



**2013**

**CT Behavioral Risk Factor Surveillance System  
Questionnaire**

**December 4, 2012**

**Behavioral Risk Factor Surveillance System  
2013 Questionnaire**

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## Landline Interviewer's Script

### Intro1

//ask of all Landline//

HELLO, I am calling for the **Connecticut Department of Public Health**. My name is       (name)      . We are gathering information about the health of Connecticut 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. This call may be monitored and recorded for quality control.

Is this       (phone number)       ?

01 Continue  
02 Terminate  
05 Selected on the line  
14 Continue in Spanish

//ask if Intro1=Continue, and Landline//

**HS1 Is this a private residence?**

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

1	Yes	[Go to state of residence]
2	No	[Go to college housing]
3	No, business phone only	

//if Business phone//

"Thank you very much but we are only interviewing persons on residential phones lines at this time."

//if No//

**COLLEGE Do you live in college housing?**

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

[Interviewer: if no, probe to find out if business or group home]

1	YES	[Go to HS2]
2	NO	Business
3	NO	Group home
7	DON'T KNOW / NOT SURE	
9	REFUSED	

//if No, Don't Know, Refused//

X2 Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

//ask of all Landline//

**State of Residence**

**STRES Do you reside in Connecticut?**

1	Yes	[Go to Cellular Phone]
2	No	
7	Don't Know	
9	Refused	

**//if stres = No, Don't Know or Refused//**

X3 Thank you very much, but we are only interviewing persons who live in the state of Connecticut at this time. STOP

**//ask if Private Residence or College //**

**HS2 Is this a cellular telephone?**

Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood." Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

- 1 No - Not a Cellular Telephone
- 2 Yes

**//if Yes//**

HS2X Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

**ADULT Are you 18 years of age or older?**

- 21 Yes and the respondent is Male
- 22 Yes and the respondent is Female
- 03 No

**//if NO//**

XX3 Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

**ADULTS 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 [RANGE 0-18]

**//if ADULTS = 0 //**

X3 I'm sorry we are only interviewing adult residents who are 18 years of age or older. Thank you." STOP

**//ask if ADULTS = 1//**

**ONEADULT** Are you the adult?

- 21 Yes and the respondent is Male
- 22 Yes and the respondent is Female
- 03 No

**If "yes,"**

**Then you are the person I need to speak with.**

**//if ONEADULT=03//**

**ASKGENDR** Is the adult a man or a woman?

- 21 Male
- 22 Female

**//if ONEADULT=03//**

**GETADULT** May I speak with **(him/her)**?

- 1 Yes, Adult coming to the phone. **[GO TO NEWADULT]**
- 2 No, not here [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]

**//ASK IF ADULTS>1//**

**MEN** How many of these adults are men  
 \_\_\_ Number of men [RANGE 0-18]

**//ASK IF ADULTS>1//**

**WOMEN** ... and how many are women?  
 \_\_\_ Number of women [RANGE 0-18]

**//if Landline//**

RANDOMLY SELECT ADULT

**//ASK IF ADULTS > 1//**

**ASKFOR** The person in your household that I need to speak with is the **[INSERT RANDOM ADULT SELECTED]**. Are you the person?

- 1 Yes
- 2 No

**//if ASKFOR = 2//**

**GETNEWAD** May I speak with him or her?

- 1 Yes, Adult coming to the phone.**[GO TO NEWADULT]**
- 2 No, not here (interview will terminate) [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]
- 3 Go back to ADULTS question.

**To the correct respondent:  
 NEWADULT**

HELLO, I am calling for the **Connecticut Department of Public Health**. My name is       (name)      . We are gathering information about the health of Connecticut 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. This call may be monitored and recorded for quality assurance purposes.

**//ask if Landline//**

**YOURTHE1**

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 **1-877-364-0913**. [SAY IF NEEDED: The interview takes on average 15-20 minutes depending on your answers.]

- 001 Person Interested, continue.
- 002 Go back to ADULTS question.

## Cell Phone Interviewer's Intro

### Answering Machine message text

"Hello, the Connecticut Department of Public Health and the Centers for Disease Control and Prevention are conducting a study about the health of Connecticut residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us, toll-free, at 1-877-364-0913. For most people, the study will be very brief and we would be glad to answer any questions you have. The toll free number again is 1-877-364-0913. Thank you.

### //ask if Cellphone//

**Intro1** HELLO, I am calling for the **Connecticut Department of Public Health**. My name is **(name)** \_\_\_\_\_. We are gathering information about the health of Connecticut 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. The interview may be monitored and recorded for quality control purposes. I have just a few questions to find out if you are eligible for the study.

### Is this a safe time to talk with you?

INTERVIEWER NOTE: If respondent reports that they do not live in the state mentioned, tell them that they may still be eligible to participate.

- 01 Yes - Continue
- 02 No - Not a safe time
- 03 Respondent Says – They Do Not Live in this State
- 04 Termination Screen
- 14 CONTINUE IN SPANISH

### //if says Does Not Live in CT//

**intro 2** You may still be eligible to participate.

- 01 Continue to next question
- 07 Termination screen
- 09 Not a safe time/driving

### //if Yes//

**PHONE** Is this (phone number) ?

- 1 YES [Go to CELLFON2]
- 2 NO
- 4 NOT A SAFE TIME/DRIVING [GO TO CB]
- 7 DON'T KNOW / NOT SURE [Go to CELLFON2]
- 9 REFUSED [Go to CELLFON2]

### If "no,"

XPHONE 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**

### //If PHONE= Yes, Don't Know Refused/

**CELLFON2** 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 YES [Go to CADULT]
- 2 NO

- 3 NOT A SAFE TIME/DRIVING
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**IF "No", //If CELLFON2=2//**

Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

**If "Don't Know", "Refused"**

Thank you for your time. **STOP**

**//If CELLFON2= YES//**

**CADULT Are you 18 years of age or older?**

- 1 YES, Male Respondent [Go to PVTRES2]
- 2 YES, Female Respondent [Go to PVTRES2]
- 3 NO [GO TO CADULT2]
- 4 NOT A SAFE TIME/DRIVING [Go to CB]
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**IF "Don't Know", "Refused"**

Thank you very much for your time. **STOP**

**IF "No"**

**CADULT2 Is there an adult that also uses this cell phone?**

- 1 YES [GO TO CADULT3]
- 2 NO

**IF CADULT2=No, (no adult uses cell phone)**

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

**//if CADULT2=YES//**

**CADULT3 May I speak with him or her?**

- 1 SWITCHING TO RESPONDENT
- 2 RESPONDENT NOT AVAILABLE/CALLBACK

**//IF CADULT=YES, ask //**

**PVTRES2 Do you live in a private residence?**

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

- 1 YES [Go to CSTATE]
- 2 NO
- 3 NOT A SAFE TIME/DRIVING
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//if NO//**

**COLLEGE Do you live in college housing?** ([Read only if necessary]: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.")

- 1 YES [Go to CSTATE]
- 2 NO – business
- 3 no – group home
- 4 NOT A SAFE TIME/DRIVING
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//if college = NO //**

“Thank you very much for your time, but we are only interviewing persons who live in a private residence or college housing at this time.” STOP

**IF “Don’t Know”, “Refused”**

Thank you very much for your time. STOP

**CSTATE Are you a resident of Connecticut?**

- 1 YES [Go to LANDLINE]
- 2 NO [Go to STATE]
- 3 NOT A SAFE TIME/DRIVING
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**IF “Don’t Know”, “Refused”**

Thank you very much for your time. STOP

**If NO**

**RSPSTATE In what state do you live?**

\_\_\_\_\_ ENTER STATE

**If Refused:**

I’m sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time. STOP

**//ask if Cellphone//**

**LANDLINE Do you also have a landline telephone in your home that is used to make and receive calls?**

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use.”

**NOTE:** Telephone service over the internet counts as landline service.

- 1 YES
- 2 NO //Go To SVINTRO
- 7 DON'T KNOW / NOT SURE //STOP
- 9 REFUSED //STOP

**IF “No”, GO TO SURVEY INTRO**

**IF “Don’t Know” or “Refused”, GO TO STOP**

**//if YES ask PCTCELL//**



**PCTCELL**

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

Enter Percent (1 to 100)
<u>8</u> <u>8</u> <u>8</u> Zero
7 7 7    Don't know/Not sure
9 9 9    Refused

**//if PCTCELL <90% STOP//**

Thank you very much. Those are all the questions that I have for you today.

**//ask if Cellphone//**

**Svintro** Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. 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, I will provide a telephone number for you to call to get more information.

Is this a safe time to talk with you now or are you driving?

INTERVIEWER NOTE: If respondent indicates it is not safe to talk now, ask "When is a better time to try to call back?" and schedule an appointment.

1	SAFE TIME/NOT DRIVING
2	DRIVING/NOT A SAFE TIME
9	REFUSED

**//if svintro=1 read: //**

**svintro2** I will not ask for your last name, address, or other personal information that can identify you. The call may be monitored or recorded for quality assurance purposes. If you have any questions about the survey, please call 1-877-364-0913 [INTERVIEWER: IF NEEDED: The interview takes on average 15-20 minutes depending on your answers.]

## Core Sections

### Section 1: Health Status

---

**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

---

**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 [RANGE = 1-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**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?

- — Number of days[RANGE = 1-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**//ask if at least 1 day//**

**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?

- — Number of days[RANGE = 1-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 3: Health Care Access

---

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

- 1 Yes *[If Prev & Public Health Fund (PPHF) state, go to Module 4, else continue]*
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Module 4: Health Care Access

(land and cell)

---

*//ask if s3q1= Yes//*

**Mod4\_1** Do you have Medicare?

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

**Mod4\_2** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (Select all that apply)

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [or substitute state program name]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

**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?"

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

**s3q3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

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

**Mod4\_3** Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

**Please read**

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

**Do not read:**

- 6 Other \_\_\_\_\_ specify
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

**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.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

**//ask if s3q1=Yes, insured//**

**Mod4\_4a** In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

- 1 Yes [Go to Mod4\_5]
- 2 No [Go to Mod4\_5]
- 7 Don't know/Not sure [Go to Mod4\_5]
- 9 Refused [Go to Mod4\_5]

**//ask if s3q1=No, Don't Know or //**

**Mod4\_4b** About how long has it been since you last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

**Mod4\_5** How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

- \_\_ Number of times [range 01-76]
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

**Mod4\_6** Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

- 1 Yes
- 2 No
- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

**Mod4\_7** In general, how satisfied are you with the health care you received? Would you say—

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied
- 8 Not applicable
- 7 Don't know/Not sure
- 9 Refused

**Mod4\_8** Do you currently have any medical bills that are being paid off over time?  
 INTERVIEWER NOTE: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

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

## Section 4: Inadequate Sleep

---

I would like to ask you about your sleep pattern.

**s4q1** On average, how many hours of sleep do you get in a 24-hour period?  
 INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 5: Hypertension Awareness

---

**s5q1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Skip to next section]**

- 3 No
- 4 Told borderline high or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

[Skip to next section]  
[Skip to next section]  
[Skip to next section]  
[Skip to next section]

**//ask of s5q1=YES//**

**s5q2** Are you currently taking medicine for your high blood pressure?

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

## Section 6: Cholesterol Awareness

---

**s6q1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

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

**//ask if YES//**

**s6q2** About how long has it been since you last had your blood cholesterol checked?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

**s6q3** 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

## State Added 3: Genomics

---

(land and cell)

**CT3\_1** Do you have a close male relative, such as your father, son, or brother, who had a heart attack before the age of 50?

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

**CT3\_2** Do you have a close female relative, such as your mother, daughter, or sister, who had a heart attack before the age of 60?

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

**CT3\_3** Has a doctor, nurse or other health professional ever discussed with you a type of high cholesterol that runs in families called familial hypercholesterolemia?

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

## Section 7: Chronic Health Conditions

---

**S7q1t** Now I would like to ask you some questions about general health conditions.

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."

**s7q1** (Ever told) you that you had a heart attack also called a myocardial infarction?

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

**s7q2** (Ever told) you had angina or coronary heart disease?

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

**s7q3** (Ever told) you had a stroke?

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

**s7q4** (Ever told) you had asthma?

- 1 Yes
- 2 No **[Go to Q7.6]**
- 7 Don't know / Not sure **[Go to Q7.6]**
- 9 Refused **[Go to Q7.6]**

**//ask if YES//**

**s7q5** Do you still have asthma?

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

- s7q6** (Ever told) you had skin cancer?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- s7q7** (Ever told) you had any other types of cancer?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- s7q8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- s7q9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- s7q10** (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- s7q11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- s7q12** (Ever told) you have diabetes?  
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 No, pre-diabetes or borderline diabetes  
7 Don't know / Not sure  
9 Refused



## Module 1: Pre-Diabetes

(land and cell)

---

**NOTE: Only asked of those not responding “Yes” to Core Q7.12 (Diabetes awareness question).**

Mod1\_1. Have you had a test for high blood sugar or diabetes within the past three years?

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

**If Core Q7.12 = pre-diabetes or borderline diabetes, or during pregnancy ask:**

**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?”

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

## Module 2: Diabetes

(land and cell)

//ask if s7q12 = Yes//

**Mod2\_1.** How old were you when you were told you have diabetes?

- \_\_ \_\_ Code age in years [range 01-97] [**97 = 97 and older**]
- 9 8 Don't know / Not sure
- 9 9 Refused

**Mod2\_2.** Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

**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 [range 101-199]
- 2 \_\_ \_\_ Times per week [range 201-299]
- 3 \_\_ \_\_ Times per month [range 301-399]
- 4 \_\_ \_\_ Times per year [range 401-499]
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**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 [range 101-199]
- 2 \_ \_ Times per week [range 201-299]
- 3 \_ \_ Times per month [range 301-399]
- 4 \_ \_ Times per year [range 401-499]
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**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 [range 01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**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 [range 01-76]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

**note: If Q4 = (No feet), skip to Q8.**

**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 [range 01-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**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:**

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

**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

**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 8: Demographics

---

**s8q1** What is your age?

- Code age in years [range 18-99]
- 0 7 Don't know / Not sure
- 0 9 Refused

**s8q2** Are you Hispanic, Latino/a, or Spanish origin?

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes
- 7 Don't Know
- 9 Refused

**//if Yes//**

**S8q2b** Are you...(READ LIST)

- 2 Mexican, Mexican American, Chicano/a
- 3 Puerto Rican
- 4 Cuban
- 5 Another Hispanic, Latino/a, or Spanish origin
- Do not read:**
- 7 Don't know / Not sure
- 9 Refused

**s8q3** Which one or more of the following would you say is your race?  
Note: Select all that apply.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
- 60 Other
- 77 Don't know / Not sure
- 99 Refused

**//ask if s8q3=ASIAN//**

**S8q3a** Is that...

- 41 Asian Indian
- 42 Chinese
- 43 Filipino

- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 77 Don't Know
- 99 Refused

**//ask if s8q3 = PACIFIC ISLANDER**  
**S8q3pi Is that...**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 77 Don't Know
- 99 Refused

**//ask if s8q3 = Multiple Race//**

**s8q4** Which one of these groups would you say best represents your race?

**s8q5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

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

**s8q6** Are you...?

- 1 Married
  - 2 Divorced
  - 3 Widowed
  - 4 Separated
  - 5 Never married
- Or**
- 6 A member of an unmarried couple
  - 9 Refused

**s8q7** How many children less than 18 years of age live in your household?

- — Number of children [range 1-15]
- 8 8 None
- 9 9 Refused

**s8q8** What is the highest grade or year of school you completed?

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)

- 6 College 4 years or more (College graduate)
- 9 Refused

**s8q9** Are you currently...?

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work
- 9 Refused

**s8q10** Is your annual household income from all sources—

- S8q10D [01]** Less than \$10,000
- S8q10C [02]** Less than \$15,000 (\$10,000 to less than \$15,000)
- S8q10B [03]** Less than \$20,000 (\$15,000 to less than \$20,000)
- S8q10A [04]** Less than \$25,000 (\$20,000 to less than \$25,000)
- S8q10E [05]** Less than \$35,000 (\$25,000 to less than \$35,000)
- S8q10F [06]** Less than \$50,000 (\$35,000 to less than \$50,000)
- S8q10G [07]** Less than \$75,000 (\$50,000 to less than \$75,000)

### State-Added 7: Income

(land and cell)

- CT7\_1** less than \$100,000
- CT7\_2** \$100,000 or more

**S8q10AA** Your Annual Household Income is [enter range from code in s8q10]

Is This Correct?

- 1 No, re-ask question [GO TO S8Q10A]
- 2 Yes, correct as is. [CONTINUE]

**S8q11** About how much do you weigh without shoes?

— — — — Weight

**S8q11\_A:** Just to double-check, you indicated \:s8q11: pounds/Kg as your weight.

IS THIS CORRECT?

- 1. Yes
- 2. No [go back to s8q11]

**S8q12** About how tall are you without shoes?

— — / — — Height  
 7 Don't Know  
 9 Refused

**S8q12a:** Just to double check, you indicated you are \_\_\_ feet \_\_\_ inches TALL.

IS THIS CORRECT?

- 1. Yes
- 2. No, go back to s8q12

## State-Added 8: Demographics – CT TOWN

(land and cell)

//ask of all Landline OR if (Cellphone and CT Resident)//

**CT\_town.** What town do you live in?

\_\_\_\_ Enter Town Code  
**townoth** INTERVIEWER: SPECIFY TOWN NAME

**s8q14ct** What is the ZIP Code where you live?

\_\_\_\_ ZIP Code [RANGE = 06000-06999; CELL Range = 00000-99999]  
 7 7 7 7 7 Don't know  
 9 9 9 9 9 Refused

//ask if Landline//

**s8q15** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1 Yes  
 2 No [Go to Q8.17]  
 7 Don't know / Not sure [Go to Q8.17]  
 9 Refused [Go to Q8.17]

//ask if YES//

**s8q16** How many of these telephone numbers are residential numbers?

\_\_\_\_ Residential telephone numbers [range 1-6]  
 7 Don't know / Not sure  
 9 Refused

**s8q17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

1 Yes  
 2 No [Go to Q8.19]  
 7 Don't know / Not sure [Go to Q8.19]  
 9 Refused [Go to Q8.19]

//ask if YES//

**s8q18** 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?

\_\_\_\_ Enter percent (1 to 100)  
 8 8 8 Zero  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**s8q19** Have you used the internet in the past 30 days?

1 Yes  
 2 No

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

**s8q20**

Do you own or rent your home?

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

**s8q21**

Indicate sex of respondent. **Ask only if necessary.**

- 1 Male **[Go to Q8.23]**
- 2 Female **[If respondent is 45 years old or older, go to Q8.23]**

**//ask if FEMALE AND AGE<45//**

**s8q22** To your knowledge, are you now pregnant?

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

**S8q23**

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

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

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

**s8q24**

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?

NOTE: Include occasional use or use in certain circumstances.

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

**s8q25**

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

**s8q26** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

**s8q27** Do you have serious difficulty walking or climbing stairs?

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

**s8q28** Do you have difficulty dressing or bathing?

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

**s8q29** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

## Section 9: Tobacco Use

---

**s9q1** Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Go to Q9.5]**
- 7 Don't know / Not sure **[Go to Q9.5]**
- 9 Refused **[Go to Q9.5]**

**//ask if YES//**

**s9q2** Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to Q9.4]**
- 7 Don't know / Not sure **[Go to Q9.5]**
- 9 Refused **[Go to Q9.5]**



**//ask if Every day or Some Days//**

**s9q3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- |   |                       |              |
|---|-----------------------|--------------|
| 1 | Yes                   | [Go to Q9.5] |
| 2 | No                    | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused               | [Go to Q9.5] |

**//ask if s9q2=Not at All//**

**s9q4** How long has it been since you last smoked a cigarette, even one or two puffs?

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

**s9q5**

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 10: Alcohol Consumption

---

**s10q1**

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- |       |                                      |                      |
|-------|--------------------------------------|----------------------|
| 1 _ _ | Days per week [range 101-107]        |                      |
| 2 _ _ | Days in past 30 days [range 201-230] |                      |
| 8 8 8 | No drinks in past 30 days            | [Go to next section] |
| 7 7 7 | Don't know / Not sure                | [Go to next section] |
| 9 9 9 | Refused                              | [Go to next section] |

**//ask if at least one day//**

**s10q2**

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

- |     |                                |
|-----|--------------------------------|
| _ _ | Number of drinks [range 01-76] |
| 7 7 | Don't know / Not sure          |
| 9 9 | Refused                        |

**s10q3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **[5 for men, 4 for women]** or more drinks on an occasion?

(198-199)

\_\_ \_\_ Number of times [range 01-76]  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused

**s10q4** During the past 30 days, what is the largest number of drinks you had on any occasion?

\_\_ \_\_ Number of drinks [range 01-76]  
 7 7 Don't know / Not sure  
 9 9 Refused

## Section 11: Fruits and Vegetables

---

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth. NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

**S11q1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

1 \_\_ \_\_ Per day [RANGE = 101-199]  
 2 \_\_ \_\_ Per week [RANGE = 201-299]  
 3 \_\_ \_\_ Per month [RANGE = 301-399]  
 5 5 5 Never  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**S11q2t** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

**S11q2**  
 1 \_\_ \_\_ Per day [RANGE = 101-199]  
 2 \_\_ \_\_ Per week [RANGE = 201-299]  
 3 \_\_ \_\_ Per month [RANGE = 301-399]  
 5 5 5 Never  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**S11q3t** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

**S11q3**

- 1 \_\_ Per day [RANGE = 101-199]
- 2 \_\_ Per week [RANGE = 201-299]
- 3 \_\_ Per month [RANGE = 301-399]
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**S11q4t**

During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

**S11q4**

- 1 \_\_ Per day [RANGE = 101-199]
- 2 \_\_ Per week [RANGE = 201-299]
- 3 \_\_ Per month [RANGE = 301-399]
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**S11q5t**

During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

**S11q5**

- 1 \_\_ Per day [RANGE = 101-199]
- 2 \_\_ Per week [RANGE = 201-299]
- 3 \_\_ Per month [RANGE = 301-399]
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**S11q6t**

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

**S11q6**

- 1 \_\_ Per day [RANGE = 101-199]
- 2 \_\_ Per week [RANGE = 201-299]
- 3 \_\_ Per month [RANGE = 301-399]
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

## Section 12: Exercise (Physical Activity)

---

**S12q1t**

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

**s12q1**

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 **[Go to Q12.8]**
- 7 Don't know / Not sure **[Go to Q12.8]**
- 9 Refused **[Go to Q12.8]**

**//ask if YES//**

**s12q2.** What type of physical activity or exercise did you spend the most time doing during the past month?

	(Specify)	<b>[See Physical Activity Coding List]</b>
<u>  </u> <u>  </u>	Don't know / Not Sure	<b>[Go to Q12.8]</b>
9 9	Refused	<b>[Go to Q12.8]</b>

**//ask if indicated a physical activity//**

**s12q3** How many times per week or per month did you take part in this activity during the past month?

1__	Times per week [range 101-150]
2__	Times per month [range 201-250]
7 7 7	Don't know / Not sure
9 9 9	Refused

**s12q4** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

<u>  </u> : <u>  </u> <u>  </u>	Hours and minutes
7 7 7	Don't know / Not sure
9 9 9	Refused

**s12q5** What other type of physical activity gave you the next most exercise during the past month?

	(Specify)	<b>[See Physical Activity Coding List]</b>
8 8	No other activity	<b>[Go to Q12.8]</b>
7 7	Don't know / Not Sure	<b>[Go to Q12.8]</b>
9 9	Refused	<b>[Go to Q12.8]</b>

**//ask if indicated another physical activity //**

**s12q6** How many times per week or per month did you take part in this activity during the past month?

1__	Times per week [range 101-150]
2__	Times per month [range 201-250]
7 7 7	Don't know / Not sure
9 9 9	Refused

**s12q7** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

<u>  </u> : <u>  </u> <u>  </u>	Hours and minutes
7 7 7	Don't know / Not sure
9 9 9	Refused

**s12q8**

During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1__	Times per week [range 101-150]
2__	Times per month [range 201-250]
8 8 8	Never
7 7 7	Don't know / Not sure
9 9 9	Refused

## Section 13: Arthritis Burden

---

If s7q9 (Been told by health professional has arthritis = yes, then continue, else go to next section.

**S13q1t** Next, I will ask you about your arthritis. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

**s13q1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

**s13q2** 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?

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

**s13q3** 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?

- 1 A lot
- 2 A little
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

**s13q4** 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.

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 14: Seatbelt Use

---

**s14q1** How often do you use seat belts when you drive or ride in a car? Would you say—

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

## Section 15: Immunization

---

**S15q1t** Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

**s15q1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? **READ IF NECESSARY:** A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No **[Go to Q15.3]**
- 7 Don't know / Not sure **[Go to Q15.3]**
- 9 Refused **[Go to Q15.3]**

**//ask if YES//**

**s15q2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

**s15q2m** -- Month [RANGE 01-12]

**s15q2y** -- -- -- Year [RANGE 2012-2013]  
 7 7 7 7 Don't know / Not sure  
 9 9 9 9 Refused

**s15q3** Since 2005, have you had a tetanus shot?  
 If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

**s15q4** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

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

## Section 16: HIV/AIDS

---

**S16q1t** 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.

**s16q1**

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

- 1 Yes
- 2 No [Go to optional module transition]
- 7 Don't know / Not sure [Go to optional module transition]
- 9 Refused [Go to optional module transition]

//ask if YES//

**s16q2** Not including blood donations, in what month and year was your last HIV test?

- s16q2m** -- Code month [RANGE 01-12]
- s16q2y** -- -- Code year [RANGE 1985-2013]
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused / Not sure

**If test within last 12 months continue, else go to next module.**

**s16q3**

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

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

## Optional Modules

### State Added 2: Hepatitis

(land and cell)

**CT2\_1** Have you ever been tested for hepatitis C? Do not count tests you may have had as part of a blood donation.

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

//ask if YES//

**CT2\_2** Where did you have your last hepatitis C — at a private doctor or HMO office, at a counseling and testing site, emergency room, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

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

**CT2\_3** Was it a rapid test where you could get your results within a couple of hours?

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

### Module 5: Sugar Drinks

(land and cell)

**Mod5t** Now I would like to ask you some questions about sugary beverages.

**Mod5\_1.** During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- 1 \_\_ Times per day [range 101-199]
- 2 \_\_ Times per week [range 201-299]
- 3 \_\_ Times per month [range 301-399]
- 8 8 8 None
- 7 7 7 Don't know / Not sure



- 9 9 9 Refused
- Mod5\_2.** During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks. **Please read:** You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.
- 1 \_\_ Times per day [range 101-199]
  - 2 \_\_ Times per week [range 201-299]
  - 3 \_\_ Times per month [range 301-399]
  - 8 8 8 None
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

## Module 6: Sodium or Salt-Related Behavior

(land and cell)

**Mod6t** Now I would like to ask you some questions about sodium or salt intake. Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

**Mod6\_1.** Are you currently watching or reducing your sodium or salt intake?

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't know/not sure [Go to Q3]
- 9 Refused [Go to Q3]

//ask if YES//

**Mod6\_2.** How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?"

- 1 \_\_ Day(s) [range 101-199]
- 2 \_\_ Week(s) [range 201-299]
- 3 \_\_ Month(s) [range 301-399]
- 4 \_\_ Year(s) [range 401-499]
- 5 5 5 All my life
- 7 7 7 Don't know/not sure
- 9 9 9 Refused

**Mod6\_3.** Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

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

## Module 10: Influenza (land and cell)

**Note: If s15q1= Yes, received influenza vaccination then continue, else go to next section.**

**Mod10t** Earlier, you told me you had received an influenza vaccination in the past 12 months.

**Mod10\_1** At what kind of place did you get your last flu shot/vaccine?  
Please read only if necessary:

0 1	A doctor's office or health maintenance organization (HMO)
0 2	A health department
0 3	Another type of clinic or health center (Example: a community health center)
0 4	A senior, recreation, or community center
0 5	A store (Examples: supermarket, drug store)
0 6	A hospital (Example: inpatient)
0 7	An emergency room
0 8	Workplace
0 9	Some other kind of place
1 0	Received vaccination in Canada/Mexico (Volunteered – <b>Do not read</b> )
1 1	A school
7 7	Don't know / Not sure
9 9	Refused

## Module 11: Adult Human Papilloma Virus (HPV)

(land and cell)

**Note: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.**

**Mod11\_1.** A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]. Have you EVER had an HPV vaccination?

1	Yes	
2	No	<b>[Go to next module]</b>
3	Doctor refused when asked	<b>[Go to next module]</b>
7	Don't know / Not sure	<b>[Go to next module]</b>
9	Refused	<b>[Go to next module]</b>

**//ask if YES//**

**Mod11\_2.** How many HPV shots did you receive?

–	–	Number of shots
0	3	All shots
7	7	Don't know / Not sure
9	9	Refused

## Module 19: Social Context

(land and cell)

**Mod19t** Now, I am going to ask you about several factors that can affect a person's health.

**If s8q20 = (own or rent) continue, else go to Q2.**

**Mod19\_1.** How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 8 Not applicable
- 7 Don't know / Not sure
- 9 Refused

**Mod19\_2.** How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 8 Not applicable
- 7 Don't know / Not sure
- 9 Refused

**If Core Q8.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.**

**//ask if s8q9= Employed for wages or Self-employed//**

**Mod19\_3.** At your main job or business, how are you generally paid for the work you do. Are you:  
NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

**Mod19\_4.** About how many hours do you work per week at all of your jobs and businesses combined?

- — Hours [range 01-96] **[Go to Q7]**
- 9 7 Don't know / Not sure **[Go to Q7]**
- 9 8 Does not work **[Go to Q7]**
- 9 9 Refused **[Go to Q7]**

//ask if s8q9 = Out of Work or Retired//

**Mod19\_5.** Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

**Mod19\_6.** Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

- \_\_ \_ Hours [range 01-96]
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

**Mod19\_7.** Did you vote in the last presidential election? The November 2012 election between Barack Obama and Mitt Romney.

- 1 Yes
- 2 No
- 8 Not applicable (I did not register/I am not a U.S. citizen/ I am not eligible to vote)
- 7 Don't know / Not sure
- 9 Refused

## Module 20: Random Child Selection

(land and cell)

**Mod20t1**

//if s8q7 = at least one child under age 18 in household// :

"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."

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

**Mod20\_1m.** What is the birth month and year of the "Xth" child?

- \_\_ \_ / \_\_ \_ \_ \_ Code 2-Digit month [Range 01-12]
- Mod20\_1y.** What is the birth month and year of the "Xth" child?
- \_\_ \_ / \_\_ \_ \_ \_ Code 4-Digit year [Range 1995-2013]
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

//ask if child age < 18

**Mod20\_2.** Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

**Mod20\_3.** Is the child Hispanic, Latino/a, or Spanish origin?

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes
- 7 Don't Know
- 9 Refused

**Mod20\_3b** **Are they...**

- 2 Mexican, Mexican American, Chicano/a
- 3 Puerto Rican
- 4 Cuban
- 5 Another Hispanic, Latino/a, or Spanish origin
- 7 Don't know / Not sure
- 9 Refused

**Mod20\_4.** Which one or more of the following would you say is the race of the child?

Interviewer Note: Select all that apply.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
- 60 Other
- 77 Don't know / Not sure
- 99 Refused

//ask if ASIAN//

**Mod20\_4a** **Is that...**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 60 Other
- 77 Don't know / Not sure
- 99 Refused

//if Mod20\_4 = PACIFIC ISLANDER

**Mod20\_4p** **Is that...**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other
- 77 Don't know / Not sure
- 99 Refused

**Mod20\_5.** Which one of these groups would you say best represents the child's race?

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
- 60 Other
- 77 Don't know / Not sure
- 99 Refused

**Mod20\_6.** How are you related to the child?

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way
- 7 Don't know / Not sure
- 9 Refused

## Module 21: Childhood Asthma Prevalence

---

(land and cell)

**Mod21t** The next two questions are about the "Xth" **[fill in correct #]** child.

**Mod21\_1.** Has a doctor, nurse or other health professional EVER said that the child has asthma?

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

**Mod21\_2.** Does the child still have asthma?

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

## State Added 1: Child Questions

---

(land and cell) (same as 2012 plus one q)

**Xth=selected child from Mod20 selection**

**CT1\_1 (CHILD5)** Was this child breastfed?

- 1 Yes
- 2 No **{Go to CT1\_3}**
- 7 Don't know / Not sure **{Go to CT1\_3}**
- 9 Refused **{Go to CT1\_3}**

**CT1\_2 (CHILD6)** For about how many months was this child breastfed?

- \_\_ Number of Months **[RANGE 01-60]**
- 77 Don't know / Not sure
- 99 Refused

**CT1\_3 (CHILD7)** About how much does this child weigh without shoes?

- \_\_\_ P Pounds
- \_\_\_ K Kilograms

**CT1\_4 (CHILD8)** About how tall is this child without shoes?

- \_\_ / \_\_ Height
- (f t / inches/)

**CT1\_5 (CHILD9)** On an average day, not including time on the computer, about how many hours did this child watch television, videos or DVDs?

- \_\_ Enter number of hours **[1-24]**
- 33 Less than one, but more than none
- 88 None
- 77 Don't know
- 99 Refused

**CT1\_6 (CHILD10)** On an average day, about how many hours did this child spend playing video games or on the computer? Please include time spent on the Internet or playing computer games, but not doing schoolwork on the computer.

- \_\_ Enter number of hours **[01-24]**
- 33 Less than one, but more than none
- 88 None
- 77 Don't know
- 99 Refused

**CT1\_7 (CHILD11)** On an average day, how many glasses, bottles or cans of soda, such as Coke or Sprite, or other sweetened drinks, such as fruit punch or Sunny Delight, did this child drink. Do not include diet or sugar free drinks.

[NOTE: That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or 1/2 a can. DO NOT READ. This also includes drinks such as, hawaiian punch, hi-c, snapple, gatorade, other sports drinks with added sugar, and sugar sweetened milk – e.g. coffee milk, chocolate milk]

- \_\_ [range 1-15] glasses, cans or bottles
- 88 None
- 77 Don't know
- 99 Refused

**CT1\_8 (CHILD12)** In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru. [Read if Necessary: Such as food you get at McDonald's, Burger King, Taco Bell, KFC, or Pizza Hut.]

- 1\_\_ PER DAY [101-115]
- 2\_\_ PER WEEK [201-284]

- 888 None
- 777 Don't know
- 999 Refused

**CT1\_9 (CHILD13)** In the past 12 months has that child seen a dental provider?

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

**//ask if yes//**

**CT1\_10** Has your child ever receive dental SEALANT on their permanent teeth by a dentist or dental Hygienist?

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

## State Added 4: Moisture and Mold

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(land and cell)

**CT4\_1** Have you ever had the air in your home tested for mold?

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

## State Added 5: Tobacco

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(land and cell)

**CT5\_1** The next few questions are on use of tobacco related products. Have you ever tried electronic cigarettes or E-cigarettes, such as Ruyan or NJOY, even just one time in your entire life?

- 1. YES
- 2. NO – GO TO Q5.3
- 7. DON'T KNOW/NOT SURE – GO TO Q5.3
- 9. REFUSED – GO TO Q5.3

**//ask if yes//**

**CT5\_2** During the past 30 days, on how many days did you use electronic cigarettes or E-cigarettes?

- \_\_ NUMBER OF DAYS [RANGE 1-30]
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED



**CT5\_3.** The next question asks you about smoking tobacco in a water pipe. A water pipe is also called a hookah. Have you ever tried smoking tobacco in a water pipe in your entire life, even one or two puffs?

1. YES
2. NO – GO TO Q5
7. DON'T KNOW/NOT SURE – GO TO Q5
9. REFUSED – GO TO Q5

**//ask if yes/**

**CT5\_4** During the past 30 days, on how many days did you smoke tobacco in a water pipe?

- \_\_ NUMBER OF DAYS [RANGE 1-30]  
88. NONE  
77. DON'T KNOW/NOT SURE  
99. REFUSED

**CT5\_5** “Snus” is moist, smokeless tobacco, usually sold in individual or pre-packaged small pouches that are placed under the lip against the gum. Have you ever tried snus, even just one time in your entire life?

1. YES
2. NO – GO TO Q7
7. DON'T KNOW/NOT SURE – GO TO Q7
9. REFUSED – GO TO Q7

**//ask if Yes//**

**CT5\_6** During the past 30 days, on how many days did you use snus?

- \_\_ NUMBER OF DAYS [RANGE=1-30]  
88. NONE  
77. DON'T KNOW/NOT SURE  
99. REFUSED

## State Added 6: Asthma Call-Back Permission Script

(landline only)

**//ask if adult asthma=Yes OR if child asthma Yes, and Landline//**

**Ast1.** We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in 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 first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

**//ask if YES//**

**AST2a** Can I please have either your first name or initials, so we will know who to ask for when we call back?

**AST2p** \_\_\_\_\_  
7 Don't Know  
9 Refused

Enter first name or initials

**AST2b** Can I please have either your child's first name or initials, so we will know who to ask about when we call back?

\_\_\_\_\_  
7 Don't Know  
9 Refused

Enter first name or initials

## State Added 9: Reproductive Health Call-Back Permission Script (land and cell)

**//ask if age ≤ 50 and Female //**

**RH1**

"We would like to call to you again within the next 2 weeks to talk in more detail about (your/your spouse's) maternal and reproductive health experiences. The information will be used to help develop and improve the maternal and reproductive health 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 first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional maternal and reproductive health-related questions at a later time?"

1 Yes  
2 No

**//ask if YES//**

**RH2a** Can I please have either your first name or initials, so we will know who to ask for when we call back?

**RH2b** \_\_\_\_\_  
7 Don't Know  
9 Refused

Enter first name or initials

## Closing statement

CLOSING

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

## Activity List for Common Leisure Activities

(To be used for Section 12: Physical Activity)

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### Code Description (Physical Activity, Questions 12.2 and 12.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	97 Don't know
3 6 Raking lawn	9 8 Other_____
3 7 Running	9 9 Refused
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	