

2004 NEW MEXICO BRFSS QUESTIONNAIRE

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Final Version (DRAFT 18 2/4/04)

CORE SECTIONS	
Section 1: Health Status	3
Section 2: Healthy Days	4
Section 3: Health Care Access.....	5
Section 4: Exercise.....	6
Section 5: Environmental Factors.....	7
Section 6: Excess Sun Exposure.....	8
Section 7: Tobacco Use	9
Section 8: Alcohol Consumption	10
Section 9: Asthma.....	11
Section 10: Diabetes	12
Module 1: Diabetes	12
Section 11: Oral Health	15
Section 12: Immunization.....	16
Section 13: Demographics	17
Section 14: Veteran's Health.....	22
Section 15: Women's Health	23
Section 16: Prostate Cancer Screening	25
Section 17: Colorectal Cancer Screening	26
Section 18: Family Planning.....	27
Section 19: Disability.....	29
Section 20: HIV/AIDS.....	30
Section 21: Firearm.....	33
OPTIONAL MODULES	
Module 1: Diabetes	12
State Added Module 1: Quality of Life	34
State Added Module 3: Cancer	35
Module 19: Binge Drinking.....	40
State Added Module 4: Alcohol Consumption	42
State Added Module 5: Alcohol Dependence (From ADAM)	43
State Added Module 6: Emergency Contraceptives	45
Module 10: Childhood Asthma	46

HELLO, I'm calling for the _New Mexico Department of Health and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of New Mexico residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this (phone number) ?

If "no"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **Stop**

Is this a private residence?

If "no"

Thank you very much, but we are only interviewing private residences. **Stop**

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

___ Number of adults

If "1" Are you the adult?

If "yes"

Then you are the person I need to speak with. **Enter 1 man or 1 woman below. (Ask gender if necessary.) Go to page 2**

If "no"

Is the adult a man or a woman? **Enter 1 man or 1 woman below.** May I speak with [**fill in (him/her) from previous question**]? **Go to "correct respondent" at bottom of page**

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

___ Number of men

___ Number of women

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

If "you," go to page 2

To correct respondent: HELLO, I'm (name) calling for the New Mexico Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health of New Mexico residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. Any information you give me will be confidential.

This call may be monitored for quality assurance purposes. If you have any questions about this survey, I will provide a toll-free telephone number for you to call to get more information

Section 1: Health Status

1.1. Would you say that in general your health is:

(73)

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

Do not read

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

Section 2: Healthy Days – Health-related Quality of Life

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

- ___ ___ Number of days
- 8 8 None
- 7 7 Don't know / Refused
- 9 9 Refused

2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

- ___ ___ Number of days
- 8 8 None **If Q2.1 and Q2.2 are none, go to next section**
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

GUIDANCE: The answer to 1.4 cannot be greater than the sum of 1.2 and 1.3

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

Section 3: Health Care Access

3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

3.2. Do you have one person you think of as your personal doctor or health care provider? (81)

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

If "no," ask "is there more than one or is there no person who you think of?"

3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? (82)

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

Section 4: Exercise

4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (83)

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

Section 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

- 5.1. Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building? (84)

Guidance: If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".

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

- 5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors? (85)

Guidance: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".

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

Section 6: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

(86)

6.1 Have you had a sunburn within the past 12 months?

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

6.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

(87)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life? (88)

- 5 packs** 1 Yes
- = 100** 2 No **Go to next section**
- cigarettes** 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

7.2. Do you now smoke cigarettes every day, some days, or not at all? (89)

- 1 Every day
- 2 Some days
- 3 Not at all **Go to next section**
- 9 Refused **Go to next section**

7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (90)

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

Section 8: Alcohol Consumption

- 8.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (91-93)

1__ __ Days per week
2__ __ Days in past 30
8 8 8 No drinks in past 30 days **Go to next section**
7 7 7 Don't know / Not sure
9 9 9 Refused **Go to next section**

- 8.2. On the days when you drank, about how many drinks did you drink on the average? (94-95)

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

- 8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (96-97)

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

- 8.4 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (98-99)

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

Section 9: Asthma

9.1. Have you ever been told by a doctor or other health professional that you had asthma? (100)

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

9.2. Do you still have asthma? (101)

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

Section 10: Diabetes

10.1. Have you ever been told by a doctor that you have diabetes? (102)

**GUIDANCE: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"
If Respondent says pre-diabetes or borderline diabetes, use response code 4.**

- 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: Diabetes

To be asked following core Q10.1 if response is "Yes"

1. How old were you when you were told you have diabetes? (195-196)

- ___ ___ Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

2. Are you now taking insulin? (197)

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills? (198)

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

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (199 - 201)

- 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

5. 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.
(202 – 204)

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

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?
(205)

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
(206-207)

___ Number of times [**76 = 76 or more**]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

8. 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"?
(208-209)

___ Number of times [**76 = 76 or more**]
8 8 None
9 8 Never heard of "A one C" test
7 7 Don't know / Not sure
9 9 Refused

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
(210-211)

___ Number of times [**76 = 76 or more**]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

10. 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. (212)

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
- 8 Never

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (213)

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

12. Have you ever taken a course or class in how to manage your diabetes yourself? (214)

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

Section 11: Oral Health

11.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (103)

Read Only if Necessary

Include visits to dental specialists, such as orthodontists	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

11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (104)

Include teeth lost due to "infection"	1	1 to 5
	2	6 or more but not all
	3	All
Do not count Wisdom teeth Unless lost due to Infection or decay	8	None
	7	Don't know / Not sure
	9	Refused

IF Q11.1 = 8/NEVER OR Q11.2 = 3/ALL, SKIP TO NEXT SECTION

11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (105)

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
8	Never
9	Refused

Section 12: Immunization

12.1. During the past 12 months, have you had a flu shot? (106)

GUIDANCE: We want to know if you had a flu shot injected in your arm.

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

12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? (107)

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

12.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (108)

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

Section 13: Demographics

13.1. What is your age? (1090-110)

GUIDANCE: If refused, probe for decade: 20's, 30's, 40's, etc. Code in middle: 25, 35, 45

GUIDANCE: If 99 or older code '99'

- ___ ___ Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

13.2. Are you Hispanic or Latino? (111)

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

13.3. Which one or more of the following would you say is your race? (112-117)

(Check all that apply)

Please read

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other [specify] _____ **State added: (395-414)**

Do not read

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

If more than one response to Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (118)

Do not read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____ **State added: (415-434)**
- 7 Don't know / Not sure
- 9 Refused

13.5 Are you? (119)

Please read

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

Do not read

- 9 Refused

13.6 How many children less than 18 years of age live in your household? (120-121)

If 6 or more, verify and do data change form

- ___ Number of children
- 8 8 None
- 9 9 Refused

13.7 What is the highest grade or year of school you completed? (122)

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

13.8. Are you currently? (123)

Please read

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired
- 8 Unable to work

Do not read

- 9 Refused

13.9 Is your annual household income from all sources?

(124-125)

If respondent refuses at ANY income level, code '99 Refused'

Read as appropriate

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read

- 77 Don't know / Not sure
- 99 Refused

13.10. About how much do you weigh without shoes?

(126-129)

**Note: If respondent answers in metrics, put "9" in column 126.
If respondent answers in pounds, put "0" in column 126.**

**GUIDANCE: 0165= 165 LBS.
9075= 75 KILOS**

Round fractions up

- — — — Weight
- pounds/kilograms*
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

13.11. About how tall are you without shoes? (130-133)

**Note: If respondent answers in metrics, put "9" in column 130.
If respondent answers in feet and inches, put "0" in column 130.**

**GUIDANCE: 0505= 5FT, 05 INCHES
9156= 1.56 METERS**

Round fractions down

__ __ / __ __ Height
ft | inches/meters/centimeters
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

13.12. What county do you live in? (134-136)

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

13.13. 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. (137)

1 Yes
2 No **Go to Q13.15**
7 Don't know / Not sure **Go to Q13.15**
9 Refused **Go to Q13.15**

13.14. How many of these phone numbers are residential numbers? (138)

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

13.15. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (139)

GUIDANCE: This information is used for statistical purposes in accurately analyzing the data collected.

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

13.16. Indicate sex of respondent. Ask only if necessary. (140)

- 1 Male **Go to next section**
- 2 Female

If respondent 45 years old or older, go to next section.

13.17. To your knowledge, are you now pregnant? (141)

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

Section 14: Veteran's Status

14.1 The next question relates to military service. 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? (142)

- 1 Yes
- 2 No (**Go to next section**)
- 7 Don't know/Not sure (**Go to next section**)
- 9 Refused (**Go to next section**)

14.2 Which of the following best describes your service in the United States Military? Would you say (143)

- 1 Currently on active duty (**Go to next section**)
- 2 Currently in a National Guard or Reserve unit (**Go to next section**)
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service
- Do not read:**
- 7 Don't know/not sure (**Go to next section**)
- 9 Refused (**Go to next section**)

14.3 In the last 12 months have you received some or all of your health care from VA facilities? (144)
If "Yes" probe for "all" or "some" of the health care.

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know/Not sure
- 9 Refused

Section 15: Women's Health

If respondent is male go to next section

15.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (145)

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

15.2. How long has it been since you had your last mammogram? (146)

Read only if necessary

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

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

- 1 Yes
- 2 No **Go to Q15.5**
- 7 Don't know / Not sure **Go to Q15.5**
- 9 Refused **Go to Q15.5**

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

Read only if necessary

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

15.5. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (149)

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

15.6 How long has it been since you had your last Pap test? (150)

Read only if necessary

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

If response to Q13.17 is 1 (is pregnant) go to next section

15.7. Have you had a hysterectomy? (151)

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

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

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q17.1

16.1. A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (152)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't know / Not sure **Go to Q 16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last PSA test? (153)

Read only if necessary

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

16.3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (154)

- 1 Yes
- 2 No **Go to Q16.5**
- 7 Don't know / Not sure **Go to Q16.5**
- 9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (155)

- 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

16.5. Have you ever been told by a doctor or other health professional that you had prostate cancer? (157)

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

Section 17: Colorectal Cancer Screening

If respondent is 49 years old or younger, go to Q18.1

17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (157)

- 1 Yes
- 2 No **Go to Q17.3**
- 7 Don't know / Not sure **Go to Q17.3**
- 9 Refused **Go to Q17.3**

17.2. How long has it been since you had your last blood stool test using a home kit? (158)

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

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (159)

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

17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (160)

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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Section 18: Family Planning

If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- 18.1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert you], if male, insert her] from getting pregnant? (161)

NOTE: If more than one partner, consider usual partner.

- 1 Yes
- 2 No (**Go to Q18.3**)
- 3 No partner/not sexually active **Go to next section**
- 4 Same sex partner **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

- 18.2. What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert you, if male, insert her] from getting pregnant? (162-163)

GUIDANCE: If more than one method, use primary. If both partners sterilized, code respondent.

Read only if necessary

- 01 Tubes tied **Go to next section**
- 02 Hysterectomy (female sterilization) **Go to next section**
- 03 Vasectomy (male sterilization) **Go to next section**
- 04 Pill, all kinds (Seasonale, etc.) **Go to Q18.4**
- 05 Condoms (male or female) **Go to Q18.4**
- 06 Contraceptive implants (Jadelle or Implants) **Go to Q18.4**
- 07 Shots (Depo-Provera) **Go to Q18.4**
- 08 Shots (Lunelle) **Go to Q18.4**
- 09 Contraceptive Patch **Go to Q18.4**
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) **Go to Q18.4**
- 11 IUD (including Mirena) **Go to Q18.4**
- 12 Emergency contraception (EC) **Go to Q18.4**
- 13 Withdrawal **Go to Q18.4**
- 14 Not having sex at certain times (rhythm) **Go to Q18.4**
- 15 Other method (foam, jelly, cream, etc.) **Go to Q18.4**
- 77 Don't know / Not sure **Go to Q18.4**
- 99 Refused **Go to Q18.4**

18.3 What is your main reason for not doing anything to keep [if female, insert "you," if male, insert "your wife/partner"] from getting pregnant? (164-165)

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
 - 02 You want a pregnancy
 - 03 You or your partner don't want to use birth control
 - 04 You or your partner don't like birth control/fear side effects
 - 05 You can't pay for birth control
 - 06 Lapse in use of a method
 - 07 Don't think you or your partner can get pregnant
 - 08 You or your partner had tubes tied (sterilization) **(Go to next section)**
 - 09 You or your partner had a vasectomy (sterilization) **(Go to next section)**
 - 10 You or your partner had a hysterectomy **(Go to next section)**
 - 11 You or your partner are too old
 - 12 You or your partner are currently breast-feeding
 - 13 You or your partner just had a baby/postpartum
 - 14 Other reason
 - 15 Don't care if get pregnant
 - 16 Partner is pregnant now **(Go to next section)**
- Do not read**
- 77 Don't know / Not sure
 - 99 Refused

18.4 How do you feel about having a child now or sometime in the future? Would you say: (166)

Please read

- 1 You don't want to have one **Go to next section**
 - 2 You do want to have one **Go to Q18.5**
 - 3 You're not sure if you do or don't **Go to next section**
- Do not read**
- 7 Don't know / Not sure **Go to next section**
 - 9 Refused **Go to next section**

18.5 How soon would you want to have a child? Would you say: (167)

Please read

- 1 Less than 12 months from now
 - 2 Between 12 months to less than two years from now
 - 3 Between two years to less than 5 years from now, or
 - 4 5 or more years from now
- Do not read**
- 7 Don't know / Not sure
 - 9 Refused

Section 19: Disability

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

19.1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
(168)

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

19.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
(169)

Include occasional use or use in certain circumstances

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

Section 20: HIV/AIDS

If respondent is 65 years old or older, go to next section

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

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

20.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.
(170)

- 1 True
- 2 False
- 7 Don't know / Not sure
- 9 Refused

20.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (171)

- 1 True
- 2 False
- 7 Don't know / Not sure
- 9 Refused

20.3. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (172)

- 1 Yes
- 2 No **Go to Q20.10**
- 7 Don't know/ Not sure **Go to Q20.10**
- 9 Refused **Go to Q20.10**

**Include
saliva tests**

20.4. In the past 12 months, how many times have you been tested for HIV, including times you did not get your results: (173-174)

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

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

(175-180)

Note: If response is before January 1985, code "Don't know"

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

20.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? Would you say

(181-182)

__ __ **Reason Code**

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as part of a routine medical check-up
- 08 You were tested for some other reason

Do not read

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

20.7. Where did you have your last HIV test, would you say . . .

(183-184)

__ __ **Facility code**

- 01 At a private doctor or HMO
- 02 At a Counseling and testing site
- 03 At a Hospital
- 04 At a Clinic
- 05 In a Jail or prison
- 06 In a Drug treatment facility
- 07 At home
- 08 Somewhere else

Do not read

- 77 Don't know / Not sure
- 99 Refused

If Q20.7 is "04" (clinic) continue, if Q20.7 is "07" (at home) go to Q20.9, else go to Q20.10

20.8. What type of clinic did you go to for your last HIV test? (185)

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure
- 9 Refused

20.9 Was this test done by a nurse or other health worker, or with a home testing kit? (186)

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know / Not sure
- 9 Refused

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

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

Do any of these situations apply to you? (187)

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

20.11. The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

In the past 12 months, has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use? (188)

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

Section 21: Firearms

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

21.1. Are any firearms kept in or around your home? (189)

- 1 Yes
- 2 No **Go to closing statement**
- 7 Don't know / Not sure **Go to closing statement**
- 9 Refused **Go to closing statement**

21.2. Are any of these firearms now loaded? (190)

- 1 Yes
- 2 No **Go to closing statement**
- 7 Don't know / Not sure **Go to closing statement**
- 9 Refused **Go to closing statement**

21.3. Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (191)

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

Now I have some questions on some other health topics.

State Added Module 1: Quality of Life (Module 6 From 2002 BRFSS)

SAM1.1. During the past 30 days, for about how many days have you felt sad, blue, or depressed?
State added: (361-362)

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

SAM1.2. During the past 30 days, for about how many days have you felt worried, tense, or anxious?
State added: (363-364)

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

SAM1.3. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?
State added: (365-366)

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

SAM1.4. During the past 30 days, for about how many days have you felt very healthy and full of energy?
State added: (367-368)

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

STATE ADDED MODULE 3: CANCER

ASK OF ALL RESPONDENTS

SAM 3.1. About how long has it been since you last visited a doctor for a routine checkup?
State added: (369)

Read Only if Necessary

***A routine
checkup is a
general phys-
ical 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
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

IF 13.16=2 (WOMEN) AND AGE 13.1 <=49 AND 8.3=1-30 GO TO M19.1 BINGE DRINKING
IF 13.16=2 (WOMEN) AND AGE 13.1 <=49 AND 8.3=BLANK GO TO SAM5.1
IF 13.16=2 (WOMEN) AND AGE 13.1 <=49 AND 8.3=,88,77,99 GO TO SAM4.1
IF 13.16=2 (WOMEN) AND AGE 13.1 > 49 AND S17.1=2 AND 17.3=1 GO TO SAM3.6
IF 13.16=2 (WOMEN) AND AGE 13.1 > 49 AND S17.1=1 AND 17.2 =2,3,4 GO TO SAM3.5
IF 13.16=2 (WOMEN) AND AGE 13.1 > 49 AND S17.1=1 AND 17.2 =7,9 AND 17.3=1 GO TO SAM3.6
IF 13.16=2 (WOMEN) AND AGE 13.1 > 49 AND S17.1=7,9 AND S17.3 =2 GO TO SAM3.7
IF 13.16=2 (WOMEN) AND AGE 13.1 > 49 AND S17.1=2 AND S17.3 =2 GO TO SAM3.4 THEN GO TO SAM3.7
IF 13.16=2 (WOMEN) AND AGE 13.1 > 49 AND S17.1=1 AND 17.2 =1 AND S17.3=1 GO TO SAM3.6
IF 13.16=2 (WOMEN) AND AGE 13.1 > 49 AND S17.1=7,9 AND S17.3 =2 GO TO SAM3.7
IF 13.16=2 (WOMEN) AND AGE 13.1 > 49 AND S17.1=7,9 AND S17.3 =7,9 GO TO SAM3.9
IF 13.16=2 (WOMEN) AND AGE 13.1 >49 AND S17.2= 2,3,4,7,9 GO TO SAM3.5

PROSTATE CANCER:

IF MALE [Q.13.16=1] AND AGE IS 40 OR GREATER [Q13.1=>40] CONTINUE. ALL OTHERS GO TO SAM3.4

Earlier I asked some questions about routine prostate exams. Now, I have a few more questions on that topic.

SAM 3.2 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever discussed with a doctor, nurse or other health professional the risks and benefits of having a PSA test?
State added: (370)

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

SAM 3.3 Has your father, brother or son ever been told by a doctor, nurse, or health professional that he had prostate cancer?
State added: (371)

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

MEN (13.16=1) AGE 40-49 (13.1) GET STUCK AT SAM3.3 AND WILL NOT MOVE FORWARD. THESE MEN SHOULD GO TO S19.1 BINGE DRINKING IF S8.3=1-30. IF S.83=88,77,99 GO TO SAM4.2 IF S8.1 WAS LESS THAN 777. IF 8.1 =777,888,999 GO TO SAM5.1

**IF 13.16=1 (MEN) AND AGE 13.1 <=49 AND 8.3=1-30 GO TO M19.1 BINGE DRINKING
IF 13.16=1 (MEN) AND AGE 13.1 <=49 AND 8.3=BLANK GO TO SAM5.1
IF 13.16=1 (MEN) AND AGE 13.1 <=49 AND 8.3=,88,77,99 GO TO SAM4.2
IF 13.16=1 (MEN) AND AGE 13.1 > 49 AND S17.1=2 GO TO SAM3.4
IF 13.16=1 (MEN) AND AGE 13.1 > 49 AND S17.1=7, 9 GO TO SAM3.5**

IF 13.16=1 (MEN) AND AGE 13.1 >49 AND S17.2= 2,3,4,7,9 GO TO SAM3.5

COLORECTAL CANCER (CRC)

IF AGE IS 50 OR GREATER [Q13.1=>50] AND 17.1 = 2 CONTINUE. ALL OTHERS GO TO SAM3.5

Earlier I asked some questions about routine colorectal exams. Now, I have a few more questions on that topic.

SAM3.4 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. What is the most important reason you have never had a blood stool test using a home kit?

State added: (372-373)

Read Only If Necessary

- 1 Doctor never said it was necessary or never suggested it
- 2 Doctor told me it was not necessary
- 3 Doctor did a blood stool test in the office
- 4 No symptoms
- 5 No family history of colorectal cancer
- 6 Cost/too expensive/not covered by insurance
- 7 Too young to have the test
- 8 Too old to have the test
- 9 No time
- 10 Test is distasteful
- 11 Embarrassing
- 12 Fear of finding cancer
- 13 Don't know where to get the test
- 14 Don't know how to get the test
- 15 Some other reason: _____ **state added: (435-454)**
- 88 Never go to a doctor for a routine check-up or general physical
- 77 Don't Know/Not sure
- 99 Refused

IF AGE IS 50 OR GREATER [Q13.1=>50] AND 17.2 > 1 < 7 CONTINUE. ALL OTHERS GO TO SAM3.6

Earlier I asked some questions about routine colorectal exams. Now, I have a few more questions on that topic.

If response is more than "within the past year" then ask:

SAM3.5 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. What is the most important reason you have not had a blood stool test using a home kit in the past year? **State added: (374-375)**

Read Only If Necessary

- 1 Doctor never said it was necessary or never suggested it
- 2 Doctor told me it was not necessary
- 3 Doctor did a blood stool test in the office
- 4 No symptoms
- 5 No family history of colorectal cancer
- 6 Cost/too expensive/not covered by insurance
- 7 Too young to have the test
- 8 Too old to have the test
- 9 No time
- 10 Test is distasteful
- 11 Embarrassing
- 12 Fear of finding cancer
- 13 Don't know where to get the test
- 14 Don't know how to get the test
- 15 Did not have a routine check-up in the past year
- 16 Some other reason: _____ **state added: (455-474)**
- 77 Don't Know/Not sure
- 99 Refused

IF AGE (S13.1> 49] AND 17.3=1 GO TO SAM3.6.

IF AGE (S13.1> 49] AND 17.3=2, GO TO SAM3.7.

IF AGE (S13.1> 49] AND 17.3=7,9 GO TO SAM3.9.

SAM3.6 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Was your last sigmoidoscopy or colonoscopy done as part of a routine checkup, because of a colon or rectal problem other than cancer or because you've already had colon or rectal cancer?

State added: (376)

Read Only If Necessary

- 1 Routine Checkup
- 2 Colorectal problem other than cancer
- 3 Had Colon or rectal cancer
- 4 Some other reason: _____ **state added: (475-494)**
- 7 Don't know/Not sure
- 9 Refused

IF AGE IS 50 OR GREATER [Q13.1=>50] AND 17.3 = 2 CONTINUE. ALL OTHERS GO TO SAM3.8

SAM3.7 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. What is the most important reason you have never had a sigmoidoscopy or colonoscopy?

State added: (377-378)

Read Only If Necessary

- 1 Doctor never said it was necessary or never suggested it
- 2 Doctor told me it was not necessary
- 3 No symptoms
- 4 No family history of colorectal cancer
- 5 Cost/too expensive/not covered by insurance
- 6 Too young to have the test
- 7 Too old to have the test
- 8 No time
- 9 Test is distasteful
- 10 Embarrassing
- 11 Test is painful
- 12 Fear of finding cancer
- 13 Don't know where to get the test
- 14 Don't know how to get the test
- 15 Some other reason: _____ **state added: (495-514)**
- 88 Never go to a doctor for a routine check-up or general physical
- 77 Don't Know/Not sure
- 99 Refused

IF AGE IS 50 OR GREATER [Q13.1=>50] AND 17.4 = 4 OR 5 CONTINUE. ALL OTHERS GO TO SAM3.9

SAM3.8 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. What is the most important reason you have not had a sigmoidoscopy or colonoscopy in the last five years.

State added: (379-380)

Read Only If Necessary

- 1 Doctor never said it was necessary or never suggested it
- 2 Doctor told me it was not necessary
- 3 No symptoms
- 4 No family history of colorectal cancer
- 5 Cost/too expensive/not covered by insurance
- 6 Too young to have the test
- 7 Too old to have the test
- 8 No time
- 9 Test is distasteful
- 10 Embarrassing
- 11 Test is painful
- 12 Fear of finding cancer
- 13 Don't know where to get the test
- 14 Don't know how to get the test
- 15 Did not have a routine check-up in the past 5 years
- 16 Some other reason: _____ **state added: (515-534)**
- 77 Don't Know/Not sure
- 99 Refused

IF AGE IS 50 OR GREATER [Q13.1=>50] CONTINUE. ALL OTHERS GO TO MODULE 19.1

SAM3.9 Have any of your nearest blood relatives, that is parents, brothers or sisters , or your children ever been told by a doctor, nurse or other health professional that he or she had colon or rectal cancer?

State added: (381)

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

Module 19: Binge Drinking

Ask if Core Q8.3 = 1-30 (or does not equal 77, 88, 99) ALL OTHERS GO TO SAM4.1

The next questions are about the most recent occasion when you had 5 or more alcoholic beverages. One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor.

GUIDANCE:

NOTE: "Occasion" means 'in a row' or 'within a few hours'

NOTE: If the respondent asks about how to count an over-sized drink (e.g., a 40-ounce bottle of malt liquor), then repeat: "One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor."

1. During the most recent occasion when you had 5 or more alcoholic beverages, about **how many beers**, including malt liquor, did you drink? (341-342)

(Round up)

- ___ ___ Number
8 8 None
7 7 Don't know / Not sure
9 9 Refused

2. During the same occasion, about **how many glasses of wine**, including wine coolers, hard lemonade, or hard cider, did you drink? (343-344)

NOTE: Flavored malt beverages other than hard lemonade or hard cider (e.g., Smirnoff Ice and Zima, etc.) should be counted as wine.

(Round up)

- ___ ___ Number
8 8 None
7 7 Don't know / Not sure
9 9 Refused

3. During the same occasion, about **how many drinks of liquor**, including cocktails, did you have? (345-346)

(Round up)

- ___ ___ Number
8 8 None
7 7 Don't know / Not sure
9 9 Refused

4. During this most recent occasion, **where were you** when you did **most** of your drinking? Would you say . . . (347)

- 1 At your home, for example, your house, apartment, condominium or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event
- 6 Other

Do not read

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

5. During this most recent occasion, **how did you get most** of the alcohol ? Would you say . . . (348)

- 1 Someone else bought it for me or gave it to me
- 2 I bought it at a store, such as a liquor store, convenience store, or grocery store
- 3 I bought it at a restaurant, bar or public place
- 4 Other

Do not read

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

6. Did you drive a motor vehicle, such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion? (349)

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

STATE ADDED MODULE 4: ALCOHOL CONSUMPTION

Use this transition for SAM4.1 or SAM4.2 whichever question the respondent goes to next.

Earlier I asked questions about drinking alcohol. Now I have some more questions on that same topic.

ASK OF ALL FEMALE (13.16=2) RESPONDENTS WHO ANSWER LESS THAN 777 TO S8.1. ALL OTHERS GO TO SAM4.2

SAM4. 1 Considering all types of alcoholic beverages, how many times in the past 30 days have you had 4 or more drinks on an occasion?

State added: (382-383)

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

ASK OF ALL RESPONDENTS WHO ANSWER LESS THAN 777 TO S8.1

SAM4.2 Considering all types of alcoholic beverages and all drinking occasions, how many total drinks did you have in the past week?

State added: (384-385)

- ___ ___ Number to drinks
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

STATE ADDED MODULE 5: ALCOHOL DEPENDENCE (From ADAM)

Now I would like to ask you about experiences related to alcohol use that you may have had in the **past 12 months**.

SAM5.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 12 months how often have you had at least one drink of any alcoholic beverage?

State added: (386)

Read Only If Necessary

- 1 Almost every day
- 2 3 or 4 days a week
- 3 1 or 2 days a week
- 4 1 to 3 days a month

**IF SAM5.1=5,8,7,9 AND FEMALE (S3.16=2) AND AGE (13.1) 18-44 GO TO SAM6.1
IF SAM 5.1=5,8,7,9 AND FEMALE AGE (13.1) 45 OR OLDER AND CHILDREN
(13.6) < 8 GO TO M10.1
IF SAM 5.1=5,8,7,9 AND FEMALE AGE (13.1) 45 OR OLDER AND NO CHILDREN
(13.6) >= 8 GO TO CLOSING STATEMENT.
IF SAM5.1=5,8,7,9 AND MALE (S3.16=1) WITH CHILDREN (13.6) < 8 GO TO
M10.1
IF SAM5.1=5,8,7,9 AND MALE (S3.16=1) WITH NO CHILDREN (13.6) => 8 GO
TO CLOSING STATEMENT**

If 8.3 < 77 AND/OR SAM4.1 < 77 continue, otherwise go to the next module

- 5 less than once a month
- 8 No drinks in the past 12 months
- 7 Don't know / Not sure
- 9 Refused

SAM5.2 In the past 12 months have you spent more time drinking than you intended?

State added: (387)

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

SAM5.3 Have you neglected some of your usual responsibilities because of using alcohol?

State added: (388)

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

SAM5.4 Have you wanted to cut down on your drinking? **State added: (389)**

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

SAM5.5 In the past 12 months, has anyone objected to your use of alcohol? **State added: (390)**

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

SAM5.6 Have you frequently found yourself thinking about drinking? **State added: (391)**

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

SAM5.7 Have you used alcohol to relieve feelings such as sadness, anger, or boredom?

State added: (392)

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

STATE ADDED MODULE 6: EMERGENCY CONTRACEPTIVES

ASK OF WOMEN AGE 18-44 (Q13.16=2, Q13.1 =>18 AND <=44). ALL OTHERS GO TO NEXT SECTION.

Now I have a few questions about emergency contraceptive pills (ECP's).

SAM6.1. Have you ever heard about emergency contraceptive pills (ECPs)? These used to be called the "morning after pill." If taken according to directions within 5 days after unprotected sex, they can prevent a pregnancy. **State added: (393)**

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

SAM6.2. Have you ever used emergency contraceptive pills (ECPs)? **State added: (394)**

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

Module 10: Childhood Asthma

For 1 child in HH.

M10.1 Earlier you said there was 1 child age 17 or younger living in your household. Has this child ever been diagnosed with asthma?

If response to core Q13.6 is '88' (none) or '99' (refused) go to closing statement.

M10.1. Earlier you said there were [fill in number from core Q13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

(271-272)

- | | | |
|-----|-----|--|
| ___ | ___ | Number of children |
| 8 | 8 | None Go to closing statement |
| 7 | 7 | Don't know / Not sure Go to closing statement |
| 9 | 9 | Refused Go to closing statement |

If response to M10.1 is 1 ask M10.2 as:

M10.2 Does this child still have asthma?

If response to M10.1 is greater than 1 but less than 77, ask M10.2 as:

M10.2. How many of these children still have asthma?

If only one child from Q1 and response is "Yes" to Q2, code '01'. If response is "No", to Q2 code '88'.

(273-274)

- | | | |
|-----|-----|-----------------------|
| ___ | ___ | Number of children |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Closing Statement

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