1998 BRFSS Questionnaire

HELLO, I'm ______ calling for the ______ residents.
We're doing a study of the health practices of ______ residents.
Your phone number has been chosen randomly by the ______ to be
included in the study, and we'd like to ask some questions about things people do which may affect
their health.

Is this ______ ______ ______ ______ ______ ______ ______

Thank you very much, but I need to
(9:23)
(9:26)
(9:27)

Is this a private residence? ______

Thank you very much, but we can only
shorten private residences, STOP

Date Time Time Time Comments

Lied Busy ______ ______ ______ ______ ______

Comments

No answer ______ ______ ______ ______ ______

Appointments:

Today's date/time Spoke with Ask for Callback date/time ID Comments
1. ______ ______ ______ ______ ______
2. ______ ______ ______ ______ ______

Refusals:

Date/time Spoke with ID Comments
1st ______ ______ ______ ______
2nd ______ ______ ______ ______

Call Disposition Codes

01 - Completed interview
02 - Refused interview
03 - Nonworking number
04 - Ring, no answer
05 - Not a private residence
06 - No eligible respondent
07 - Selected respondent not available during
the interviewing period
08 - Language barrier
09 - Interview terminated within questionnaire
10 - Line busy
11 - Selected respondent unable to communicate
due to physical or mental impairment

Edited by: ______

Date: ______

Final disposition of telephone call
(9:20)

Wind down: ______

(9:20)
Our study requires that we 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?

If “yes” Are you the adult?

If “yes” Then you are the person I need to speak with. Go to page 3

If “no” May I speak with him or her? Go to “correct respondent” at bottom of page.

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

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

Prefix: ____________________________

Last digit of phone number

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<td>5</td>
<td>6</td>
<td>7</td>
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</tr>
</tbody>
</table>

Total adults

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

If “you,” go to page 3.

To correct respondent: Hello, I’m ____________________________ calling for the _____________________________. I’m a member of a special research team. We’re doing a study of residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.
The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is: (35)

   Please Read

   a. Excellent ................................................................. 1
   b. Very good ................................................................. 2
   c. Good .......................................................................... 3
   d. Fair ........................................................................... 4
   e. Poor ........................................................................... 5

   or

   Do not read these responses

   Don't know/Not Sure ...................................................... 7
   Refused .......................................................................... 9

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (36-37)

   a. Number of days ............................................................
   b. None .......................................................................... 8 8
   Don't know/Not sure ...................................................... 7 7
   Refused .......................................................................... 9 9
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

   a. Number of days .................................................. [ ]

   b. None  **If Q2 also "None," go to Q5 (p. 5)** ................................. 8  8
      Don't know/Not sure ................................................. 7  7
      Refused ........................................................................ 9  9

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

   a. Number of days .................................................. [ ]

   b. None .............................................................................. 8  8
      Don't know/Not sure ................................................. 7  7
      Refused ........................................................................ 9  9
Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (42)

   a. Yes ................................................................. 1
   b. No  Go to Q7a (p. 7) .................................................. 2
       Don't know/Not sure  Go to Q10 (p. 8) .............................. 7
       Refused  Go to Q10 (p. 8) ........................................... 9

6. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (43)

   a. Yes  Go to Q10 (p. 8) ................................................. 1
   b. No ................................................................. 2
       Don't know/not sure ..................................................... 7
       Refused .............................................................. 9
7. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: Coverage Code

Please Read

a. Your employer  Go to Q8 (p. 8) 0 1

b. Someone else’s employer  Go to Q8 (p. 8) 0 2

c. A plan that you or someone else buys on your own  Go to Q8 (p. 8) 0 3

d. Medicare  Go to Q19 (p. 8) 0 4

e. Medicaid or Medical Assistance [for substitute state program name]  Go to Q8 (p. 8) 0 5

f. The military, CHAMPUS, TriCare, or the VA [for CHAMP-VA]  Go to Q8 (p. 8) 0 6

g. The Indian Health Service [for the Alaska Native Health Service]  Go to Q8 (p. 8) 0 7

h. Some other source  Go to Q8 (p. 8) 0 8

None  Go to Q9 (p. 8) 8 8

Don’t know/Not sure  Go to Q8 (p. 8) 7 7

Refused  Go to Q8 (p. 8) 9 9
7a. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

(46-47)

<table>
<thead>
<tr>
<th>Coverage through</th>
<th>Coverage Code</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>a. Your employer</td>
<td>0 1</td>
</tr>
<tr>
<td>b. Someone else’s employer</td>
<td>0 2</td>
</tr>
<tr>
<td>c. A plan that you or someone else buys on your own</td>
<td>0 3</td>
</tr>
<tr>
<td>d. Medicare <em>Go to Q10 (p. 8)</em></td>
<td>0 4</td>
</tr>
<tr>
<td>e. Medicaid or Medical Assistance for substitute state program name*</td>
<td>0 5</td>
</tr>
<tr>
<td>f. The military, CHAMPUS, TriCare, or the VA<em>for CHAMP-VA</em></td>
<td>0 6</td>
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<tr>
<td>g. The Indian Health Service<em>for the Alaska Native Health Service</em></td>
<td>0 7</td>
</tr>
<tr>
<td>h. Some other source</td>
<td>0 8</td>
</tr>
<tr>
<td>Do not read these responses</td>
<td></td>
</tr>
<tr>
<td>None <em>Go to Q9 (p. 8)</em></td>
<td>8 8</td>
</tr>
<tr>
<td>Don’t know/Not sure <em>Go to Q10 (p. 8)</em></td>
<td>7 7</td>
</tr>
<tr>
<td>Refused <em>Go to Q10 (p. 8)</em></td>
<td>9 9</td>
</tr>
</tbody>
</table>
8. During the past 12 months, was there any time that you did not have any health insurance or coverage? (48)
   a. Yes  Go to Q10  .............................................. 1
   b. No  Go to Q10  .............................................. 2
      Don’t know/Not sure  Go to Q10  ............................. 7
      Refused  Go to Q10  .............................................. 9

9. About how long has it been since you had health care coverage? (49)
   Read Only if Necessary
   a. Within the past 6 months (1 to 6 months ago)  ...................... 1
   b. Within the past year (6 to 12 months ago)  .......................... 2
   c. Within the past 2 years (1 to 2 years ago)  .......................... 3
   d. Within the past 5 years (2 to 5 years ago)  .......................... 4
   e. 5 or more years ago .................................................. 5
      Don’t know/Not sure ................................................. 7
      Never ................................................................. 8
      Refused ............................................................... 9

10. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (50)
    a. Yes ................................................................. 1
    b. No ................................................................. 2
       Don’t know/Not sure ............................................. 7
       Refused ............................................................. 9
11. About how long has it been since you last visited a doctor for a routine checkup? (51)

**Read Only if Necessary**

<table>
<thead>
<tr>
<th>A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Within the past year (1 to 12 months ago)</td>
<td>1</td>
</tr>
<tr>
<td>b. Within the past 2 years (1 to 2 years ago)</td>
<td>2</td>
</tr>
<tr>
<td>c. Within the past 5 years (2 to 5 years ago)</td>
<td>3</td>
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<td>d. 5 or more years ago</td>
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<td>Don't know/Not sure</td>
<td>7</td>
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<tr>
<td>Never</td>
<td>8</td>
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<tr>
<td>Refused</td>
<td>9</td>
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</table>
Section 3: Diabetes

12. Have you ever been told by a doctor that you have diabetes? (52)

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

a. Yes ................................................................. 1
b. Yes, but female told only during pregnancy .......................... 2
c. No ................................................................. 3

Don't know/Not sure ................................................... 7
Refused ............................................................. 9
Section 4: Exercise

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

13. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (53)
   a. Yes ................................. 1
   b. No  Go to Q23 (p. 14) ................................. 2
       Don't know/Not sure  Go to Q23 (p. 14) ................................. 7
       Refused  Go to Q23 (p. 14) ................................. 9

14. What type of physical activity or exercise did you spend the most time doing during the past month? (54-55)
    Activity (specify):  
    See coding list A  
    Refused  Go to Q18 (p. 12) ................................. 9 9

→ Ask Q15 only if answer to Q14 is running, jogging, walking, or swimming. All others, go to Q16.

15. How far did you usually walk/run/jog/swim? (56-58)
    See coding list B if response is not in miles and tenths
    Miles and tenths .................................  
    Don't know/Not sure ................................. 7 7 7
    Refused ................................. 9 9 9

16. How many times per week or per month did you take part in this activity during the past month? (59-61)
    a. Times per week ................................. 1 
    b. Times per month ................................. 2 
    Don't know/Not sure ................................. 7 7 7
    Refused ................................. 9 9 9
17. And when you took part in this activity, for how many minutes or hours did you usually keep at it?  

Hours and minutes ...................................................... ----  
Don't know/Not sure ....................................................... 7 7 7  
Refused ................................................................. 9 9 9  

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

a. Yes ................................................................. 1  
b. No Go to Q23 (p. 14) .................................................. 2  
Don't know/Not sure Go to Q23 (p. 14) .............................. 7  
Refused Go to Q23 (p. 14) ................................................. 9  

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

Activity (specify)  

See coding list A  

Refused Go to Q23 (p. 14) ................................................. 9 9  

→ Ask Q20 only if answer to Q19 is running, jogging, walking, or swimming. All others go to Q21 (p. 13).  

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

Miles and tenths ......................................................... ----  
Don't know/Not sure ....................................................... 7 7 7  
Refused ................................................................. 9 9 9  

See coding list B if response is not in miles and tenths.
21. How many times per week or per month did you take part in this activity?  (71-73)
   a. Times per week ............................................................ 1 __________
   b. Times per month .......................................................... 2 __________
      Don't know/Not sure ....................................................... 7 7 7
      Refused ......................................................................... 9 9 9

22. And when you took part in this activity, for how many minutes or hours did you usually keep at it?  (74-76)
      Hours and minutes ................................................................. __________
      Don't know/Not sure ....................................................... 7 7 7
      Refused ......................................................................... 9 9 9
Section 5: Tobacco Use

23. Have you smoked at least 100 cigarettes in your entire life? (77)
   
   5 packs = 100 cigarettes
   
   a. Yes ................................................................. 1
   b. No Go to Q25 (p. 16) .............................................. 2
      Don't know/Not sure Go to Q28 (p. 16) ....................... 7
      Refused Go to Q28 (p. 16) ....................................... 9

24. Do you now smoke cigarettes everyday, some days, or not at all? (78)
    
    a. Everyday ........................................................... 1
    b. Some days Go to Q25a ............................................. 2
    c. Not at all Go to Q27 (p. 15) .................................... 3
       Refused Go to Q28 (p. 16) ....................................... 9

25. On the average, about how many cigarettes a day do you now smoke? (79-80)
    
    1 pack = 20 cigarettes
    
    Number of cigarettes [76 = 76 or more]
    Go to Q26 (p. 15) ................................................. ____
    Don't know/Not sure Go to Q26 (p. 15) ......................... 7 7
    Refused Go to Q26 (p. 15) ....................................... 9 9

25a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (81-82)
    
    1 pack = 20 cigarettes
    
    Number of cigarettes [76 = 76 or more]
    Go to Q28 (p. 16) ................................................. ____
    Don't know/Not sure Go to Q28 (p. 16) ......................... 7 7
    Refused Go to Q28 (p. 16) ....................................... 9 9
26. During the past 12 months, have you quit smoking for 1 day or longer?  (83)
   a. Yes Go to Q28 (p. 16) .................................................. 1
   b. No Go to Q28 (p. 16) .................................................. 2
      Don’t know/Not sure Go to Q28 (p. 16) .......................... 7
      Refused Go to Q28 (p. 16) ........................................... 9

27. About how long has it been since you last smoked cigarettes regularly, that is, daily?  (84-85)
   Time code ............................................................................

   Read Only if Necessary
   a. Within the past month (0 to 1 month ago) .................. 0 1
   b. Within the past 3 months (1 to 3 months ago) ............ 0 2
   c. Within the past 6 months (3 to 6 months ago) .......... 0 3
   d. Within the past year (6 to 12 months ago) .............. 0 4
   e. Within the past 5 years (1 to 5 years ago) ............... 0 5
   f. Within the past 15 years (5 to 15 years ago) ............ 0 6
   g. 15 or more years ago ........................................... 0 7
      Don’t know/Not sure .................................................... 7 7
      Never smoked regularly ........................................... 8 8
      Refused ....................................................................... 9 9
28. Have you ever smoked a cigar, even just a few puffs?  

Cigar = 
large cigar
cigarillo, or small cigar

a. Yes ................................................................. 1
b. No Go to Section 6: Fruits and Vegetables (p. 18) .................... 2
   Don’t know/Not sure Go to Section 6: Fruits and Vegetables (p. 18) . 7
   Refused Go to Section 6: Fruits and Vegetables (p. 18) ............... 9

29. When was the last time you smoked a cigar?  

Time code .................................................................  

Read Only if Necessary

a. Within the past month (0 to 1 month ago) ............................ 0 1
b. Within the past 3 months (1 to 3 months ago)  
   Go to Section 6: Fruits and Vegetables (p. 18) .................... 0 2
c. Within the past 6 months (3 to 6 months ago)  
   Go to Section 6: Fruits and Vegetables (p. 18) .................... 0 3
d. Within the past year (6 to 12 months ago)  
   Go to Section 6: Fruits and Vegetables (p. 18) .................... 0 4
e. Within the past 5 years (1 to 5 years ago)  
   Go to Section 6: Fruits and Vegetables (p. 18) .................... 0 5
f. Within the past 15 years (5 to 15 years ago)  
   Go to Section 6: Fruits and Vegetables (p. 18) .................... 0 6
g. 15 or more years ago Go to Section 6: Fruits and Vegetables (p. 18) . 0 7
   Don’t know/not sure Go to Section 6: Fruits and Vegetables (p. 18) . 7 7
   Refused Go to Section 6: Fruits and Vegetables (p. 18) ............... 9 9
30. In the past month, did you smoke cigars:

*Please Read*

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<th>Code</th>
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<tr>
<td>b. Several times per week</td>
<td>2</td>
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<td>c. Once per week</td>
<td>3</td>
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<td>d. Less than once per week</td>
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<tr>
<td>or</td>
<td></td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
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</tbody>
</table>
**Section 6: Fruits and Vegetables**

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

31. How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)
   a. Per day ...................................................... 1
   b. Per week ................................................... 2
   c. Per month ................................................. 3
   d. Per year ................................................... 4
   e. Never ....................................................... 5 5 5
   Don't know/Not sure ................................. 7 7 7
   Refused ................................................... 9 9 9

32. Not counting juice, how often do you eat fruit? (93-95)
   a. Per day ...................................................... 1
   b. Per week ................................................... 2
   c. Per month ................................................. 3
   d. Per year ................................................... 4
   e. Never ....................................................... 5 5 5
   Don't know/Not sure ................................. 7 7 7
   Refused ................................................... 9 9 9
33. How often do you eat green salad?
   (96-98)
   a. Per day ...................................................... 1 __ __
   b. Per week .................................................... 2 __ __
   c. Per month ................................................... 3 __ __
   d. Per year ....................................................... 4 __ __
   e. Never ......................................................... 5 5 5
   Don’t know/Not sure ......................................... 7 7 7
   Refused ......................................................... 9 9 9

34. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?
   (99-101)
   a. Per day ...................................................... 1 __ __
   b. Per week .................................................... 2 __ __
   c. Per month ................................................... 3 __ __
   d. Per year ....................................................... 4 __ __
   e. Never ......................................................... 5 5 5
   Don’t know/Not sure ......................................... 7 7 7
   Refused ......................................................... 9 9 9

35. How often do you eat carrots?
   (102-104)
   a. Per day ...................................................... 1 __ __
   b. Per week .................................................... 2 __ __
   c. Per month ................................................... 3 __ __
   d. Per year ....................................................... 4 __ __
   e. Never ......................................................... 5 5 5
   Don’t know/Not sure ......................................... 7 7 7
   Refused ......................................................... 9 9 9
36. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
   (105-107)

| Example: A serving of vegetables at both lunch and dinner would be two servings |
|---------------------------------------------------|---------------|
| a. Per day .......................................................... 1 | __           |
| b. Per week ......................................................... 2 | __           |
| c. Per month ....................................................... 3 | __           |
| d. Per year .......................................................... 4 | __           |
| e. Never ............................................................. 5 5 5 |
| Don’t know/Not sure ............................................... 7 7 7 |
| Refused .............................................................. 9 9 9 |
Section 7: Weight Control

37. Are you now trying to lose weight? (108)
   a. Yes Go to Q39 ...........................................1
   b. No .........................................................2
      Don’t know/Not sure ......................................7
      Refused ....................................................9

38. Are you now trying to maintain your current weight, that is to keep from gaining weight? (109)
   a. Yes ..........................................................1
   b. No Go to Q41 (p. 22) ......................................2
      Don’t know/Not sure Go to Q41 (p. 22) .................7
      Refused Go to Q41 (p. 22) ................................9

39. Are you eating either fewer calories or less fat to...
   lose weight? [if "Yes" on Q37]
   keep from gaining weight? [if "Yes" on Q38] (110)
   a. Yes, fewer calories ........................................1
   b. Yes, less fat .................................................2
   c. Yes, fewer calories and less fat ..........................3
   d. No ............................................................4
      Don’t know/Not sure ......................................7
      Refused ....................................................9
40. Are you using physical activity or exercise to...

lose weight? [If "Yes" on Q37]

keep from gaining weight? [If "Yes" on Q38]

(111)

a. Yes ................................................................. 1

b. No ................................................................. 2

Don't know/Not sure ............................................ 7

Refused .............................................................. 9

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

(112)

Probe for which

a. Yes, lose weight ................................................. 1

b. Yes, gain weight .................................................. 2

c. Yes, maintain current weight ............................... 3

d. No ................................................................. 4

Don't know/Not sure ............................................ 7

Refused .............................................................. 9

42. In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications.

(113)

Probe for which

Include only pills taken for the primary purpose of losing weight

a. Yes, I am currently taking them .......................... 1

b. Yes, I have taken them but I am not currently taking them .......................... 2

c. No, I have not taken them Go to Q44 (p. 24) .............. 3

Don't know/Not sure Go to Q44 (p. 24) ....................... 7

Refused Go to Q44 (p. 24) ....................................... 9
43. How much did you weigh just before you started taking prescription weight loss pills for the first time?

<table>
<thead>
<tr>
<th>Option</th>
<th>Response</th>
</tr>
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<tbody>
<tr>
<td>Weight</td>
<td>100</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>7 7 7</td>
</tr>
<tr>
<td>Refused</td>
<td>9 9 9</td>
</tr>
</tbody>
</table>
Section 8: Demographics

44. What is your age? (117-118)
   Code age in years ............................................... [ ] [ ]
   Don’t know/Not sure .............................................. 0 7
   Refused .................................................................... 0 9

45. What is your race? (119)
   Would you say: Please Read
   a. White ................................................................. 1
   b. Black ................................................................... 2
   c. Asian, Pacific Islander ........................................... 3
   d. American Indian, Alaska Native ......................... 4
   or
   e. Other: (specify) .................................................. 5
   Do not read these responses
   Don’t know/Not sure ............................................... 7
   Refused .................................................................... 9

46. Are you of Spanish or Hispanic origin? (120)
   a. Yes ....................................................................... 1
   b. No ....................................................................... 2
   Don’t know/Not sure ............................................... 7
   Refused .................................................................... 9
47. Are you: (121)

*Please Read*

a. Married ......................................................... 1
b. Divorced ........................................................ 2
c. Widowed .......................................................... 3
d. Separated .......................................................... 4
e. Never been married ............................................ 5

or

f. A member of an unmarried couple ............................. 6

Refused ................................................................. 9

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

*Please Read*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>(122)</th>
<th>(123)</th>
<th>(124)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9</td>
<td>Less than 5 years old?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>7 or more</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. 5 through 12 years old? .................................. (123)
c. 13 through 17 years old? ................................ (124)

49. What is the highest grade or year of school you completed? (125)

*Read Only if Necessary*

a. Never attended school or only kindergarten ............... 1
b. Grades 1 through 8 (Elementary) .......................... 2
c. Grades 9 through 11 (Some high school) .................. 3
d. Grade 12 or GED (High school graduate) .................. 4
e. College 1 year to 3 years (Some college or technical school) ........... 5
f. College 4 years or more (College graduate) ............. 6

Refused ................................................................. 9
50. Are you currently:

Please Read

a. Employed for wages ......................................... 1
b. Self-employed ................................................. 2
c. Out of work for more than 1 year ...................... 3
d. Out of work for less than 1 year ......................... 4
e. Homemaker .................................................... 5
f. Student .......................................................... 6
g. Retired .......................................................... 7

51. Is your annual household income from all sources:

Read as Appropriate

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Code</th>
<th>Example</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>04</td>
<td>If &quot;no,&quot; ask e; if &quot;yes,&quot; ask b ($20,000 to less than $25,000)</td>
<td>0.4</td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>03</td>
<td>If &quot;no,&quot; code a; if &quot;yes,&quot; ask c ($15,000 to less than $20,000)</td>
<td>0.3</td>
</tr>
<tr>
<td>Less than $15,000</td>
<td>02</td>
<td>If &quot;no,&quot; code b; if &quot;yes,&quot; ask d ($10,000 to less than $15,000)</td>
<td>0.2</td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>01</td>
<td>If &quot;no,&quot; code c</td>
<td>0.1</td>
</tr>
<tr>
<td>Less than $35,000</td>
<td>05</td>
<td>If &quot;no,&quot; ask f ($25,000 to less than $35,000)</td>
<td>0.5</td>
</tr>
<tr>
<td>Less than $50,000</td>
<td>06</td>
<td>If &quot;no,&quot; ask g ($35,000 to less than $50,000)</td>
<td>0.6</td>
</tr>
<tr>
<td>Less than $75,000</td>
<td>07</td>
<td>If &quot;no,&quot; code h ($50,000 to $75,000)</td>
<td>0.7</td>
</tr>
<tr>
<td>$75,000 or more</td>
<td>08</td>
<td></td>
<td>0.8</td>
</tr>
</tbody>
</table>

Don't know/Not sure ........................................... 7.7
Refused ......................................................... 9.9
52. About how much do you weigh without shoes? (129-131)
   Weight ........................................................................... pounds
   Don’t know/Not sure ......................................................... 7 7 7
   Refused ........................................................................... 9 9 9

53. How much would you like to weigh? (132-134)
   Weight ........................................................................... pounds
   Don’t know/Not sure ......................................................... 7 7 7
   Refused ........................................................................... 9 9 9

54. About how tall are you without shoes? (135-137)
   Height ............................................................................... inches
   Don’t know/Not sure ......................................................... 7 7 7
   Refused ........................................................................... 9 9 9

55. What county do you live in? (138-140)
   FIPS county code ..............................................................
   Don’t know/not sure ......................................................... 7 7 7
   Refused ........................................................................... 9 9 9

56. Do you have more than one telephone number in your household? (141)
   a. Yes ............................................................................. 1
   b. No Go to Q58 (p. 28) .................................................... 2
   Refused Go to Q58 (p. 28) ................................................ 9
57. How many residential telephone numbers do you have? (142)

<table>
<thead>
<tr>
<th>Exclude dedicated fax and computer lines</th>
<th>Total telephone numbers ( \geq 8 ) or more</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

58. Indicate sex of respondent. *Ask Only if Necessary* (143)

- Male  *Go to Section 10: HIV/AIDS* (p. 33)  ........................................... 1
- Female ................................................................. 2

Now I have some questions about other health services you may have received.
Section 9: Women's Health

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

   a. Yes ................................................................. 1
   b. No Go to Q62 (p. 30) ........................................... 2
      Don't know/Not sure Go to Q62 (p. 30) ...................... 7
      Refused Go to Q62 (p. 30) ...................................... 9

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

   Read only if Necessary

   a. Within the past year (1 to 12 months ago) .................... 1
   b. Within the past 2 years (1 to 2 years ago) .................... 2
   c. Within the past 3 years (2 to 3 years ago) .................... 3
   d. Within the past 5 years (3 to 5 years ago) .................... 4
   e. 5 or more years ago ............................................. 5
      Don't know/Not sure ............................................. 7
      Refused ............................................................ 9
61. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?
   a. Routine checkup ................................................. 1
   b. Breast problem other than cancer .................................. 2
   c. Had breast cancer .................................................. 3
   Don't know/Not sure .................................................. 7
   Refused ................................................................. 9

62. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?
   a. Yes ................................................................. 1
   b. No Go to Q65 (p. 31) ................................................ 2
   Don't know/Not sure Go to Q65 (p. 31) .................................. 7
   Refused Go to Q65 (p. 31) .............................................. 9

63. How long has it been since your last breast exam?
   Read Only if Necessary
   a. Within the past year (1 to 12 months ago) ............................ 1
   b. Within the past 2 years (1 to 2 years ago) ............................ 2
   c. Within the past 3 years (2 to 3 years ago) ............................ 3
   d. Within the past 5 years (3 to 5 years ago) ............................ 4
   e. 5 or more years ago ................................................. 5
   Don't know/Not sure .................................................. 7
   Refused ................................................................. 9
64. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you’ve already had breast cancer? 
   (149)
   a. Routine Checkup .................................................. 1
   b. Breast problem other than cancer .............................. 2
   c. Had breast cancer .................................................. 3
      Don’t know/Not sure ............................................. 7
      Refused .............................................................. 9

65. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?  
   (150)
   a. Yes ........................................................................ 1
   b. No  Go to Q68 (p. 32) ............................................. 2
      Don’t know/Not sure  Go to Q68 (p. 32) ................... 7
      Refused  Go to Q68 (p. 32) ..................................... 9

66. How long has it been since you had your last Pap smear?  
   (151)
   Read Only if Necessary
   a. Within the past year (1 to 12 months ago) .................... 1
   b. Within the past 2 years (1 to 2 years ago) ................... 2
   c. Within the past 3 years (2 to 3 years ago) ................... 3
   d. Within the past 5 years (3 to 5 years ago) ................... 4
   e. 5 or more years ago ............................................... 5
      Don’t know/Not sure ............................................. 7
      Refused .............................................................. 9
67. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (152)
   a. Routine exam .................................................. 1
   b. Check current or previous problem .......................... 2
      Other .................................................................. 3
      Don't know/Not sure .............................................. 7
      Refused ................................................................. 9

68. Have you had a hysterectomy? (153)
   a. Yes Go to Section 10: HIV/AIDS (p. 33) .................... 1
   b. No .................................................................... 2
      Don't know/Not sure .............................................. 7
      Refused ................................................................. 9

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

→ If respondent 45 years old or older, go to Section 10: HIV/AIDS (p. 33).

69. To your knowledge, are you now pregnant? (154)
   a. Yes ................................................................. 1
   b. No .................................................................... 2
      Don't know/Not sure .............................................. 7
      Refused ................................................................. 9
Section 10: 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 don’t want to.

70. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (155-156)

<table>
<thead>
<tr>
<th>Code 01 through 12</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Grade</td>
<td>5 5</td>
</tr>
<tr>
<td>b. Kindergarten</td>
<td>8 8</td>
</tr>
<tr>
<td>c. Never</td>
<td>7 7</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>9 9</td>
</tr>
<tr>
<td>Refused</td>
<td>10</td>
</tr>
</tbody>
</table>

71. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (157)

<table>
<thead>
<tr>
<th>Code 01 through 12</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>1 1</td>
</tr>
<tr>
<td>b. No</td>
<td>2 2</td>
</tr>
<tr>
<td>Would give other advice</td>
<td>3 3</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>7 7</td>
</tr>
<tr>
<td>Refused</td>
<td>9 9</td>
</tr>
</tbody>
</table>
72. What are your chances of getting infected with HIV, the virus that causes AIDS? (158)

Would you say: **Please Read**

a. High .................................................. 1
b. Medium .................................................. 2
c. Low .................................................. 3
d. None .................................................. 4

Not applicable **Go to Q76a (p. 35)** .................................................. 5

Don't know/Not sure .................................................. 7

Refused .................................................. 9

Do not read these responses

73. Have you donated blood since March 1985? (159)

a. Yes .................................................. 1
b. No **Go to Q75a (p. 35)** .................................................. 2

Don't know/Not sure **Go to Q75a (p. 35)** .................................................. 7

Refused **Go to Q75a (p. 35)** .................................................. 9

74. Have you donated blood in the past 12 months? (160)

a. Yes .................................................. 1
b. No .................................................. 2

Don't know/Not sure .................................................. 7

Refused .................................................. 9

75. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (161)

Include saliva tests

a. Yes **Go to Q76 (p. 35)** .................................................. 1
b. No **Go to Closing Statement** .................................................. 2

Don't know/Not sure **Go to Closing Statement** .................................................. 7

Refused **Go to Closing Statement** .................................................. 9
75a. Have you ever been tested for HIV?

Include saliva tests

a. Yes  Go to Q76a ................................................. 1
b. No  Go to Closing Statement ................................. 2

Don't know/Not sure  Go to Closing Statement .......... 7
Refused  Go to Closing Statement ............................. 9

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

Include saliva tests

a. Yes  Go to Q77 (p. 36) ........................................... 1
b. No  Go to Closing Statement ................................. 2

Don't know/Not sure  Go to Closing Statement .......... 7
Refused  Go to Closing Statement ............................. 9

76a. Have you been tested for HIV in the past 12 months?

Include saliva tests

a. Yes ................................................................. 1
b. No  Go to Closing Statement ................................. 2

Don't know/Not sure  Go to Closing Statement .......... 7
Refused  Go to Closing Statement ............................. 9
77. What was the main reason you had your last test for HIV?

Reason code ..............................................................................................................

Read Only if Necessary

a. For hospitalization or surgical procedure ......................................................... 0 1
b. To apply for health insurance ........................................................................... 0 2
c. To apply for life insurance ................................................................................ 0 3
d. For employment .................................................................................................. 0 4
e. To apply for a marriage license ......................................................................... 0 5
f. For military induction or military service .......................................................... 0 6
g. For immigration .................................................................................................. 0 7
h. Just to find out if you were infected .................................................................... 0 8
i. Because of referral by a doctor .......................................................................... 0 9
j. Because of pregnancy ......................................................................................... 1 0
k. Referred by your sex partner ............................................................................. 1 1
l. Because it was part of a blood donation process
   Go to Closing Statement ...................................................................................... 1 2
m. For routine check-up ......................................................................................... 1 3
n. Because of occupational exposure ..................................................................... 1 4
o. Because of illness .............................................................................................. 1 5
p. Because I am at risk for HIV ............................................................................. 1 6
q. Other .................................................................................................................. 8 7
   Don't know/Not sure .......................................................................................... 7 7
   Refused ............................................................................................................... 9 9
Where did you have your last test for HIV?

Facility Code .......................................................... _ _

Read Only if Necessary

a. Private doctor, HMO .............................................. 0 1
b. Blood bank, plasma center, Red Cross ...................... 0 2
c. Health department .............................................. 0 3
d. AIDS clinic, counseling, testing site ...................... 0 4
e. Hospital, emergency room, outpatient clinic ............... 0 5
f. Family planning clinic ........................................... 0 6
g. Prenatal clinic, obstetrician's office ....................... 0 7
h. Tuberculosis clinic .............................................. 0 8
i. STD clinic .......................................................... 0 9
j. Community health clinic ......................................... 1 0
k. Clinic run by employer ......................................... 1 1
l. Insurance company clinic ....................................... 1 2
m. Other public clinic .............................................. 1 3
n. Drug treatment facility ......................................... 1 4
o. Military induction or military service site ................. 1 5
p. Immigration site .................................................. 1 6
q. At home, home visit by nurse or health worker .......... 1 7
r. At home using self-sampling kit .............................. 1 8
s. In jail or prison .................................................... 1 9
t. Other ........................................................................ 8 7

Don't know/Not sure .................................................. 7 7

Refused ................................................................. 9 9
79. Did you receive the results of your last test? (169)
   a. Yes ................................................................. 1
   b. No  Go to Closing Statement ........................................ 2
   Don't know/Not sure  Go to Closing Statement ..................... 7
   Refused  Go to Closing Statement ................................... 9

80. Did you receive counseling or talk with a health care professional about the results of your test? (170)
   a. Yes ................................................................. 1
   b. No ................................................................. 2
   Don't know/Not sure .................................................. 7
   Refused ............................................................... 9

Closing Statement

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

or

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.
Module 3: Family Planning

If respondent is male or age 45 years old or older, go to next module

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

If pregnant now ("Yes" to core Q89), go to Q2a.

1. Have you been pregnant in the last 5 years? (205)
   a. Yes ................................................................. 1
   b. No Go to Q3 .................................................. 2
      Don’t know/Not sure Go to Q3 .............................. 7
      Refused Go to Q3 ............................................ 9

2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (206)
   Would you say: Please Read
   a. You wanted to be pregnant sooner Go to Q3 ............. 1
   b. You wanted to be pregnant later Go to Q3 ............... 2
   c. You wanted to be pregnant then Go to Q3 ............... 3
   d. You didn’t want to be pregnant then or at anytime in the future Go to Q3 .................... 4
   e. You don’t know Go to Q3 ................................ 7
   Do not read Refused Go to Q3 ................................. 9
2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (207)

Would you say: Please Read

a. You wanted to be pregnant sooner ........................................ 1
b. You wanted to be pregnant later ........................................ 2
c. You wanted to be pregnant then ........................................ 3
d. You didn’t want to be pregnant then or at any time in the future ........ 4
e. You don’t know ................................................................. 7

Do not read
Refused ................................................................. 9

➔ If respondent had hysterectomy ("Yes" to core Q88) or is pregnant now ("Yes" to core Q69), go to Q6.
➔ If respondent has no sex partners ("None" to Q1 in Sexual Behavior module), go to Q6.

3. Are you or your [fill in (husband/partner) from core Q47] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (208)

a. Yes ....................................................................................... 1
b. No Go to Q5 ........................................................................ 2
c. Not sexually active Go to Q6 ............................................. 3
   Don’t know/Not sure Go to Q6 ............................................. 7
Refused Go to Q6 ................................................................. 9
4. What kinds of birth control are you or your [fill in (husband/partner) from core Q47] using now? (209-210)

<table>
<thead>
<tr>
<th>Kind Code</th>
<th>Explanation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Read Only if Necessary</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Tubes tied (sterilization)</td>
<td>Go to Q6</td>
</tr>
<tr>
<td>b.</td>
<td>Vasectomy (sterilization)</td>
<td>Go to Q6</td>
</tr>
<tr>
<td>c.</td>
<td>Pill</td>
<td>Go to Q6</td>
</tr>
<tr>
<td>d.</td>
<td>Condoms</td>
<td>Go to Q6</td>
</tr>
<tr>
<td>e.</td>
<td>Foam, jelly, cream</td>
<td>Go to Q6</td>
</tr>
<tr>
<td>f.</td>
<td>Diaphragm</td>
<td>Go to Q6</td>
</tr>
<tr>
<td>g.</td>
<td>Norplant</td>
<td>Go to Q6</td>
</tr>
<tr>
<td>h.</td>
<td>Shots (Depo-Provera)</td>
<td>Go to Q6</td>
</tr>
<tr>
<td>i.</td>
<td>Withdrawal</td>
<td>Go to Q6</td>
</tr>
<tr>
<td>j.</td>
<td>Other (specify:__________)</td>
<td>Go to Q6</td>
</tr>
</tbody>
</table>

Don't know/Not sure: Go to Q6

Refused: Go to Q6
5. What are your reasons for not using any birth control now? (211-212)

Reason Code ...................................................................................... 2

_Read Only if Necessary_

If more than one, code other and specify each method code

- a. I am not having sex ................................................................. 0 1
- b. I want to get pregnant ......................................................... 0 2
- c. I don't want to use birth control ........................................... 0 3
- d. My husband or partner doesn't want to use birth control ....... 0 4
- e. I don't think I can get pregnant ............................................. 0 5
- f. I can't pay for birth control .................................................. 0 6
- g. Other (specify: __________________) ........................................... 8 7

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

6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns? (213)

Would you say: *Please Read*

- a. A family planning clinic (Examples: a Planned Parenthood clinic)

  Go to Q8 .................................................................................. 1

- b. A health department clinic .................................................. 2
- c. A community health center .................................................. 3
- d. A private gynecologist ......................................................... 4
- e. A general or family physician or

  Don't know/not sure ................................................................. 7
- f. Some other kind of place ...................................................... 8

Refused ......................................................................................... 9
7. Have you ever used the services at a family planning clinic? (214)

Example: a Planned Parenthood clinic

a. Yes ................................................................. 1

b. No Go to Next Module ........................................... 2

Don’t know/not sure Go to Next Module ........................... 7

Refused Go to Next Module .......................................... 9

8. How long has it been since you used the services at a family planning clinic? (215)

*Read Only if Necessary*

a. Within the past year (1 to 12 months ago) .................... 1

b. Within the past 2 years (1 to 2 years ago) .................... 2

c. Within the past 3 years (2 to 3 years ago) .................... 3

d. Within the past 5 years (3 to 5 years ago) .................... 4

e. 5 or more years ago ............................................. 5

Don’t know/Not sure ................................................. 7

Refused .................................................................. 9
Module 6: Oral Health

1. How long has it been since you last visited the dentist or a dental clinic? (235)
   
   *Read Only if Necessary*
   
a. Within the past year (1 to 12 months ago) *Go to Q3* .......................... 1
b. Within the past 2 years (1 to 2 years ago) ......................................... 2
c. Within the past 5 years (2 to 5 years ago) ......................................... 3
d. 5 or more years ago ................................................................. 4
   
   Don't know/Not sure  *Go to Q3* ...................................................... 7
   
   Never ......................................................................................... 8
   
   Refused  *Go to Q3* ........................................................................ 9

2. What is the main reason you have not visited the dentist in the last year? (236-237)
   
   Reason code ..................................................................................... —
   
   *Read Only if Necessary*
   
a. Fear, apprehension, nervousness, pain, dislike going ......................... 0 1
b. Cost ................................................................................................. 0 2
c. Do not have/know a dentist .............................................................. 0 3
   
   d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) ......................................................... 0 4
   
   e. No reason to go (no problems, no teeth) ......................................... 0 5
f. Other priorities ................................................................................. 0 6
g. Have not thought of it ....................................................................... 0 7
h. Other ................................................................................................. 0 8
   
   Don't know/Not sure ......................................................................... 7 7
   
   Refused ............................................................................................. 9 9
3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (238)
   a. 5 or fewer ......................................................... 1
   b. 6 or more but not all .............................................. 2
   c. All ............................................................................. 3
   d. None ........................................................................... 8
      Don't know/Not sure ................................................ 7
      Refused ........................................................................ 9

4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (239)
   a. Yes ............................................................................. 1
   b. No ............................................................................... 2
      Don't know/Not sure ................................................ 7
      Refused ........................................................................ 9
Maryland Module 1: Sun Exposure

1. How often do you limit your exposure to the sun between the hours of 10:00am and 4:00pm?
   a. Always .......................................................1
   b. Nearly always .............................................2
   c. Sometime ...................................................3
   d. Seldom .......................................................4
   e. Never .........................................................5
   f. Don’t go out in the sun (Go to Q5) .....................6
   Don’t know/Not sure .........................................7
   Refused .........................................................9

2. When outdoors for an hour or more on a sunny day, how often do you use a sunscreen lotion with a rating of 15 or higher?
   a. Always .......................................................1
   b. Nearly always .............................................2
   c. Sometime ...................................................3
   d. Seldom .......................................................4
   e. Never .........................................................5
   f. Don’t go out in the sun .................................6
   Don’t know/Not sure .................................7
   Refused .........................................................9
3. When outdoors for an hour or more on a sunny day, how often do you wear a hat with a broad brim?
   a. Always ........................................1
   b. Nearly always ........................................2
   c. Sometime ........................................3
   d. Seldom ........................................4
   e. Never ........................................5
   f. Don’t go out in the sun ............................6
      Don’t know/Not sure ................................7
      Refused ........................................9

4. When outdoors for an hour or more on a sunny day, how often do you wear protective clothing like a long sleeve shirt and long pants?
   a. Always ........................................1
   b. Nearly always ........................................2
   c. Sometime ........................................3
   d. Seldom ........................................4
   e. Never ........................................5
   f. Don’t go out in the sun ............................6
      Don’t know/Not sure ................................7
      Refused ........................................9

Ask if respondent has a child aged 12 years or younger (Q # 48a =1-7 or Q#48b=1-7). If no children aged 12 or younger, go to Module 2: HMO Membership.
5. When the youngest child under the age of 13 in your household is outdoors on a sunny day for an hour or more, how often is his or her skin protected from the sun, such as using suncreens or sunblock or wearing hats or protective clothing.

   a. Always .................................................................1
   b. Nearly always .........................................................2
   c. Sometime ...............................................................3
   d. Seldom .................................................................4
   e. Never .................................................................5
   f. Don’t go out in the sun .................................................6
      Don’t know/Not sure .................................................7
      Refused ...............................................................9
Maryland Module 2: HBO Membership

1. Are you a member of either a health maintenance organization, that is an HMO, or a managed care organization, that is an MCO?

(Ask if Q #7 = 5 or Q#7a=5, otherwise go to Q#2. All who answer Q #1 skip Q#2.)

   a. Yes .................................................1
   b. No .....................................................2
   Don’t know/Not sure ................................. 7
   Refused .................................................9

2. Are you a member of a Health Maintenance Organization, that is an HMO?

   a. Yes .................................................1
   b. No .....................................................2
   Don’t know/Not sure ................................. 7
   Refused .................................................9
   
   Ask Q# 3 if respondent has a child less than 5 years old (Q#48a =1-7)

3. How many of the children less than 5 years old in your household are covered by any kind of health insurance?

   7 or more. ..................................................8
   Don’t know/Not sure ................................. 7
   Refused .................................................9
   
   Ask Q#4 if respondent has a child between 5 and 12 years old (Q#48b=1-7)
4. How many of the children between the ages of 5 and 12 in your household are covered by any kind of health insurance?

7 or more. .................................................. 8
Don’t know/Not sure ................................. 7
Refused ......................................................... 9

Ask Q#5 if respondent has a child between 13 and 17 years old (Q#48c=1-7)

5. How many of the children between the ages of 13 and 17 in your household are covered by any kind of health insurance?

7 or more. .................................................. 8
Don’t know/Not sure ................................. 7
Refused ......................................................... 9
Maryland Module 3: Physical Activity

The next questions are about physical activity. By physical activity, I mean various activities that total up to 30 minutes during the day and that are similar to climbing stairs, vigorous housework, yard work, washing the car, dancing, bicycling, jogging, sports activities, or brisk walking.

1. Think back over the last 30 days. Did you do 30 minutes of physical activity at least 5 days each week?
   a. Yes (Go to Q. #4) .............................................. 1
   b. No (Go to Q. #2) .............................................. 2
   Don’t know/Not sure (Go to Q. #2) .............................. 7
   Refused (Go to Q. #5) ............................................ 9

2. In the next 6 months do you plan to begin physical activity so that you get 30 minutes or more at least 5 days a week?

   (Read if necessary: Regular physical activity may include various activities that total up to 30 minutes during the day and that are similar to climbing stairs, vigorous housework, yard work, washing the car, dancing, bicycling, jogging, sports activities, or brisk walking.)

   a. Yes (Go to Q. #3) .............................................. 1
   b. No (Go to Q. #5) .............................................. 2
   Don’t know/Not sure (Go to Q. #5) .............................. 7
   Refused (Go to Q. #5) ............................................ 9

3. Do you plan to begin regular physical activity in the next 30 days?

   (Read if necessary: Regular physical activity may include various activities that total up to 30 minutes during the day and that are similar to climbing stairs, vigorous housework, yard work, washing the car, dancing, bicycling, jogging, sports activities, or brisk walking.)

   a. Yes (Go to Q. #5) .............................................. 1
   b. No (Go to Q. #5) .............................................. 2
   Don’t know/Not sure (Go to Q. #5) .............................. 7
   Refused (Go to Q. #5) ............................................ 9
4. Have you done that over the last six months?

(Read if necessary: 30 minutes of physical activities at least five days a week)

(Read if necessary: Regular physical activity may include various activities that total up to 30 minutes during the day and that are similar to climbing stairs, vigorous housework, yard work, washing the car, dancing, bicycling, jogging, sports activities, or brisk walking.)

a. Less than 6 months ............................................... 1
b. More than 6 months ............................................. 2
Don’t know/ Not sure ............................................... 7
Refused ................................................................. 9

5. On a scale of 1 to 5, where 1 means not at all confident and 5 means that you are extremely confident, how confident are you that you can do a total of 30 minutes of physical activity 5 or more days a week?

a. Not at all Confident ............................................... 1
b. Somewhat Confident ............................................. 2
c. Confident ........................................................... 3
d. Very Confident .................................................... 4
e. Extremely Confident (Go to Q #7) ............................ 5
Don’t know/ Not sure ............................................... 7
Refused ................................................................. 9

(If Q.#1=2-9 and Q.#5=5, then go to Q.#7;
If Q.#1=1 and Q.#5=5, then go to end of the survey)

6. On a scale of 1 to 5, where 1 means not at all confident and 5 means that you are extremely confident, how confident are you that you can do a total of 30 minutes of physical activity on any single day?

a. Not at all Confident ............................................... 1
b. Somewhat Confident ............................................. 2
c. Confident ........................................................... 3
d. Very Confident .................................................... 4
e. Extremely Confident (Go to Q #7) ............................ 5
Don’t know/ Not sure ............................................... 7
Refused ................................................................. 9

(If Q.#6 was answered and Q.#1=1, then go to the end of the survey.)
7. I’m going to read you a list of reasons people give for not being physically active. Please tell me what is the main thing which prevents you most from doing a total of 30 minutes of physical activity at least 5 days of the week? (Read examples found in parentheses only if necessary)

a. a lack of motivation .................................................01
b. a lack of time ..........................................................02
c. a physical disability or other health limit. .......................03.
d. there’s no place to exercise .........................................04
e. the cost is too high ....................................................05
f. some other reason (Specify: ) .................................06
Don’t know/Not sure. ......................................................77
Refused .................................................................99