



2007

Behavioral Risk Factor Surveillance System

Indiana BRFSS

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

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Core Section 01: Healthy Status

C01Q01

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

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

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

Core Section 02: 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

C02Q03

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 Section 03: 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?

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 Section 04: 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 Section 05: Diabetes

C05Q01

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

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 03: Diabetes

M03Q01

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

_ _ Code age in years [97 = 97 or higher]

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

M03Q02

Are you now taking insulin?

1. YES
2. NO

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

M3Q03

Are you now taking diabetes pills?

1. YES
2. NO

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

M03Q04

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.

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

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

M03Q05

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.

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

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

M03Q06

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

M03Q07

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]

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

M03Q08

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

M03Q09

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

M03Q10 - 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 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

M03Q11

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

M03Q12

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 Section 06: Hypertension Awareness

C06Q01

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
3. NO
4. TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE

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

C06Q02

Are you currently taking medicine for your high blood pressure?

1. YES
2. NO

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

Core Section 07: Cholesterol Awareness

C07Q01

Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

1. YES
2. NO

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

C07Q02

About how long has it been since you last had your blood cholesterol checked?

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

C07Q03

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

1. YES
2. NO

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

Core Section 08: Cardiovascular Disease Prevalence

C08Q01

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

C08Q02

Ever told you had angina or coronary heart disease?

1. YES
2. NO

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

C08Q03

Ever told you had a stroke?

1. YES
2. NO

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

Core Section 09: Asthma

C09Q01

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

1. YES
2. NO

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

C09Q02

Do you still have asthma?

1. YES
2. NO

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

Core Section 10: Immunization

C10Q01

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

C10Q02

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

C10Q03

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

C10Q04

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

C10Q05

The next question is about behaviors related to Hepatitis B.

Please 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"
- "You have had sex with a man who has had sex with other men, even just one time"
- "You have take street drugs by needle, even just one time"
- "You have 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
- 2. NO

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

Core Section 11: Tobacco Use

C11Q01

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

- 1. YES
- 2. NO

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

C11Q02

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

- 1. EVERY DAY
- 2. SOME DAYS
- 3. NOT AT ALL

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

C11Q03

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 Section 12: Demographics

C12Q01

What is your age?

_ _ CODE AGE IN YEARS

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

C12Q02

Are you Hispanic or Latino?

1. YES
2. NO

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

C12Q03

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

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
6. Other [specify]

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

C12Q04

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify]

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

C12Q05

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.

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

C12Q06

Are you...

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

9. REFUSED

C12Q07

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

-- NUMBER OF CHILDREN

88. NONE
99. REFUSED

C12Q08

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

C12Q09

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
8. Unable to work

9. REFUSED

C12Q10

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

C12Q11

About how tall are you without shoes?

_ _ _ _ ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q12

About how much do you weigh without shoes?

_ _ _ _ ENTER WEIGHT IN WHOLE POUNDS OR WHOLE KILOGRAMS

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q13

How much did you weigh a year ago?

_ _ _ _ ENTER WEIGHT IN WHOLE POUNDS OR WHOLE KILOGRAMS

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q14

Was the change between your current weight and your weight a year ago intentional?

1. YES
2. NO

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

C12Q15

What county do you live in?

_ _ _ FIPS COUNTY CODE

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

C12Q16

What is your ZIP Code where you live?

_ _ _ _ _ ZIP CODE

77777. DON'T KNOW/NOT SURE
99999. REFUSED

C12Q17

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

1. YES
2. NO

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

C12Q18

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

C12Q19

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

C12Q20

INDICATE SEX OF RESPONDENT.

1. MALE
2. FEMALE

C12Q21

To your knowledge, are you now pregnant?

1. YES
2. NO

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

Core Section 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

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

C13Q02

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

- 888. NO DRINKS IN LAST 30 DAYS
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C13Q03

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

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

_ _ NUMBER OF TIMES

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

C13Q05

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 Section 14: Disability

C14Q01

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

C14Q02

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?

1. YES
2. NO

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

Core Section 15: Arthritis Burden

C15Q01

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

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

C15Q02

Did your joint symptoms first begin more than 3 months ago?

1. YES
2. NO

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

C15Q03

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

C15Q04

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

C15Q05

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

Core Section 16: Fruit and Vegetables

C16Q01

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

interested in the foods you eat. Include all foods you eat, both at home and away from home.

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

_ _ _ ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

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

C16Q02

Not counting juice, how often do you eat fruit?

_ _ _ ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

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

C16Q03

How often do you eat green salad?

_ _ _ ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR

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

C16Q04

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

_ _ _ ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR

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

C16Q05

How often do you eat carrots?

_ _ _ ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR

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

C16Q06

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

_ _ _ ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR

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

Core Section 17: Physical Activity

C17Q01

When you are at work, which of the following best describes what you do? Would you say-

- 1. Mostly Sitting or Standing
- 2. Mostly walking
- 3. Mostly heavy lifting or physically demanding work

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

C17Q02

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate activities you do...

[IF C12Q09 = 1 OR 2 SHOW]: "when you are not working"
...in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

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

C17Q03

How many days per week do you do these moderate activities for at least 10 minutes at a time?

_ _ DAYS PER WEEK

88. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME

77. DON'T KNOW/NOT SURE

99. REFUSED

C17Q04

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_ : _ _ HOURS AND MINUTES PER DAY

777. DON'T KNOW/NOT SURE

999. REFUSED

C17Q05

Now, thinking about the vigorous activities you do...

[IF C12Q09 = 1 OR 2 SHOW]: "when you are not working"

...in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C17Q06

How many days per week do you do these vigorous activities for at least 10 minutes at a time?

_ _ DAYS PER WEEK

88. DO NOT DO ANY VIGOROUS PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME

77. DON'T KNOW/NOT SURE

99. REFUSED

C17Q07

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_ : _ _ HOURS AND MINUTES PER DAY

777. DON'T KNOW/NOT SURE

999. REFUSED

Core Section 18: HIV/AIDS

C18Q01

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

7. DON'T KNOW/NOT SURE

9. REFUSED

C18Q02

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

_ _ _ _ _ ENTER MONTH AND YEAR

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C18Q03

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 PRISION (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE

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

C18Q04

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 Section 19: Emotional Support and Life Satisfaction

C19Q01

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

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

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

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

Module 01: Random Child Selection

M01Q01

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.

Previously, you indicated there were [] children age 17 or younger in your household. Think about those [] 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

Is the child a boy or a girl?

1. BOY
2. GIRL

9. REFUSED

M01Q03

Is the child Hispanic or Latino?

1. YES
2. NO

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

M01Q04 - IF C12Q07 < 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

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

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 02: Child Asthma Prevalence

M02Q01

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

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

M02Q02

Does the child still have asthma?

- 1. YES
- 2. NO

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

State Added 05: Asthma Callback

IN05Q01

We would like to call 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

IN05Q02

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

- 9. REFUSED

IN05Q03

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

- 9. REFUSED

Module 13: Arthritis Management

M13Q01

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

M13Q02

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

M13Q03

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

1. YES
2. NO

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

M13Q04

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

Module 16: Mental Illness and Stigma

M16Q01

Now, I am going to ask you some questions about how you have been feeling during the past 30 days...

About how often during the past 30 days did you feel nervous – would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q02

During the past 30 days, about how often did you feel hopeless – all of the time, most of the time, some of the time, a little of the time, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q03

During the past 30 days, about how often did you feel restless or fidgety?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q04

During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q05

During the past 30 days, about how often did you feel that everything was an effort?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q06

During the past 30 days, about how often did you feel worthless?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q07

The next question asks if any mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

During the past 30 days, for about how many days did your emotions or feelings keep you from doing your work or other usual activities?

_ _ NUMBER OF DAYS

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

M16Q08

Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

- 1. YES
- 2. NO

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

M16Q09

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you agree or disagree with these statements about people with mental illness...

Treatment can help people with mental illness lead normal lives. Do you - **agree** slightly or strongly, or **disagree** slightly or strongly?
READ ONLY IF NECESSARY

- 1. AGREE STRONGLY
- 2. AGREE SLIGHTLY
- 3. NEITHER AGREE NOR DISAGREE
- 4. DISAGREE SLIGHTLY
- 5. DISAGREE STRONGLY

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

M16Q10

People are generally caring and sympathetic to people with mental illness. Do you - agree slightly or strongly, or disagree slightly or strongly?

1. AGREE STRONGLY
2. AGREE SLIGHTLY
3. NEITHER AGREE NOR DISAGREE
4. DISAGREE SLIGHTLY
5. DISAGREE STRONGLY

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

State Added 01: INShape Indiana

IN01Q01

Are you aware of the state's effort to improve Hoosier health through INShape Indiana?

1. YES
2. NO

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

State Added 02: Child Diabetes

IN02Q01

Earlier we asked you some questions about a specific child in your household. Has that child ever been diagnosed with Type 1 or Type 2 diabetes?

1. YES, TYPE 1
2. YES, TYPE 2
3. Yes, BUT NOT SURE OF THE TYPE
4. NO

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

State Added 03: Prostate Cancer

IN03Q01

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

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

IN03Q02

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

IN03Q03

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

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

IN03Q04

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 04: Lead Poisoning Awareness

IN04Q01

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

IN04Q02

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 20-65 years old
3. Teenagers
4. Children under seven years of age

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

IN04Q03

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

IN04Q04

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 can not be determined by a test

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

IN04Q05

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

CLOSING