR BASE LOCATION. FOR SELF-EMPLOYED PERSONS WHO WORK AT HOME, THE OFFICIAL SMOKING POLICY MEANS THE HOME SMOKING POLICY.

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

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

M10Q04 - IF C11Q08 = 1, 2 & M10Q02 = 1

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

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

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

Module 14: Anxiety and Depression

M14Q01

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

Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

_ _ 01-14 DAYS

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

M14Q02

Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

_ _ 01-14 DAYS

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

M14Q03

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

_ _ 01-14 DAYS

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

M14Q04

Over the last 2 weeks, how many days have you felt tired or had little energy?

_ _ 01-14 DAYS

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

M14Q05

Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

_ _ 01-14 DAYS

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

M14Q06

Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

_ _ 01-14 DAYS

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

M14Q07

Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

_ _ 01-14 DAYS

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

M14Q08

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

-- 01-14 DAYS

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

M14Q09

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

- 1. YES
- 2. NO

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

M14Q10

Has a doctor or other healthcare provider ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?

- 1. YES
- 2. NO

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

State Added Section 1: Prostate Cancer Screening

IN01Q01 - IF C11Q01 >= 35 & C11Q17 = 1

Have you ever had an individual discussion with your doctor or other health care provider, in their office, about the risks and benefits of prostate cancer screening?

- 1. YES
- 2. NO SKP → IN01Q03

- 7. DON'T KNOW/NOT SURE SKP → IN01Q03
- 9. REFUSED SKP → IN01Q03

IN01Q02 - IF C11Q01 >= 35 & C11Q17 =1 & IN01Q01 = 1

How long ago was this discussion?

1. Within the past 12 months
2. More than 12 months ago

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

IN01Q03 - IF C11Q01 >= 35 & C11Q17 =1

Have you ever attended a program or received information that told you the risks and benefits of prostate cancer screening that was not an individual discussion with your doctor or health care provider in their office?

1. YES
2. NO SKP → IN02Q01

7. DON'T KNOW/NOT SURE SKP → IN02Q01
9. REFUSED SKP → IN02Q01

IN01Q04 - IF C11Q01 >= 35 & C11Q17 =1 & IN01Q03 = 1

How long ago did you attend a program or receive information about prostate cancer screening?

1. Within the past 12 months
2. More than 12 months ago

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

State Added Section 2: Colorectal Cancer

IN02Q01

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

IN02Q02

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

1. YES
2. NO

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

IN02Q03

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

1. None SKP → IN02Q05
2. One
3. Two or More

7. DON'T KNOW/NOT SURE SKP → IN02Q05
9. REFUSED SKP → IN02Q05

IN02Q04 - IF IN02Q03 = 2 OR IN02Q03 = 3

[IF IN02Q03 = 2 SHOW] Did this relative...

[IF IN02Q03 = 3 SHOW] Did any of these relatives...

...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

IN02Q05 - IF C11Q01 >= 50 & C20Q01 = 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

IN02Q06 - IF C11Q01 >= 50 & C20Q03 = 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

IN02Q07 - IF C11Q01 >= 50 & C20Q03 = 1

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

1. Because you were having bowel trouble or symptoms
2. Because you had or 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

State Added Section 3: Blood Lead Poisoning

IN03Q01

The following questions are intended to gauge your awareness of lead and lead poisoning.

Which one of the following hazards, in an old house or apartment, would be more likely to result in lead poisoning?

1. Cockroaches
2. Leaky pipes
3. Asbestos in insulation
4. Chipping peeling paint

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

IN03Q02

Which one of the following groups of people are most at risk of being lead poisoned?

1. People older than 65 years of age
2. Adults 20 to 65 years old
3. Teenagers
4. Children under seven years of age

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

IN03Q03

Can you usually tell by looking at a child whether he or she is lead poisoned?

1. YES
2. NO

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

IN03Q04

Which one of the following tests would show if a child has been lead poisoned?

1. Saliva test
2. Blood test
3. Urine test
4. None of the above - lead poisoning cannot be determined by a test

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

IN03Q05

Which one of the following is an effect of lead poisoning in children?

1. Chronic cough
2. Hair loss
3. Permanent brain damage or learning disabilities
4. Schizophrenia

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

State Added Section 4: Stroke Awareness

IN04Q01

Last I would like to ask you some questions about stroke awareness. Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."
(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)

- 1 Yes
- 2 No

7. Don't Know/Not Sure
9. REFUSED

IN04Q02

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."
(Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)

- 1 Yes
- 2 No

7. Don't Know/Not Sure
9. REFUSED

IN04Q03

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."
(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

- 1 Yes
- 2 No

- 7. Don't Know/Not Sure
- 9. REFUSED

IN04Q04

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."
(Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

- 1 Yes
- 2 No

- 7. Don't Know/Not Sure
- 9. REFUSED

IN04Q05

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."
(Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

- 1 Yes
- 2 No

- 7. Don't Know/Not Sure
- 9. REFUSED

IN04Q06

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."
(Do you think) severe headache with no known cause (is a symptom of a stroke?)

- 1 Yes
- 2 No

- 7. Don't Know/Not Sure
- 9. REFUSED

IN04Q07

If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

PLEASE READ:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member **Or**
- 5 Do something else

7. Don't Know/Not Sure

9. REFUSED

CLOSING

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.