



2011

**Behavioral Risk Factor Surveillance System
Questionnaire**

December 4, 2010

Behavioral Risk Factor Surveillance System 2011 Draft Questionnaire

Table of Contents

Table of Contents	2
Interviewer’s Script.....	4
Core Sections	6
Section 1: Health Status	6
Section 2: Healthy Days — Health-Related Quality of Life	6
Section 3: Health Care Access	7
Section 4: Hypertension Awareness.....	8
Section 5: Cholesterol Awareness.....	8
Section 6: Chronic Health Conditions	9
Section 7: Tobacco Use.....	12
Section 8: Demographics.....	14
Section 9: Fruits and Vegetables.....	21
Section 10: Exercise (Physical Activity).....	26
Section 11: Disability	28
Section 12: Arthritis Burden.....	28
Section 13: Seatbelt Use	30
Section 14: Immunization	30
Section 15: Alcohol Consumption.....	31
Section 16: HIV/AIDS	32
Closing/Transition Statement.....	32
Optional Modules.....	34
Module 1: Pre-Diabetes.....	34
Module 2: Diabetes.....	34
Module 3: Healthy Days (Symptoms)	Error! Bookmark not defined.
Module 4: Sugar Sweetened Beverages and Menu Labeling	37
Module 5: Preconception Health/Family Planning	37
Module 6: Visual Impairment and Access to Eye Care.....	Error! Bookmark not defined.
Module 7: Inadequate Sleep.....	Error! Bookmark not defined.
Module 8: High Risk/Health Care Worker	Error! Bookmark not defined.
Module 9: Cardiovascular Health.....	Error! Bookmark not defined.
Module 10: Actions to Control High Blood Pressure.....	38
Module 11: Heart Attack and Stroke.....	Error! Bookmark not defined.
Module 12: Breast/Cervical Cancer Screening	41
Module 13: Prostate Cancer Screening	42
Module 14: Colorectal Cancer Screening	44
Module 15: Smoking Cessation	53
Module 16: Secondhand Smoke.....	Error! Bookmark not defined.
Module 17: Adult Asthma History	Error! Bookmark not defined.
Module 18: Arthritis Management.....	Error! Bookmark not defined.
Module 19: Tetanus Diphtheria (Adults)	Error! Bookmark not defined.
Module 20: Adult Human Papilloma Virus (HPV).....	Error! Bookmark not defined.
Module 21: Shingles	Error! Bookmark not defined.
Module 22: Chronic Obstructive Pulmonary Disease (COPD).....	Error! Bookmark not defined.
Module 23: General Preparedness.....	Error! Bookmark not defined.
Module 24: Veterans’ Health	Error! Bookmark not defined.
Module 25: Reactions to Race.....	Error! Bookmark not defined.
Module 26: Anxiety and Depression	Error! Bookmark not defined.



Module 27: Cognitive Impairment	45
Module 28: Social Context.....	Error! Bookmark not defined.
Module 29: HIV/AIDS.....	Error! Bookmark not defined.
Module 30: Emotional Support and Life Satisfaction	Error! Bookmark not defined.
Module 31: Adverse Childhood Experience.....	Error! Bookmark not defined.
Module 32: Random Child Selection	49
Module 33: Childhood Asthma Prevalence.....	53
Module 34: Child Immunization (Influenza).....	Error! Bookmark not defined.
Asthma Call-Back Permission Script.....	57
Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)	58
List of Health Problems to Accompany Module 8, Question 3	59
[DO NOT READ]	59

Interviewer's Script

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

Is this (phone number) ?

If "no,"

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

Is this a private residence in (state) ?

If "no,"

Thank you very much, but we are only interviewing private residences in (state) . **STOP**

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."]

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

If "no,"

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

How many of these adults are men 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 4

To the correct respondent:

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) 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.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

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

Or

- 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 / Not sure
- 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 = 88 (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)

- | | | |
|---|---|-----------------------|
| – | – | 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 or Indian Health Services? (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?
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?” (81)

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

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

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

3.4 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. (83)

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

Section 4: Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84)

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

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

4.2 Are you currently taking medicine for your high blood pressure? (85)

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

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (86)

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

5.2 About how long has it been since you last had your blood cholesterol checked? (87)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (88)

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

Section 6: Chronic Health Conditions

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

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

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (89)

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

6.2 (Ever told) you had angina or coronary heart disease? (90)

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

6.3 (Ever told) you had a stroke?

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

6.4 (Ever told) you had asthma? (92)

- 1 Yes
- 2 No [Go to Q6.6]
- 7 Don't know / Not sure [Go to Q6.6]
- 9 Refused [Go to Q6.6]

6.5 Do you still have asthma? (93)

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

6.6 (Ever told) you had skin cancer? (94)

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

6.7 (Ever told) you had any other types of cancer? (95)

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

6.8 (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis? (96)

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

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (97)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (98)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (99)

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

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

- 6.12** (Ever told) you have vision or eye problems? (100)
- 1 Yes
 - 2 No
 - 3 Respondent is blind
 - 7 Don't know / Not sure
 - 9 Refused

- 6.13** (Ever told) you have diabetes? (101)

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

CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q6.13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Tobacco Use

- 7.1** Have you smoked at least 100 cigarettes in your entire life? (102)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

- 7.2** Do you now smoke cigarettes every day, some days, or not at all? (103)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q7.4]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

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

(104)

- | | | |
|---|-----------------------|---------------------|
| 1 | Yes | [Go to Q7.5] |
| 2 | No | [Go to Q7.5] |
| 7 | Don't know / Not sure | [Go to Q7.5] |
| 9 | Refused | [Go to Q7.5] |

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

(105-106)

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

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

Snus (rhymes with 'goose')

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

(107)

- | | |
|---|------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all |

Do not read:

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

Section 8: Demographics

8.1 What is your age? (108-109)

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

8.2 Are you Hispanic or Latino? (110)

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

8.3 Which one or more of the following would you say is your race? (111-116)

(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 or Alaska Native

Or

6 Other [specify] _____

Do not read:

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

8.4 Which one of these groups would you say best represents your race? (117)

Please read:

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

Or

6 Other [specify] _____

Do not read:

7 Don't know / Not sure

9 Refused

Special for Hawaii state

SAQ1. Which one or more of the following would you say is your ethnicity ? (allow for 6 ethnicities meaning 12 columns xxx-yyy)

sirace1 to sirace6

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/ Alaska Native/ Eskimo/ Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican
- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian (specify) record the specified in
- 23 Other (specify) record the specified in

Do not read

24 Don't know/ Not sure

25 Refuse

26 No additional choices

SAQ2. Which one of these groups would you say best represent your ethnicity?

siracebest

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/ Alaska Native/ Eskimo/ Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican
- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian (specify) record the specified in
- 23 Other (specify) record the specified in

Do not read

- 24 Don't know/ Not sure**
- 25 Refuse**
- 26 No additional choices**

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

(118)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...?

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

8.7

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

(120-121)

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

8.8 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)

Do not read:

- 9 Refused

8.9 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

Or

- 8 Unable to work

Do not read:

- 9 Refused

8.10 Is your annual household income from all sources— (124-125)

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

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**

- 0 5 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

8.11 About how much do you weigh without shoes? (126-129)

NOTE: If respondent answers in metrics, put “9” in column 126.

Round fractions up

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

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

NOTE: If respondent answers in metrics, put “9” in column 130.

Round fractions down

- — / — — Height
(f t / inches/meters/centimeters)
- 7 7 / 7 7 Don't know / Not sure
- 9 9 / 9 9 Refused

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

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

SAQ3	What island do you live on?
1	Oahu
2	Hawaii
3	Kauai
4	Maui
5	Molokai
6	Lanai

8.14 What is the ZIP Code where you live? (137-141)

— — — — —	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

8.15 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. (142)

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

8.16 How many of these telephone numbers are residential numbers? (143)

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

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (144)

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

8.18 Do you share a cell phone for personal use (at least one-third of the time) with other adults? (145)

1	Yes	[Go to Q8.20]
2	No	[Go to Q8.21]
7	Don't know / Not sure	[Go to Q8.21]
9	Refused	[Go to Q8.21]

8.19 Do you usually share this cell phone (at least one-third of the time) with any other adults? (146)

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

8.20 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (147-149)

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

8.21 Do you own or rent your home? (150)

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

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

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

8.22 Indicate sex of respondent. Ask only if necessary. (151)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

8.23 To your knowledge, are you now pregnant? (152)

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

Section 9: Fruits and Vegetables

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

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put “0” times per month. If respondent gives a number without a time frame, ask: “Was that per day, week, or month?”

9.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (153-155)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks. Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 9.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

9.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (156-158)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

9.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (159-161)

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

Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

9.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? (162-164)

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

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.



INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

9.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? (165-167)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

9.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes. (168-170)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Section 10: Exercise (Physical Activity)

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

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

10.1 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? (171)

- 1 Yes
- 2 No [Go to Q10.8]
- 7 Don't know / Not sure [Go to Q10.8]
- 9 Refused [Go to Q10.8]

10.2. What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)

- __ (Specify) [See Coding List A]
- 7 7 Don't know / Not Sure [Go to Q10.8]
- 9 9 Refused [Go to Q10.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as “Other”.

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

10.3 How many times per week or per month did you take part in this activity during the past month? (174-176)

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

_: _ Hours and minutes
 7 7 7 Don't know / Not sure
 9 9 9 Refused

10.5 What other type of physical activity gave you the next most exercise during the past month? (180-181)

_ _	(Specify)	[See Coding List A]
8 8	No other activity	[Go to Q10.8]
7 7	Don't know / Not Sure	[Go to Q10.8]
9 9	Refused	[Go to Q10.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.6 How many times per week or per month did you take part in this activity during the past month? (182-184)

1_ _ Times per week
 2_ _ Times per month
 7 7 7 Don't know / Not sure
 9 9 9 Refused

10.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

_: _ Hours and minutes
 7 7 7 Don't know / Not sure
 9 9 9 Refused

- 10.8** During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (188-190)
- 1__ Times per week
 - 2__ Times per month
 - 8 8 8 Never
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

Section 11: Disability

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

- 11.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

- 11.2** 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? (192)

NOTE: Include occasional use or use in certain circumstances.

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

Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

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

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (193)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

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

INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (194)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

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

- 12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (195)
- Please read [1-3]:**
- 1 A lot
 - 2 A little
 - 3 Not at all

Do not read:

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

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

12.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be. (196-197)

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

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say— (198)

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 14: Immunization

14.1 Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (199)

- 1 Yes
- 2 No [Go to Q14.4]
- 7 Don't know / Not sure [Go to Q14.4]
- 9 Refused [Go to Q14.4]

14.2 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? (200-205)

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

14.3 At what kind of place did you get your last flu shot/vaccine? (206-207)

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

Do not read:

- 9 9 Refused

14.4 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (208)

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

Section 15: Alcohol Consumption

15.1 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? (209-211)

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

15.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (212-213)

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

15.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? (214-215)

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

15.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

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

Section 16: HIV/AIDS

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.

16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (218)

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

16.2 Not including blood donations, in what month and year was your last HIV test? (219-224)

NOTE: If response is before January 1985, code "Don't know."
CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- __ / __ __ __ Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused / Not sure

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

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.

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

Do any of these situations apply to you?

(225)

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

Closing Statement or Transition to Modules and/or State-Added Questions

Closing Statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.13 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years? (245)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

CATI NOTE: If Core Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (246)
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | Yes, during pregnancy |
| 3 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 2: Diabetes

To be asked following Core Q6.13; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (247-248)
- | | |
|-----|---------------------------------------|
| – – | Code age in years [97 = 97 and older] |
| 9 8 | Don't know / Not sure |
| 9 9 | Refused |

2. Are you now taking insulin? (249)

- 1 Yes
- 2 No
- 9 Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (250-252)

- 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

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (253-255)

- 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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

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

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (258-259)

- _ _ 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

CATI NOTE: If Q4 = 555 “No feet”, go to Q8.

- 7.** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

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

- 8.** When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (262)

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

Do not read:

7 Don't know / Not sure
8 Never
9 Refused

- 9.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

- 10.** Have you ever taken a course or class in how to manage your diabetes yourself? (264)

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

Module 4: Sugar Sweetened Beverages and Menu Labeling

1. About how often do you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (273-275)

1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

2. About how often do you drink sweetened fruit drinks, such as Kool-aid, cranberry, and lemonade? Include fruit drinks you made at home and added sugar to. (276-278)

1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

3. The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order? (279-280)

Please read:

01 Always
02 Most of the time
03 About half the time
04 Sometimes
05 Never

Do not read:

06 Never noticed or never looked for calorie information
08 Usually cannot find calorie information
55 Do not eat at fast food or chain restaurants
77 Don't know / Not sure
99 Refused

Module 10: Actions to Control High Blood Pressure

CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next module.

Earlier you stated that you had been diagnosed with high blood pressure.

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

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (316)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (317)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (319)

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

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

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (320)



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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (321)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (322)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (323)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (324)

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

10. Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure? (325)

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

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

Module 12: Breast/Cervical Cancer Screening

CATI NOTE: If respondent is male, go to the next module.

The next questions are about breast and cervical cancer screening.

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (339)

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

2. How long has it been since you had your last mammogram? (340)

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

Do not read:

7 Don't know / Not sure
9 Refused

3. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (341)

1 Yes
2 No [Go to Q5]
7 Don't know / Not sure [Go to Q5]
9 Refused [Go to Q5]

4. How long has it been since your last breast exam? (342)

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

Do not read:

7 Don't know / Not sure

9 Refused

5. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (343)

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

6. How long has it been since you had your last Pap test? (344)

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

Do not read:

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

CATI NOTE: If response to Core Q8.23 = 1 (is pregnant); then go to next module.

7. Have you had a hysterectomy? (345)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Module 13: Prostate Cancer Screening

CATI NOTE: If respondent is ≤ 39 years of age, or is female, go to next module.

Now, I will ask you some questions about prostate cancer screening.

1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor EVER recommended that you have a PSA test? (346)

- 1 Yes
- 2 No
- 7 Don't Know / Not sure

9 Refused

2. Have you EVER HAD a PSA test? (347)

- 1 Yes
- 2 No [Go to Q8]
- 7 Don't Know / Not sure [Go to Q8]
- 9 Refused [Go to Q8]

3. How long has it been since you had your last PSA test? (348)

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

4. What was the MAIN reason you had this PSA test – was it part of a routine exam, because of a problem, or some other reason? (349)

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason
- 7 Don't know / Not sure
- 9 Refused

5. Before you had the PSA test did a doctor EVER talk with you about the advantages of the PSA test? (350)

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

6. Before you had the PSA test did a doctor EVER talk with you about the disadvantages of the PSA test? (351)

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

7. Which of the following best describes the decision to have the PSA test done? (352)

Please read:

- 1 You made the decision
- 2 Your doctor/nurse/health care provider made the decision
- 3 Your doctor/nurse/health care provider and you made the decision together
- 4 Your spouse/significant other/family member made the decision

Do not read:

- 7 You don't know who made the decision
- 9 Refused

8. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (353)

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

Module 14: Colorectal Cancer Screening

CATI NOTE: If respondent is \leq 49 years of age, go to next module.

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? (354)

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

2. How long has it been since you had your last blood stool test using a home kit? (355)

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

Do not read:

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

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? (356)

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

4. For a 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? (357)

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

5. How long has it been since you had your last sigmoidoscopy or colonoscopy? (358)

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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Module 27: Cognitive Impairment

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (453)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.

CATI NOTE: If number of adults > 1, go to Q2.

2. [If Q1 = 1]; Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months? (454)

- Number of people [6 = 6 or more]
- 8 NONE
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.

CATI NOTE: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.

CATI NOTE: If Q2 < 7; go to Q3. Otherwise, go to next module.

3. Of these people, please select the person who had the most recent birthday. How old is this person? (455-456)

Read only if necessary:

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90 +

Do not read:

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

CATI NOTE: If Q1 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'."

INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse."

4. During the past 12 months, how often **[If Q1 = 1 (Yes): insert "have you;" otherwise, insert "has this person"]** given up household activities or chores **[If Q1 = 1 (Yes): insert "you;" otherwise, insert "they"]** used to do, because of confusion or memory loss that is happening more often or is getting worse?

(457)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

5. As a result of **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss, in which of the following four areas **[If Q1 = 1 (Yes): insert "do you;" otherwise, insert "does this person"]** need the MOST assistance?

(458)

- 1 Safety **[read only if necessary: such as forgetting to turn off the stove or falling]**
- 2 Transportation **[read only if necessary: such as getting to doctor's appointments]**
- 3 Household activities **[read only if necessary: such as managing money or housekeeping]**
- 4 Personal care **[read only if necessary: such as eating or bathing]**

Do not read:

- 5 Needs assistance, but not in those areas
- 6 Doesn't need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

6. During the past 12 months, how often has confusion or memory loss interfered with **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** ability to work, volunteer, or engage in social activities?

(459)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

7. During the past 30 days, how often **[If Q1 = 1 (Yes): insert "has;" otherwise, insert "have you,"]** a family member or friend provided any care or assistance for **[If Q1 = 1 (Yes): "you;" otherwise, insert "this person"]** because of confusion or memory loss?

(460)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

8. Has anyone discussed with a health care professional, increases in **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss?

(461)

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

9. **[If Q1 = 1 (Yes): insert "Have you;" otherwise, insert "Has this person"]** received treatment such as therapy or medications for confusion or memory loss?

(462)

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

10. Has a health care professional ever said that **[If Q1 = 1 (Yes): insert “you have;” otherwise, insert “this person has”]** Alzheimer’s disease or some other form of dementia? (463)
- 1 Yes, Alzheimer’s Disease
 - 2 Yes, some other form of dementia but not Alzheimer’s Disease
 - 3 No diagnosis has been given
 - 7 Don’t know / Not sure
 - 9 Refused

Module 32: Random Child Selection

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

If Core Q8.7 is >1 and Core Q8.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

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

INTERVIEWER PLEASE READ:

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

1. What is the birth month and year of the “Xth” child? (488-493)
- | | |
|---------------|-----------------------|
| _ / _ _ | Code month and year |
| 7 7 / 7 7 7 7 | Don’t know / Not sure |
| 9 9 / 9 9 9 9 | Refused |

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

2. Is the child a boy or a girl? (494)

- 1 Boy
- 2 Girl
- 9 Refused

3. Is the child Hispanic or Latino? (495)

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

4. Which one or more of the following would you say is the race of the child? (496-501)

[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

Or

- 6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race? (502)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure

Special for Hawaii state

SAQ4. Which one or more of the following would you say is the ethnicity of the child? (allow for 6 ethnicities meaning 12 columns xxx-yyy)

csirace1 to csirace6

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/ Alaska Native/ Eskimo/ Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican
- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian (specify) record the specified in
- 23 Other (specify) record the specified in

Do not read

- 24 Don't know/ Not sure**
- 25 Refuse**
- 26 No additional choices

SAQ5.

csiracebest

Which one of these groups would you say best represents the child's ethnicity?

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/ Alaska Native/ Eskimo/ Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican
- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian (specify) record the specified in
- 23 Other (specify) record the specified in

Do not read

- 24 Don't know/ Not sure**
- 25 Refuse**
- 26 No additional choices**

6. How are you related to the child?

(503)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

Module 33: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.

Now, I would like to ask you about the "Xth" [CATI: please fill in correct number] child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (504)
- 1 Yes
 - 2 No [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]
2. Does the child still have asthma? (505)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

SAQ: Smoking Cessation

Now, I would like to ask you some questions about programs available to help people quit smoking.

Ask everyone : 1 (htqlknow). Do you know about the Hawaii Tobacco Quitline?
(1) Yes (2) No (7) Don't know (9) Refused.

If question 7.2 is 1 everyday or is 2 some days (smokers) and htqlknow =1 yes, ask
2 (htqluseful).

How useful would the Hawaii Tobacco Quitline be in helping you stop using (or
smoking) tobacco?

(1) Very useful (2) Somewhat useful (3) Not at all useful

If question 7.2 is 1 everyday or is 2 some days (smokers) and htqlknow =2, 7 (no, don't know)
say

(q7.1 in ((1) and q7.2 in (1,2)) and htqlknow in (2,7,9) (don't know about the quitline and are smokers)

The Hawaii Tobacco Quitline is a free local phone counseling service that helps you set up a plan to quit using tobacco or smoking tobacco and could provide free nicotine patches or gum over the phone. **Then ask 2 (htqluseful).**

If question 7.2 is 3, 7, 9 not smoker/dk/ref and htqlknow =1 yes, ask

q7.1 in ((2,7,9) or q7.2 in (3,7,9)) and htqlknow =1 then ask 2b (Know about the quitline and are nonsmokers)

2b (htqluseful). How useful would the Hawaii Tobacco Quitline be in helping smoker stop using (or smoking) tobacco?

(1) Very useful (2) Somewhat useful (3) Not at all useful

If question 7.2 is 3, 7, 9 not smoker/dk/ref and htqlknow =2, 7 (no, don't know)

q7.1 in ((2,7,9) or q7.2 in (3,7,9)) and htqlknow in (2,7,9) (don't know about the quitline and non smokers)

say

The Hawaii Tobacco Quitline is a free local phone counseling service that helps you set up a plan to quit using tobacco or smoking tobacco and could provide free nicotine patches or gum over the phone. **Then ask 2b (htqluseful).**

CATI NOTE: If (Core Q7.1 = 2, 7, 9) go to next module. If (Core Q7.2 = 7, 9) go to next module. If (Core Q7.3 = 1), go to Q4. If (Core Q7.3 = 2, 7, 9), go to Q7. If (Core Q7.4 = 1-4) continue. If (Core Q7.4 = 5-7, 77, 99) go to next module.

3. SM15Q02 You last smoked (If Core Q7.4 = 1); say "less than." If (Core Q7.4 = 2, 3, or 4) say "more than" [first two words in the parentheses of Core Q7.4 response] ago. Is that because you are trying to quit smoking for good?

CATI NOTE: First two words of Core Q7.4 response, means fill in with the first two words of the response category. (This is relevant only to responses 01-04 in Core Q7.4). For example, if the respondent says they last smoked "Within the past 6 months (3 months but less than 6 months ago)", response category 03, the first sentence of Q3 would be "You last smoked more than 3 months ago."

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

Previously, you mentioned you (If Core Q7.3 = 1); say, "tried to quit smoking in the past year." (If Core Q7.4 = 1-4 and Q2 = 1); say, "quit smoking in the past year. The next few questions ask about your most recent attempt to quit smoking.

3a. **SM15Q03** (former and current smoker) did you call a telephone quitline to help you quit?

4. **SM15Q04** (If Core Q7.4 = 1-4 and Q3 = 1): When you quit smoking...
(If Core Q7.2 = 1 or 2 and Q7.3 = 1): The last time you tried to quit smoking... did you use a program to help you quit?

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

5. **SM15Q05** (If Core Q7.4 = 1-4 and Q3 = 1): When you quit smoking...
(If Core Q7.2 = 1 or 2 and Q7.3 = 1): The last time you tried to quit smoking... did you receive one-on-one counseling from a health professional to help you quit?

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

6. **SM15Q06** (If Core Q7.4 = 1-4 and Q3 = 1): When you quit smoking...
(If Core Q7.2 = 1 or 2 and Q7.3 = 1): The last time you tried to quit smoking... did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin®, Zyban®, bupropion, Chantix®, or varenicline to help you quit?

NOTE: Pronounce "Wellbutrin" as Well-BYOU-TRIN, "Zyban" as Z-EYE BAN, "bupropion" as BYO PRO PRI ON, "Chantix" as CHAN Tics, and "varenicline" as VAR EN IH CLEAN]. Please read list slowly.

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

CATI NOTE: If (Core Q7.2 = 1 or 2) or (Q3 = 2); continue. Otherwise, go to Next Module.
The next few questions are about plans to quit smoking in the future.

7. **SM15Q07** Do you have a time frame in mind for quitting?

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

8. **SM15Q08** Do you plan to quit smoking cigarettes for good...

Please read:

- 1 In the next 7 days

- 2 In the next 30 days
- 3 In the next 6 months
- 4 In the next year
- 5 More than 1 year from now

Do not read:

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

SAQ: Falls

Ask everyone:

btfalls What things can people do to help reduce the risk that an older adult will fall and be injured? (Check all that respondent offers, prompt for up to three).

- a. have their vision regularly checked
- b. wear safe footwear
- c. exercise regularly/maintain good physical condition
- d. review/change their prescription medicines with guidance from their doctor or pharmacist
- e. consult their physicians for general fall prevention advice
- f. reduce clutter/tripping and slipping hazards in and outside their home
- g. ensure adequate lighting in and outside their home
- h. install home safety features such as shower grab bars, hand rails, etc.
- i. other
- j. nothing/falls can not be prevented

SAQ:

Ask everyone:

sexorient Because the Department of Health wants to ensure that this survey reflects the diversity of the state, I'd like to ask you about your sexual orientation. Please respond with the number that best indicates what is true for you.

Do not read these responses

(For Men) Do you think of yourself as . . . (X)

- 1. Heterosexual or straight (attracted to women)
- 2. Homosexual or gay (attracted to men)
- 3. Bisexual (attracted to men and women)
- 4. Something else
- 5. Not sure



- 7. Don't know
- 9. Refused

Do not read these responses

(For Women) Do you think of yourself as . . . (X)

- 1 Heterosexual or straight (attracted to men)
- 2. Homosexual or lesbian (attracted to women)
- 3. Bisexual (attracted to men and women)
- 4. Something else
- 5. Not sure
- 7. Don't know
- 9. Refused

Asthma Call-Back Permission Script

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

(515)

- 1 Yes
- 2 No

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back?

(516)

- 1 Adult
- 2 Child

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	

List of Health Problems to Accompany Module 8, Question 3

[DO NOT READ]

Lung Problems

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

Kidney Problems

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

Anemia

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

Causes of Weak Immune System

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines