Arizona

2009

Behavioral Risk Factor Surveillance System Questionnaire

October 2009
Modifications to BRFSS Questionnaire for Novel H1N1 Influenza Vaccination
2009 BRFSS Landline Telephone Questionnaire Only
Effective October 1, 2009

Behavioral Risk Factor Surveillance System 2009 Draft Questionnaire

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09/25/2009
Interviewer's Script

**Intro**
HELLO, I am calling for the Arizona Department of Health Services. My name is (name). We are gathering information about the health of Arizona residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number)?
If "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 in Arizona?
If "no,"
   Thank you very much, but we are only interviewing private residences in Arizona. STOP

Is this a cellular telephone?
Read only if necessary: “By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

1 No – Not a Cellular Telephone
2 Yes
   If “yes,“
   Thank you very much, but we are only interviewing land line telephones and private residences. STOP

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

__ Number of adults

If “1,”
Are you the adult?

If "yes,“
Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). Go to page 5.

If "no,“
Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with [fill in (him/her) from previous question]? Go to “correct respondent” on the next page.

How many of these adults are men?

__ Number of men

How many of these adults are women?

__ Number of women

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The person in your household that I need to speak with is ________________.

If "you," go to page 4
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To the correct respondent:

Hello, I am calling for the Arizona Department of Health Services. My name is (name). We are gathering information about the health of Arizona residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 1-877-364-0914. The survey will take approximately 20 minutes. This call may be monitored and recorded for quality assurance.

Section 1: Health Status

//Ask of all//

S1q1 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

//Ask of all//

S2q1 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

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//Ask of all//

S2q2  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?

<table>
<thead>
<tr>
<th></th>
<th>NUMBER OF DAYS</th>
<th>(If s2q1 and s2q2 = 88 (None), go to next section)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>8</td>
<td>NONE</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

//If s2q1 = 88 AND s2q2 = 88 go to next section; Else continue to s2q3//

s2q3  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?

<table>
<thead>
<tr>
<th></th>
<th>NUMBER OF DAYS</th>
<th>(78-79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>8</td>
<td>NONE</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

Section 3: Health Care Access

//Ask of all//

s3q1  Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

<table>
<thead>
<tr>
<th></th>
<th>(80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

//Ask of all//

s3q2  Do you have one person you think of as your personal doctor or health care provider?

IF “NO,” ASk: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

<table>
<thead>
<tr>
<th></th>
<th>(81)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES, ONLY ONE</td>
</tr>
<tr>
<td>2</td>
<td>MORE THAN ONE</td>
</tr>
<tr>
<td>3</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

//Ask of all//

s3q3  Was there a time in the past 12 months when you needed to see a doctor but could not

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because of cost?

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

//ask of all//

s3q4 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.

READ IF NECESSARY
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

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

Section 4: Sleep

//ask of all//

The next question is about getting enough rest or sleep.

s4q1 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

//ask of all//

s5q1 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

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Section 6: Diabetes

//ask of all//

s6q1 Have you ever been told by a doctor that you have diabetes?

IF “YES” AND RESPONDENT IS FEMALE, ASK: “Was this only when you were pregnant?”

[IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.]

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>YES, BUT FEMALE TOLD ONLY DURING PREGNANCY</td>
</tr>
<tr>
<td>3</td>
<td>NO</td>
</tr>
<tr>
<td>4</td>
<td>NO, PRE-DIABETES OR BORDERLINE DIABETES</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core s6q1 (Diabetes awareness question).

/if s6q1=1, go to next section/

//ask if s6q1=2,3,4,7,9//

Mod1_1. Have you had a test for high blood sugar or diabetes within the past three years?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

/CATI: If Core s6q1=4 (No, pre-diabetes or borderline diabetes), answer Mod1_2 “Yes” (code = 1).

Mod1_2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>YES, DURING PREGNANCY</td>
</tr>
<tr>
<td>3</td>
<td>NO</td>
</tr>
</tbody>
</table>

09/25/2009
Module 2: Diabetes

To be asked following Core s6q1 if response is “Yes” (code = 1)

//if s6q1 continue; if s6q1=2,3,4,7,9 go to next section/

//ask if s6q1=1//

Mod2_1.  How old were you when you were told you have diabetes?

_ _ CODE AGE IN YEARS  [97 = 97 AND OLDER]
9 8 DON'T KNOW / NOT SURE
9 9 REFUSED

//ask of all (if s6q1=1)//

Mod2_2.  Are you now taking insulin?

1 YES
2 NO
9 REFUSED

//ask of all//

Mod2_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

//ask of all//

Mod2_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

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<table>
<thead>
<tr>
<th>No.</th>
<th>Times per year</th>
<th>4</th>
<th>5 5 5</th>
<th>No feet</th>
<th>8 8 8</th>
<th>Never</th>
<th>7 7 7</th>
<th>Don't know / Not sure</th>
<th>9 9 9</th>
<th>Refused</th>
</tr>
</thead>
</table>

//ask of all//

**Mod2_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 [76 = 76 or more]

<table>
<thead>
<tr>
<th>No.</th>
<th>None</th>
<th>8 8</th>
<th>Don't know / Not sure</th>
<th>7 7</th>
<th>Refused</th>
</tr>
</thead>
</table>

//ask of all//

**Mod2_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 [76 = 76 or more]

<table>
<thead>
<tr>
<th>No.</th>
<th>None</th>
<th>8 8</th>
<th>Never heard of &quot;A one C&quot; test</th>
<th>7 7</th>
<th>Don't know / Not sure</th>
<th>9 9</th>
<th>Refused</th>
</tr>
</thead>
</table>

/CATI note: If Mod2_4 = 555 (No feet), go to Mod2_8.//

//ask if mod2_4=1xx,2xx,3xx,4xx,777,888,999//

**Mod2_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 [76 = 76 or more]

<table>
<thead>
<tr>
<th>No.</th>
<th>None</th>
<th>8 8</th>
<th>Don't know / Not sure</th>
<th>7 7</th>
<th>Refused</th>
</tr>
</thead>
</table>

//ask of all//

**Mod2_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:*

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the past month (anytime less than 1 month ago)</td>
</tr>
<tr>
<td>2</td>
<td>Within the past year (1 month but less than 12 months ago)</td>
</tr>
</tbody>
</table>
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//ask of all//

**Mod2_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  

//ask of all//

**Mod2_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: Hypertension Awareness

//ask of all//

**s7q1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?  

IF “YES” AND RESPONDENT IS FEMALE, ASK: “Was this only when you were pregnant?”  

1  YES  
2  (GO TO NEXT SECTION) YES, BUT FEMALE TOLD ONLY DURING PREGNANCY  
3  (GO TO NEXT SECTION) NO  
4  (GO TO NEXT SECTION) TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE  
7  (GO TO NEXT SECTION) DON’T KNOW / NOT SURE  
9  (GO TO NEXT SECTION) REFUSED  

//If s7q1=2,3,4,7,9 go to next section//

//ask if s7q1=1//  

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### Section 8: Cholesterol Awareness

#### s8q1

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

1. YES
2. (GO TO NEXT SECTION) NO
7. (GO TO NEXT SECTION) DON’T KNOW / NOT SURE
9. (GO TO NEXT SECTION) REFUSED

//ask of all//

//If s8q1=2,7,9 go to next section//

//ask if s8q1=1//

#### s8q2

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

Do not read:

7. DON’T KNOW / NOT SURE
9. REFUSED

//ask if s8q1=1//

#### s8q3

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
Section 9: Cardiovascular Disease Prevalence

//Read to all//
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.”

//ask of all//

s9q1 Ever told you had a heart attack, also called a myocardial infarction?

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

(93)

s9q2 Ever told you had angina or coronary heart disease?

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

(94)

s9q3 Ever told you had a stroke?

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

(95)

Section 10: Asthma

//ask of all//

s10q1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

1 Yes

(96)

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<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>(GO TO NEXT SECTION) No</td>
</tr>
<tr>
<td>7</td>
<td>(GO TO NEXT SECTION) Don't know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>(GO TO NEXT SECTION) Refused</td>
</tr>
</tbody>
</table>

/If s10q1=2,7,9 go to next section/

/Ask if s10q1=1/

s10q2  Do you still have asthma?

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

Section 11: Tobacco Use

/ask of all/

s11q1  Have you smoked at least 100 cigarettes in your entire life?

[NOTE: 5 PACKS = 100 CIGARETTES]

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>(Go to s11q5) NO</td>
</tr>
<tr>
<td>7</td>
<td>(Go to s11q5) DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>(Go to s11q5) REFUSED</td>
</tr>
</tbody>
</table>

/If s11q1=2,7,9 go to s11q5/

/Ask if s11q1=1/

s11q2  Do you now smoke cigarettes every day, some days, or not at all?

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EVERY DAY</td>
</tr>
<tr>
<td>2</td>
<td>SOME DAYS</td>
</tr>
<tr>
<td>3</td>
<td>(Go to s11q4) NOT AT ALL</td>
</tr>
<tr>
<td>7</td>
<td>(Go to s11q5) DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>(Go to s11q5) REFUSED</td>
</tr>
</tbody>
</table>

/If s11q2=3 go to s11q4; Else if s11q2=7,9 go to s11q5/

/ask if s11q2=1 or 2/

s11q3  During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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1 (GO TO S11Q5) YES
2 (GO TO S11Q5) NO
7 (GO TO S11Q5) DON'T KNOW / NOT SURE
9 (GO TO S11Q5) REFUSED

//ask if s11q2=3//

s11q4 How long has it been since you last smoked cigarettes regularly?

Read if necessary
01 Within the past month (less than 1 month ago)
02 Within the past 3 months (1 month but less than 3 months ago)
03 Within the past 6 months (3 months but less than 6 months ago)
04 Within the past year (6 months but less than 1 year ago)
05 Within the past 5 years (1 year but less than 5 years ago)
06 Within the past 10 years (5 years but less than 10 years ago)
07 10 years or more

Do not read
08 NEVER SMOKED REGULARLY
77 DON'T KNOW / NOT SURE
99 REFUSED

s11q5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

[NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are
placed under the lip against the gum.]

1 Every day
2 Some days
3 Not at all
7 DON'T KNOW / NOT SURE
9 REFUSED

Section 12: Demographics

//ask of all//

s12q1 What is your age?

__ CODE AGE IN YEARS
0 7 DON'T KNOW / NOT SURE
0 9 REFUSED

//ask of all//

s12q2 Are you Hispanic or Latino?

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//ask of all//

s12q3 Which one or more of the following would you say is your race? (107-112)

(Check all that apply) /MUL=6/

Please read:
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]______________

Do not read:
7 DON'T KNOW / NOT SURE
9 REFUSED

//If s12q3 = MUL response continue with s12q4; Else if one response to s12q3, go to s12q5.

s12q4 Which one of these groups would you say best represents your race? (113)

//List only responses given at s12q3//

Please read
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]______________

Do not read:
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask of all//

s12q5 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. (114)

Read if necessary
1 Yes, now on active duty
2 Yes, on active duty during the last 12 months, but not now

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3 Yes, on active duty in the past, but not during the last 12 months
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

//ask of all//

s12q6 Are you…?  

Please read:
1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
Or
6 A member of an unmarried couple

Do not read:
9 REFUSED

//ask of all//

s12q7 How many children less than 18 years of age live in your household?

_ _ CODE NUMBER OF CHILDREN
8 8 NONE
9 9 REFUSED

//ask of all//

s12q8 What is the highest grade or year of school you have 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)

Do not read:
9 REFUSED

//ask of all//

s12q9 Are you currently…?

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Please read:
1 Employed for wages
2 Self-employed
3 Out of work for more than 1 year
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired
Or
8 Unable to work

Do not read:
9 REFUSED

//ask of all//

s12q10 Is your annual household income from all sources—

IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE ’99’ (REFUSED)

Read only if necessary:

0 4 Less than $25,000 If “no,” ask 05; if “yes,” ask 03
($20,000 to less than $25,000)

0 3 Less than $20,000 If “no,” code 04; if “yes,” ask 02
($15,000 to less than $20,000)

0 2 Less than $15,000 If “no,” code 03; if “yes,” ask 01
($10,000 to less than $15,000)

0 1 Less than $10,000 If “no,” code 02

0 5 Less than $35,000 If “no,” ask 06
($25,000 to less than $35,000)

0 6 Less than $50,000 If “no,” ask 07
($35,000 to less than $50,000)

0 7 Less than $75,000 If “no,” code 08
($50,000 to less than $75,000)

0 8 $75,000 or more

Do not read:
7 7 Don’t know / Not sure
9 9 Refused

//ask of all//

pres12q11 About how much do you weigh without shoes?

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/Note: If respondent answers in metrics, put “9” in column 122./  
ROUND FRACTIONS UP  

S12q11  _  _  _  _  Weight  
(Pounds/Kilograms)  
7  7  7  7  DON’T KNOW / NOT SURE  
9  9  9  9  REFUSED

//ask of all//  

pres12q12  About how tall are you without shoes? (126-129)  
/Note: If respondent answers in metrics, put “9” in column 126./  
ROUND FRACTIONS DOWN  

S12q12_ _ / _ _  HEIGHT  
(FT/INCHES/METERS/CENTIMETERS)  
7 7/7 7  DON’T KNOW / NOT SURE  
9 9/9 9  REFUSED

//If s12q11 = 7777 or 9999 skip s12q13 and s12q14; else continue//  
s12q13  How much did you weigh a year ago?  
/CATI: If female respondent and age <46, add: If you were pregnant a year ago, how much did you weigh before your pregnancy?  

/Note: If respondent answers in metrics, put “9” in column 130./  
ROUND FRACTIONS UP  

Weight  
(pounds/kilograms)  
7 7 7 7  (Go to s12q15) Don’t know / Not sure  
9 9 9 9  (Go to s12q15) Refused

/CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14./  
//ask if s12q11 and s12q13 answers are NOT the same//  
s12q14  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

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//ask of all//

s12q15  What county do you live in?  
(135-137)

FIPS county code

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

County FIPS list
04001   Apache, AZ
04003   Cochise, AZ
04005   Coconino, AZ
04007   Gila, AZ
04009   Graham, AZ
04011   Greenlee, AZ
04012   La Paz, AZ
04013   Maricopa, AZ
04015   Mohave, AZ
04017   Navajo, AZ
04019   Pima, AZ
04021   Pinal, AZ
04023   Santa Cruz, AZ
04025   Yavapai, AZ
04027   Yuma, AZ

//ask of all//

s12q16  What is your ZIP Code where you live?  
(138-142)

ZIP Code

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

//ask of all//

s12q17  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.  
(143)

1  Yes
2  [Go to s12q19] No
7  [Go to s12q19] Don't know / Not sure
9  [Go to s12q19] Refused

//if s12q17=2,7,9 go to s12q19//

//ask if s12q17=1//

s12q18  How many of these telephone numbers are residential numbers?  
(144)

Residential telephone numbers [6 = 6 or more]
7  Don't know / Not sure

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9 Refused

//ask of all//

s12q19 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.

(145) 09/25/2009

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

[CELL PHONE QUESTIONS—to be inserted following Q12.19]

//ask of all//

s23q1. Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

1 [GO TO s23q3] YES
2 NO
7 DON’T KNOW
9 REFUSED

//ask if s23q1=2,7,9//

s23q2. Do you share a cell phone for personal use (at least one-third of the time) with other adults?

1) [Go TO s23q4] YES
2) [SKIP TO s12q20] NO
7) [SKIP TO s12q20] DON’T KNOW
9) [SKIP TO s12q20] REFUSED

//ask if s23q1=1//

s23q3. Do you usually share this cell phone (at least one-third of the time) with any other adults?

1 YES
2 NO
7 DON’T KNOW
9 REFUSED

//ask if s23q1=1 OR s23q2=1//

s23q4 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

_ _ _ % Record value between 0% and 100%,
777 Don’t Know
999 Refused

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//ask of all/

s12q20  INDICATE SEX OF RESPONDENT. Ask only if necessary.  
1  Male    [Go to next section]  
2  Female  [If respondent is 45 years old or older, go to next section]  

//ask if s12q20=2 AND s12q1>44//

s12q21  To your knowledge, are you now pregnant?  
1  Yes  
2  No  
7  Don’t know / Not sure  
9  Refused

Section 13: Caregiver Status

//ask of all/

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

s13q1  During the past month, did you provide any such care or assistance to a friend or family member?  
1  Yes  
2  No  
7  Don’t know / Not sure  
9  Refused

Section 14: Disability

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

//ask of all/

s14q1  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

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//ask of all//

s14q2  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?  (150)

[Include occasional use or use in certain circumstances.]

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

Section 15: Alcohol Consumption

//ask of all//

s15q1  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?  (151)

1  Yes
2  [Go to next section]  No
7  [Go to next section]  Don’t know / Not sure
9  [Go to next section]  Refused

/if s15q1=2,7,9 go to next section/

//ask if s15q1=1//

s15q2  During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?  (152-154)

1 _ _     Days per week
2 _ _     Days in past 30 days
8  8  8   No drinks in past 30 days  [Go to next section]
7  7  7 Don’t know / Not sure
9  9  9 Refused

/if s15q2=888 go to next section/

//ask if s15q2=1xx, 2xx, 777, 999//

s15q3  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?  (155-156)

Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

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//ask of all (who answered s15q3)\

s15q4  Considering all types of alcoholic beverages, how many times during the past 30 days did you have
X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?

\[(157-158)\]

//ask of all (who answered s15q3)\

s15q5  During the past 30 days, what is the largest number of drinks you had on any occasion?

\[(159-160)\]

Module 31: Novel H1N1 Adult Immunization – Added October 1st
//ask of all//

Mod31_1.  There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu.  I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination.  One is a shot in the arm and the other is a spray, mist or drop in the nose.
Since September, 2009, have you been vaccinated either way for the H1N1 flu?

1 Yes  
2 No [Go to Q16.1]  
7 Don’t Know / Not Sure [Go to Q16.1]  
9 Refused [Go to Q16.1]

//ask if mod31_1 = 1//
Mod31_2  During what month did you receive your H1N1 flu vaccine?

\[\text{Month [range = 1-12]}\]

77 Don’t Know / Not Sure  
99 Refused

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CATI note: [If Mod31_2_Month in (7, 8, 9, 10, 11, 12) then Mod31_2_Year=2009; else if M31.2_Month in (1, 2, 3, 4, 5, 6) then M31.2_Year=2010]

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

//ask if mod31_1 = 01/

Mod31_3 Was this a shot or was it a vaccine sprayed in the nose?

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don’t Know / Not Sure
9. Refused

Section 16: Immunization

//ask of all//

s16q1 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? (161)

1 Yes
2 [Go to s16q3] No
7 [Go to s16q3] Don’t know / Not sure
9 [Go to s16q3] Refused

//ask if s16q1=2,7,9 go to s16q3/

//ask if s16q1=1//

s16q2 During what month and year did you receive your most recent seasonal flu shot? (162-167)

1 / 1
7 7 / 7 7 7 7 Don’t know / Not sure
9 9 / 9 9 9 9 Refused

//ask of all//

09/25/2009
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

If s16q3=2,7,9 go to s16q5.

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

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

What do you think is the most effective ONE thing you can do to prevent getting sick from the flu?

Please read:
1 Avoiding touching your eyes, nose or mouth as much as possible during the flu season
2 Avoiding close contact with others who may have the flu
3 Getting the flu vaccination
4 Taking anti-viral medicine, like Tamiflu, on the first or second day that
PF2. What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick?

   Please read:
   1 Frequent hand washing
   2 Covering your mouth and nose when coughing or sneezing
   3 Staying home when you are sick with the flu
   4 Getting the flu vaccination
   OR
   5 Something else

   Do not read:
   7 DON’T KNOW / NOT SURE
   9 REFUSED

PF3. If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu?

   Interviewer Note: Please read both the subjective label and the percentage range.
   1 Very high (90-100%)
   2 High (70-89%)
   3 Average (50-69%)
   4 Low (20-49%)
   5 Very low (0-19%)

   Do not read:
   7 DON’T KNOW / NOT SURE
   9 REFUSED

PF4. If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you?

   Please read:
   1 Definitely get one
   2 Probably get one
   3 Probably not get one
   4 Definitely not get a pandemic flu vaccination

09/25/2009
PF5. If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you…

Please read:
1  Definitely go
2  Probably go
3  Probably not go
4  Definitely not go to a particular place to get vaccinated

Do not read:
7  DON'T KNOW / NOT SURE
9  REFUSED

PF6. Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know?

Please read:
0 1  How to prevent getting the flu
0 2  How to prevent spreading the flu
0 3  Symptoms of the flu
0 4  How to treat the flu
0 5  Cities where cases of the flu have been identified
0 6  Information about the flu vaccine
0 7  Something else

Do not read:
7 7  DON'T KNOW / NOT SURE
9 9  REFUSED

PF7. During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.

Do not read:
0 1  NEWSPAPERS
0 2  TELEVISION
0 3  RADIO
0 4  INTERNET WEBSITES
0 5  YOUR DOCTOR
0 6  THE CDC (CENTERS FOR DISEASE CONTROL AND PREVENTION)
0 7  STATE OR LOCAL PUBLIC HEALTH DEPARTMENTS
0 8  OTHER GOVERNMENT AGENCIES
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0 9 FAMILY OR FRIENDS
1 0 RELIGIOUS LEADERS
1 1 SOME OTHER SOURCE
7 7 DON’T KNOW / NOT SURE
9 9 REFUSED

//ask of all//

PF8. Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list?

Please read:
0 1 Consult a website
0 2 Avoid crowds and public events
0 3 Consult your doctor
0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
0 5 Reduce or avoid travel
0 6 Wash hands frequently
0 7 Wear a face mask
0 8 Keep household members at home while the outbreak lasts
0 9 Stock up on medicines and food to help with flu symptoms
1 0 Something else

INTERVIEWER SAY: I will repeat the question and answer choices to assist your recall.

Do not read:
7 7 DON’T KNOW / NOT SURE
9 9 REFUSED

//ask of all//

PF9. If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month?

1 Very likely
2 Somewhat likely
3 Somewhat unlikely
4 Very unlikely to stay at home for a month
7 DON’T KNOW / NOT SURE
9 REFUSED

//ask if s12q9=1, 2, 9

PF10. I’m going to read you a list of job types. Please tell me if you currently work in any of these fields.

(763)

a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
b. Public health, healthcare provider, home health, or in a nursing home.

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Section 17: Arthritis Burden

Next I will ask you about arthritis.

//ask of all//

s17q1 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?

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

1 YES
2 [GO TO NEXT SECTION] NO
7 [GO TO NEXT SECTION] DON’T KNOW / NOT SURE
9 [GO TO NEXT SECTION] REFUSED

//if s17q1=2,7,9 go to next section//

//ask if s17q1=1//

Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

s17q2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

1 YES
2 NO
7 DON’T KNOW / NOT SURE

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INTERVIEWER NOTE: THIS QUESTION SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

//ask of all (if s17q1=1)\

s17q3 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (178)

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

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

//ask of all (if s17q1=1)\

17.4 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (179)

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

Please read [1-3]:
1 A lot
2 A little
3 Not at all

Do not read:
7 DON’T KNOW / NOT SURE
9 REFUSED

//ask of all (if s17q1=1)\

s17q5 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be. (180-181)

Enter number [0-10]
7 Don’t know / Not sure
9 Refused
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.

//ask of all//

s18q1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (182-184)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask of all//

s18q2 Not counting juice, how often do you eat fruit? (185-187)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask of all//

s18q3 How often do you eat green salad? (188-190)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask of all//

s18q4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (191-193)

1 _ _ Per day
2 _ _ Per week
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3 _ _     Per month
4 _ _     Per year
5 5 5  Never
7 7 7  Don’t know / Not sure
9 9 9  Refused

//ask of all//

s18q5  How often do you eat carrots?  
(194-196)

1 _ _     Per day
2 _ _     Per week
3 _ _     Per month
4 _ _     Per year
5 5 5  Never
7 7 7  Don’t know / Not sure
9 9 9  Refused

//ask of all//

s18q6  Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(Example: A serving of vegetables at both lunch and dinner would be two servings.)  
(197-199)

1 _ _     Per day
2 _ _     Per week
3 _ _     Per month
4 _ _     Per year
5 5 5  Never
7 7 7  Don’t know / Not sure
9 9 9  Refused

Section 19: Physical Activity

/CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2./

//ask if s12q9=1 or 2//

S19q1  When you are at work, which of the following best describes what you do?  Would you say—  
(200)

IF Respondent HAS MULTIPLE JOBS, INCLUDE ALL JOBS.

Please read:
1  Mostly sitting or standing
2  Mostly walking
3  Mostly heavy labor or physically demanding work

Do not read:
7  DON’T KNOW / NOT SURE
9  REFUSED
//read to all//

Please read:

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.

//ask of all//

s19q2   Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or “self-employed”] 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  [GO TO s19q5]  NO
7  [GO TO s19q5]  DON’T KNOW / NOT SURE
9  [GO TO s19q5]  REFUSED

//if s19q2=2,7,9 go to s19q5//

//ask if s19q2=1//

s19q3   How many days per week do you do these moderate activities for at least 10 minutes at a time?

_  _ Days per week [RANGE 01-07]
8 8  [Go to s19q5]  Do not do any moderate physical activity for at least 10 minutes at a time?
7 7  [Go to s19q5]  Don’t know / Not sure
9 9  [Go to s19q5]  Refused

//if s19q3=88,77,99 go to s19q5//

//ask if s19q3=01-07//

s19q4   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
7 7 7  Don’t know / Not sure
9 9 9  Refused

//ask of all//

s19q5   Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] 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?

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/GO TO NEXT SECTION/ NO
[GO TO NEXT SECTION] DON'T KNOW / NOT SURE
[GO TO NEXT SECTION] REFUSED

/if s19q5=2,7,9 go to next section/

//ask if s19q5=1//

s19q6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

Days per week [RANGE 01-07]
8 8 [Go to next section] Do not do any vigorous physical activity for at least 10 minutes at a time
7 7 [Go to next section] Don’t know / Not sure
9 9 [Go to next section] Refused

/if s19q6=88,77,99 go to next section/

//ask if s19q6=01-07//

s19q7 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
7 7 7 Don’t know / Not sure
9 9 9 Refused

Section 20: HIV/AIDS

/CATI note: If respondent is 65 years old or older (s12q1>64) go to next section./

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.

//ask if s12q1<65//

s20q1 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.

YES
[GO TO S20Q5] NO
[GO TO S20Q5] DON’T KNOW / NOT SURE
[GO TO S20Q5] REFUSED

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//if s20q1=2,7,9 go to s20q5/

//ask if s20q1=1//

s20q2   Not including blood donations, in what month and year was your last HIV test?  
(214-219)

    NOTE: If response is before January 1985, code “Don’t know.”

    CATI INSTRUCTION: If the respondent remembers the year but cannot remember 
    the month, code the first two digits 77 and the last four digits for the year.

    _ _/ _ _ _ _  Code month and year

    7 7/ _ _ _ _  Don’t know / Not sure
    9 9/ _ _ _ _  Refused

//ask if s20q1=1//

s20q3   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?  
(220-221)

    01 Private doctor or HMO office
    02 Counseling and testing site
    03 Hospital
    04 Clinic
    05 Jail or prison (or other correctional facility)
    06 Drug treatment facility
    07 At home
    08 Somewhere else
    77 DON’T KNOW / NOT SURE
    99 REFUSED

//Ask s20q4 if s20q2 = within last 12 months. Otherwise, go to s20q5./

s20q4   Was it a rapid test where you could get your results within a couple of hours?  
(222)

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

//ask of all (if s12q1<65)//

s20q5   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.

09/25/2009
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 21: Emotional Support and Life Satisfaction

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

//ask of all//

s21q1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source.”

Please read:
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

Do not read:
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask of all//

s21q2 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

09/25/2009
Now I am going to ask you about cancer.

//ask of all//

s22q1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

1 Yes
2 [Go to next section (transition statement)] No
7 [Go to next section (transition statement)] Don’t know / Not sure
9 [Go to next section (transition statement)] Refused

//if s22q1=2,7,9, go to next section/

//ask if s22q1=1//

s22q2 How many different types of cancer have you had?

1 Only one
2 Two
3 Three or more
7 [Go to next section (transition statement)] Don’t know / Not sure
9 [Go to next section (transition statement)] Refused

//if s22q2=7 or 9 go to next section/

//ask if s22q2=1,2 or 3//

s22q3 At what age were you told that you had cancer?

/CATI note: If s22q2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”

_ _ Code age in years [97 = 97 and older]
9 8 Don’t know / Not sure
9 9 Refused

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.
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//ask of all (if s22q2=1,2,3)/

s22q4 What type of cancer was it?

CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

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) cancer
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

09/25/2009
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Section 24: H1N1 Adult

ADDED for SEPTEMBER 1 2009

//ask of all/

We would like to ask you some questions about recent respiratory illnesses.

S24q1. During the past month, were you ill with a fever? (918)
   1 = Yes
   2 = No – [Go to Q8]
   7 = Don’t know – [Go to Q8]
   9 = Refused – [Go to Q8]

//ask if s24q1=1/

S24q2. Did you also have a cough and/or sore throat? (919)
   1 = Yes
   2 = No – [Go to Q8]
   7 = Don’t know – [Go to Q8]
   9 = Refused – [Go to Q8]

//ask if s24q2=1/

S24q3. When did you first become ill with fever, cough or sore throat? [Interviewer: read off choices; choose the most specific] (920)
   1 = Within the past week [Interviewer, if asked: past 1-7 days]
   2 = 2 weeks ago [Interviewer, if asked: 8-14 days]
   3 = 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]
   7 = Don’t know
   9 = Refused

S24q3. When did you first become ill with fever, cough or sore throat? [Interviewer: read off choices; choose the most specific] (920)
   1 = Within the past 2 weeks [Interviewer, if asked: past 1-14 days]
   2 = 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]
   7 = Don’t know
   9 = Refused

//ask if s24q2=1/

S24q4. Did you visit a doctor, nurse, or other health professional for this illness? (921)
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1 = Yes
2 = No – [Go to Q8]
7 = Don’t know – [Go to Q8]
9 = Refused – [Go to Q8]

//ask if s24q4=1//
S24q5. What did the doctor, nurse, or other health professional tell you? Did they say…[Interviewer: read off choices] (922)
1 = You had regular influenza or the flu,
2 = You had swine flu, also known as H1N1 or novel H1N1
3 = You had some other illness, but not the flu – [Go to Q8]
7 = Don’t know/not sure
9 = Refused

//IF S24Q5=3 AND NUMADULT = 1 (1 adult in HH) AND S12Q7=88 (NO CHILDREN), GO TO NEXT SECTION://
//ask if s24q4=1//
//ask if s24q5=1,2,7,9//
S24q6. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say…[Interviewer: read off choices] (923)
1 = Yes, had flu test and it was positive
2 = No, had flu test but it was negative
3 = No, flu test was not done
7 = Don’t know
9 = Refused

//ask if s24q4=1//
//ask if s24q5=1,2,7,9//
S24q7. Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness? (924)
1 = Yes
2 = No
7 = Don’t know
9 = Refused

CATI Note: Apply prior to Q8; {[For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section]; (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10]}

//IF NUMADULT = 1 AND s12q7=88 AND (s24q1=2,7,9 OR s24q2=2,7,9) GO TO NEXT SECTION//
//IF NUMADULT = 1 AND s12q7=88 AND S24Q1=1 AND S24Q2=1 GO TO S24Q10//
//ask if (numadult=1 and s12q7 ≠ 88, 77, 99) //
S24q8. Did any other members of your household have a fever with cough or sore throat during the past month? (925)
1 = Yes
2 = No – [If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]
7 = Don’t know
9 = Refused

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//ask if s24q8=1,7,9//

S24q9. How many household members, [\textit{CATI note: Fill in “including you,” If Q1=1(Yes) and Q2=1 (Yes)}], were ill during the past month? (926-927)

\begin{table}[h]
\centering
\begin{tabular}{|c|c|}
\hline
\# persons (≥ 1) & [RANGE 1-77,88,99] \\
\hline
8 & None \\
7 & Don't know/Not Sure \\
9 & Refused \\
\hline
\end{tabular}
\end{table}

\texttt{s24q9A}
\texttt{ASK IF [s24q9#12-76]}

I am sorry, just to double check, you indicated there were \texttt{s24q9} household members' that were ill during the past month.

\texttt{IS THIS CORRECT?}

1 Yes
2 NO

\textit{CATI note: If (s24Q1 = 1(Yes) and s24Q2 = 1 (Yes)) or s24Q8 = 1 (Yes) continue to s24Q10; otherwise, skip to next section.}

S24q10. How many people in your household, including you, were hospitalized for flu during the past month? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.] (928-929)

\begin{table}[h]
\centering
\begin{tabular}{|c|c|}
\hline
\# persons & [RANGE 1-77,88,99] \\
\hline
8 & None \\
7 & Don't know/Not Sure \\
9 & Refused \\
\hline
\end{tabular}
\end{table}

\texttt{s24q10A}
\texttt{ASK IF s24q10 eq 12-76}

I am sorry, just to double check, you indicated there were \texttt{s24q10} household members' hospitalized during the past month.

\texttt{IS THIS CORRECT?}

1 Yes
2 NO

09/25/2009
Module 32: High Risk /Health Care Worker Added October 1st

The next few questions ask about health care work and chronic illness.

Mod32_1. Do you currently volunteer or work in a hospital, medical clinic, doctor’s office, dentist’s office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

**INTERVIEWER NOTE:** If necessary say: “This includes non-health care professionals, such as administrative staff, who work in a health-care facility.”

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

Mod32_2. Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

1  Yes
2  No
7  Don’t know / Not sure (Interviewer: Probe by repeating question)
9  Refused

Mod32_3. Has a doctor, nurse, or other health professional ever said that you have...

Read all items listed below before waiting for an answer:

[See Attached Health Problems List, if necessary]

Lung problems, other than asthma
Kidney problems
Anemia, including Sickle Cell
Or A weakened immune system caused by a chronic illness or by medication for a chronic illness?

List of Health Problems to Accompany Module 32, Question 3 // can these be entered as a special screen?//

[DONOT READ]

Lung Problems

Acute Respiratory Distress Syndrome (ARDS)
Bronchiectasis
Bronchopulmonary Dysplasia
Chronic Obstructive Pulmonary Disease (COPD)
Cystic Fibrosis
Emphysema
Lymphangioleiomyomatosis (LAM)
Pulmonary Arterial Hypertension
Sarcoidosis

Kidney Problems

Chronic Kidney Disease
Cystitis
Cystocele (Fallen Bladder)
Cysts
Ectopic Kidney
End-Stage Renal Disease (ESRD)
Glomerular Diseases
Interstitial Cystitis
Kidney Failure
Kidney Stones
Nephrotic Syndrome
Polycystic Kidney Disease
Pyelonephritis (Kidney Infection)
Renal Artery Stenosis
Renal Osteodystrophy
Renal Tubular Acidosis

Anemia

Anemia
Aplastic Anemia
Fanconi Anemia
Iron Deficiency Anemia
Pernicious Anemia
Sickle Cell Anemia
Thalassemia

Causes of Weak Immune System

Cancer
Chemotherapy
HIV/AIDS
Steroids
Transplant Medicines

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<td>2</td>
<td>No</td>
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<td>7</td>
<td>Don’t know / Not sure</td>
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<td>9</td>
<td>Refused</td>
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[Go to next module]
[Go to next module]

//ask if mod32_3=1//

Mod32_4. Do you still have (this/any of these) problem(s)?

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<th>Yes</th>
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09/25/2009
Transition to Modules and State-Added Questions

//read to all//

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

Module 7: Actions to Control High Blood Pressure

//CATI note: If Core s7q1 = 1 (Yes) continue. Otherwise, go to next module.//

Are you now doing any of the following to help lower or control your high blood pressure?

//ask if s7q1=1//

**Mod7_1.**  (Are you) changing your eating habits (to help lower or control your high blood pressure)?

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

//ask if s7q1=1//

**Mod7_2.**  (Are you) cutting down on salt (to help lower or control your high blood pressure)?

1. YES
2. NO
3. DO NOT USE SALT
7. DON’T KNOW / NOT SURE
9. REFUSED

//ask if s7q1=1//

**Mod7_3.**  (Are you) reducing alcohol use (to help lower or control your high blood pressure)?
1 YES
2 NO
3 DO NOT DRINK
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask if s7q1=1//

Mod7_4. (Are you) exercising (to help lower or control your high blood pressure)?

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

//ask if s7q1=1//

Mod7_5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

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

//ask if s7q1=1//

Mod7_6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

1 YES
2 NO
3 DO NOT USE SALT
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask if s7q1=1//

Mod7_7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

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

//ask if s7q1=1//

Mod7_8. (Ever advised you to) exercise (to help lower or control your high blood pressure)?

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

//ask if s7q1=1//

Mod7_9. (Ever advised you to) take medication (to help lower or control your high blood pressure)?

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

//ask if s7q1=1//

Mod7_10. Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure?

IF “YES” AND RESPONDENT IS FEMALE, ASK: “Was this only when you were pregnant?”

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

Module 8: Heart Attack and Stroke

//read to all//

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

09/25/2009
Which of the following do you think is a symptom of a heart attack? For each, tell me "yes," "no," or you’re "not sure."

//ask of all//

Mod8_1. Do you think pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)

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

//ask of all//

Mod8_2. Do you think feeling weak, lightheaded, or faint (are symptoms of a heart attack?)

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

//ask of all//

Mod8_3. Do you think chest pain or discomfort (are symptoms of a heart attack?)

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

//ask of all//

Mod8_4. Do you think sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

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

//ask of all//

Mod8_5. Do you think pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

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

09/25/2009
//ask of all//

**Mod8_6.**  Do you think shortness of breath (is a symptom of a heart attack?)

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Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

//ask of all//

**Mod8_7.**  Do you think sudden confusion or trouble speaking (are symptoms of a stroke?)

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//ask of all//

**Mod8_8.**  Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)

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//ask of all//

**Mod8_9.**  Do you think sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

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//ask of all//

**Mod8_10.**  Do you think sudden chest pain or discomfort (are symptoms of a stroke?)

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Do you think sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

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

Do you think severe headache with no known cause (is a symptom of a stroke?)

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

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

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

Do not read:
7 DON'T KNOW / NOT SURE
9 REFUSED

Module 17: Shingles

The next question is about the Shingles vaccine.
Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

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

State-Added 1: Cancer Survivorship

/CATI note: If Core Q22.1 = 1 (Yes), continue. Otherwise, go to next section./

Previously you said that you had been told by your doctor that you had cancer. The next question is about your experiences with cancer.

//ask of all//

AZ1_1. 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

State-Added 2: Food Assistance Program Participation

//ask of all//

AZ2_1. In the past 12 months, did you or anyone in your household get food stamps or a food stamp benefit card?

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

//ask of all//

AZ2_2. In the past 12 months, did any women or children in this household get food through the WIC program?

1 YES
2 NO
7 DON'T KNOW / NOT SURE
AZ2_3. In the past 12 months, did any children in your household between 5 and 18 years old receive free or reduced-cost lunches at school?

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

State-Added 3: Tobacco Items

3a.) Second-hand Smoke

AZ3_1. Which statement best describes the rules about smoking inside your home?

Please read

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

Do not read
7  DON'T KNOW/NOT SURE
9  REFUSED

AZ3_2. Do you allow smoking in your car or motor vehicle?

1  YES
2  NO
3  I DON'T HAVE A CAR OR MOTOR VEHICLE
7  DON'T KNOW/NOT SURE
9  REFUSED

AZ3_3. While working at your job, are you indoors most of the time? [AZ BRFS 2007]

1  YES
2  NO

09/25/2009
AZ3_4 Which of the following best describes your place of work’s official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

[INTERVIEWER NOTE: For workers who visit clients or work at home, “place of work” means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.]

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

Do not read
7. DON’T KNOW / NOT SURE
9. REFUSED

AZ3_5 Which of the following best describes your place of work’s official smoking policy for work areas?

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

Do not read
7. DON’T KNOW / NOT SURE
9. REFUSED

3b.) Amount of Smoking – Current Smokers Only

If s11q2=3,7,9 go to AZ3_11

AZ3_6 Now I’d like you to think about the past 30 days, that is since [CATI: DATE FILL]. On how many of the past 30 days did you smoke cigarettes?

ENTER Number of Days [RANGE=1-30]

88 [go to AZ3_8] None
77 Don’t know / Not sure
99 Refused
AZ3_6=88 go to AZ3_8

AZ3_6=1-30, 77, 99 go to AZ3_8

AZ3_7

On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

[Note to interviewer: 1 pack=20 cigarettes]

_Enter Number of cigarettes [RANGE 001-180]
[ Enter ‘180’ for 180 or more cigarettes per day]

666 Less than one cigarette a day
888 None
777 Don’t know/Not sure
999 Refused

3c.) Purchase Pattern – Current Smokers Only

AZ3_8

In the past 6 months, have you bought cigarettes...

AZ3_8a.) In Neighboring States

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

AZ3_8b.) On Indian Reservations

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

AZ3_8c.) In Mexico

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

09/25/2009
3d.) Tax Increase – Current Smokers Only

/\ asking if s11q2=3,7,9 go to AZ3_11/

/\ asking if s11q2=1 or 2/

//ask if s11q2=1 or 2//

AZ3_8d.) On a military base

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

//ask if s11q2=1 or 2//

AZ3_8e.) Over the Internet

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

In December 2006, cigarettes became more expensive in Arizona because of a tax increase. Keeping this in mind for the following questions, please tell me,

AZ3_9 Because of the tax increase in Dec. 2006, have you done any of the following:

/\ asking if s11q2=1 or 2/

//ask if s11q2=1 or 2//

AZ3_9a.) Bought a cheaper brand of cigarettes?

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

//ask if s11q2=1 or 2//

AZ3_9b.) Smoked roll-your-own cigarettes?

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

//ask if s11q2=1 or 2//

AZ3_9c.) Smoked less
1 YES
2 NO
7 DON’T KNOW / NOT SURE
9 REFUSED

3e.) Readiness to Quit – Current Smokers Only

//ask if s11q2=1 or 2//

AZ3_10 Are you seriously considering stopping smoking within the next six months?

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

3f.) Interaction with Health Care Providers

//ask of all//

AZ3_11 In the past 12 months, have you seen a doctor or other healthcare professional, including dentist and dental health professionals, to get health care for yourself?

1 YES
2 [GO TO pre-AZ3_14] NO
7 [GO TO pre-AZ3_14] DON’T KNOW / NOT SURE
9 [GO TO pre-AZ3_14] REFUSED

//if AZ3_11=2,7,9 go to next section//

//ask if AZ3_11=1//

AZ3_12 In the past 12 months, did any doctor, nurse or other healthcare professional ask you if you smoke?

1 YES
2 [GO TO pre-AZ3_14] NO
7 [GO TO pre-AZ3_14] DON’T KNOW / NOT SURE
9 [GO TO pre-AZ3_14] REFUSED

//if AZ3_12=2,7,9 go to pre-AZ3_14//

//ask if AZ3_12=1//

AZ3_13 In the past 12 months, did any doctor, nurse, or other healthcare professional advise you not to smoke?
3g.) Quit Assistance – Current/Former Smokers Only

/If s11q3=1 continue; if s11q3=2.7.9 go to pre-AZ3_15/

/ask if s11q3=1//

AZ3_14 Previously you said you have stopped smoking for one day or longer in the past 12 months. How long did you actually stay off cigarettes after your last quit attempt?

1 _ _ _ Days
2 _ _ _ Weeks
3 _ _ _ Months
7777 DON'T KNOW/NOT SURE
8888 I HAVE NOT TRIED
9999 REFUSED

//Ask AZ3_15 if s11q3=1 or s11q4=1-5// AZ3_17 & AZ3_18 of:

[CURRENT SMOKERS WHO MADE A QUIT ATTEMPT IN THE PAST YEAR (Q11.3 = 1 "YES")]
[FORMER SMOKERS WHO QUIT IN LAST 5 YEARS (Q11.4= 1 - 5)]

/IF s11q4=1-5 (former smokers):/ When you quit smoking for good…
/IF s11q3=1 (current smokers):/ The last time you tried to quit smoking…

AZ3_15. Did you use the nicotine patch, nicotine gum, or any other medication to help you quit?

1 [GO TO AZ3_16] YES
2 [GO TO PRE-AZ3_17] NO
7 [GO TO PRE-AZ3_17] DON'T KNOW/NOT SURE
9 [GO TO PRE-AZ3_17] REFUSED

//If AZ3_15=2,7,9 go to next question/

/ask if AZ3_15=1//

AZ3_16 Did you use…

/ask if AZ3_15=1//

AZ3_16a.) A nicotine gum?

1 YES

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AZ3_16b.) A patch?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

AZ3_16c.) A nasal spray?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

AZ3_16d.) An inhaler?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

AZ3_16e.) Zyban or Buproprion?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

AZ3_16f.) Wellbutrin?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

AZ3_16g.) Chantix?
1 YES
2 NO
7 DON'T KNOW / NOT SURE
//Ask AZ3_17 if s11q3=1 or s11q4=1-5//

AZ3_17

//if s11q3=1 (current smoker)// The last time you tried to quit smoking did you use any of these forms of assistance?

//if s11q4=1-5 (former smoker)// When you quit smoking for good did you use any of these forms of assistance? [FORMER SMOKERS]

//Ask AZ3_17 if s11q3=1 or s11q4=1-5//

AZ3_17 a) A stop smoking clinic or class

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

//Ask AZ3_17 if s11q3=1 or s11q4=1-5//

AZ3_17 b) A telephone helpline

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

//Ask AZ3_17 if s11q3=1 or s11q4=1-5//

AZ3_17 c) One-on-one counseling from a doctor, nurse, or other professional

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

//Ask AZ3_17 if s11q3=1 or s11q4=1-5//

AZ3_17 d) Self-help material, books, or videos

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

//Ask AZ3_17 if s11q3=1 or s11q4=1-5//

AZ3_17 e) Acupuncture

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

09/25/2009
//Ask AZ3_17 if s11q3=1 or s11q4=1-5//

AZ3_17f) Hypnosis

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

//Ask AZ3_17 if s11q3=1 or s11q4=1-5//

AZ3_17g) Internet counseling

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

3h.) Sexual Orientation

//ask of all/

AZ3_18 Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be:

[INTERVIEWER NOTE: IF NEEDED, READ: Remember, your answers are confidential.]

[INTERVIEWER NOTE, IF NEEDED, READ: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Arizona. You don't have to answer any question if you don't want.]

Please Read
1 Heterosexual, that is, straight;
2 Homosexual, that is gay or lesbian;
3 Bisexual, or
4 Other

Do not read
7 DON'T KNOW / NOT SURE
9 REFUSED

Module 25: Random Child Selection

CATI note: If Core s12q7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section.

If Core s12q7 = 1, Interviewer please read: “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.” [Go to Mod25_1]

If Core s12q7 is >1 and Core s12q7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] 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.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:
I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.”

/ask of all (who qualified for section)/
MOD25age
What is the age of the child?
[INTERVIEWER: ENTER “1” FOR 1 YEAR OF AGE OR YOUNGER]

___ ENTER AGE
99 Refused

Mod25_1. What is the birth month and year of the “Xth” child?

_/ _ __ ___ Code month and year
7 7 7 7 7 7 DON’T KNOW / NOT SURE
9 9 9 9 9 9 REFUSED

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is > 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

/ask of all/

Mod25_2. Is the child a boy or a girl?

1 BOY
2 GIRL
9 REFUSED

/ask of all/

Mod25_3. Is the child Hispanic or Latino?

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

09/25/2009
//ask of all//

Mod25_4. [MUL=6] Which one or more of the following would you say is the race of the child? (469-474)

[Check all that apply – up to 6]

Please read:
1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native
Or
6 Other [specify] ____________________

Do not read:
8 NO ADDITIONAL CHOICES
7 DON'T KNOW / NOT SURE [NOT MUL]
9 REFUSED [NOT MUL]

/CATI note: If more than one response to Mod25_4, continue. Otherwise, go to Mod25_6./

Mod25_5. Which one of these groups would you say best represents the child's race? (475)

/CATI: List only responses given as part of Mod25_5/

Please read
1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native
6 Other

Do not read
7 DON'T KNOW / NOT SURE
9 REFUSED

//ask of all//

Mod25_6. How are you related to the child? (476)

Please read:
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

Do not read:
7 DON'T KNOW / NOT SURE
Module 26: Childhood Asthma Prevalence

/CATI note: If response to Core s12q7 = 88 (None) or 99 (Refused), go to next module./

The next two questions are about the “Xth” [CATI: please fill in correct number] child.

//ask of all//

Mod26_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (477)

1 YES
2 [GO TO NEXT SECTION] NO
7 [GO TO NEXT SECTION] DON'T KNOW / NOT SURE
9 [GO TO NEXT SECTION] REFUSED

/cat: if mod26_1=2,7,9 go to next section/

//ask if mod26_1=1/

Mod26_2. Does the child still have asthma? (478)

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

MODULE 30 : H1N1 Child ***Added September 1st 2009***

/CATI note: If response to Core s12q7 = 88 (None) or 99 (Refused), go to next module./

The next two questions are about the “Xth” [CATI: please fill in correct number] child. .

Mod30_1. Has the child had a fever with cough and/or sore throat during the past month? (930)

1 = Yes
2 = No – [Go to next module]
7 = Don’t know – [Go to next module]
9 = Refused – [Go to next module]

//ask if mod30_1=1//

Mod30_2. Did the child visit a doctor, nurse, or other health professional for this illness? (931)

1 = Yes
2 = No – [Go to next module]
7 = Don’t know – [Go to next module]
Module 33: Novel H1N1 Childhood Immunization  Added October 1st

CATI note: If selected child’s age is ≥ 6 months, continue. Otherwise, go to next module.

//ask if childage ≥ 6 months//
The next questions are about this child’s immunizations.

Mod33_1. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot and the other is a spray, mist or drop in the nose. Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu?

1 Yes
2 No [Go to M27.1]
7 Don’t Know / Not Sure [Go to M27.1]
9 Refused [Go to M27.1]

CATI note: If Child age is 10 years or older, Go to M33.3.

//ask if mod33_1 = 1 and [10 years > childage ≥ 6 months]//
Mod33_2. Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received?

1 One vaccination or dose
2 Two or more vaccination doses
7 Don’t Know / Not Sure [Go to M27.1]
9 Refused [Go to M27.1]

//ask if mod33_1 =1 and[mod33_2 <> 7,9]
Mod33_3. During what month did [Fill: he/she] receive [Fill: his/her] (CATI note: if child age < 10, “first H1N1 flu vaccine?”; otherwise, “H1N1 flu vaccine?”)

Month
77 Don’t Know / Not Sure
99 Refused

CATI note: If M33.3_Month in (7, 8, 9, 10, 11, 12) then M33.3_Year=2009; else if M33.3_Month in (1, 2, 3, 4, 5, 6) then M33.3_Year=2010
**Interviewer verify response** - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

//ask if mod33_1 = 1//

**Mod33_4**  Was this a shot or was it a vaccine sprayed in the nose?

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don’t Know / Not Sure
9. Refused
CATI note: If Child age ≥ 10 Go to next module. If M33.2 = 2, THEN ASK M33.5, otherwise Go to next module.

//ask if mod33_2 = 2//

Mod33_5. During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine?

__________ Month
__________  77 Don’t Know / Not Sure
__________  99 Refused

CATI note: [If M33.5_Month in (7, 8, 9, 10, 11, 12) then M33.5_Year=2009; else if M33.5_Month in (1, 2, 3, 4, 5, 6) then M33.5_Year=2010]

__________ [If Date (M33.5_Month, M33.5_Year) < Date(M33.3_Month, M33.3_year), interviewer verify responses]

Interviewer verify response That was [FILL IN MONTH] of [FILL IN YEAR], correct?

//ask if mod33_2 = 2//

Mod33_6 Was this a shot or was it a vaccine sprayed in the nose?

__________ 1. Flu shot
__________ 2. Flu Nasal Spray (spray, mist or drop in the nose)
__________ 7. Don’t Know / Not Sure
__________ 9. Refused

Asthma Call-Back Permission Script

//ARIZONA// will participate in {Adult Asthma} in 2009

//If s10q1=1 continue. Else go to closing//

ast1. We would like to call to you again within the next 2 weeks to talk in more detail about {your/your child’s} experiences with asthma. The information will be used to help develop and improve the asthma programs in Connecticut.

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 phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future.

1 YES
2 [GO TO CLOSING] NO

IF ast1=1 and Mod25_6=1 or 3 qualify for the child asthma callback.

09/25/2009
Lang1 In what language was this interview completed?

1 English
2 Spanish

Closing statement

Please read:

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