

**2000 Hawaii
Behavioral Risk Factor Surveillance System**

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Section 1: Health Status

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

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

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

- a. Number of days
- b. None

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

- a. Number of days
- b. None **If Q 1.2 also "None," go to Q 2.1**

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

- a. Number of days
- b. None

Section 2/State-added questions: Insurance & Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- a. Yes
 - b. No **Go to Q 2.3a**
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?
- a. Yes
 - b. No
- 2.3. What type of health care coverage do you use to pay for most of your medical care?
- a. Your employer **Go to HIPLAN**
 - b. Someone else's employer **Go to HIPLAN**
 - c. A plan that you or someone else buys on your own **Go to HIPLAN**
 - d. Medicare **Go to HIPLAN**
 - e. Medicaid or Medical Assistance **Go to HIPLAN**
 - f. The military, CHAMPUS, TriCare, or the VA **Go to HIPLAN**
 - g. The Indian Health Service **Go to HIPLAN**
 - h. Some other source **Go to HIPLAN**
 - i. None **Go to HINOCOV**
- 2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following:
- a. Your employer
 - b. Someone else's employer
 - c. A plan that you or someone else buys on
 - d. Medicare
 - e. Medicaid or Medical Assistance
 - f. The military, CHAMPUS, TriCare, or the VA
 - g. The Indian Health Service
 - h. Some other source
 - i. None **Go to HINOCOV**

HIPLAN. What is your primary health insurance plan?

If response is COBRA, then ask what Cobra plan they are under.
If response is QUEST, then ask what Quest plan they are under.

- a. Aetna
- b. Aloha Care - Quest
- c. Blue Cross/Blue Shield
- d. ChampUS/TriCare
- e. HMSA
- f. HMSA Quest
- g. Island Care
- h. Kaiser
- i. Kaiser Quest
- j. Kapiolani Health
- k. Kapiolani Quest
- l. Medicaid
- m. Medicare
- n. Prudential
- o. Queen's
- p. Queen's Quest
- q. Quest
- r. Straub
- s. Straub Quest
- t. University Health Alliance
- u. Other (specify)

COVERAGE. Which of the following care plans are covered by your medical insurance?

- a. basic medical care? (Y/N)
- b. prescription drugs and medicine? (Y/N)
- c. dental care? (Y/N)
- d. vision and eye care? (Y/N)

HINOCOV. Why are you not covered by health insurance?

- a. Lost job or changed employers **Go to Q 2.5**
- b. Spouse or parent lost job or changed employer **Go to Q 2.5**
- c. Became ineligible because of age or left school **Go to Q 2.5**
- d. Employer stopped offering coverage **Go to Q 2.5**
- e. Employment cutback to part time **Go to Q 2.5**
- f. Couldn't afford to pay premiums **Go to Q 2.5**

- g. Insurance company refused coverage **Go to Q 2.5**
- h. Other (specify) **Go to Q 2.5**

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

- a. Yes **Go to Q 2.6**
- b. No **Go to Q 2.6**

2.5. About how long has it been since you had health care coverage?

- a. Within the past 6 months (1 to 6 months ago)
- b. Within the past year (6 to 12 months ago)
- c. Within the past 2 years (1 to 2 years ago)
- d. Within the past 5 years (2 to 5 years ago)
- e. 5 or more years ago
- f. Never

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

- a. Yes
- b. No

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

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

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 5 years (2 to 5 years ago)
- d. 5 or more years ago
- e. Never

Section 3: Asthma

3.1 Did a doctor ever tell you that you had asthma?

- a. Yes
- b. No **Go to Q 4.1**

3.2 Do you still have asthma?

- a. Yes
- b. No

Section 4/Module 1/State-added questions: Diabetes

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

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

- a. Yes
- b. Yes, but female told only during pregnancy **Go to Q 5.1**
- c. No **Go to Q 5.1**

M1.1. How old were you when you were told you had diabetes?

Code age in years

TYPE_DIA. What type of diabetes were you told you had?

- a. Type I (includes insulin-dependent and juvenile-onset)
- b. Type II (includes non-insulin-dependent, adult-onset)
- c. Gestational (only during pregnancy)
- d. Other

M1.2. Are you now taking insulin?

- a. Yes
- b. No

M1.3. Are you now taking diabetes pills?

- a. Yes
- b. No

M1.4. 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.

- a. Times per day
- b. Times per week
- c. Times per month
- d. Times per year
- e. Never

M1.5. 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.

- a. Times per day
- b. Times per week
- c. Times per month
- d. Times per year
- e. Never
- f. No feet

M1.6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- a. Yes
- b. No

M1.7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- a. Number of times
- b. None

M1.8. A test for hemoglobin "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 hemoglobin "A one C"?

- a. Number of times
- b. None
- c. Never heard of hemoglobin "A one C" test

If "no feet" to M 1.5, go to M 1.10

M1.9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- a. Number of times
- b. None

- M1.10. 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.
- a. Within the past month (0 to 1 month ago)
 - b. Within the past year (1 to 12 months ago)
 - c. Within the past 2 years (1 to 2 years ago)
 - d. 2 or more years ago
 - e. Never
- M1.11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- a. Yes
 - b. No
- M1.12. Have you ever taken a course or class in how to manage your diabetes yourself?
- a. Yes
 - b. No

Section 5: Care Giving

5.1. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older?

- a. Yes
- b. No

5.2. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?

- g. Relative or friend
- b. Would provide care myself
- c. Nursing home
- d. Home health service
- e. Personal physician
- f. Area Agency on Aging
- g. Hospice
- h. Hospital nurse
- i. Minister/priest/rabbi
- j. Other
- i. Don't know who to call

Section 6: Exercise

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

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

- a. Yes
- b. No **Go to Q 7.1**

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

Activity **[specify]**: **See coding list A**

Ask Q 6.3 only if answer to Q 6.2 is running, jogging, walking, or swimming.

All others, go to Q 6.4.

6.3. How far did you usually walk/run/jog/swim?

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

Miles and tenths

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

- a. Times per week
- b. Times per month

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

Hours and minutes

6.6. Was there another physical activity or exercise that you participated in during the last month?

- a. Yes
- b. No **Go to Q 7.1**

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

Activity **[specify]**: _____
See coding list A

Ask Q 6.8 only if answer to Q 6.7 is running, jogging, walking, or swimming.

All others go to Q 6.9.

6.8. How far did you usually walk/run/jog/swim?

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

Miles and tenths

6.9. How many times per week or per month did you take part in this activity?

- a. Times per week
- b. Times per month

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

Hours and minutes

Section 7/State-added questions: Tobacco Use

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

5 packs = 100 cigarettes

- a. Yes
- b. No **Go to Q 8.1**

7.2. Do you now smoke cigarettes everyday, some days, or not at all?

- a. Everyday
- b. Some days **Go to Q 7.3a**
- c. Not at all **Go to Q 7.5**

7.3. On the average, about how many cigarettes a day do you now smoke?

1 pack = 20 cigarettes

Number of cigarettes **Go to Q 7.4**

7.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

1 pack = 20 cigarettes

Number of cigarettes

7.4. During the past 12 months, have you quit smoking for 1 day or longer?

- a. Yes **Go to QSMOKE**
- b. No **Go to QSMOKE**

7.5. About how long has it been since you last smoked cigarettes regularly, that is, daily?

- a. Within the past month (0 to 1 month ago)
- b. Within the past 3 months (1 to 3 months ago)
- c. Within the past 6 months (3 to 6 months ago)
- d. Within the past year (6 to 12 months ago)
- e. Within the past 5 years (1 to 5 years ago)
- f. Within the past 15 years (5 to 15 years ago)
- g. 15 or more years ago
- h. Never smoked regularly

QSMOKE. Has a doctor or other health professional ever advised you to quit smoking?

If “Yes”, ask “About how long ago was it?”

- a. Yes, within the past 12 months (1 to 12 months ago)
- b. Yes, within the past 3 years (1 to 3 years ago)
- c. Yes, 3 or more years ago
- d. No

Section 8: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

8.1. How often do you drink fruit juices such as orange, grapefruit, or tomato?

- a. Per day
- b. Per week
- c. Per month
- d. Per year
- e. Never

8.2. Not counting juice, how often do you eat fruit?

- a. Per day
- b. Per week
- c. Per month
- d. Per year
- e. Never

8.3. How often do you eat green salad?

- a. Per day
- b. Per week
- c. Per month
- d. Per year
- e. Never

8.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

- a. Per day
- b. Per week
- c. Per month
- d. Per year
- e. Never

8.5. How often do you eat carrots?

- a. Per day
- b. Per week
- c. Per month
- d. Per year
- e. Never

8.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

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

- a. Per day
- b. Per week
- c. Per month
- d. Per year
- e. Never

Section 9: Weight Control

9.1. Are you now trying to lose weight?

- a. Yes **Go to Q. 9.3**
- b. No

9.2. Are you now trying to maintain your current weight, that is to keep from gaining weight?

- a. Yes
- b. No **Go to Q. 9.5**

9.3. Are you eating either fewer calories or less fat to...
lose weight? **[if "Yes" on Q. 9.1]**

keep from gaining weight? **[if "Yes" on Q. 9.2]**

If "Yes", probe for which...

- a. Yes, fewer calories
- b. Yes, less fat
- c. Yes, fewer calories and less fat
- d. No

9.4. Are you using physical activity or exercise to...
lose weight? **[if "Yes" on Q. 9.1]**

keep from gaining weight? **[if "Yes" on Q. 9.2]**

- a. Yes
- b. No

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

If "Yes", probe for which...

- a. Yes, lose weight
- b. Yes, gain weight
- c. Yes, maintain current weight
- d. No

Section 10/State-added questions: Demographics

10.1. What is your age?

Code age in years

SIRACE. What is your race?

- a. Caucasian (includes European, German, Irish, Italian, English)
- b. Hawaiian/Part Hawaiian
- c. Chinese (includes Taiwanese)
- d. Filipino
- e. Japanese (includes Okinawan)
- f. Korean
- g. Samoan/Tongan
- h. Black
- i. American Indian/Alaska Native
- j. Vietnamese
- k. Asian Indian
- l. Portuguese
- m. Guamanian/Chamorro
- n. Puerto Rican
- o. Mexican
- p. Mixed/Non-Hawaiian
- q. Other Asian (includes Laotian, Thai, Malaysian)
- r. Other Pacific Islander (includes Tahitian, Fijian, Polynesian, Micronesian)
- s. Other (specify)

10.3. Are you of Spanish or Hispanic origin?

- a. Yes
- b. No

MRACE1-4. Of what race is your mother?
 Accepts up to 4 answers
 If answer is "part" or "mixed", probe for all of the
 "parts".

- a. Caucasian (includes European, German, Irish, Italian, English)
- b. Hawaiian/Part Hawaiian
- c. Chinese (includes Taiwanese)
- d. Filipino
- e. Japanese (includes Okinawan)
- f. Korean
- g. Samoan/Tongan
- h. Black
- i. American Indian/Alaska Native
- j. Vietnamese
- k. Asian Indian
- l. Portuguese
- m. Guamanian/Chamorro
- n. Puerto Rican
- o. Mexican
- p. Other Asian (includes Laotian, Thai, Malaysian)
- q. Other Pacific Islander (includes Tahitian, Fijian, Polynesian, Micronesian)
- r. Other (specify)

FRACE1-4. Of what race is your father?
 Accepts up to 4 answers
 If answer is "part" or "mixed", probe for all of the
 "parts".

- a. Caucasian (includes European, German, Irish, Italian, English)
- b. Hawaiian/Part Hawaiian
- c. Chinese (includes Taiwanese)
- d. Filipino
- e. Japanese (includes Okinawan)
- f. Korean
- g. Samoan/Tongan
- h. Black
- i. American Indian/Alaska Native
- j. Vietnamese
- k. Asian Indian
- l. Portuguese
- m. Guamanian/Chamorro
- n. Puerto Rican
- o. Mexican
- p. Other Asian (includes Laotian, Thai, Malaysian)
- q. Other Pacific Islander (includes Tahitian, Fijian, Polynesian)
- r. Other (specify)

10.4. Are you:

- a. Married
- b. Divorced
- c. Widowed
- d. Separated
- e. Never been married
- f. A member of an unmarried couple

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

- a. less than 5 years old?
- b. 5 through 12 years old?
- c. 13 through 17 years old?

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

- a. Never attended school or only attended kindergarten
- b. Grades 1 through 8 (Elementary)
- c. Grades 9 through 11 (Some high school)
- d. Grade 12 or GED (High school graduate)
- e. College 1 year to 3 years (Some college or technical school)
- f. College 4 years or more (College graduate)

10.7. Are you currently:

- a. Employed for wages
- b. Self-employed
- c. Out of work for more than 1 year
- d. Out of work for less than 1 year
- e. Homemaker
- f. Student
- g. Retired
- h. Unable to work

10.8. I'm going to read you some annual household income categories. Please stop me when I come to the category your household income falls under. Is your annual household income from all sources:

- a. Less than \$10,000
- b. \$10,000 to \$14,999
- c. \$15,000 to \$19,999
- d. \$20,000 to \$24,999
- e. \$25,000 to \$34,999
- f. \$35,000 to \$49,999
- g. \$50,000 to \$74,999
- h. \$75,000 or more

Skip next income question if did not answer Don't know/Not Sure to Q 10.8

10.8a. Is your annual household income from all sources:

If respondent refuses at any income level, then code refused.

- a. Less than \$25,000 **If "no," ask e; if "yes," ask b**
(\$20,000 to less than \$25,000)
- b. Less than \$20,000 **If "no," code a; if "yes," ask c**
(\$15,000 to less than \$20,000)
- c. Less than \$15,000 **If "no," code b; if "yes," ask d**
(\$10,000 to less than \$15,000)
- d. Less than \$10,000 **If "no," code c**
- e. Less than \$35,000 **If "no," ask f**
(\$25,000 to less than \$35,000)
- f. Less than \$50,000 **If "no," ask g**
(\$35,000 to less than \$50,000)
- g. Less than \$75,000 **If "no," code h**
(\$50,000 to \$75,000)
- h. \$75,000 or more

10.9. 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?

- a. Yes
- b. No **Go to Q 10.12**

10.10. Which of the following best describes your current military status?

- a. Currently on active duty **Go to Q 10.12**
- b. Currently in reserves **Go to Q 10.12**
- c. No longer in military service

10.11. In the last 12 months have you received some or all of your health care from VA facilities?

If "Yes", probe for which...

- a. Yes, all of my health care
- b. Yes, some of my health care
- c. No, no VA health care received

10.12. About how much do you weigh without shoes?

Round fractions up.

Weight in pounds

10.13. How much would you like to weigh?

Weight

10.14. About how tall are you without shoes?

Round fractions down.

Height in feet and inches

10.15. What island do you live on?

Island code

State added. What is your residential zip code?

9 6

10.16. Do you have more than one telephone number in your household?

a. Yes

b. No **Go to Q 10.18**

10.17. How many residential telephone numbers do you have?

Exclude dedicated fax and computer lines.

Total telephone numbers

MAILOUT. Do you recall receiving a letter from the Department of Health notifying you that this survey was being conducted and that your household could be contacted?

If anyone in the household knows of the letter, then code as YES.

- a. Yes
- b. No

10.18. Indicate sex of respondent.

Male **Go to Section 12: HIV/AIDS**
Female

Section 11: Women's Health

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

- a. Yes
- b. No **Go to Q 11.4**

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

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 3 years (2 to 3 years ago)
- d. Within the past 5 years (3 to 5 years ago)
- e. 5 or more years ago

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

- a. Routine checkup
- b. Breast problem other than cancer
- c. Had breast cancer

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

- a. Yes
- b. No **Go to Q 11.7**

11.5. How long has it been since your last breast exam?

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 3 years (2 to 3 years ago)
- d. Within the past 5 years (3 to 5 years ago)
- e. 5 or more years ago

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

- a. Routine Checkup
- b. Breast problem other than cancer
- c. Had breast cancer

11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

- a. Yes
- b. No **Go to Q 11.10**

11.8. How long has it been since you had your last Pap smear?

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 3 years (2 to 3 years ago)
- d. Within the past 5 years (3 to 5 years ago)
- e. 5 or more years ago

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

- a. Routine exam
- b. Check current or previous problem
- c. Other

11.10. Have you had a hysterectomy?

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

- a. Yes **Go to Section 12: HIV/AIDS**
- b. No

If respondent 45 years old or older, go to Section 12: HIV/AIDS

11.11 To your knowledge, are you now pregnant?

- a. Yes
- b. No

Section 12: HIV/AIDS

If respondent is 65 years old or older, go to Arthritis Module.

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.

12.1. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?

- a. Grade
- b. Kindergarten
- c. Never

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

- a. Yes
- b. No
- c. Would give other advice

12.3. What are your chances of getting infected with HIV, the virus that causes AIDS?

- a. High
- b. Medium
- c. Low
- d. None
- e. Not applicable **Go to Q 12.7a**

12.4. Have you donated blood since March 1985?

- a. Yes
- b. No **Go to Q 12.6a**

12.5. Have you donated blood in the past 12 months?

- a. Yes
- b. No

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

Include saliva tests.

- a. Yes **Go to Q 12.7**
- b. No **Go to Family Planning Module**

12.6a. Have you ever been tested for HIV?

Include saliva tests.

- a. Yes **Go to Q 12.7a**
- b. No **Go to Family Planning Module**

12.7. Not including your blood donations, have you been tested for HIV in the past 12 months?

Include saliva tests.

- a. Yes **Go to Q 12.8**
- b. No **Go to Family Planning Module**

12.7a. Have you been tested for HIV in the past 12 months?

Include saliva tests.

- a. Yes
- b. No **Go to Family Planning Module**

12.8. What was the main reason you had your last test for HIV?

- a. For hospitalization or surgical procedure
- b. To apply for health insurance
- c. To apply for life insurance
- d. For employment
- e. To apply for a marriage license
- f. For military induction or military service
- g. For immigration
- h. Just to find out if you were infected
- I. Because of referral by a doctor
- j. Because of pregnancy
- k. Referred by your sex partner
- l. Because it was part of a blood donation process
Go to Family Planning Module
- m. For routine check-up
- n. Because of occupational exposure
- o. Because of illness
- p. Because I am at risk for HIV
- q. Other

12.9. Where did you have your last test for HIV?

- a. Private doctor, HMO
- b. Blood bank, plasma center, Red Cross
- c. Health department
- d. AIDS clinic, counseling, testing site
- e. Hospital, emergency room, outpatient clinic
- f. Family planning clinic
- g. Prenatal clinic, obstetrician's office
- h. Tuberculosis clinic
- i. STD clinic
- j. Community health clinic
- k. Clinic run by employer
- l. Insurance company clinic
- m. Other public clinic
- n. Drug treatment facility
- o. Military induction or military service site
- p. Immigration site
- q. At home, home visit by nurse or health worker
- r. At home using self-sampling kit
- s. In jail or prison
- t. Other

12.10. Did you receive the results of your last test?

- a. Yes
- b. No **Go to Family Planning Module**

12.11. Did you receive counseling or talk with a health care professional about the results of your test?

- a. Yes
- b. No

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

Module 3: Family Planning

If respondent is male or age 45 years old or older, go to Arthritis Module.

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

If pregnant now ("Yes" to core Q 10.11), go to Q 2a.

M3.1. Have you been pregnant in the last 5 years?

- a. Yes
- b. No **Go to M 3.3**

M3.2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

- a. You wanted to be pregnant sooner **Go to M 3.3**
- b. You wanted to be pregnant later **Go to M 3.3**
- c. You wanted to be pregnant then **Go to M 3.3**
- d. You didn't want to be pregnant then or at anytime in the future **Go to M 3.3**
- e. You don't know **Go to M 3.3**

M3.2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?

- a. You wanted to be pregnant sooner
- b. You wanted to be pregnant later
- c. You wanted to be pregnant then
- d. You didn't want to be pregnant then or at any time in the future
- e. You don't know

If respondent had hysterectomy ("Yes" to core Q 11.10) or is pregnant now ("Yes" to core Q 11.11), go to M 3.6.

M3.3. Are you or your [fill in (husband/partner) from core Q 10.4] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.

- a. Yes
- b. No **Go to M 3.5**
- c. Not sexually active **Go to M 3.6**

M3.4. What kinds of birth control are you or your **[fill in (husband/partner) from core Q 10.4]** using now?

If more than one, probe for the primary reason.

- a. Tubes tied (sterilization) **Go to M 3.6**
- b. Vasectomy (sterilization) **Go to M 3.6**
- c. Pill **Go to M 3.6**
- d. Condoms **Go to M 3.6**
- e. Foam, jelly, cream **Go to M 3.6**
- f. Diaphragm **Go to M 3.6**
- g. Norplant **Go to M 3.6**
- h. Shots (Depo-Provera) **Go to M 3.6**
- i. Withdrawal **Go to M 3.6**
- j. Other **Go to M 3.6**

M3.5. What are your reasons for not using any birth control now?

If more than one, probe for the primary reason.

- a. I am not having sex
- b. I want to get pregnant
- c. I don't want to use birth control
- d. My husband or partner doesn't want to use birth control
- e. I don't think I can get pregnant
- f. I can't pay for birth control
- g. Other

M3.6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?

- a. A family planning clinic **[Example: a Planned Parenthood clinic]**
Go to M 3.8
- b. A health department clinic
- c. A community health center
- d. A private gynecologist
- e. A general or family physician
- f. Some other kind of place

M3.7. Have you ever used the services at a family planning clinic?

Example: a Planned Parenthood clinic

- a. Yes
- b. No **Go to Arthritis Module**

M3.8. How long has it been since you used the services at a family planning clinic?

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 3 years (2 to 3 years ago)
- d. Within the past 5 years (3 to 5 years ago)
- e. 5 or more years ago

Module 14: Arthritis

- M14.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?
- a. Yes
 - b. No **Go to M 14.4**
- M14.2. Were these symptoms present on most days for at least one month?
- a. Yes
 - b. No
- M14.3. Are you now limited in any way in any activities because of joint symptoms?
- a. Yes
 - b. No
- M14.4. Have you ever been told by a doctor that you have arthritis?
- a. Yes
 - b. No **Go to Other State-added Questions**
- M14.5. What type of arthritis did the doctor say you have?
- a. Osteoarthritis/degenerative arthritis
 - b. Rheumatism
 - c. Rheumatoid Arthritis
 - d. Lyme disease
 - e. Other
 - f. Never saw a doctor
- M14.6. Are you currently being treated by a doctor for arthritis?
- a. Yes
 - b. No

Other State-added Questions**DISABILITY:**

SF2. Does your health *now* limit you in *moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

- a. Yes, limited a lot
- b. Yes, limited a little
- c. No, not limited at all

SF3. Does your health *now* limit you in climbing *several* flights of stairs?

- a. Yes, limited a lot
- b. Yes, limited a little
- c. No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health:

SF4. *Accomplished less* than you would like?

- a. Yes
- b. No

SF5. Were limited in the *kind* of work or other activities?

- a. Yes
- b. No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

SF6. *Accomplished less* than you would like?

- a. Yes
- b. No

SF7. Didn't do work or other activities as *carefully* as usual?

- a. Yes
- b. No

SF8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- a. Not at all
- b. A little bit
- c. Moderately
- d. Quite a bit
- e. Extremely

The next 3 questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks ...

SF9. Have you felt calm and peaceful?

- a. All of the time
- b. Most of the time
- c. A good bit of the time
- d. Some of the time
- e. A little of the time
- f. None of the time

SF10. Did you have a lot of energy?

- a. All of the time
- b. Most of the time
- c. A good bit of the time
- d. Some of the time
- e. A little of the time
- f. None of the time

SF11. Have you felt downhearted and blue?

- a. All of the time
- b. Most of the time
- c. A good bit of the time
- d. Some of the time
- e. A little of the time
- f. None of the time

SF12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- a. All of the time
- b. Most of the time
- c. A good bit of the time
- d. Some of the time
- e. A little of the time
- f. None of the time

Sate added LIVWILL. Do you have a living will?

If prompted read:

A Living Will is the written instructions you give about the kind of medical treatment you want or don't want. You fill it out before you fall ill so the doctors will know what you want if you ever get so sick you can't decide for yourself.

- a. Yes
- b. No

HLTHPOA. Do you have a health care power of attorney?

If prompted read:

A Health Care Power of Attorney is a written document that lets you designate someone else to make decisions regarding your health care if you get so sick that you can't decide for yourself.

- a. Yes
- b. No

OTHER NUTRITION:

NUTR1. Yesterday, did you eat any whole-grain bread, such as 100% whole wheat, wheatberry, bran, rye or pumpernickel?

- a. Yes
- b. No

NUTR2. Yesterday, did you eat any beans, such as kidney beans, soybeans, azuki beans, chili beans, lentils, or eat bean soup or peas?

- a. Yes
- b. No

NUTR3. Yesterday, did you eat brown rice or a combination of brown and white rice? (White rice and wild rice are coded as "No").

- a. Yes
- b. No

NUTR4. Yesterday, did you eat any gobo or burdock root, potato, sweet potato, taro, seaweed, or shiitake mushrooms? (All other mushrooms are coded as "No"; Yams, poi, limu, konbu and nori are coded as "Yes").

- a. Yes
- b. No

NUTR5. Yesterday, did you eat a breakfast cereal? (Includes both hot and cold cereal).

- a. Yes
- b. No **Go to NUTR7**

NUTR6. What was the name of the cereal you ate yesterday?
Coded by cereal name.

- a. 4+ grams of fiber
- b. 3-3.9 grams of fiber
- c. 2-2.9 grams of fiber
- d. 0-1.9 grams of fiber
- e. Other (specify)

NUTR7. Some people change or modify their diet to increase their fiber intake. Do you try to eat foods high in fiber? (Metamucil, Citrucel, phyllium (pronounced silly-um) husk or seed, and bran are coded as "Yes").

- a. Yes
- b. No

NUTR8. Some people change or modify their diet to increase their calcium intake. Do you try to eat foods high in calcium? (Tums, calcium supplements, and calcium fortified juices are coded as "Yes").

- a. Yes
- b. No

NUTR9. Yesterday, did you drink any milk, including chocolate milk, or a fast food milk shakes or have milk on cereal? (Soy milk, rice milk, ice cream, and frozen yogurt are coded as "No". Yogurt and yogurt drinks are coded as "Yes").

- a. Yes
- b. No **Go to FOLIC**

NUTR10. Was the milk/yogurt nonfat, 1% light, 2% reduced fat, or whole milk? (Skim is "Nonfat", Lowfat and 1% are "Light", and 2% is "Reduced").

- a. Nonfat
- b. Light
- c. Reduced
- d. Whole

FOLIC. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- a. Yes
- b. No

Closing Statement

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

**Activity List for Common Leisure Activities
Coding List A**

Code Description

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

Coding List B

Lap Swimming

**Size pool/Laps
(1 lap = 2 lengths)**

- 50 ft. pool
5 laps (10 lengths) = .1 mile
100 ft. pool
2½ laps (5 lengths) = .1 mile
50 meter pool
1½ laps (3 lengths) = .1 mile

Running/Jogging/Walking

- ½ mile = .5 mile
1/4 mile = .3 mile
1/8 mile = .1 mile
1 block = .1 mile