1998
Behavioral Risk Factor Surveillance System Questionnaire (AR)

CORE SECTIONS

Introduction and Respondent Selection 1
Section 1: Health Status 3
Section 2: Health Care Access 5
Section 3: Diabetes 10
Section 4: Exercise 11
Section 5: Tobacco Use 14
Section 6: Fruits and Vegetables 18
Section 7: Weight Control 21
Section 8: Demographics 24
Section 9: Women's Health 29
Section 10: HIV/AIDS 33

OPTIONAL MODULES

Module 1: Diabetes 40
Module 3: Family Planning 44
Module 16: Quality of Life 49
Module 22: Disability 52

STATE ADDED QUESTIONS

Fire Safety 57

HELLO, I'm _____ calling for the Arkansas Department of Health. We're doing a study of the health practices of Arkansas residents. Your phone number has been chosen randomly by the ____ _____ to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this _____ ?	No	Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. Stop
Is this a private residence?	No	Thank you very much, but we are only interviewing private residences. Stop

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. Go to page 3

If "no" May I speak with him or her? Go to "correct respondent" at bottom of page

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.
If "you," go to page 3

To correct respondent Hello, I=m _____calling for the Arkansas Department of Health. I'm a member of a special research team. We're doing a study of _ Arkansas residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is:.....(35)

Please Read

a. Excellent 1

b. Very good 2

c. Good 3

d. Fair.....4

or

e. Poor.....5

Do not read these responses

Don't know/Not Sure 7

Refused 9

2. 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?.....(36-37)

a. Number of days.....__ __

b. None 8 8

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

Refused 9 9

3. 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? (38-39)

a. Number of days .....__ __

b. None ***If Q2 also "None," go to Q5 (p. 5)*** 8 8

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

Refused 9 9

4. 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?.....(40-41)

   a. Number of days.....__ __

   b. None 8 8

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

   Refused 9 9

Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? .....(42)

   a. Yes 1

   b. No ***Go to Q7a (p. 7)***.....2

   Don't know/Not sure ***Go to Q10 (p. 8)*** 7

   Refused ***Go to Q10 (p. 8)***.....9

6. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? .....(43)

   a. Yes ***Go to Q10 (p. 8)***.....1

   b. No 2

   Don=t know/not sure 7

   Refused 9

7. What type of health care coverage do you use to pay for most of your medical care? (44-45)

Is it coverage through: Coverage Code.....__ __

Please Read

a. Your employer ***Go to Q8 (p. 8)*** 0 1

b. Someone else=s employer ***Go to Q8 (p. 8)*** 0 2

c. A plan that you or someone else buys on your own ***Go to Q8 (p. 8)***.....0 3

d. Medicare ***Go to Q10 (p. 8)*** 0 4

e. Medicaid or Medical Assistance ***[or substitute state program name] Go to Q8 (p. 8)***.....0 5

f. The military, CHAMPUS, TriCare, or the VA ***[or CHAMP-VA] Go to Q8 (p. 8)*** 0 6

g. The Indian Health Service ***[or the Alaska Native Health Service] Go to Q8 (p. 8)***.....0 7

or

h. Some other source ***Go to Q8 (p. 8)***.....0 8

Do not read these responses

None ***Go to Q9 (p. 8)*** 8 8

Don't know/Not sure ***Go to Q8 (p. 8)*** 7 7

Refused ***Go to Q8 (p. 8)***.....9 9

7a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: .....(46-47)

Coverage through: Coverage Code ..... __ __

Please Read

If more than one, ask "Which type do you use to pay for most of your medical care?"

a. Your employer 0 1

b. Someone else=s employer 0 2

c. A plan that you or someone else buys on your own 0 3

d. Medicare ***Go to Q10 (p. 8)*** 0 4

e. Medicaid or Medical Assistance ***[or substitute state program name]*** 0 5

f. The military, CHAMPUS, TriCare, or the VA ***[or CHAMP-VA]*** 0 6

g. The Indian Health Service ***[or the Alaska Native Health Service]*** 0 7

or

h. Some other source 0 8

Do not read these responses

None ***Go to Q9 (p. 8)*** 8 8

Don't know/Not sure ***Go to Q10 (p. 8)*** 7 7

Refused ***Go to Q10 (p. 8)*** 9 9

8. During the past 12 months, was there any time that you did not have any health insurance or coverage? .....(48)

   a. Yes ***Go to Q10*** 1

   b. No ***Go to Q10*** 2

   Don't know/Not sure ***Go to Q10*** 7

   Refused ***Go to Q10*** 9

9. About how long has it been since you had health care coverage?.....(49)

   Read Only if Necessary

   a. Within the past 6 months (1 to 6 months ago).....1

   b. Within the past year (6 to 12 months ago) 2

   c. Within the past 2 years (1 to 2 years ago) 3

   d. Within the past 5 years (2 to 5 years ago) 4

   e. 5 or more years ago.....5

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

   Never.....8

   Refused 9

10. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?.....(50)

   a. Yes 1

   b. No 2

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

   Refused 9

11. About how long has it been since you last visited a doctor for a routine checkup? ....(51)

Read Only if Necessary

A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 5 years (2 to 5 years ago) 3

_____d. 5 or more years ago 4

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

Never.....8

Refused 9

Section 3: Diabetes

12. Have you ever been told by a doctor that you have diabetes? .....(52)

If "Yes" and female, ask "Was this only when you were pregnant?"

a. Yes 1

b. Yes, but female told only during pregnancy 2

c. No 3

Don't know/Not sure 7

Refused 9

Section 4: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

13. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?.....(53)

    a. Yes 1

    b. No ***Go to Q23 (p. 14)***.....2

    Don't know/Not sure ***Go to Q23 (p. 14)*** 7

    Refused ***Go to Q23 (p. 14)***.....9

14. What type of physical activity or exercise did you spend the most time doing during the past month? .....(54-55)

    Activity (specify): _____.....__ __
    See coding list A

    Refused ***Go to Q18 (p. 12)***.....9 9

⇗ Ask Q15 only if answer to Q14 is running, jogging, walking, or swimming. All others, go to Q16.

15. How far did you usually walk/run/jog/swim?.....(56-58)

See coding list B if response is not in miles and tenths

    Miles and tenths.....__ __.__

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

    Refused 9 9 9

16. How many times per week or per month did you take part in this activity during the past month? (59-61)

    a. Times per week.....1 __ __

    b. Times per month.....2 __ __

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

    Refused 9 9 9

17. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (62-64)

Hours and minutes ..... __:__ __

Don't know/Not sure 7 7 7

Refused 9 9 9

18. Was there another physical activity or exercise that you participated in during the last month? (65)

a. Yes 1

b. No ***Go to Q23 (p. 14)*** 2

Don't know/Not sure ***Go to Q23 (p. 14)*** 7

Refused ***Go to Q23 (p. 14)*** 9

19. What other type of physical activity gave you the next most exercise during the past month? (66-67)

Activity (specify): _____ ..... __ __
See coding list A

Refused ***Go to Q23 (p. 14)*** 9 9

⇗ Ask Q20 only if answer to Q19 is running, jogging, walking, or swimming. All others go to Q21 (p. 13).

20. How far did you usually walk/run/jog/swim? ..... (68-70)

See coding list B if response is not in miles and tenths

Miles and tenths ..... __ __.__

Don't know/Not sure 7 7 7

Refused 9 9 9

21. How many times per week or per month did you take part in this activity? .....(71-73)

    a. Times per week.....1 __ __

    b. Times per month.....2 __ __

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

    Refused 9 9 9

22. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

    (74-76)

    Hours and minutes .....__:__ __

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

    Refused 9 9 9

Section 5: Tobacco Use

23. Have you smoked at least 100 cigarettes in your entire life? .....(77)

5 packs = 100 cigarettes

a. Yes 1

b. No ***Go to Q28 (p. 16)***.....2

Don't know/Not sure ***Go to Q28 (p. 16)*** 7

Refused ***Go to Q28 (p. 16)***.....9

24. Do you now smoke cigarettes everyday, some days, or not at all?.....(78)

a. Everyday 1

b. Some days ***Go to Q25a***.....2

c. Not at all ***Go to Q27 (p. 15)***.....3

Refused ***Go to Q28 (p. 16)***.....9

25. On the average, about how many cigarettes a day do you now smoke?.....(79-80)

1 pack = 20 cigarettes

Number of cigarettes ***[76 = 76 or more]***
Go to Q26 (p. 15).....__ __

Don't know/Not sure ***Go to Q26 (p. 15)*** 7 7

Refused ***Go to Q26 (p. 15)***..... 9 9

25a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?.....(81-82)

1 pack = 20 cigarettes

Number of cigarettes ***[76 = 76 or more]***
Go to Q28 (p. 16).....__ __

Don't know/Not sure ***Go to Q28 (p. 16)*** 7 7

Refused ***Go to Q28 (p. 16)***..... 9 9

26. During the past 12 months, have you quit smoking for 1 day or longer?.....(83)

a. Yes ***Go to Q28 (p. 16)***.....1

b. No ***Go to Q28 (p. 16)***.....2

Don't know/Not sure ***Go to Q28 (p. 16)*** 7

Refused ***Go to Q28 (p. 16)***.....9

27. About how long has it been since you last smoked cigarettes regularly, that is, daily? (84-85)

Time code .....__ __

Read Only if Necessary

a. Within the past month (0 to 1 month ago).....0 1

b. Within the past 3 months (1 to 3 months ago).....0 2

c. Within the past 6 months (3 to 6 months ago).....0 3

d. Within the past year (6 to 12 months ago) 0 4

e. Within the past 5 years (1 to 5 years ago) 0 5

f. Within the past 15 years (5 to 15 years ago).....0 6

g. 15 or more years ago 0 7

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

Never smoked regularly.....8 8

Refused 9 9

28. Have you ever smoked a cigar, even just a few puffs?.....(86)

Cigar = large cigar cigarillo, or small cigar

a. Yes 1

b. No ***Go to Section 6: Fruits and Vegetables (p. 18)***.....2

Don=t know/Not sure ***Go to Section 6: Fruits and Vegetables (p. 18)***.....7

Refused ***Go to Section 6: Fruits and Vegetables (p. 18)***.....9

29. When was the last time you smoked a cigar?.....(87-88)

Time code ..... __ __

Read Only if Necessary

a. Within the past month (0 to 1 month ago).....0 1

b. Within the past 3 months (1 to 3 months ago)
Go to Section 6: Fruits and Vegetables (p. 18).....0 2

c. Within the past 6 months (3 to 6 months ago)
Go to Section 6: Fruits and Vegetables (p. 18).....0 3

d. Within the past year (6 to 12 months ago)
Go to Section 6: Fruits and Vegetables (p. 18).....0 4

e. Within the past 5 years (1 to 5 years ago)
Go to Section 6: Fruits and Vegetables (p. 18).....0 5

f. Within the past 15 years (5 to 5 years ago)
Go to Section 6: Fruits and Vegetables (p. 18).....0 6

g. 15 or more years ago ***Go to Section 6: Fruits and Vegetables (p. 18)***.....0 7

Don=t know/not sure ***Go to Section 6: Fruits and Vegetables (p. 18)***.....7 7

Refused ***Go to Section 6: Fruits and Vegetables (p. 18)***.....9 9

30. In the past month, did you smoke cigars: .....(89)

Please Read

a. Everyday 1

b. Several times per week 2

c. Once per week 3

or

d. Less than once per week 4

Do not read these responses

Don=t know/Not sure 7

Refused 9

Section 6: Fruits and Vegetables

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.

31. How often do you drink fruit juices such as orange, grapefruit, or tomato? .....(90-92)

    a. Per day .....1 __ __

    b. Per week .....2 __ __

    c. Per month.....3 __ __

    d. Per year.....4 __ __

    e. Never.....5 5 5

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

    Refused 9 9 9

32. Not counting juice, how often do you eat fruit? .....(93-95)

    a. Per day .....1 __ __

    b. Per week .....2 __ __

    c. Per month.....3 __ __

    d. Per year.....4 __ __

    e. Never.....5 5 5

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

    Refused 9 9 9

33. How often do you eat green salad? .....(96-98)

a. Per day .....1 __ __

b. Per week .....2 __ __

c. Per month.....3 __ __

d. Per year.....4 __ __

e. Never.....5 5 5

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

Refused 9 9 9

34. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (99-101)

a. Per day .....1 __ __

b. Per week .....2 __ __

c. Per month.....3 __ __

d. Per year.....4 __ __

e. Never.....5 5 5

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

Refused 9 9 9

35. How often do you eat carrots? ....(102-104)

a. Per day .....1 __ __

b. Per week .....2 __ __

c. Per month.....3 __ __

d. Per year.....4 __ __

e. Never.....5 5 5

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

Refused 9 9 9

36. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (105-107)

Example:
A serving of vegetables at both lunch and dinner would be two servings

a. Per day	1	__ __
b. Per week	2	__ __
c. Per month	3	__ __
d. Per year	4	__ __
e. Never	5	5 5
Don't know/Not sure	7	7 7
Refused	9	9 9

Section 7: Weight Control

37. Are you now trying to lose weight? ..... (108)

a. Yes ***Go to Q39*** 1

b. No 2

Don't know/Not sure 7

Refused 9

38. Are you now trying to maintain your current weight, that is to keep from gaining weight? (109)

a. Yes 1

b. No ***Go to Q41 (p. 22)*** 2

Don't know/Not sure ***Go to Q41 (p. 22)*** 7

Refused ***Go to Q41 (p. 22)*** 9

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

lose weight? ***[if "Yes" on Q37]***

keep from gaining weight? ***[if "Yes" on Q38]*** ..... (110)

Probe for which

a. Yes, fewer calories 1

b. Yes, less fat 2

c. Yes, fewer calories and less fat 3

d. No 4

Don't know/Not sure 7

Refused 9

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

lose weight? ***[if "Yes" on Q37]***

keep from gaining weight? ***[if "Yes" on Q38]*** ..... (111)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

41. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?..... (112)

Probe for which

a. Yes, lose weight 1

b. Yes, gain weight 2

c. Yes, maintain current weight 3

d. No 4

Don't know/Not sure 7

Refused 9

42. In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications. ..... (113)

Include only pills taken for the primary purpose of losing weight

Probe for which

a. Yes, I am currently taking them 1

b. Yes, I have taken them but I am not currently taking them 2

c. No, I have not taken them ***Go to Q44 (p. 24)*** 3

Don=t know/Not sure ***Go to Q44 (p. 24)*** 7

Refused ***Go to Q44 (p. 24)*** 9

43. How much did you weigh just before you started taking prescription weight loss pills for the first time? .....(114-116)

Round fractions up

Weight.....__ __ __
..... pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

Section 8: Demographics

44. What is your age? ..... (117-118)

    Code age in years ..... __ __

    Don't know/Not sure 0 7

    Refused 0 9

45. What is your race? ..... (119)

    Would you say: ***Please Read***

    a. White 1

    b. Black 2

    c. Asian, Pacific Islander 3

    d. American Indian, Alaska Native 4

    or

    e. Other: (specify)_____ 5

Do not read these responses

    Don't know/Not sure 7

    Refused 9

46. Are you of Spanish or Hispanic origin? ..... (120)

    a. Yes 1

    b. No 2

    Don't know/Not sure 7

    Refused 9

47. Are you: .....(121)

Please Read

a. Married 1

b. Divorced 2

c. Widowed.....3

d. Separated 4

e. Never been married.....5

or

f. A member of an unmarried couple.....6

Refused 9

48. How many children live in your household who are...

Please Read

Code 1-9
7 = 7 or more
8 = None
9 = Refused

a. less than 5 years old? .....__ (122)

b. 5 through 12 years old? .....__ (123)

c. 13 through 17 years old? .....__ (124)

49. What is the highest grade or year of school you completed?.....(125)

Read Only if Necessary

a. Never attended school or only kindergarten.....1

b. Grades 1 through 8 (Elementary) 2

c. Grades 9 through 11 (Some high school) 3

d. Grade 12 or GED (High school graduate).....4

e. College 1 year to 3 years (Some college or technical school).....5

f. College 4 years or more (College graduate) 6

Refused 9

50. Are you currently: .....(126)

Please Read

a. Employed for wages 1

b. Self-employed.....2

c. Out of work for more than 1 year 3

d. Out of work for less than 1 year 4

e. Homemaker.....5

f. Student.....6

g. Retired 7
or
h. Unable to work 8

Refused 9

51. Is your annual household income from all sources: .....(127-128)

Read as Appropriate

If respondent refuses at any income level, code refused

a. Less than $25,000 ***If "no," ask e; if "yes," ask b***
($20,000 to less than $25,000).....0 4

b. Less than $20,000 ***If "no," code a; if "yes," ask c***
($15,000 to less than $20,000).....0 3

c. Less than $15,000 ***If "no," code b; if "yes," ask d***
($10,000 to less than $15,000).....0 2

d. Less than $10,000 ***If "no," code c*** 0 1

e. Less than $35,000 ***If "no," ask f***
($25,000 to less than $35,000).....0 5

f. Less than $50,000 ***If "no," ask g***
($35,000 to less than $50,000).....0 6

g. Less than $75,000 ***If "no," code h***
($50,000 to $75,000).....0 7

h. $75,000 or more.....0 8

Do not read these responses

Don't know/Not sure 7 7

Refused 9 9

52. About how much do you weigh without shoes? .....(129-131)

Round fractions up

Weight..... __ __ __
pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

53. How much would you like to weigh? .....(132-134)

Weight..... __ __ __
pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

54. About how tall are you without shoes?.....(135-137)

Round fractions down

Height ..... __/__ __
ft/inches

Don't know/Not sure 7 7 7

Refused 9 9 9

55. What county do you live in? .....(138-140)

FIPS county code..... __ __ __

Don't know/not sure 7 7 7

Refused 9 9 9

56. Do you have more than one telephone number in your household?.....(141)

a. Yes 1

b. No ***Go to Q58 (p. 28)***.....2

Refused ***Go to Q58 (p. 28)***.....9

57. How many residential telephone numbers do you have?.....(142)

Exclude dedicated fax and computer lines

Total telephone numbers ***[8 = 8 or more]*** .....__

Refused 9

58. Indicate sex of respondent. ***Ask Only if Necessary*** .....(143)

Male ***Go to Section 10: HIV/AIDS (p. 33)*** 1

Female.....2

Now I have some questions about other health services you may have received.

Section 9: Women's Health

59. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?.....(144)

    a. Yes 1

    b. No ***Go to Q62 (p. 30)***.....2

    Don't know/Not sure ***Go to Q62 (p. 30)*** 7

    Refused ***Go to Q62 (p. 30)***.....9

60. How long has it been since you had your last mammogram?.....(145)
    Read only if Necessary

    a. Within the past year (1 to 12 months ago).....1

    b. Within the past 2 years (1 to 2 years ago) 2

    c. Within the past 3 years (2 to 3 years ago) 3

    d. Within the past 5 years (3 to 5 years ago) 4

    e. 5 or more years ago.....5

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

    Refused 9

61. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? .....(146)

a. Routine checkup 1

b. Breast problem other than cancer 2

c. Had breast cancer.....3

Don't know/Not sure 7

Refused 9

62. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? .....(147)

a. Yes 1

b. No ***Go to Q65 (p. 31)***.....2

Don't know/Not sure ***Go to Q65 (p. 31)*** 7

Refused ***Go to Q65 (p. 31)***.....9

63. How long has it been since your last breast exam?.....(148)

Read Only if Necessary

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago) 3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago.....5

Don't know/Not sure 7

Refused 9

64. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? .....(149)

a. Routine Checkup 1

b. Breast problem other than cancer 2

c. Had breast cancer.....3

Don't know/Not sure 7

Refused 9

65. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?.....(150)

a. Yes 1

b. No ***Go to Q68 (p. 32)***.....2

Don't know/Not sure ***Go to Q68 (p. 32)*** 7

Refused ***Go to Q68 (p. 32)***.....9

66. How long has it been since you had your last Pap smear? .....(151)

Read Only if Necessary

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago) 3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago.....5

Don't know/Not sure 7

Refused 9

67. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? .....(152)

a. Routine exam 1

b. Check current or previous problem 2

Other 3

Don't know/Not sure 7

Refused 9

68. Have you had a hysterectomy? .....(153)

A hysterectomy is an operation to remove the uterus (womb)

a. Yes ***Go to Section 10: HIV/AIDS (p. 33)*** 1

b. No 2

Don't know/Not sure 7

Refused 9

⇗ If respondent 45 years old or older, go to Section 10: HIV/AIDS (p. 33).

69. To your knowledge, are you now pregnant? .....(154)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Section 10: HIV/AIDS

⇗ If respondent is 65 years old or older, go to Closing Statement.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

70. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? .....(155-156)

Code 01 through 12 — a. Grade __ __

b. Kindergarten 5 5

c. Never.....8 8

Don't know/Not sure 7 7

Refused 9 9

71. If you had a teenager who was sexually active, would you encourage him or her to use a condom?

(157)

a. Yes 1

b. No 2

Would give other advice 3

Don't know/Not sure 7

Refused 9

72. What are your chances of getting infected with HIV, the virus that causes AIDS? ....(158)

Would you say: ***Please Read***

a. High 1

b. Medium.....2

c. Low 3

or

d. None 4

Not applicable ***Go to Q76a (p. 35)*** 5

Do not read these responses

Don't know/Not sure 7

Refused 9

73. Have you donated blood since March 1985? .....(159)

a. Yes 1

b. No ***Go to Q75a (p. 35)***.....2

Don't know/Not sure ***Go to Q75a (p. 35)*** 7

Refused ***Go to Q75a (p. 35)***.....9

74. Have you donated blood in the past 12 months? .....(160)

a. Yes 1

b. No 2

Don"t know/Not sure 7

Refused 9

75. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

(161)

Include saliva tests

a. Yes ***Go to Q76 (p. 35)***.....1

b. No ***Go to Closing Statement*** 2

Don"t know/Not sure ***Go to Closing Statement***.....7

Refused ***Go to Closing Statement*** 9

75a. Have you ever been tested for HIV? .....(162)

Include saliva tests

a. Yes ***Go to Q76a*** 1

b. No ***Go to Closing Statement*** 2

Don"t know/Not sure ***Go to Closing Statement*** 7

Refused ***Go to Closing Statement*** 9

76. Not including your blood donations, have you been tested for HIV in the past 12 months? (163)

Include saliva tests

a. Yes ***Go to Q77 (p. 36)*** 1

b. No ***Go to Closing Statement*** 2

Don"t know/Not sure ***Go to Closing Statement*** 7

Refused ***Go to Closing Statement*** 9

76a. Have you been tested for HIV in the past 12 months? .....(164)

Include saliva tests

a. Yes 1

b. No ***Go to Closing Statement*** 2

Don"t know/Not sure ***Go to Closing Statement*** 7

Refused ***Go to Closing Statement*** 9

77. What was the main reason you had your last test for HIV?.....(165-166)

Reason code.....__ __

Read Only if Necessary

a. For hospitalization or surgical procedure.....0 1

b. To apply for health insurance.....0 2

c. To apply for life insurance.....0 3

d. For employment.....0 4

e. To apply for a marriage license.....0 5

f. For military induction or military service.....0 6

g. For immigration.....0 7

h. Just to find out if you were infected.....0 8

i. Because of referral by a doctor.....0 9

j. Because of pregnancy.....1 0

k. Referred by your sex partner.....1 1

l. Because it was part of a blood donation process
Go to Closing Statement.....1 2

m. For routine check-up.....1 3

n. Because of occupational exposure.....1 4

o. Because of illness.....1 5

p. Because I am at risk for HIV.....1 6

q. Other.....8 7

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

Refused.....9 9

78. Where did you have your last test for HIV? .....(167-168)

Facility Code.....__ __

Read Only if Necessary

a. Private doctor, HMO 0 1

b. Blood bank, plasma center, Red Cross.....0 2

c. Health department.....0 3

d. AIDS clinic, counseling, testing site 0 4

e. Hospital, emergency room, outpatient clinic.....0 5

f. Family planning clinic.....0 6

g. Prenatal clinic, obstetrician=s office 0 7

h. Tuberculosis clinic 0 8

i. STD clinic.....0 9

j. Community health clinic 1 0

k. Clinic run by employer.....1 1

l. Insurance company clinic.....1 2

m. Other public clinic.....1 3

n. Drug treatment facility 1 4

o. Military induction or military service site.....1 5

p. Immigration site.....1 6

q. At home, home visit by nurse or health worker 1 7

r. At home using self-sampling kit 1 8

s. In jail or prison.....1 9

t. Other.....8 7

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

Refused 9 9

79. Did you receive the results of your last test? .....(169)

a. Yes 1

b. No ***Go to Closing Statement*** 2

Don't know/Not sure ***Go to Closing Statement*** 7

Refused ***Go to Closing Statement*** 9

80. Did you receive counseling or talk with a health care professional about the results of your test? (170)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Closing Statement

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

or

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

Activity List for Common Leisure Activities
Coding List A

Code Description

01. Aerobics class
02. Backpacking
03. Badminton
04. Basketball
05. Bicycling for pleasure
06. Boating (canoeing, rowing, sailing for pleasure or camping)
07. Bowling
08. Boxing
09. Calisthenics
10. Canoeing/rowing - in competition
11. Carpentry
12. Dancing-aerobics/ballet
13. Fishing from river bank or boat
14. Gardening (spading, weeding, digging, filling)
15. Golf
16. Handball
17. Health club exercise
18. Hiking - cross-country
19. Home exercise
20. Horseback riding
21. Hunting large game - deer, elk
22. Jogging
23. Judo/karate
24. Mountain climbing
25. Mowing lawn
26. Paddleball
27. Painting/papering house
28. Racketball
29. Raking lawn
30. Running
31. Rope skipping
32. Scuba diving
33. Skating - ice or roller
34. Sledding, tobogganing
35. Snorkeling
36. Snowshoeing
37. Snow shoveling by hand
38. Snow blowing
39. Snow skiing
40. Soccer
41. Softball
42. Squash
43. Stair climbing
44. Stream fishing in waders
45. Surfing
46. Swimming laps
47. Table tennis
48. Tennis
49. Touch football
50. Volleyball
51. Walking
52. Waterskiing
53. Weight lifting
54. Other_____
55. Bicycling machine exercise
56. Rowing machine exercise

Coding List B

Lap Swimming

Size pool/Laps
(1 lap = 2 lengths)

50 ft. pool
5 laps (10 lengths) = .1 mile

100 ft. pool
22 laps (5 lengths) = .1 mile

50 meter pool
12 laps (3 lengths) = .1 mile

Running/Jogging/Walking

1/2 mile = .5 mile
1/4 mile = .3 mile
1/8 mile = .1 mile
1 block = .1 mile

Module 1: Diabetes

1. How old were you when you were told you have diabetes? (171-172)

   Code age in years ***[76 = 76 and older]*** ..... __ __

   Don't know/Not sure 7 7

   Refused 9 9

2. Are you now taking insulin? ..... (173)

   a. Yes 1

   b. No ***Go to Q4*** 2

   Refused ***Go to Q4*** 9

3. Currently, about how often do you use insulin? ..... (174-176)

   a. Times per day ..... 1 __ __

   b. Times per week ..... 2 __ __

   c. Use insulin pump 3 3 3

   Don't know/Not sure 7 7 7

   Refused 9 9 9

4. 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. (177-179)

   a. Times per day ..... 1 __ __

   b. Times per week ..... 2 __ __

   c. Times per month ..... 3 __ __

   d. Times per year ..... 4 __ __

   e. Never 8 8 8

   Don't know/Not sure 7 7 7

   Refused 9 9 9

5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"? ..... (180)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes? ..... (181-182)

   a. Number of times ..... __ __

   b. None ***Go to Q9*** 8 8

   Don't know/Not sure ***Go to Q9*** 7 7

   Refused ***Go to Q9*** 9 9

   ⇗ If "No," "Dk/Ns," or "Refused" to Q5, go to Q8.

7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"? ..... (183-184)

   a. Number of times ..... __ __

   b. None 8 8

   Don't know/Not sure 7 7

   Refused 9 9

8. About how many times in the last year has a health professional checked your feet for any sores or irritations? ..... (185-186)

   a. Number of times ..... __ __

   b. None 8 8

   Don't know/Not sure 7 7

   Refused 9 9

9. 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.....(187)

Read Only if Necessary

a. Within the past month (0 to 1 month ago).....1

b. Within the past year (1 to 12 months ago) 2

c. Within the past 2 years (1 to 2 years ago) 3

d. 2 or more years ago 4

e. Never.....8

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

Refused 9

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

10. How much of the time does your vision limit you in recognizing people or objects across the street?(188)

Would you say: ***Please Read***

a. All of the time.....1

b. Most of the time.....2

c. Some of the time.....3

d. A little bit of the time 4

or

e. None of the time 5

Do not read these responses

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

Refused 9

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone?.....(189)

Would you say: ***Please Read***

a. All of the time.....1

b. Most of the time.....2

c. Some of the time.....3

d. A little bit of the time.....4

or

e. None of the time.....5

Do not read these responses

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

Refused.....9

12. How much of the time does your vision limit you in watching television?.....(190)

Would you say: ***Please Read***

a. All of the time.....1

b. Most of the time.....2

c. Some of the time.....3

d. A little bit of the time.....4

or

e. None of the time.....5

Do not read these responses

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

Refused.....9

Module 3: Family Planning

⇗ If respondent is male or age 45 years old or older, go to next module

The next few questions ask about pregnancy and ways to prevent pregnancy.

⇗ If pregnant now ("Yes" to core Q69), go to Q2a.

1. Have you been pregnant in the last 5 years? .....(205)

   a. Yes 1

   b. No ***Go to Q3*** 2

   Don=t know/Not sure **Go to Q3**.....7

   Refused **Go to Q3**.....9

2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? .....(206)

   Would you say: ***Please Read***

   a. You wanted to be pregnant sooner ***Go to Q3*** 1

   b. You wanted to be pregnant later ***Go to Q3***.....2

   c. You wanted to be pregnant then ***Go to Q3*** 3

   d. You didn=t want to be pregnant then or at anytime in the future ***Go to Q3***.....4

   e. You don=t know ***Go to Q3*** 7

Do not read Refused ***Go to Q3*** 9

2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? .....(207)

Would you say: ***Please Read***

a. You wanted to be pregnant sooner 1

b. You wanted to be pregnant later.....2

c. You wanted to be pregnant then 3

d. You didn=t want to be pregnant then or at any time in the future 4

e. You don=t know 7

Do not read Refused 9

⇗ If respondent had hysterectomy ("Yes" to core Q68) or is pregnant now ("Yes" to core Q69), go to Q6.

⇗ If respondent has no sex partners ("None" to Q1 in Sexual Behavior module), go to Q6.

3. Are you or your ***[fill in (husband/partner) from core Q47]*** using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (208)

a. Yes 1

b. No ***Go to Q5*** 2

c. Not sexually active ***Go to Q6***.....3

Don't know/Not sure ***Go to Q6*** 7

Refused ***Go to Q6*** 9

4. What kinds of birth control are you or your ***[fill in (husband/partner) from core Q47]*** using now?

(209-210)

Kind Code ..... __ __

Read Only if Necessary

If more than one, code other and specify each method code

a. Tubes tied (sterilization) ***Go to Q6*** 0 1

b. Vasectomy (sterilization) ***Go to Q6*** 0 2

c. Pill ***Go to Q6*** 0 3

d. Condoms ***Go to Q6*** 0 4

e. Foam, jelly, cream ***Go to Q6*** 0 5

f. Diaphragm ***Go to Q6*** 0 6

g. Norplant ***Go to Q6*** 0 7

h. Shots (Depo-Provera) ***Go to Q6*** 0 8

i. Withdrawal ***Go to Q6*** 0 9

j. Other (specify:_____) ***Go to Q6*** 8 7

Don't know/Not sure ***Go to Q6*** 7 7

Refused ***Go to Q6*** 9 9

5. What are your reasons for not using any birth control now?.....(211-212)

Reason Code .....__ __

Read Only if Necessary

If more than one, code other and specify each method code

a. I am not having sex.....0 1

b. I want to get pregnant.....0 2

c. I don=t want to use birth control 0 3

d. My husband or partner doesn=t want to use birth control.....0 4

e. I don=t think I can get pregnant 0 5

f. I can=t pay for birth control 0 6

g. Other (specify: _____).....8 7

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

Refused 9 9

6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?

(213)

Would you say: ***Please Read***

a. A family planning clinic ***[Example: a Planned Parenthood clinic]***
Go to Q8 1

b. A health department clinic.....2

c. A community health center.....3

d. A private gynecologist.....4

e. A general or family physician.....5

or

f. Some other kind of place.....8

Do not read these responses

Don=t know/not sure 7

Refused 9

7. Have you ever used the services at a family planning clinic? .....(214)

Example: a Planned Parenthood clinic

a. Yes 1

b. No ***Go to Next Module***.....2

Don=t know/not sure ***Go to Next Module***.....7

Refused ***Go to Next Module***.....9

8. How long has it been since you used the services at a family planning clinic? .....(215)

Read Only if Necessary

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago) 3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago.....5

Don=t know/Not sure 7

Refused 9

Module 16: Quality of Life

1. Are you limited in any way in any activities because of any impairment or health problem? (301)

   a. Yes 1

   b. No ***If Ayes@ to Q3 or Q4 or "b-m" on Q5, continue Otherwise, go to Q13*** 2

   Don't know / Not sure ***If Ayes@ to Q3 or Q4 or "b-m" on Q5, continue. Otherwise, go to Q13*** 7

   Refused ***If Ayes@ to Q3 or Q4 or "b-m" on Q5, continue. Otherwise, go to Q13*** 9

2. What is the MAJOR impairment or health problem that limits your activities? (302-303)

   Reason Code ..... _ _

If respondent says "I'm not limited," say AI=m referring to the impairment you indicated on an earlier question."

   a. Arthritis / rheumatism 01

   b. Back or neck problem 02

   c. Fractures, bone / joint injury 03

   d. Walking problem 04

   e. Lung / breathing problem 05

   f. Hearing problem 06

   g. Eye / vision problem 07

   h. Heart problem 08

   I. Stroke problem 09

   j. Hypertension / high blood pressure 10

   k. Diabetes 11

   l. Cancer 12

   m. Depression / anxiety / emotional problem 13

   Other impairment/problem 14

   Don't know / Not sure 77

   Refused 99

3. For HOW LONG have your activities been limited because of your major impairment or health problem?

   a. Days ..... 1 _ _

   b. Weeks ..... 2 _ _

   c. Months ..... 3 _ _

   d. Years ..... 4 _ _

   Don't know / Not sure 7 7 7

   Refused 9 9 9

4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? ..... (307)

   a. Yes 1

   b. No 2

   Don't know / Not sure 7

   Refused 9

5. Because of any impairment or health problem, do you need the help of other persons in handling 5our ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? ..... (308)

   a. Yes 1

   b. No 2

   Don't know / Not sure 7

   Refused 9

6. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? ..... (309-310)

   a. Number of days ..... _ _

   b. None 8 8

   Don't know / Not sure 7 7

   Refused 9 9

7. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED? (311-312)

   a. Number of days ..... _ _

   b. None 8 8

   Don't know / Not sure 7 7

   Refused..... 9 9

8. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS? ..... (313-314)

   a. Number of days ..... _ _

   b. None 8 8

   Don't know / Not sure 7 7

   Refused..... 9 9

9. During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP?..... (315-316)

   a. Number of days ..... _ _

   b. None 8 8

   Don't know / Not sure 7 7

   Refused..... 9 9

10. During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY? ..... (317-318)

   a. Number of days ..... _ _

   b. None 8 8

   Don't know / Not sure 7 7

   Refused..... 9 9

Module 22: Disability

AThe next two questions are about your support needs and life satisfaction.@

1. How often do you get the social and emotional support you need? .....(510)

   Would you say: ***Please Read***

   a. Always 1

   b. Usually.....2

   c. Sometimes.....3

   d. Rarely 4

   or

   e. Never.....5

Do not read these responses

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

   Refused 9

2. In general, how satisfied are you with your life?.....(511)

   Would you say: ***Please Read***

   a. Very satisfied.....1

   b. Satisfied 2

   c. Dissatisfied 3

   or

   d. Very dissatisfied 4

Do not read these responses

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

   Refused 9

"These next questions are about limitations you may have in your daily life."

3. Are you limited in the kind or amount of work you can do because of any impairment or health problem? .....(512)

   a. Yes 1

   b. No 2

   Don't know / Not sure 7

   Refused 9

4. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? .....(513)

   a. Yes 1

   b. No 2

   Don't know / Not sure 7

   Refused 9

5. If you use special equipment or help from others to get around, what type do you use? (514-519)

Code up to three responses

a. No special equipment or help used ***Go to Q7*** 01

b. Other people 02

c. Cane or walking stick 03

d. Walker 04

e. Crutch or crutches 05

f. Manual wheelchair 06

g. Motorized wheelchair 07

h. Electric mobility scooter 08

I. Artificial leg 09

j. Brace 10

k. Service animal ***[i.e., guide dog or other animal specifically trained to provide assistance]*** 11

l. Oxygen / special breathing equipment 12

m. Other (specify): _____ 13

Don't know / Not sure 77

Refused 99

6. Using special equipment or help, what is the farthest distance that you can go? .....(520)

Please Read

a. Across a small room 1

b. About the length of a typical house 2

c. About one or two city blocks.....3

d. About one mile 4

Or

Do not read these responses

e. More than one mile.....5

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

Refused 9

7. What is the farthest distance you can walk by yourself, without any special equipment or help from others? ..... (521)

Please Read

a. Not any distance 1

b. Across a small room 2

c. About the length of a typical house 3

d. About one or two city blocks.....4

e. About one mile 5

or

f. More than one mile 6

Do not read these responses

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

Refused 9

8. If number of adults equals 1 and core Q48a, Q48b, and Q48c are all "none," go to closing.

Is there anyone ***[insert "else" if "yes" to Q3, Q4, or Q8 or b-m to Q5]*** in your household who is LIMITED in any way in any activities because of any impairment or health problem?..... (522)

a. Yes..... 1

b. No ***Go to closing*** 2

Don't know / Not sure ***Go to closing***..... 7

Refused ***Go to closing*** 9

9. How old are these people?

Code ages
97 = 97 and older
98 = Dk/Ns
99 = Refused

a. person 1 ..... _ _(523-524)

b. person 2 ..... _ _(525-526)

c. person 3 ..... _ _(527-528)

d. person 4 ..... _ _(529-530)

e. person 5 ..... _ _(531-532)

State Added Quesions: Fire Safety

1. Do you have one or more smoke detectors installed in your house?.....(370)

   a. Yes ***Go to Q3*** 1

   b. No 2

   Don=t know / Not Sure.....7

   Refused 9

2. What is the main reason you do not have a smoke detector installed in your home?..(371-372)

   a. Costs too much 01

   b. Don=t need one / It=s not important 02

   c. Never thought about it 03

   d. They go off when you take a shower or cook 04

   e. The landlord will not let you make changes to the apartment.....05

   f. I don=t know where to get/buy one 06

   g. I wouldn=t be able to install it.....07

   h. I have one but its not installed.....08

   i. other reason 09

   Don=t Know / not sure 77

   Refused 99

If Core Q55 not equal to one of 20 designated counties then *Go to Next Module*
If Core Q44 greater than 64 or Core Q48a equals 1 - 7 then *Go to Q8*
If Number of Adults equals 1 then *Go to Next Module*
Else *Go to Q6*

3. Is there a smoke detector on each habitable floor of your home?.....(373)

   a. Yes 1

   b. No 2

   Don=t know / Not Sure.....7

   Refused 9

4. When was the last time that you or someone else deliberately tested all of the smoke detectors in your home?(374)

   a. Within the past month (0 - 1 month ago).....1

   b. Within the past 6 months (1-6 months ago) 2

   c. Within the past year (7-12 months ago) 3

   d. More than a year ago 4

   e. Never.....5

   Don=t know / Not sure 7

   Refused. 9

5. When was the last time that you or someone else changed the battery in all of the smoke detectors in your home? .....(375)

   a. Within the past month (0 - 1 month ago).....1

   b. Within the past 6 months (1-6 months ago) 2

   c. Within the past year (7-12 months ago) 3

   d. More than a year ago 4

   e. Never.....5

   f. Never, detector hard wired.....6

   Don=t know / Not sure 7

   Refused 9

Go to Next Module

6. Is anyone living with you 65 yrs or older? .....(376)

   a. Yes ***Go to Q8*** 1

   b. No 2

   Don=t know / Not Sure.....7

   Refused 9

7. Do you or someone living in the household receive personal care services from the Arkansas Department of Health? .....(377)

   a. Yes 1

   b. No ***Go to Next Module***.....2

   Don=t know / Not sure ***Go to Next Module***.....7

   Refused ***Go to Next Module***.....9

8. Would you like for someone to come over and install a smoke detector in your home? (378)

   a. Yes ***Get Name, Address and Contact Information*** 1

   b. No 2

   Don=t know / Not Sure.....7

   Refused 9