



2010

**Behavioral Risk Factor Surveillance System
Questionnaire**

November 18, 2009



Behavioral Risk Factor Surveillance System Indiana Statewide Survey Data, 2010

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Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life

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

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

- 3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 3.2** Do you have one person you think of as your personal doctor or health care provider?
- 1 Yes, only one
 - 2 More than one
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused
- 3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
- 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

Section 4: Sleep

The next question is about getting enough rest or sleep.

- 4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?
- — Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Section 5: Exercise

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

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

Section 6: Diabetes

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

Module 1: Pre-Diabetes

1. Have you had a test for high blood sugar or diabetes within the past three years?

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

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes

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

_ _ Code age in years
 9 8 Don't know / Not sure
 9 9 Refused

2. Are you now taking insulin?

1 Yes
 2 No
 9 Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

1 _ _ Times per day
 2 _ _ Times per week
 3 _ _ Times per month
 4 _ _ Times per year
 8 8 8 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

1 _ _ Times per day
 2 _ _ Times per week
 3 _ _ Times per month
 4 _ _ Times per year
 5 5 5 No feet
 8 8 8 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

5. 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
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

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

_ _ Number of times
 8 8 None
 9 8 Never heard of "A one C" test
 7 7 Don't know / Not sure

9 9 Refused

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

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

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

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

Do not read:

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

9. 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

10. 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

Section 7: Oral Health

- 7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Read only if necessary:

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

Do not read:

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

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

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

7.3 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

Do not read:

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

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

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

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

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

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

8.3 (Ever told) you had a stroke?

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

Section 9: Asthma

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

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

9.2 Do you still have asthma?

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

Section 10: Disability

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

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

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

10.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Include occasional use or use in certain circumstances.

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

Section 11: Tobacco Use

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

NOTE: 5 packs = 100 cigarettes

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

11.2 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

11.3 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

11.4 How long has it been since you last smoked cigarettes regularly?

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

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

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

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

Section 12: Demographics

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

If "Yes", please read:

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months

If "No", please read:

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

Do not read:

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

12.13 What county do you live in?

- — — FIPS county code
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 Yes

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

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

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

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

- _ _ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 14: Immunization

14.1 Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

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

14.2 During what month and year did you receive your most recent seasonal flu shot?

_ _ / _ _ _ _ Month / Year

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

14.3 The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?

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

14.4 During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?

__ / __ Month / Year
 7 7 / 7 7 7 7 Don't know / Not sure
 9 9 / 9 9 9 9 Refused

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

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

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

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

__ Number of times
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

15.2 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 falls
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Section 16: Seatbelt Use

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

Please read:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 17: Drinking and Driving

The next question is about drinking and driving.

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

- — Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 18: Women's Health

The next questions are about breast and cervical cancer.

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

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

18.2 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

Do not read:

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

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

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

18.4 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

Do not read:

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

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

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

18.6 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

Do not read:

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

18.7 Have you had a hysterectomy?

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

Section 19: Prostate Cancer Screening

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

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

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

19.2 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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

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

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

19.4 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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

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

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

Section 20: Colorectal Cancer Screening

The next questions are about colorectal cancer screening.

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

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

20.2 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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

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

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

20.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

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

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

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 21: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

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

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

__ / __ __ Code month and year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused

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

0 1 Private doctor or HMO office
0 2 Counseling and testing site
0 3 Hospital
0 4 Clinic
0 5 Jail or prison (or other correctional facility)
0 6 Drug treatment facility
0 7 At home
0 8 Somewhere else
7 7 Don't know / Not sure
9 9 Refused

21.4 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

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

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

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

Section 22: Emotional Support and Life Satisfaction

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

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

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life?

Please read:

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

Do not read:

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

Module 9: Arthritis Burden

Next I will ask you about arthritis.

1. 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

Module 14: Cancer Survivorship

Now I am going to ask you about cancer.

1. Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

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

2. How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure
- 9 Refused

3. At what age were you told that you had cancer?

- -- Code age in years
- 9 8 Don't know / Not sure
- 9 9 Refused

4. What type of cancer was it?

Breast

- 0 1 Breast cancer

Female reproductive (Gynecologic)

- 0 2 Cervical cancer (cancer of the cervix)
- 0 3 Endometrial cancer (cancer of the uterus)
- 0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

- 0 5 Head and neck cancer
- 0 6 Oral cancer
- 0 7 Pharyngeal (throat) cancer
- 0 8 Thyroid

Gastrointestinal

- 0 9 Colon (intestine) cancer
- 1 0 Esophageal (esophagus)

- 1 1 Liver cancer
- 1 2 Pancreatic (pancreas) cancer
- 1 3 Rectal (rectum) cancer
- 1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 5 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 6 Leukemia (blood) cancer
- 1 7 Non-Hodgkin's Lymphoma

Male reproductive

- 1 8 Prostate cancer
- 1 9 Testicular cancer

Skin

- 2 0 Melanoma
- 2 1 Other skin cancer

Thoracic

- 2 2 Heart
- 2 3 Lung

Urinary cancer:

- 2 4 Bladder cancer
- 2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

Do not read:

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

5. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

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

6. What type of doctor provides the majority of your health care?

Please read [1-10]:

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon

- 0 4 Gynecologic Oncologist
- 0 5 Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

Do not read:

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

7. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

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

8. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?

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

9. Were these instructions written down or printed on paper for you?

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

10. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

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

11. Were you EVER denied health insurance or life insurance coverage because of your cancer?

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

9 Refused

12. Did you participate in a clinical trial as part of your cancer treatment?

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

13. Do you currently have physical pain caused by your cancer or cancer treatment?

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

14. Is your pain currently under control?

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

Module 17: Anxiety and Depression

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.

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

- — 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

- — 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

- — 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure

9 9 Refused

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

– – 01–14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

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

– – 01–14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

6. 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
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

7. 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
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

8. 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
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

9. Has a doctor or other healthcare provider EVER told you that you have 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

10. 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

Module 24: Childhood Asthma Prevalence

The next two questions are about the "Xth" child.

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

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

2. Does the child still have asthma?

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

Module 25: Childhood Immunization

1. Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has **[Fill: he/she]** had a seasonal flu vaccination?

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

2. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did **[Fill: he/she]** receive **[Fill: his/her]** most recent seasonal flu vaccination?

- __ / ____ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused