



**2012**  
**MISSOURI**  
**Behavioral Risk Factor Surveillance System**  
**Questionnaire**  
(Landline and Cell)

**January 12, 2012**

# Missouri Behavioral Risk Factor Surveillance System 2012 Questionnaire

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## Interviewer's Script (Landline interview) – see page 45 for cell phone intro script

HELLO, I am calling for the Missouri Dept of Health & Senior Services. My name is (name). We are gathering information about the health of Missouri 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 Missouri ?

**If "Yes"**            **[Go to cellular phone question]**

**If "No"**             **[Go to college housing]**

**Interviewer Note:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

### **College Housing**

Do you live in college housing?

**Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"**

**If "No,"**

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

### **Cellular Phone**

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 or college housing. **STOP**

**CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection**

**Adult**

Are you 18 years of age or older?

- 1      **Yes, respondent is male**                      **[Go to Page 6]**
- 2      **Yes, respondent is female**                      **[Go to Page 6]**
- 3      **No**

**If "No",**

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

**Adult Random Selection**

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 6.**

**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 6**

**To the correct respondent:**

HELLO, I am calling for the Missouri Dept. of Health & Senior Services . My name is       (name)      . We are gathering information about the health of Missouri 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

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- 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

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- 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
  - 7 7 Don't know / Not sure
  - 9 9 Refused
- [If Q2.1 and Q2.2 = 88 (None), go to next section]**

**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, government plans such as Medicare, or Indian Health Service? (80)

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

#### State-added Question

SAIC: What type of health care coverage do you use to pay for **MOST** of your medical care? Is it coverage through: Your employer, Someone else's employer, A plan that you or someone else buys on your own, Medicare, MC+, Medicaid MO Healthnet or Medical Assistance, The Military, CHAMPUS, Tricare, or the VA or CHAMP-VA, The Indian Health Service or Some other source? (451-452)

**Note: If more than one type, ask 'which type do you use to pay for most of your medical care.'**

- — Coverage code
- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 MC+, Medicaid MO Healthnet or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA or CHAMP-VA
- 07 The Indian Health Service
- 08 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

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

**If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"**

- 1 Yes, only one
- 2 More than one

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

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

## Section 4: Exercise

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**4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

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

## Section 5: Chronic Health Conditions

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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."

**5.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (85)

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

- 5.2** (Ever told) you had angina or coronary heart disease? (86)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 5.3** (Ever told) you had a stroke? (87)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 5.4** (Ever told) you had asthma? (88)
- 1 Yes
  - 2 No [Go to Q5.6]
  - 7 Don't know / Not sure [Go to Q5.6]
  - 9 Refused [Go to Q5.6]
- 5.5** Do you still have asthma? (89)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 5.6** (Ever told) you had skin cancer? (90)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 5.7** (Ever told) you had any other types of cancer? (91)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 5.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (92)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused



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

(93)

- 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)

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

(94)

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

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

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

(95)

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

**5.12** Do you have any trouble seeing, even when wearing glasses or contact lenses?

(96)

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don't know / Not sure
- 9 Refused

**5.13** (Ever told) you have diabetes? (97)

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 Q5.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q5.13, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.**

## Section 6: Oral Health

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**6.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (98)

**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
- 8 Never
- 9 Refused

**6.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

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

(99)

## Section 7: Demographics

---

**7.1** What is your age? (100-101)

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

**7.2** Are you Hispanic or Latino? (102)

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

**7.3** Which one or more of the following would you say is your race? (103 -108)

**(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

**CATI note: If more than one response to Q7.3; continue. Otherwise, go to Q7.5.**

**7.4** Which one of these groups would you say best represents your race? (109)

**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

**7.5** 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. (110)

- 1 Yes
- 2 No

**Do not read:**

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

**7.6** Are you...? (111)

**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

**7.7** How many children less than 18 years of age live in your household? (112-113)

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

**7.8** What is the highest grade or year of school you completed? (114)

**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

**7.9** Are you currently...? (115)

**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

**7.10** Is your annual household income from all sources— (116-117)

**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

**7.11** About how much do you weigh without shoes? (118-121)

**NOTE: If respondent answers in metrics, put “9” in column 118.**

**Round fractions up**

\_ \_ \_ \_ Weight  
 (pounds/kilograms)  
 7 7 7 7 Don't know / Not sure  
 9 9 9 9 Refused

**7.12** About how tall are you without shoes? (122-125)

**NOTE: If respondent answers in metrics, put “9” in column 122.**

**Round fractions down**

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

**7.13** What county do you live in? (126-128)

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

**State Added Question**

**CATI note: Ask SACitKC only if Q7.13 = 095, 047, or 165.**

**SACitKC** Do you live within the city limits of Kansas City? (453)

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

**7.14** What is the ZIP Code where you live? (129-133)

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

**7.15** 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. (134)

1 Yes  
 2 No [Go to Q7.17]  
 7 Don't know / Not sure [Go to Q7.17]  
 9 Refused [Go to Q7.17]

**7.16** How many of these telephone numbers are residential numbers? (135)

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

**7.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (136)

1 Yes  
 2 No [Go to Q7.19]  
 7 Don't know / Not sure [Go to Q7.19]  
 9 Refused [Go to Q7.19]

**7.18** 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? (137-139)

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

**7.19** Do you own or rent your home? (140)

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.**

**7.22** Indicate sex of respondent. Ask only if necessary. (141)

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

**7.23** To your knowledge, are you now pregnant? (142)

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

## Section 8: Disability

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

**8.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (143)

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



**8.2** 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? (144)

**Include occasional use or use in certain circumstances.**

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

## Section 9: Tobacco Use

---

**9.1** Have you smoked at least 100 cigarettes in your entire life? (145)

**NOTE: 5 packs = 100 cigarettes**

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

**9.2** Do you now smoke cigarettes every day, some days, or not at all? (146)

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

**9.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (147)

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

**9.4** How long has it been since you last smoked a cigarette, even one or two puffs? (148-149)

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

**9.5** 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.** (150)

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

**Do not read:**

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

## Section 10: Alcohol Consumption

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**10.1** 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? (151-154)

- 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]**

**10.2** 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? (154-155)

**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

**10.3** 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? (156-157)

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

**10.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (158-159)

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

## Section 11: Immunization

---

**11.1** Now I will ask you questions about the 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? (160)

**READ IF NECESSARY:**

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes  
 2 No [Go to Q11.4]  
 7 Don't know / Not sure [Go to Q11.4]  
 9 Refused [Go to Q11.4]

**11.2** 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? (161-166)

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

**11.3** At what kind of place did you get your last flu shot/vaccine? (167-168)

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
- 11.4** 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? (169)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 12: Falls

---

**If respondent is 45 years or older continue, otherwise go to next section.**

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- 12.1** In the past 12 months, how many times have you fallen? (170-171)

- – Number of times **[76 = 76 or more]**
- 8 8 None **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

- 12.2** **[Fill in "Did this fall (from Q12.1) cause an injury?"]. If only one fall from Q12.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.**

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(172-173)

- – Number of falls **[76 = 76 or more]**
- 8 8 None
- 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— (174)

**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

**CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.**

## Section 14: Drinking and Driving

---

**CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.**

The next question is about drinking and driving.

**14.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175-176)

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

## Section 15: Breast and Cervical Cancer Screening

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**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

**15.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

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

**15.2** How long has it been since you had your last mammogram? (178)

**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

**15.3** 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? (179)

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

**15.4** How long has it been since your last breast exam? (180)

**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

**15.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

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

15.6 How long has it been since you had your last Pap test? (182)

**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 Q7.23 = 1 (is pregnant); then go to next section.**

15.7 Have you had a hysterectomy? (183)

**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

## Section 16: Prostate Cancer Screening (new questions)

---

**CATI note: If respondent is  $\leq$ 39 years of age, or is female, go to next section.**

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

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (184)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (185)

- 1 Yes
- 2 No

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

**16.3** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (186)

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

**16.4** Have you EVER HAD a PSA test? (187)

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

**16.5** How long has it been since you had your last PSA test? (188)

**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

**16.6** What was the MAIN reason you had this PSA test – was it ...? (189)

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

**Do Not Read:**

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



## Section 17: Colorectal Cancer Screening

---

**CATI note: If respondent is  $\leq$  49 years of age, go to next section.**

The next questions are about colorectal cancer screening.

**17.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (190)

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

**17.2** How long has it been since you had your last blood stool test using a home kit? (191)

**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

**17.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (192)

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

**17.4** 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? (193)

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

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (194)

**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

## Section 18: 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 do not 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.

18.1 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. (195)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 Not including blood donations, in what month and year was your last HIV test? (196-201)

**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
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

18.3 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?

(202)

- |   |                       |
|---|-----------------------|
| 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 help us provide 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 – **Include in cell interviews**

### Module 17: Mental Illness and Stigma

---

Now, I am going to ask you some questions about how you have been feeling lately.

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (338)

1 All  
2 Most  
3 Some  
4 A little  
5 None  
7 Don't know / Not sure  
9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (339)

1 All  
2 Most  
3 Some  
4 A little  
5 None  
7 Don't know / Not sure  
9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?  
[If necessary: **all, most, some, a little, or none of the time?**] (340)

1 All  
2 Most  
3 Some  
4 A little  
5 None  
7 Don't know / Not sure  
9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?  
[If necessary: **all, most, some, a little, or none of the time?**] (341)

1 All  
2 Most  
3 Some  
4 A little  
5 None  
7 Don't know / Not sure  
9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**?

**Note: If respondent asks what does “everything was an effort” means; say, “Whatever it means to you”**

**[If necessary: all, most, some, a little, or none of the time?]**

(342)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**?

**[If necessary: all, most, some, a little, or none of the time?]**

(343)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(344-345)

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

**INTERVIEWER NOTE:** If asked, "**usual activities**" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(346)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment.

9. Treatment can help people with mental illness lead normal lives. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly?

(347)

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly
- Do not read:**
- 7 Don't know / Not sure
- 9 Refused

10. People are generally caring and sympathetic to people with mental illness. Do you – agree slightly or strongly, or disagree slightly or strongly? (348)

- Read only if necessary:**
- 1 Agree strongly
  - 2 Agree slightly
  - 3 Neither agree nor disagree
  - 4 Disagree slightly
  - 5 Disagree strongly
  - Do not read:**
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER NOTE:** If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

## Module 23: Random Child Selection

---

**CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q7.7 = 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 Q7.7 is >1 and Core Q7.7 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? (392-397)

\_\_ / \_\_\_\_ 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? (398)

- 1 Boy
- 2 Girl
- 9 Refused

3. Is the child Hispanic or Latino? (399)

- 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? (400-405)

**[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? (406)

- 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
- 9 Refused

6. How are you related to the child? (407)

**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 24: Childhood Asthma Prevalence

---

**CATI note: If response to Core Q7.7 = 88 (None) or 99 (Refused), go to next module.**

The next two questions are 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? (408)

- 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? (409)

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



## Module 25: Childhood Immunization

---

**CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**CATI note: If selected child's age is  $\geq 6$  months, continue. Otherwise, go to next module.**

1. Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has **[Fill: he/she]** had a seasonal flu vaccination? (410)

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

2. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did **[Fill: he/she]** receive **[Fill: his/her]** most recent seasonal flu vaccination? (411-416)

- |                       |                       |
|-----------------------|-----------------------|
| <u>  </u> / <u>  </u> | Month / Year          |
| 7 7 / 7 7 7 7         | Don't know / Not sure |
| 9 9 / 9 9 9 9         | Refused               |

## STATE-ADDED QUESTIONS

### Include in Cell interviews

#### Secondhand Smoke Policy (State-added)

- SATP1. Some cities and towns are considering laws that would make workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants, bars and casinos. Would you support such a law in your community? (454)
- 1. Yes
  - 2. No
  
  - 7 Don't know/Not sure
  - 9 Refused

- SATP2. Missouri state law allows designated smoking areas in restaurants and other public places. Would you support a change in the state law that would make all workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants, bars and casinos? (455)
- 1. Yes
  - 2. No
  
  - 7 Don't know/Not sure
  - 9 Refused

#### Perceived Physical Activity Environment (State-added)

Think about your neighborhood when answering the following questions. For this interview, neighborhood is defined as the area within one-half mile or a ten-minute walk from your house.

- SAPA1. Does your neighborhood have any sidewalks? (456)
- 1 Yes
  - 2 No
  
  - 7 Don't know/Not sure
  - 9 Refused

- SAPA2. For walking at night, would you describe the street lighting in your neighborhood as: (457)
- Please read**
- 1 Very good
  - 2 Good
  - 3 Fair
  - 4 Poor
  
  - 7 Don't know/Not sure

9 Refused

SAPA3. Do the roads and streets in your community have shoulders or marked lanes for bicycling?" (458)

1 Yes  
2 No

7 Don't know/Not sure  
9 Refused

### Perceived Nutrition Environment (State-added)

SANE1. To what degree would you agree or disagree with the statement, "In my neighborhood, it is easy to purchase healthy foods such as whole grain foods, low fat options, and fruits and vegetables."  
Would you...? (459)

**Please read:**

1 Strongly agree  
2 Agree  
3 Neither agree nor disagree (neutral)  
4 Disagree  
5 Strongly disagree

Do not read:

7 Don't Know/Not Sure  
9 Refused

### Sodium Intake – State-added

Now I would like to ask you some questions about salt intake.

**Every respondent answers all questions**

SASI 1. Are you currently watching or reducing your salt intake? (460)

1. Yes **[CONTINUE TO Question 2]**  
2. No **[SKIP to Question 3]**

7. Don't know/not sure **[SKIP to Question 3]**  
9. Refused **[SKIP to Question 3]**

SASI 2. How many days, weeks, months, or years have you been watching or reducing your salt intake?"

1. \_\_\_ Days ;
2. \_\_\_ Weeks
3. \_\_\_ Months
4. \_\_\_ Years
5. All my life
  
7. Don't know/not sure
9. Refused

SASI 3. Has a doctor or other health professional ever advised you to reduce salt intake?  
(464)

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

### High Blood Pressure – State-added

SAHBP Have you ever been told on **two or more different visits** by a doctor or other health professional that you had high blood pressure?  
(465)

**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

## Cognitive Impairment Module (From 2011 BRFSS) – State-added

---

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.**

- SACI 1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (466)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

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

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

- SACI 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? (467)
- |   |                                  |
|---|----------------------------------|
| – | Number of people [6 = 6 or more] |
| 8 | NONE                             |
| 7 | Don't know / Not sure            |
| 9 | Refused                          |

**CATI note: If Q1=1, skip to 4.**

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

- SACI 3. Of these people, please select the person who had the most recent birthday. How old is this person? (468-469)

**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."**

SACI 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? (470)

**Please read:**

1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
5 Never

**Do not read:**

7 Don't know / Not sure  
9 Refused

SACI 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? (471)

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

SACI 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?

(472)

**Please read:**

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

**Do not read:**

- 7 Don’t know / Not sure
- 9 Refused

SACI 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**?

(473)

**Please read:**

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

**Do not read:**

- 7 Don’t know / Not sure
- 9 Refused

SACI 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**?

(474)

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

SACI 9. Have [If Q1 = 1 (Yes): insert “you;” otherwise, insert “this person”] received

treatment such as therapy or medications for **confusion or memory loss?**

(475)

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

SACI 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?

(476)

- 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

## Caregiver Module (From 2010 BRFSS) – State-added

---

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

SACM 1. During the past month, did you provide any such care or assistance to a friend or family member?

(477)

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

SACM 2. What age is the person to whom you are giving care?

**INTERVIEWER NOTE: If more than one person, ask: "What is the age of the person to whom you are giving the most care?"**

(478-480)

- Code age in years [0-115]
- 777 Don't know / Not sure
- 999 Refused

The remainder of these questions will be about the person to whom you are giving the most care.



SACM 3. Is this person male or female? (481)

- 1 Male
- 2 Female
- 9 Refused

SACM 4. What is his/her relationship to you? (482-483)

**Read only if necessary: “For example is he/she your (mother/daughter or father/son)?**

**Do not read:**

- 0 1 Parent
- 0 2 Parent-in-law
- 0 3 Child
- 0 4 Spouse
- 0 5 Sibling
- 0 6 Grandparent
- 0 7 Grandchild
- 0 8 Other Relative
- 0 9 Non-relative
- 7 7 Don’t know / Not sure
- 9 9 Refused

SACM 5. For how long have you provided care for [CATI: code from Q4]. If Q4 = 77 (Don’t know/not sure) or 99 (Refused); say: “that person.” (484-486)

**NOTE: Code using respondent’s unit of time.**

- 1 \_\_ Days
- 2 \_\_ Weeks
- 3 \_\_ Months
- 4 \_\_ Years
- 7 7 7 Don’t know / Not sure
- 9 9 9 Refused

SACM 6. What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has? [Check only one condition]. (487-488)

**Do not read:**

**Physical Health Condition/Disease**

- 0 1 Arthritis/Rheumatism
- 0 2 Asthma
- 0 3 Cancer
- 0 4 Diabetes
- 0 5 Heart Disease

- 0 6 Hypertension/High Blood Pressure
- 0 7 Lung Disease/Emphysema
- 0 8 Osteoporosis
- 0 9 Parkinson's Disease
- 1 0 Stroke

**Disability**

- 1 1 Eye/Vision Problem (blindness)
- 1 2 Hearing Problems (deafness)
- 1 3 Multiple Sclerosis (MS)
- 1 4 Spinal Cord Injury
- 1 5 Traumatic Brain Injury (TBI)

**Learning/Cognition**

- 1 6 Alzheimer's Disease or Dementia
- 1 7 Attention-Deficit Hyperactivity Disorder (ADHD)
- 1 8 Learning Disabilities (LD)

**Developmental Disability**

- 1 9 Cerebral Palsy (CP)
- 2 0 Down's Syndrome
- 2 1 Other developmental disability (e.g., spinal bifida, muscular dystrophy, fragile X)

**Mental Health**

- 2 2 Anxiety
- 2 3 Depression
- 2 4 Other
  
- 7 7 Don't know / Not sure
- 9 9 Refused

SACM 7. In which one of the following areas does the person you care for **most** need your help?

(489-490)

**Please read:**

- 0 1 Taking care of himself/herself, such as eating, dressing, or bathing
- 0 2 Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals
- 0 3 Communicating with others
- 0 4 Learning or remembering
- 0 5 Seeing or hearing
- 0 6 Moving around within the home
- 0 7 Transportation outside of the home
- 0 8 Getting along with people
- 0 9 Relieving/decreasing anxiety or depression
- 1 0 Something else

**Do not read:**

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

SACM 8. In an average week, how many hours do you provide care for [CATI: code from Q4]. If Q4 = 77 (Don't know/not sure) or 99 (Refused); say: "that person" because of his/her health problem, long-term illness, or disability?

**NOTE: Round up to the next whole number of hours.**

(491-493)

**Do not read:**

-- Hours per week  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

SACM 9. I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver.

(494-495)

**Please read:**

- 0 1 Creates a financial burden
- 0 2 Doesn't leave enough time for yourself
- 0 3 Doesn't leave enough time for your family
- 0 4 Interferes with your work
- 0 5 Creates stress
- 0 6 Creates or aggravates health problems
- 0 7 Affects family relationships
- 0 8 Other difficulty
- 8 8 No difficulty

**Do not read:**

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

SACM 10. During the past year, has the person you care for experienced changes in thinking or remembering?

**Read only if necessary:** "Had more difficulty remembering people, places, or things, or understanding or making decisions as easily as they once did."

(496)

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

## Asthma Call-Back Permission Script – Include in cell interviews

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 **Missouri**. 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?

(497)

- 1 Yes
- 2 No

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

### Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back? (498)

- 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

## Interviewer's Script (Cell phone interview)

HELLO, I am calling for the Missouri Dept of Health & Senior Services. My name is (name). We are gathering information about the health of Missouri 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 a safe time to talk with you?**

**Yes**                    **[Go to phone]**  
**No**

**If "No",**

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) **STOP**

### Phone

Is this (phone number) ?

**Yes**                    **[Go to cellular phone]**  
**No**                    **[Confirm 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**

### Cellular Phone

Is this a cellular telephone?

**READ ONLY IF NECESSARY:** "By cellular telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

**Yes**                    **[Go to adult]**  
**No**

**If "No",**

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

### Adult

Are you 18 years of age or older?

<b>1</b>	<b>Yes, respondent is male</b>	<b>[Go to Private Residence]</b>
<b>2</b>	<b>Yes, respondent is female</b>	<b>[Go to Private Residence]</b>
<b>3</b>	<b>No</b>	

If "No",

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

### **Private Residence**

Do you live in a private residence?

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

**Yes**                    **[Go to state of residence]**  
**No**                     **[Go to college housing]**

### **College Housing**

Do you live in college housing?

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

**Yes**  
**No**

If "No",

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

### **State of Residence**

Are you a resident of \_\_\_\_\_ **(state)** \_\_\_\_\_?

**Yes**                    **[Go to landline]**  
**No**                     **[Go to state]**

### **State**

In what state do you live?

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

### **Landline**

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

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

**Interviewer Note:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

**Yes**                    **[Go to cellular phone usage]**  
**No**                     **[Go to Core]**

NOTE: If the response is “don’t know/not sure, or refused”,  
Thank you for your time. **STOP**

### **Cellular Phone Usage**

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?

\_\_\_ % Record value between 1% and 100%, allow for DK and REF responses.

888    Zero  
777    Don’t know/Not sure  
999    Refused

**If "90-100"        [Go to Core]**

NOTE: If the response is “0-89”, don’t know/not sure, or refused”,  
Thank you very much. Those are all the questions that I have for you today. **STOP**