

Texas Behavioral Risk Factor Surveillance System Questionnaire

2018

Last Updated: December 4, 2017



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Contents

Section 1: Health Status	5
Section 2: Healthy Days - Health-Related Quality of Life	5
Section 3: Health Care Access	6
Section 4: Exercise	7
Section 5: Inadequate Sleep	7
Section 6: Chronic Health Conditions	7
Module 1: Pre-Diabetes	10
Module 2: Diabetes	11
Section 7: Oral Health	13
Section 8: Demographics	13
Module 20: Industry and Occupation	18
Section 9: Tobacco Use	21
Module 6: E-Cigarettes	22
Section 10: Alcohol Consumption	23
Section 11: Immunization	24
Module 17: Adult Human Papillomavirus (HPV) Vaccination	25
Module 18: Tetanus Diphtheria (Tdap - Adults)	25
Module 19: Shingles (Zostavax or ZOS)	26
State-Added Section 1: Adult Hepatitis B Vaccination	26
State-Added Section 2: Adult Meningococcal Vaccination	27
Section 12: Falls	27
Section 13: Seat Belt Use and Drinking and Driving	28
Section 14: Breast and Cervical Cancer Screening	28
Section 15: Prostate Cancer Screening	30
Section 16: Colorectal Cancer Screening	32
Section 17: HIV/AIDS	33

Module 13: Lung Cancer Screening	34
Module 21: Sexual Orientation and Gender Identity	35
State-Added Section 3: Diabetes Family History	36
State-Added Section 4: Hypertension Awareness	37
State-Added Section 5: Cholesterol Awareness	37
State-Added Section 6: Advance Care Planning	38
State-Added Section 7: Emergency Preparedness	39
State-Added Section 8: Suicide Attempts	42

Introduction

Hello, I am calling for the Texas Department of State Health Services. My name is _____.

We are gathering information about the health of Texas 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.

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 that 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 **(512) 776-6579**.

Core Sections

Section 1: Health Status

C01Q01

Would you say that in general your health is -

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know/Not sure
- 9 Refused

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

C02Q01

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

- Number of days (1-30)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

C02Q02

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

- Number of days (1-30)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

C02Q03

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

- Number of days (1-30)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 3: Health Care Access

C03Q01

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

C03Q02

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

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

C03Q03

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

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

C03Q04

About how long has it been since you last visited a doctor for a routine checkup?

Interviewer Note: 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/Refused
- 8 Never
- 9 Refused

Section 4: Exercise

C04Q01

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

Interview Note: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

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

Section 5: Inadequate Sleep

C05Q01

On average, how many hours of sleep do you get in a 24-hour period?

- Number of hours (1-24)
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 6: Chronic Health Conditions

C06Q01

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

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

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

C06Q02

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

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

C06Q03

(Ever told) you had a stroke?

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

C06Q04

(Ever told) you had asthma?

- 1 Yes
- 2 No [GO TO C06Q06]
- 7 Don't know/Not sure [GO TO C06Q06]
- 9 Refused [GO TO C06Q06]

C06Q05

Do you still have asthma?

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

C06Q06

(Ever told) you had skin cancer?

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

C06Q07

(Ever told) you had any other types of cancer?

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

C06Q08

(Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis?

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

C06Q09

(Ever told) you some form or arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Interviewer Note: Arthritis diagnoses include: rheumatism, polymyalgia rheumatica, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal/tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis, spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis

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

C06Q10

(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

C06Q11

Not including kidney stones, bladder infection, or incontinence, were you ever told you have kidney disease?

Interview Note: Incontinence is not being able to control urine flow.

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

C06Q12

(Ever told) you have diabetes?

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

- 1 Yes [GO TO C06Q13]
- 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

M01Q01

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

M01Q02

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 [GO TO C07Q01]
- 2 Yes, during pregnancy [GO TO C07Q01]
- 3 No [GO TO C07Q01]
- 7 Don't know/Not sure [GO TO C07Q01]
- 9 Refused [GO TO C07Q01]

C06Q13

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

- Age in years (1-97, 97=97 and older)
- 9 8 Don't know/Not sure
- 9 9 Refused

Module 2: Diabetes

M02Q01

Are you now taking insulin?

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

M02Q02

About how often do you check your blood for glucose or sugar?

Interviewer Note: Include times when checked by family member or friend, but not by 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

M02Q03

Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

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

M02Q04

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 (1-76, 76=76 or more)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

M02Q05

About how many times in the past 12 months has a doctor, nurse, or other health professional checked your for A-one-C?

Interviewer Note: A test for A-one-C measures the average level of blood sugar over the past 3 months.

- Number of times (1-76, 76=76 or more)
- 8 8 None
- 9 8 Never heard of A-one-C
- 7 7 Don't know/Not sure
- 9 9 Refused

M02Q06

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

- Number of times (1-76, 76=76 or more)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

M02Q07

When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

- Number of times (1-76, 76=76 or more)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

M02Q08

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

M02Q09

Have you ever taken a course or class in how to manage your diabetes yourself?

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

Section 7: Oral Health

C07Q01

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

- 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

C07Q02

Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

Interviewer Note: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

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

Section 8: Demographics

C08Q01

What is your sex?

- 1 Male
- 2 Female
- 7 Don't know/Not sure
- 9 Refused

C08Q02

What is your age?

- Age in years (18-99)
- 7 Don't know/Not sure
- 9 Refused

C08Q03

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

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

C08Q03b

Are you...

Interviewer Note: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 5 No
- 7 Don't know/Not sure
- 9 Refused

C08Q04

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

Interviewer Note: Select all that apply.

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
- 4 1 Asian Indian
- 4 2 Chinese
- 4 3 Filipino
- 4 4 Japanese
- 4 5 Korean
- 4 6 Vietnamese
- 4 7 Other Asian
- 5 0 Pacific Islander
- 5 1 Native Hawaiian
- 5 2 Guamanian or Chamorro
- 5 3 Samoan
- 5 4 Other Pacific Islander
- 6 0 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

C08Q05

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

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
- 4 1 Asian Indian
- 4 2 Chinese
- 4 3 Filipino
- 4 4 Japanese
- 4 5 Korean
- 4 6 Vietnamese
- 4 7 Other Asian
- 5 0 Pacific Islander
- 5 1 Native Hawaiian
- 5 2 Guamanian or Chamorro
- 5 3 Samoan
- 5 4 Other Pacific Islander
- 6 0 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

C08Q06

Are you. . . ?

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

C08Q07

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

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grades 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

C08Q08

Do you own or rent your home?

Interviewer Note 1: Other arrangement may include group home, staying with friends or family without paying rent.

Interviewer Note 2: Home is defined as the place where you live most of the time/majority of the year.

Interviewer Note 3: Code "rent to own" as "Other arrangement".

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

C08Q09

In what county do you currently live?

- ___ ANSI County Code (formerly FIPS county code)
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C08Q10

What is the zip code where you currently live?

- _____ Zip code
- 7 7 7 7 7 Don't know/Not sure
- 9 9 9 9 9 Refused

C08Q11

Not including cell phones or numbers used for computer, fax machines, or security systems, do you have more than one telephone number in your household?

- 1 Yes
- 2 No [GO TO C08Q13]
- 7 Don't know/Not sure [GO TO C08Q13]
- 9 Refused [GO TO C08Q13]

C08Q12

How many of these telephone numbers are residential numbers?

- _ Residential telephone numbers (1-6, 6=6 or more)
- 7 Don't know/Not sure
- 9 Refused

C08Q13

How many cell phones do you have for personal use?

Interviewer Note: Include cell phones used for both business and personal use.

- _ Number (1-5)
- 6 6 or more
- 7 Don't know/Not sure
- 8 None
- 9 Refused

C08Q14

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?

Interviewer Note: 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

C08Q15

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

Module 20: Industry and Occupation

M20Q01

What kind of work do/did you do?

Interviewer Note: If C08Q15 not equal 1 or 4, go to C08Q16.

- 1 Gave answer
- 7 7 Don't know/Not sure
- 9 9 Refused

M20Q02

What kind of business or industry do/did you work in?

- 1 Gave answer
- 7 7 Don't know/Not sure
- 9 9 Refused

C08Q16

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

- __ Number of children (1-15)
- 8 8 None
- 9 9 Refused

C08Q17

Is your annual household income from all sources?

- 1 Less than \$10,000
- 2 Less than \$15,000 (\$10,000 to less than \$15,000)
- 3 Less than \$20,000 (\$15,000 to less than \$20,000)
- 4 Less than \$25,000 (\$20,000 to less than \$25,000)
- 5 Less than \$35,000 (\$25,000 to less than \$35,000)
- 6 Less than \$50,000 (\$35,000 to less than \$50,000)
- 7 Less than \$75,000 (\$50,000 to less than \$75,000)
- 8 \$75,000 or more
- 7 7 Don't know/Not sure
- 9 9 Refused

C08Q18

About how much do you weigh without shoes?

- ___ Weight (Metric measurements begin with 9)
- 7 Don't know/Not sure
- 9 Refused

C08Q19

About how tall are you without shoes?

- ___/___ Height (Metric measurements begin with 9)
- 7 Don't know/Not sure
- 9 Refused

C08Q20

To your knowledge, are you now pregnant?

Interviewer Note: If Male or Female over the age of 49, go to C08Q21

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

C08Q21

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

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

C08Q22

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

C08Q23

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

C08Q24

Do you have serious difficulty walking or climbing stairs?

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

C08Q25

Do you have difficulty dressing or bathing?

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

C08Q26

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

C09Q01

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

Interviewer Note: For cigarettes, do not include electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

- 1 Yes
- 2 No [GO TO C09Q05]
- 7 Don't know/Not sure [GO TO C09Q05]
- 9 Refused [GO TO C09Q05]

C09Q02

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 C09Q04]
- 7 Don't know/Not sure [GO TO C09Q05]
- 9 Refused [GO TO C09Q05]

C09Q03

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 C09Q05]
- 2 No [GO TO C09Q05]
- 7 Don't know/Not sure [GO TO C09Q05]
- 9 Refused [GO TO C09Q05]

C09Q04

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

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

C09Q05

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

Interviewer 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

Module 6: E-Cigarettes

M06Q01

Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

Interviewer Note 1: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Interviewer Note 2: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

- 1 Yes
- 2 No [GO TO C10Q01]
- 7 Don't know/Not sure [GO TO C10Q01]
- 9 Refused [GO TO C10Q01]

M06Q02

Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

Section 10: Alcohol Consumption

C10Q01

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
- 2 __ Days in past 30 days
- 8 8 8 No drinks in past 30 days [GO TO C11Q01]
- 7 7 7 Don't know/Not sure [GO TO C11Q01]
- 9 9 9 Refused [GO TO C11Q01]

C10Q02

One drink is equivalent to a 12-ounce beer, 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?

Interviewer 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 (1-76)
- 7 7 Don't know/Not sure
- 9 9 Refused

C10Q03

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?

- __ Number of times (1-76)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

C10Q04

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

- Number of drinks (1-76)
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 11: Immunization

C11Q01

During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Interviewer Note: 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 C11Q04]
- 7 Don't know/Not sure [GO TO C11Q04]
- 9 Refused [GO TO C11Q04]

C11Q02

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?

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

C11Q03

At what kind of place did you get your last flu shot or vaccine?

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

C11Q04

Have you ever had a pneumonia shot, also known as a pneumococcal vaccine?

Interviewer Note: There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.

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

Module 17: Adult Human Papillomavirus (HPV) Vaccination

M17Q01

A vaccine to prevent the human papillomavirus (HPV) infection is available and is called the cervical cancer or genital warts vaccine, HPV shot.

Have you ever had an HPV vaccination?

Interviewer Note: If Age \geq 50, go to M18Q01.

- 1 Yes
- 2 No [GO TO M18Q01]
- 3 Doctor refused when asked [GO TO M18Q01]
- 7 Don't know/Not sure [GO TO M18Q01]
- 9 Refused [GO TO M18Q01]

M17Q02

How many HPV shots did you receive?

- Number of shots
- 3 All shots
- 77 Don't know/Not sure
- 99 Refused

Module 18: Tetanus Diphtheria (Tdap - Adults)

M18Q01

Have you received a tetanus shot in the past 10 years?

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 shot in the past 10 years
- 7 Don't know/Not sure
- 9 Refused

Module 19: Shingles (Zostavax or ZOS)

M19Q01

Have you ever had the shingles or zoster vaccine?

Interviewer Note: Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot, and Shingrix, a new vaccine which requires 2 shots.

Interviewer Note: If Age < 50, go to TX01Q01.

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

State-Added Section 1: Adult Hepatitis B Vaccination

TX01Q01

Have you ever received the Hepatitis B vaccination?

Interviewer Note: Include Hepatitis B shot received as an infant.

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Don't know/Not sure
- 9 Refused

TX01Q02

How many Hepatitis B shots did you receive?

- Number of shots
- 3 All shots
- 77 Don't know/Not sure
- 99 Refused

State-Added Section 2: Adult Meningococcal Vaccination

TX02Q01

Three different types of vaccines to prevent meningitis are available and are called meningococcal polysaccharide vaccine - also known as Menomune[®], meningococcal conjugate vaccine - also known as Menactra[®] or Menveo[®], and meningococcal group B vaccine - also known as Trumenba[®] or Bexsero[®].

Have you ever received any of the meningococcal vaccines?

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Don't know/Not sure
- 9 Refused

Section 12: Falls

C12Q01

In the past 12 months, how many times have you fallen?

Interviewer Note: By fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

Interviewer Note: If Age 18-44, go to C13Q01

- Number of times (1-76, 76-76 or more)
- 8 8 None [GO TO C13Q01]
- 7 7 Don't know/Not sure [GO TO C13Q01]
- 9 9 Refused [GO TO C13Q01]

C12Q02

How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?

Interviewer Note: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- Number of times (1-76, 76=76 or more)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 13: Seat Belt Use and Drinking and Driving

C13Q01

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 [GO TO C14Q01 IF FEMALE, C15Q01 IF MALE]
- 9 Refused

C13Q02

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

Interviewer Note: If C10Q01 = 888, go to C14Q01 if Female, C15Q01 if Male.

- Number of times (1-76)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 14: Breast and Cervical Cancer Screening

C14Q01

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

Interviewer Note: A mammogram is an x-ray of each breast to look for breast cancer.

Interviewer Note: If Male, go to C15Q01.

- 1 Yes
- 2 No [GO TO C14Q03]
- 7 Don't know/Not sure [GO TO C14Q03]
- 9 Refused [GO TO C14Q03]

C14Q02

How long has it been since you had your last mammogram?

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

C14Q03

Have you ever had a Pap test?

Interviewer Note: A Pap test is a test for cancer of the cervix.

- 1 Yes
- 2 No [GO TO C14Q05]
- 7 Don't know/Not sure [GO TO C14Q05]
- 9 Refused [GO TO C14Q05]

C14Q04

How long has it been since you had your last Pap test?

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

C14Q05

An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test?

- 1 Yes
- 2 No [GO TO C14Q07]
- 7 Don't know/Not sure [GO TO C14Q07]
- 9 Refused [GO TO C14Q07]

C14Q06

How long has it been since you had your last HPV test?

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

C14Q07

Have you had a hysterectomy?

Interviewer Note: A hysterectomy is an operation to remove the uterus (womb).

Interviewer Note: If C08Q20=1 and Age 50 years or older, go to C16Q01. If C08Q20=1 and Age < 50, go to C17Q01.

- 1 Yes [AGE ≥ 50, GO TO C16Q01; AGE <50, GO TO C17Q01]
- 2 No [AGE ≥ 50, GO TO C16Q01; AGE <50, GO TO C17Q01]
- 7 Don't know/Not sure [AGE ≥ 50, GO TO C16Q01; AGE <50, GO TO C17Q01]
- 9 Refused [AGE ≥ 50, GO TO C16Q01; AGE <50, GO TO C17Q01]

Section 15: Prostate Cancer Screening

C15Q01

Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen (PSA) test?

Interviewer Note: A prostate-specific antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

Interviewer Note: If Age <40, go to C17Q01. If Female, go to C16Q01 (If Age ≥ 50) or C17Q01 (If Age <50).

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

C15Q02

Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the PSA test?

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

C15Q03

Has a doctor, nurse, or other health professional ever recommended that you have a PSA test?

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

C15Q04

Have you ever had a PSA test?

- 1 Yes
- 2 No [GO TO C17Q01]
- 7 Don't know/Not sure [GO TO C17Q01]
- 9 Refused [GO TO C17Q01]

C15Q05

How long has it been since you had your last PSA test?

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

C15Q06

What was the main reason you had this PSA test - was it. . .?

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason
- 7 Don't know/Not sure
- 9 Refused

Section 16: Colorectal Cancer Screening

C16Q01

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

Have you ever had this test using a home kit?

Interviewer Note: If Age < 50, go to C17Q01.

- 1 Yes
- 2 No [GO TO C16Q03]
- 7 Don't know/Not sure [GO TO C16Q03]
- 9 Refused [GO TO C16Q03]

C16Q02

How long has it been since you had your last blood stool test using a home kit?

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

C16Q03

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer and other health problems.

Have you ever had either of these exams?

- 1 Yes
- 2 No [GO TO C17Q01]
- 7 Don't know/Not sure [GO TO C17Q01]
- 9 Refused [GO TO C17Q01]

C16Q04

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

Was your most recent exam a sigmoidoscopy or a colonoscopy?

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

C16Q05

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

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Section 17: HIV/AIDS

C17Q01

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.

Not counting tests you may have had a part of blood donation, have you ever been tested for HIV?

- 1 Yes
- 2 No [GO TO C17Q03]
- 7 Don't know/Not sure [GO TO C17Q03]
- 9 Refused [GO TO C17Q03]

C17Q02

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

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

C17Q03

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

You have injected any drug other than those prescribed for you in the past year.

You have been treated for a sexually transmitted disease or STD in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

Module 13: Lung Cancer Screening

M13Q01

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

Interviewer Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Interviewer Note: If C09Q01 not equal 1 AND C09Q02 not equal 1, 2, or 3, go to M13Q04.

- ___ Age in years (1-100)
- 8 8 8 Never smoked cigarettes regularly [GO TO M13Q04}
- 7 7 7 Don't know/Not sure [GO TO M13Q04}
- 9 9 9 Refused [GO TO M13Q04}

M13Q02

How old were you when you last smoked cigarettes regularly?

Interviewer Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

- ___ Age in years (1-100)
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

M13Q03

On average, when you smoke(d) regularly, about how many cigarettes do/did you usually smoke each day?

Interviewer Note 1: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Interviewer Note 2: Respondents may answer in packs instead of number of cigarettes.

Below is a conversion table:

0.5 pack=10 cigarettes	1.75 packs=35 cigarettes
0.75 pack=15 cigarettes	2 packs=40 cigarettes
1 pack=20 cigarettes	2.5 packs=50 cigarettes
1.25 packs=25 cigarettes	3 packs=60 cigarettes
1.5 packs=30 cigarettes	

___ Number of cigarettes (1-776)
777 Don't know/Not sure
999 Refused

M13Q04

The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut-shaped x-ray machine while the scan is done.

In the last 12 months, did you have a CT or CAT scan?

- 1 Yes, to check for lung cancer
- 2 No (did not have a CT/CAT scan)
- 3 Had a CT/CAT scan, but for some other reason
- 7 Don't know/Not sure
- 9 Refused

Module 21: Sexual Orientation and Gender Identity

M21Q01

The next two questions are about sexual orientation and gender identity.

Which of the following best represents how you think of yourself?

Interviewer Note: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

- 1 Lesbian or Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 7 Don't know/Not sure
- 9 Refused

M21Q02

Do you consider yourself to be transgender?

If Yes: ask: Do you consider yourself to be male-to-female, female-to-male, or gender non-conforming?"

Interviewer Note: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation - straight, gay, lesbian, or bisexual.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female-to-male
- 3 Yes, Transgender, gender non-conforming
- 4 No
- 7 Don't know/Not sure
- 9 Refused

State-Added Section 3: Diabetes Family History

TX03Q01

Include living and deceased, which of your biological or blood relatives including grandparents, parents, brothers, or sisters were ever told by a health professional that they had diabetes?

Do not include adopted relatives or those related only by marriage.

- 1 Mother
- 2 Father
- 3 Maternal grandmother (mother's mother)
- 4 Maternal grandfather (mother's father)
- 5 Paternal grandmother (father's mother)
- 6 Paternal grandfather (father's father)
- 7 Sister
- 8 Brother
- 9 None
- 6 6 Other (specify)
- 7 7 Don't know/Not sure
- 9 9 Refused

State-Added Section 4: Hypertension Awareness

TX04Q01

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?"

Interviewer Note: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

- 1 Yes
- 2 Yes, but female told only during pregnancy [GO TO TX05Q01]
- 3 No [GO TO TX05Q01]
- 4 Told borderline high or pre-hypertensive [GO TO TX05Q01]
- 7 Don't know/Not sure [GO TO TX05Q01]
- 9 Refused [GO TO TX05Q01]

TX04Q02

Are you currently taking medicine for your high blood pressure?

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

State-Added Section 5: Cholesterol Awareness

TX05Q01

Blood cholesterol is a fatty substance found in the blood.

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

- 1 Never [GO TO TX06Q01]
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused [GO TO TX06Q01]

TX05Q02

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

- 1 Yes
- 2 No [GO TO TX06Q01]
- 7 Don't know/Not sure [GO TO TX06Q01]
- 9 Refused [GO TO TX06Q01]

TX05Q03

Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

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

State-Added Section 6: Advance Care Planning

TX06Q01

If a terminal illness or serious accident left you unable to communicate, would a family member, friend, doctor, or other person know your medical or health care treatment preferences?

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

TX06Q02

An advance directive is a written legal document that outlines a person's wishes for future medical or health care treatment if that person can no longer communicate.

Do you have a written advance directive?

Interviewer Note 1: An advance directive can be a Medical Power of Attorney, a Living Will, or an Out-of-Hospital DNR.

Interviewer Note 2: A Directive to Physicians and Family or Surrogates is also called a Living Will.

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

State-Added Section 7: Emergency Preparedness

TX07Q01

The next series of questions asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency, we mean any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters, such as hurricanes, tornados, floods, and ice storms; or man-made disasters, such as wildfires, explosions, terrorist events, or blackouts.

How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say. . .

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all
- 7 Don't know/Not sure
- 9 Refused

TX07Q02

Does your household have a 3-day supply of water for everyone who lives there?

A 3-day supply of water is 1 gallon of water per person per day.

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

TX07Q03

Does your household have a 3-day supply of nonperishable food for everyone who lives there?

By nonperishable, we mean food that does not require refrigeration or cooking.

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

TX07Q04

Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines?

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

TX07Q05

Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation?

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

TX07Q06

In a large-scale disaster or emergency, what would be the main method or way of communicating with relatives and friends?

- 1 Regular home telephone
- 2 Cell phone (phone calls)
- 3 Cell phone (text messages)
- 4 E-mail
- 5 Social Media (Facebook, Twitter, YouTube, MySpace, blog)
- 6 Other (specify)
- 7 Don't know/Not sure
- 9 Refused

TX07Q07

What would be your main method or way of getting information from authorities in a large-scale disaster or emergency?

- 1 Television
- 2 Radio
- 3 Internet (News website)
- 4 Internet (Social Media: Facebook, Twitter, YouTube, MySpace, blog)
- 5 Print Media (Newspapers, bulletins, newsletters)
- 6 Neighbors
- 7 Reverse 911 (Direct messages from authorities either by texting or calling)
- 6 6 Other (specify)
- 7 7 Don't know/Not sure
- 9 9 Refused

TX07Q08

If government officials ordered a mandatory evacuation from your area due to a large-scale disaster or emergency, would you definitely leave the area, probably leave the area, definitely stay, or probably stay?

- 1 Definitely leave the area [GO TO TX07Q10]
- 2 Probably leave the area
- 3 Definitely stay
- 4 Probably stay
- 5 Required to stay (e.g. Police officer, electrician, health official, etc.) [GO TO TX07Q10]
- 7 Don't know/Not sure
- 9 Refused

TX07Q09

What would be the main reason you might not evacuate if asked to do so?

- 1 Lack of transportation
- 2 Lack of trust in public officials
- 3 Concern about leaving property behind
- 4 Concern about personal safety
- 5 Concern about family safety
- 6 Concern about leaving pets
- 7 Concern about traffic jams and inability to get out
- 8 Health problems (could not be moved)
- 9 Job requires I stay to help
- 7 7 Don't know/Not sure
- 9 9 Refused

TX07Q10

If you had to evacuate, how would you leave the area?

- 1 Go in your car
- 2 Ride in a family member or a friend's car
- 3 Use public transportation
- 4 Use evacuation provided transportation
- 5 Leave another way (specify)
- 6 Would not leave the area/Would not evacuate
- 7 7 Don't know/Not sure
- 9 9 Refused

TX07Q11

If you had to evacuate, where would you go to stay until you could return home?

- 1 Would leave home for a safer structure in your area
- 2 Stay with friends or family members outside of your area
- 3 Go to a public disaster shelter
- 4 Sleep in a car or outdoors
- 5 Stay in a hotel or motel
- 6 Stay elsewhere (specify)
- 8 Would not leave home/evacuate
- 7 7 Don't know/Not sure
- 9 9 Refused

State-Added Section 8: Suicide Attempts

TX08Q01

The next few questions relate to suicide. If these questions create a need for additional information, please call the National Suicide Prevention Lifeline at 1-800-273-8255.

During the past 12 months, have you ever seriously considered attempting suicide?

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

TX08Q02

During the past 12 months, did you actually attempt suicide?

- 1 Yes [GO TO TX08Q03]
- 2 No
- 7 Don't know/Not sure
- 9 Refused

TX08Q03

How many times during the past 12 months did you attempt suicide?

- 1 One [GO TO TX08Q04]
- 2 Two [GO TO TX08Q04]
- 3 Three [GO TO TX08Q04]
- 4 Four [GO TO TX08Q04]
- 5 Five [GO TO TX08Q04]
- 6 Six or more [GO TO TX08Q04]
- 8 None
- 7 Don't know/Not sure [GO TO TX08Q04]
- 9 Refused [GO TO TX08Q04]

TX08Q04

Did any suicide attempt in the past 12 months result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

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