



**Report To The Partnership For A Healthy Delaware County:
2013 Community Health Status Assessment**

Appendix A

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Table Of Contents

Survey Methods 3

Demographics of Survey Respondents..... 8

2013 Community Health Status Assessment Questionnaire 9

Survey Methods

The survey method was designed to provide estimates of Delaware County residents' health status, risk factors, and other health-related issues at the countywide level and across four large geographic regions within Delaware County. A description of the procedures used to collect data for these estimates are now presented.

Survey Questionnaire Design: The specific question wordings and response options used in the 2013 Community Health Status Assessment came from three primary sources:

- The Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance Survey (BRFSS);
- From Delaware County's 2007 Community Health Status Assessment (which relied, in large part, on the 2006 version of the BRFSS);
- From collaboration between the Partnership for a Health Delaware County (PHDC), its Community Health Status Assessment subcommittee, and its contracted research partner, The Strategy Team, Ltd. (TST).

To ensure the question wordings and response options were understood by Delaware County residents, pretest interviews were completed with Delaware County residents before the main fieldwork commenced. TST personnel monitored these pretest interviews. On average, Delaware County residents completed the 2013 Community Health Status Assessment survey in 18 minutes. A copy of the final survey questionnaire is included at the end of this appendix.

Sample Design: Dual-frame, random digit dial with geographic and race oversamples.

- Dual-frame design: Reflecting the widespread and rapid change in residential telephone service, 29% of the survey interviews were completed with Delaware County residents using a mobile or cellular telephone. The remainder of the survey interviews was completed with Delaware County residents using landline telephones. In addition to this dual-frame design, the randomly generated telephone numbers were stratified by area code. Approximately 65% of occupied households in Delaware County are located in the area covered by the 740 area code, with the remainder of occupied households in the area covered by the 614 area code.
- Oversamples: To increase the precision of the estimates for specific geographic areas within Delaware County (e.g., the regions served by Big Walnut School District or Buckeye Valley School District), additional interviews were specifically completed with residents who lived in these areas. Similarly, additional interviews were completed with African-American adults residing in Delaware County, so as to increase the precision of estimates for members of this racial group.¹

¹ Unfortunately, because the proportion of African-American adults residing in Delaware County is relatively small, the effort required to find and interview such individuals, and to do so in a representative and reliable manner, was too great for the project's timeline and budget. Therefore, the full oversample was not completed.

Sampling Error: Sampling error refers to the inaccuracy that results from an attempt to generalize from a sample to the total population, assuming all members of the total population had an equivalent chance to participate in the survey. For the countywide sample, the sampling error was $\pm 2.8\%$ at the 95% confidence level.

Regarding the four geographic areas, the sampling errors at the 95% confidence level were:

- Big Walnut SD area (n=225), $\pm 6\%$
- Buckeye Valley SD area (n=171), $\pm 7\%$
- Delaware City SD area (n=350), $\pm 5\%$
- Olentangy SD (n=393), $\pm 5\%$

Because the number of respondents who answer each question can vary greatly due to programming instructions (e.g., males are not asked questions about women's health issues) or due to item nonresponse (e.g., a respondent choosing not to answer a question, the sampling error for each question will vary. Additionally, the total population to whom the error rate applies is all households in Delaware County with either a working landline telephone or mobile telephone line.

Respondent Selection: For each telephone number in the sample, up to 15 calls were made on different days at different times until: 1) a survey interview was completed; 2) two refusals to participate were obtained; 3) the telephone number was found to be ineligible to participate in the survey (e.g., a business, a cellphone user under age 18, a household located outside Delaware County). For contacted households in Delaware County with more than one adult over age 18, the adult who most recently had a birthday was selected to participate.

Response and Cooperation Rates: The response rate refers to the percentage of eligible households with whom interviews were completed, whereas the cooperation rate refers to the percentage of eligible households with whom an interviewer spoke with a member of the household and from which an interview was completed.² Using computational guidelines suggested by The American Association for Public Opinion Research (AAPOR),³ the following response and cooperation rates were obtained:

- Response rate, landline interviews (AAPOR response rate 3): 15%
- Response rate, cellphone interviews (AAPOR response rate 3): 18%
- Cooperation rate, landline interviews (AAPOR cooperation rate 1): 69%
- Cooperation rate, cellphone interviews (AAPOR cooperation rate 1): 74%

Surveying Period: Interviews were conducted from April 10, 2013 to August 4, 2013. Calls were made on Mondays-Fridays (3 PM- 9 PM), Saturdays (10 AM- 6 PM), and Sundays (2 PM – 8 PM).

² Holbrook, A.L., Krosnick, J.A., & Pfent, A. (2008). The causes and consequences of response rates in surveys by the news media and government contractor survey research firms. In Lepkowski, J.M. et al. (Eds.), *Advances in Telephone Survey Methodology* (pp. 499-528). John Wiley & Sons, Inc.

³ The American Association for Public Opinion Research. 2011. Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 7th edition. AAPOR.

Quality Assurance: The following steps were taken to ensure the quality of the data collected.

- All interviewers completed CDC training in BRFSS administration.
- TST personnel frequently monitored the survey, providing feedback and guidance as necessary.
- Survey fieldwork managers regularly monitored and verified completed surveys, to ensure data were collected to specifications.
- Telephone interviews were performed using computer-aided telephone interviewing (CATI). Because CATI was used, error in data entry, question presentation, or adhering to skip / logic patterns is minimized.

Data Adjustments - Imputation: Among the 1,218 survey respondents, there were 10 instances in which the respondent did not report his or her age, educational attainment, or marital status. Because the age, educational attainment, and marital status variables played an important role in the weighting procedure (described below), missing data were imputed using nearest-neighbor hotdeck imputation.

- For missing "age" responses, the data file was sorted by gender, educational attainment, race, and marital status, so as to group similar respondents together.
- After this sort, a search was done for those cases (i.e., respondents) with missing age data.
- When a missing case was found, the age value for the case immediately preceding the missing one was copied and inserted.
- This process was repeated two more times, to impute values for missing educational attainment and marital status variables.

Data Adjustments - Weighting: Survey data are often weighted to reduce bias caused by non-coverage and non-response, as well as to ensure the survey sample resembles (demographically) the population from which it was drawn. For the 2013 Community Health Status Assessment survey, a complex weighting procedure was used to accomplish this.

First, a base or design weight was calculated that made the following calculations and adjustments:

- A sample selection probability weight that accounted for the number of available records and the number of selected records within each stratum (e.g., landline vs. cellular telephone and 740 vs. 614 area codes);
- An adjustment for multiple telephones in the household (e.g., households with two landline telephones or two cellular telephones would have a higher probability of being selected to participate in the survey, as compared to a household with only one landline or cellular telephone);
- An adjustment for multiple adults in the household (e.g., adults who live in a household with more than one adult have a lower probability of being selected to participate in the interview, as compared to a household comprised of just one adult);
- An adjustment for overlap between sample frames (e.g., households with both landline telephone service and cellular telephone service would have a higher probability of being selected to participate).

Next, this base weight was used to create three different sets of final weights, with each final weight used for a different type of analysis.

Weight 1 allowed the researchers to calculate estimates for the entire county. To calculate this weight:

- The base weight was adjusted to account for the geographic and race oversample interviews (e.g., the interviews that were completed with the intent of surveying residents who reside in less-populated areas of the county, or (separately) African-American residents, were "weighted down" so as to not bias the overall countywide picture).
- The adjusted base weight was then submitted to a "raking" or iterative proportional fitting procedure. Raking is an advanced statistical procedure that adjusts the data so that groups that may be underrepresented in the sample can be accurately represented in the final dataset. This step allowed the sample demographics to match the most recent and stable estimates from the U.S. Census' American Community Survey⁴ for Delaware County with regard to the adult population's age, sex, race, educational attainment, and marital status, along with the expected number of completed interviews in each major Delaware County school district.⁵
- The variable name in the datafile that corresponds to this weight is [final_countywide]. This weight was used most often in the analyses reported in the main report.

Weight 2 allowed the researchers to calculate estimates by geographic region (e.g., Big Walnut SD, Buckeye Valley SD, Delaware City SD, and Olentangy SD). To calculate this weight:

- The base weight was adjusted to account for the race oversample interviews.
- The adjusted base weight was then submitted to a "raking" or iterative proportional fitting procedure. This allowed the sample demographics to match the most recent and stable estimates from the U.S. Census' American Community Survey for Delaware County with regard to the adult population's age, sex, race, educational attainment, and marital status, along with the observed number of completes in each major Delaware County school district.
- The variable name in the datafile that corresponds to this weight is [final_SD].

Weight 3 allowed the researchers to calculate estimates by racial group. To calculate this weight:

- The base weight was adjusted to account for the geographic oversample interviews.
- The adjusted base weight was then submitted to a "raking" or iterative proportional fitting procedure. This allowed the sample demographics to match the most recent and stable estimates from the U.S. Census' American Community Survey for Delaware County with regard to the adult population's age, sex, educational attainment, and marital status, along with the expected number of completed interviews in each major Delaware County school district.
- The variable name in the datafile that corresponds to this weight is [final_county_racecomp].

The estimates presented in the main report and the crosstabulation supplement were computed using Stata 12 software's suite of SVY commands, which are designed for use with complex survey data.

⁴ For more information about this survey, see http://factfinder2.census.gov/faces/nav/jsf/pages/wc_acs.xhtml.

⁵ Consistent with best practices in weighting adjustments, the raked weights were trimmed so as to avoid using extremely low or extremely high weights.

Data Limitations:

- Households without telephone service were ineligible to participate in the BRFSS. Fortunately, 98.1% of occupied households in Delaware County are estimated to have telephone service.⁶
- Some respondents may be less likely to report negative or socially undesirable behaviors (e.g., drinking and driving) or more likely to report positive or socially desirable behaviors (e.g., wearing seatbelts). As a result, some estimates may be under- or over-estimated. This is a problem for any interviewer-administered survey. To help mitigate this issue, respondents were told all information would be kept strictly confidential and only reported in group form.
- If respondents failed to correctly recall their recent health behaviors, their responses would contain error.
- Because this survey occurred within a time frame spanning the late spring and summer, certain behavioral estimates may be over or under-represented due to seasonal factors (e.g., reported exercise may be higher during this surveying time period as compared to a mid-winter one).

⁶ U.S. Census Bureau's American Community Survey. Data Table DP04 - Selected Housing Characteristics (2009-2011 ACS 3-Year Estimates)

Demographics of Survey Respondents

Gender	<i>n</i> =1,218	Employment status	<i>n</i> =1,216
	<i>Male</i>	<i>Employed for wages / self-employed</i>	61%
	48%	<i>Out of work for less than 1 year</i>	2%
	<i>Female</i>	<i>Out of work for more than 1 year</i>	3%
	52%	<i>A homemaker</i>	9%
Age	<i>n</i> =1,205	<i>A student</i>	5%
	<i>18-34</i>	<i>Retired</i>	16%
	24%	<i>Unable to work</i>	5%
	<i>35-49</i>		
	33%	Marital status	<i>n</i> =1,213
	<i>50-64</i>	<i>Married</i>	68%
	29%	<i>Divorced/Separated</i>	12%
	<i>65+</i>	<i>Widowed</i>	4%
	13%	<i>Never married</i>	15%
	<i>Average</i>	<i>Member of an unmarried couple</i>	2%
	46.6		
Educational attainment	<i>n</i> =1,218	School district	<i>n</i> =1,218
	<i>HS degree or GED or less</i>	<i>Big Walnut</i>	11%
	26%	<i>Buckeye Valley</i>	9%
	<i>Some college</i>	<i>Delaware City</i>	22%
	27%	<i>Olentangy</i>	41%
	<i>Bachelor's degree</i>	<i>Other</i>	18%
	30%		
	<i>Graduate degree</i>		
	17%		
Household income	<i>n</i> =1,065		
	<i>Less than \$50,000</i>		
	29%		
	<i>Between \$50,000 and \$99,999</i>		
	33%		
	<i>\$100,000 or more</i>		
	38%		
Race	<i>n</i> =1,218		
	<i>White/Caucasian</i>		
	90%		
	<i>Black/African-American</i>		
	4%		
	<i>Other</i>		
	6%		
Ethnicity	<i>n</i> =1,207		
	<i>Hispanic or Latino</i>		
	2%		
	<i>Not Hispanic or Latino</i>		
	98%		

Note: Percentages within some demographic categories may not sum to 100% due to rounding. Weighted values are presented. Recall that the survey data were weighted to match recent Delaware County estimates for gender, age, educational attainment, marital status, and race – for these five variables, the survey data resemble the Delaware County adult population.

2013 Community Health Status Assessment Questionnaire

2013

Partnership for a Health Delaware County Community Health Status Assessment Questionnaire

Table of Contents

CORE SECTIONS

Section 1: Respondent Screener	10
Section 2: Health Status	13
Section 3: Health Conditions	14
Section 3a: Arthritis Burden	16
Section 3b: Emotional Support and Life Satisfaction	17
Section 4: Health Care Access	18
Section 5: Dental and Vision Health	18
Section 6: Nutrition / Dietary Intake	20
Section 6a: Alcohol Consumption	22
Section 7: Physical Activity / Exercise	22
Section 8: Immunization	24
Section 9: Tobacco Use	25
Section 10: Seatbelt Usage	26
Sections 11-13: <i>Not included in survey</i>	
Section 14: Women's Health	27
Section 15: Prostate Cancer Screening	29
Section 16: Colorectal Cancer Screening	29
Section 17-18: <i>Not included in survey</i>	
Section 19: Unwanted Sex, Intimate Partner Violence, and Abuse	30
Section 20: Family Planning	31
Section 21: Demographics	32

Section 1 – Respondent Screener

1.0 HELLO, my name is [SAY FIRST AND LAST NAME]. I am calling on behalf of the Delaware General Health District. I am not calling to sell you anything. We are conducting a survey about the health and health practices of Delaware County residents.

[READ IF NECESSARY] Your telephone number was chosen randomly to participate.

[READ IF NECESSARY] All information will be kept strictly confidential and only reported in group form. You may refuse to answer any question at any time.

[READ IF NECESSARY] The survey sponsor is the Delaware General Health District. I work for the Center for Urban and Public Affairs, a survey research lab at Wright State University.

[READ IF NECESSARY] Your input will help community leaders make health care policy and service decisions that may help you, your family, and your community.

[READ IF NECESSARY] This survey should take about 15 minutes to complete.

[READ IF NECESSARY] If you have any questions, concerns, or complaints about this survey, you may call the Delaware General Health District at 740-203-2081.

1.1a [ASK IF CELLPHONE SAMPLE] Are you in a place right now where you can safely take the survey?

- 01 Yes
- 02 No [SCHEDULE CALLBACK]
- 98 Don't know / Not sure [SCHEDULE CALLBACK]
- 99 Refused [SCHEDULE CALLBACK]

1.1b [ASK IF CELLPHONE SAMPLE] Could you please tell me, have I reached you at home, or someplace else?

- 01 At home
- 02 Someplace else
- 98 Don't know / Not sure
- 99 Refused

1.1c [ASK IF CELLPHONE SAMPLE] Are you 18 years of age or older?

- 01 Yes
- 02 No [TERMINATE]
- 98 Don't know / Not sure [TERMINATE]
- 99 Refused [TERMINATE]

1.2a [ASK IF CELLPHONE SAMPLE] Do you live in Delaware County, Ohio?

- 01 Yes [SKIP TO Q1.3]
- 02 No [TERMINATE. SAY "Thank you, but we are only interviewing people who live in Delaware County."]

1.2b [ASK IF LANDLINE SAMPLE] Is this a residence within Delaware County, Ohio?

- 01 Yes
 02 No [TERMINATE. SAY "Thank you, but we are only interviewing private residences in Delaware County."]

1.3 In what city, village, or township do you live?

01	Ashley	11	Genoa	22	Scioto
02	Berkshire	12	Harlem	23	Shawnee
03	Berlin	13	Kingston		Hills
04	Brown	14	Liberty	24	Sunbury
05	Columbus (TERM)	15	Marlboro	25	Thompson
		16	Orange	26	Trenton
06	Concord	17	Ostrander	27	Troy
07	Delaware	18	Oxford	28	Westerville
08	Delaware City	19	Porter	29	DK/Unsure
09	Dublin	20	Powell		(TERM)
10	Galena	21	Radnor		

1.4a [ASK IF LANDLINE SAMPLE] Your household qualifies for the survey. For our results to be scientifically valid, I need to randomly pick an adult within your household to interview. Including yourself, how many adults, 18 years old or older, live in your household?

-- [Record number]

[IF Q1.4a=1, SAY "Then you are the person I need to speak with" AND SKIP TO Q1.5]

[IF Q1.4a=2, CATI SHOULD RANDOMLY SELECT PERSON. IF CATI SELECTS THE PERSON CURRENTLY ON THE PHONE, SAY "You are the person I need to speak with" AND SKIP TO Q1.5. IF CATI SELECTS THE OTHER PERSON, REQUEST TO SPEAK WITH THE OTHER PERSON. IF THE OTHER PERSON IS AVAILABLE, SKIP TO Q1.4C ONCE HE/SHE IS ON THE LINE. IF THE OTHER PERSON IS UNAVAILABLE, OBTAIN CALLBACK INFORMATION. WHEN CALLING BACK, START AT Q1.4C. ENSURE HOUSEHOLD ANSWERS TO Q1.3 AND Q1.4A ARE RETAINED AND ASSOCIATED WITH THE DATA FOR THIS CALLBACK INTERVIEW.

[IF Q1.4a>2, CONTINUE.]

1.4b [ASK IF LANDLINE SAMPLE] Please take a moment to think about the birthdays of all the adults in your household. Of those who are 18 or older, who most recently had a birthday?

- 01 Me (person currently on the line) [SAY "Then you are the person I need to speak with" AND SKIP TO Q1.5]
 02 Someone else [REQUEST TO SPEAK WITH THIS PERSON. IF THIS PERSON IS AVAILABLE, SKIP TO Q1.4C ONCE HE/SHE IS ON THE LINE. IF THIS PERSON IS UNAVAILABLE, OBTAIN CALLBACK INFORMATION. WHEN CALLING BACK, START AT Q1.4C. ENSURE HOUSEHOLD ANSWERS TO Q1.3 AND Q1.4A ARE RETAINED AND ASSOCIATED WITH THE DATA FOR THIS CALLBACK INTERVIEW.]

1.4c [ASK IF LANDLINE SAMPLE] HELLO, my name is [SAY FIRST AND LAST NAME]. I am calling on behalf of the Delaware General Health District. I am not calling to sell you anything. We are conducting a survey about the health and health practices of Delaware County residents.

- 1.5 I would like to ask a few general questions about yourself. Before we begin, the Delaware General Health District would like me to tell you that this interview may be monitored for quality assurance, that this interview should take about 15 minutes, that you do not have to answer any question you do not want to, that everything you say will be held confidential, and that your participation is voluntary.**

May we begin?

- 01 Yes
02 No [SCHEDULE CALLBACK]

- 1.6 Thank you. What is your ZIP Code?**

- ____ [Record ZIP Code]
8 8 8 8 8 Don't know / Not sure
9 9 9 9 9 Refused

- 1.7 In what school district is this household?**

- 01 Big Walnut
02 Buckeye Valley
03 Delaware
04 Olentangy
05 Westerville
06 Dublin
07 Other (please specify): _____
98 Don't know / Not sure
99 Refused

- 1.8 What is your age?**

- _ _ [Record age in years]
98 Don't know / Not sure
99 Refused

[READ IF NECESSARY] These questions help us ensure that the study's results represent everyone in Delaware County.]

- 1.9 Are you currently...?**

- [PLEASE READ]
01 Employed for wages
02 Self-employed
03 Out of work for more than 1 year
04 Out of work for less than 1 year
05 A Homemaker
06 A Student
07 Retired [OR]
08 Unable to work
[DO NOT READ]
98 Don't know / Not sure
99 Refused

1.10 [INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.]

- 01 Male
- 02 Female

Section 2: Health Status**2.1 Thank you. Next, I'd like to ask you some questions about your health. Would you say that in general your health is...**[#2006_S1.1]⁷

[PLEASE READ]

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair [OR]
- 05 Poor

[DO NOT READ]

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

2.2 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?

[#2006_S2.1]

- Number of days
- 97 None
- 98 Don't know / Not sure
- 99 Refused

2.3 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?

[#2006_S2.2]

- Number of days
- 97 None [IF Q2.2 AND Q2.3 = 97 (NONE), SKIP TO Q2.5]
- 98 Don't know / Not sure
- 99 Refused

2.4 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?

[#2006_S2.3]

- Number of days
- 97 None
- 98 Don't know / Not sure
- 99 Refused

[IF Q1.8 = DK/RF OR <45 , SKIP TO NEXT SECTION. OTHERWISE, CONTINUE.]

⁷ This text indicates the survey from which the question wording and response options were obtained. In this case, this question was obtained from the 2006 BRFSS, Section 1, Question 1.

2.5 The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. In the past 3 months, how many times have you fallen?

[#2008_S15.1]

- __ Number of times
- 97 None [SKIP TO NEXT SECTION]
- 98 Don't know / Not sure [SKIP TO NEXT SECTION]
- 99 Refused [SKIP TO NEXT SECTION]

[IF Q2.5 = 1, SKIP TO Q2.6. IF Q2.5 > 1 & < 97, SKIP TO Q2.7]

2.6 Did this fall cause an injury?

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

[SKIP TO NEXT SECTION]

2.7 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.

[#2008_S15.2]

- __ Number of falls
- 97 None
- 98 Don't know / Not sure
- 99 Refused

Section 3: Health Conditions

3.1 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." A heart attack, also called a myocardial infarction?

[#2006_S7.1]

[INTERVIEWER NOTE: BY OTHER HEALTH PROFESSIONAL, WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, OR SOME OTHER LICENSED HEALTH PROFESSIONAL.]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

3.2 (Ever told you had) Angina [pronounced 'an-JYE-nuh'] or coronary heart disease?

[#2006_S7.2, modified]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

3.3 (Ever told you had) A stroke?

[#2006_S7.3, modified]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

3.4 (Ever told you had) Asthma?

[#2006_S8.1, modified]

- 01 Yes
- 02 No
- 98 Don't Know/Not sure
- 99 Refused

3.5 (Ever told you had) COPD, emphysema [pronounced 'em-fa-ZEE-ma'] or chronic bronchitis?

[#2011_S6.8, modified]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

3.6 (Ever told you had) Diabetes?

[#2006_S5.1, modified]

[INTERVIEWER NOTE: IF RESPONDENT IS FEMALE AND SAYS ONLY DURING PREGNANCY, USE RESPONSE CODE #2. IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE #4.]

- 01 Yes
- 02 Yes, but female & only during pregnancy [SKIP TO Q3.8]
- 03 No [SKIP TO Q3.8]
- 04 No, pre-diabetes or borderline diabetes [SKIP TO Q3.8]
- 98 Don't know / Not sure [SKIP TO Q3.8]
- 99 Refused [SKIP TO Q3.8]

3.7 A test for "A one C" measures the average level of blood sugar over the last three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?[#2009_M2.6]⁸

- Number of times
- 88 None
- 89 Never heard of "A one C" test
- 98 Don't know / Not sure
- 99 Refused

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

[#2011_S4.1, modified]

[INTERVIEWER NOTE: IF RESPONDENT IS FEMALE AND SAYS ONLY DURING PREGNANCY, USE RESPONSE CODE #2. IF RESPONDENT SAYS BORDERLINE OR PRE-HYPERTENSIVE, USE RESPONSE CODE #4.]

- 01 Yes
- 02 Yes, but female & only during pregnancy
- 03 No
- 04 Told borderline high or pre-hypertensive
- 98 Don't know / Not sure
- 99 Refused

⁸ This text indicates the survey from which the question wording and response options were obtained. In this case, this question was obtained from the 2009 BRFSS, Optional Module 2, Question 6.

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

[#2011_S5.3]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

3.10 A concussion or traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a concussion or traumatic brain injury?

[#2011_M24.3, modified]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

3.11 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.

[#2011_S16.1]

- 01 Yes
- 02 No
- 98 Don't know / Not Sure
- 99 Refused

Section 3a: Arthritis Burden

3a.1 Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid [pronounced 'ROO-muh-toid'] arthritis, gout, lupus, or fibromyalgia

[pronounced 'fye-bro-mye-AL-juh']?

[#2011_S6.9, modified]

- 01 Yes
- 02 No [SKIP TO NEXT SECTION]
- 98 Don't know / Not sure [SKIP TO NEXT SECTION]
- 99 Refused [SKIP TO NEXT SECTION]

[INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- JOINT INFECTION, REITER'S SYNDROME
- OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- RHEUMATISM, POLYMYALGIA RHEUMATICA
- ROTATOR CUFF SYNDROME
- TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- VASCULITIS (GIANT CELL ARTERITIS, HENOCH-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)]

3a.2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

[#2011_S12.1]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

Section 3b: Emotional Support and Life Satisfaction

3b.1 The next few questions are about emotional support and your satisfaction with life.

How often do you get the social and emotional support you need?

[#2009_S21.1]

[INTERVIEWER NOTE: If asked, say "please include support from any source."]

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely [OR]
- 05 Never

[DO NOT READ]

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

3b.2 Has a doctor or other healthcare provider EVER told you that you have depression or a depressive disorder?

[#2011_S2.5, modified]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

3b.3 Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race, ethnicity, sex, age, language, culture, religion, nationality, or sexual orientation?

[#2011_M25.6, modified]

- 01 Yes
- 02 No
- 98 Dk / Not Sure
- 99 Refused

Section 4: Health Care Access

4.1 Thank you. Next, I'll ask about whether or not you've been able to get the health care you need.

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

[#2006_S3.1, modified]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

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

[#2011_S3.4, modified]

[INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.]

[READ ONLY IF NECESSARY]

- 01 Within past year (anytime less than 12 months ago)
- 02 Within past 2 years (1 year but less than 2 years ago)
- 03 Within past 5 years (2 years but less than 5 years ago)
- 04 5 or more years ago

[DO NOT READ]

- 97 Never
- 98 Don't know / Not sure
- 99 Refused

4.3 Was there a time in the past 12 months when you needed medical care, but could not get it?

[#2011_S3.3, modified]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

Section 5: Dental and Vision Health

5.1 How long has it been since you last visited a dentist or a dental clinic for any reason?

[#2006_S.1]

[INTERVIEWER NOTE: INCLUDE VISITS TO DENTAL SPECIALISTS, SUCH AS ORTHODONTISTS.]

[READ ONLY IF NECESSARY]

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 5 years (2 years but less than 5 years ago)
- 04 5 or more years ago

[DO NOT READ]

- 97 Never
- 98 Don't know / Not sure
- 99 Refused

5.2 During the past 12 months, was there a time when you needed dental care but could not get it at that time?

[#2012 OFHS-OMAS_F68]

- 01 Yes
- 02 No [SKIP to Q5.4]
- 98 Don't know / Not sure [SKIP to Q5.4]
- 99 Refused [SKIP to Q5.4]

5.3 What is the main reason you did not receive the dental care you needed in the past 12 months?

[#2011_M6.4, modified]

[READ ONLY IF NECESSARY]

- 01 Cost/insurance
- 02 Do not have/know a dentist
- 03 Cannot get to the office/clinic (too far away, no transportation)
- 04 Could not get an appointment
- 05 No reason to go (no problem)
- 06 Have not thought of it
- 07 Other

[DO NOT READ]

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

5.4 When was the last time you had your eyes examined by any doctor or eye care provider?

[#2011_M6.3, Modified]

[READ ONLY IF NECESSARY]

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 5 years (2 years but less than 5 years ago)
- 04 5 or more years ago

[DO NOT READ]

- 97 Never
- 98 Don't know / Not sure
- 99 Refused

5.5 During the past 12 months, was there a time when you needed eye care but could not get it at that time?

[#2012 OFHS-OMAS_F68]

- 01 Yes
- 02 No [SKIP TO NEXT SECTION]
- 98 Don't know / Not sure [SKIP TO NEXT SECTION]
- 99 Refused [SKIP TO NEXT SECTION]

5.6 What is the main reason you did not receive the eye care you needed in the past 12 months?

[#2011_M6.4, modified]

[READ ONLY IF NECESSARY]

- 01 Cost/insurance
- 02 Do not have/know a eye doctor
- 03 Cannot get to the office/clinic (too far away, no transportation)
- 04 Could not get an appointment
- 05 No reason to go (no problem)
- 06 Have not thought of it
- 07 Other

[DO NOT READ]

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

Section 6: Nutrition/Dietary Intake**6.1 Thank you. Next, I'll ask some questions about what you eat and drink. How many servings of fruit or fruit juice, including fresh, canned, frozen, or dried, do you usually eat or drink per day or per week?**

[#2011_S9.2, modified] [INTERVIEWER NOTE: 1 SERVING = 1 MEDIUM PIECE OF FRESH (SIZE OF BASEBALL) OR ½ C. DICED, SLICED, COOKED, CANNED OR FROZEN, OR ½ C. 100% FRUIT JUICE]

- 01 __ Per day
- 02 __ Per week
- 96 Less than once per week
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

6.2 How many servings of vegetables or vegetable juice, including fresh, canned or frozen, do you usually eat or drink per day or per week? Please include potatoes, but not French Fries.

[#2011_S9.4-9.6, modified]

[INTERVIEWER NOTE: 1 SERVING = 1 C. LEAFY OR RAW (SIZE OF BASEBALL OR SMALL FIST), SMALL BAKED POTATO (SIZE OF SMALL FIST OR REGULAR COMPUTER MOUSE) OR ½ C. COOKED OR ½-3/4 C. VEGETABLE JUICE]

- 01 __ Per day
- 02 __ Per week
- 96 Less than once per week
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

6.3 How often do you drink sugar-sweetened beverages, such as regular soda or pop or sweetened fruit drinks like Kool-aid, cranberry, or lemonade? Include fruit drinks you made at home and added sugar to. Do not include diet soda or diet pop. [#2011_M4.1&2, modified]

- 01 __ Per day
- 02 __ Per week
- 03 __ Per month
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

6.4 How often do you eat snack foods? Snack foods include foods like crackers, chips, nuts, candy, and ice cream.

[#2013_TST created]

- 01 __ Per day
- 02 __ Per week
- 03 __ Per month
- 97 Never
- 98 Don't know / Not sure
- 99 Refused

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

[#2011_M4.3]

[PLEASE READ]

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

[DO NOT READ]

- 95 Never noticed or never looked for calorie information
- 96 Usually cannot find calorie information
- 97 Do not eat at fast food or chain restaurants
- 98 Don't know / Not sure
- 99 Refused

6.6 How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious food? Would you say you were worried or stressed---

[#2011_M28.2, modified]

[PLEASE READ]

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

[DO NOT READ]

- 07 Not applicable
- 98 Don't know / Not sure
- 99 Refused

Section 6a: Alcohol Consumption

6a.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? When responding, keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or one shot of liquor.

[#2011_S15.1, modified]

- 01 __ Record # of Days per week
- 02 __ Record # of Days per month
- 97 No drinks in past 30 days [SKIP TO NEXT SECTION]
- 98 Don't know / Not sure
- 99 Refused

6a.2 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [PROGRAMMING NOTE: 5 FOR MEN, 4 FOR WOMEN] or more drinks on an occasion?

[#2011_S15.3]

- __ Number of times
- 97 None
- 98 Don't know/Not sure
- 99 Refused

Section 7: Physical Activity / Exercise

[IF Q1.9 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED), CONTINUE. OTHERWISE, SKIP TO Q7.3.]

7.1 Thank you. Next, I'll ask some questions about the types of exercise you get.

When you are at work, which of the following best describes what you do? Would you say—

[#2001_S15.1 / #2005-2006 K-HANS]

[INTERVIEWER NOTE: IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS. PROGRAMMING NOTE: ALLOW MULTIPLE RESPONSES.]

[PLEASE READ]

- 01 Mostly sitting or standing
- 02 Mostly walking
- 03 Mostly heavy labor or physically demanding work

[DO NOT READ]

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

7.2 In a usual week, do you use your lunch or other regular work breaks to do physical activity or exercise, such as walking, aerobics, or jogging for at least 10 minutes at a time?

[#2005-2006 K-HANS]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

7.3 In a usual week, do you participate in any physical activities for at least 30 minutes, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

[#2011_S10.1, modified]

- 01 Yes
- 02 No [SKIP TO Q7.5]
- 98 Don't know / Not sure [SKIP TO Q7.5]
- 99 Refused [SKIP TO Q7.5]

7.4 How many days per week do you do any physical activities for at least 30 minutes?

[#2011_S10.3, modified]

- __ Days per week [SKIP TO Q7.6]
- 97 Do not do any physical activity [RETURN TO Q7.2]
- 98 Don't know / Not sure [SKIP TO Q7.6]
- 99 Refused [SKIP TO Q7.6]

7.5 What is the main personal reason you do not exercise more or be more physically active?

[#2005-2006 K-HANS, modified]

[INTERVIEWER NOTE: MARK ONLY ONE, DO NOT READ]

- 01 I don't have enough time
- 02 Too tired or don't have the energy
- 03 Ill or otherwise physically unable
- 04 Don't enjoy being active
- 05 Don't have anyone to be active with
- 06 Afraid of injury
- 07 It is too expensive
- 08 Already get enough exercise
- 09 Self-motivation or will-power
- 10 My neighborhood is not safe
- 11 No personal reason
- 12 Other (specify) _____
- 98 Don't know/ Not sure
- 99 Refused

7.6 Are you now trying to lose weight?

[#2005_M18.1]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

7.7 On a typical day how many hours and minutes do you watch TV, play video games or use a computer?

[#2005-2006 K-HANS, modified]

- 01 __ Number of hours [01-24]
- 02 __ Number of minutes [01-60]
- 97 None
- 98 Don't know/ Not sure
- 99 Refused

7.8 On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.
[#2011_M7.2]

[INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, THEN ENTER MINUTES OF SLEEP. EX. A RESPONSE OF "Seven and a half hours" WOULD BE CODED AS 7 HOURS AND 30 MINUTES]

- 01 __ Number of hours [01-24]
- 02 __ Number of minutes [01-60]
- 98 Don't know / Not sure
- 99 Refused

Section 8: Immunization

8.1 Thank you. Next, I'll ask some questions about different immunizations you may have received. A flu shot is an influenza vaccine injected into your arm. Flu Mist is the flu vaccine sprayed in your nose. During the past 12 months, have you had a flu shot or FluMist™?

[#2011_S14.1, modified]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

8.2 A pneumonia [pronounced 'noo-MOHN-yuh'] shot or pneumococcal [pronounced 'noo-muh-KOK-al'] 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?

[#2011_S14.4]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

8.3 During the past 10 years, have you received a tetanus shot?

[#2011_M19.1, modified]

- 01 Yes
- 02 No [SKIP TO Q8.6]
- 98 Don't Know/Not sure [SKIP TO Q8.6]
- 99 Refused [SKIP TO Q8.6]

8.4 Was your most recent tetanus shot given in 2005 or later?

[#2011_M19.2]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

- 8.5 There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria [pronounced 'dif-THEER-ee-uh'] vaccine. The other type contains tetanus diphtheria and pertussis [pronounced 'per-TUSS-is'] or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?**

[#2011_M19.3]

- 01 Yes (included pertussis)
- 02 No (did not include pertussis)
- 03 Doctor did not say
- 98 Don't know / Not sure
- 99 Refused

- 8.6 [IF Q1.8 < 50, SKIP TO NEXT SECTION.] A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?**

[#2011_M21.1]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

Section 9: Tobacco Use

- 9.0 Thank you. Next, I'll ask about different types of health-related behaviors.**

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

[#2011_S7.1]

[INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES]

- 01 Yes
- 02 No [SKIP to Q9.6]
- 98 Don't Know/Not sure [SKIP to Q9.6]
- 99 Refused [SKIP to Q9.6]

- 9.1 Do you now smoke cigarettes every day, some days, or not at all?**

[#2011_S7.2]

- 01 Every day
- 02 Some days
- 03 Not at all [SKIP to Q9.6]
- 98 Don't know/Not sure [SKIP to Q9.6]
- 99 Refused [SKIP to Q9.6]

- 9.2 On average, on the days that you smoke, about how many cigarettes per day do you smoke?**

[#2006_TST created]

[INTERVIEWER NOTE: 1 PACK=20 CIGARETTES. VERIFY ALL RESPONSES OF 61 OR MORE CIGARETTES.]

- __ _ Number of cigarettes
- 97 Less than one cigarette a day
- 98 Don't know/Not sure
- 99 Refused

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

[#2011_S7.3]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

9.4 Are you aware of any local programs or services that are available to help you quit smoking such as telephone quit lines, local health clinic services, and cessation classes?

[#Michigan 2012 BRFSS]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

9.5 Are you seriously considering stopping smoking within the next 30 days?

[#2011_M15.7]

- 01 Yes
- 02 No
- 98 Don't know/Not sure
- 99 Refused

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

[#2011_S7.5]

[INTERVIEWER NOTE: "SNUS" (RHYMES WITH "GOOSE"), SWEDISH FOR SNUFF, IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.]

- 01 Every day
- 02 Some days
- 03 Not at all
- 98 Don't know / Not sure
- 99 Refused

Section 10: Seatbelt Usage

10.1 How often do you use seatbelts when you drive or ride in a car?

[#2011_S13.1,modified]

[PLEASE READ]

- 01 Always
- 02 Nearly always
- 03 Sometimes
- 04 Seldom
- 05 Never

[DO NOT READ]

- 97 Don't Know/Not sure
- 98 Never drive or ride in a car
- 99 Refused

Section 14: Women's Health

[IF Q1.10 = 1 (MALE), SKIP TO NEXT SECTION.]

[IF Q1.10= 2 (FEMALE) & Q1.8 > 44, SKIP TO Q14.1. OTHERWISE, CONTINUE.]

14.0a Thank you. Next, I'll ask some questions related to women's health issues.

[RANDOMLY ASSIGN HALF OF THE RESPONDENTS TO ONE OF TWO CONDITIONS. CONDITION 1: ASK Q14.0b FIRST, THEN Q14.0c. CONDITION 2: ASK Q14.0c FIRST, THEN Q14.0b.]

14.0b To your knowledge, are you now pregnant?

[#2011_S8.23]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

14.0c How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

[#2011_M5.7]

- 01 0 times a week
- 02 1 to 3 times a week
- 03 4 to 6 times a week
- 04 Every day of the week
- 98 Don't know / Not sure
- 99 Refused

14.1 The next questions are about breast and cervical cancer screening. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

[#2011_M12.1]

- 01 Yes
- 02 No [SKIP TO Q14.3]
- 98 Don't know / Not sure [SKIP TO Q14.3]
- 99 Refused [SKIP TO Q14.3]

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

[#2011_M12.2]

[READ ONLY IF NECESSARY]

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 3 years (2 years but less than 3 years ago)
- 04 Within the past 5 years (3 years but less than 5 years ago)
- 05 5 or more years ago

[DO NOT READ]

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

14.3 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?

[#2011_M12.3]

- 01 Yes
- 02 No [SKIP TO Q14.5]
- 98 Don't know / Not sure [SKIP TO Q14.5]
- 99 Refused [SKIP TO Q14.5]

14.4 How long has it been since your last clinical breast exam?

[#2011_M12.4]

[READ ONLY IF NECESSARY]

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 3 years (2 years but less than 3 years ago)
- 04 Within the past 5 years (3 years but less than 5 years ago)
- 05 5 or more years ago

[DO NOT READ]

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

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

[#2011_M12.5]

- 01 Yes
- 02 No [SKIP TO NEXT SECTION]
- 98 Don't know / Not Sure [SKIP TO NEXT SECTION]
- 99 Refused [SKIP TO NEXT SECTION]

14.6 How long has it been since you had your last Pap test?

[#2011_M12.6]

[READ ONLY IF NECESSARY]

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 3 years (2 years but less than 3 years ago)
- 04 Within the past 5 years (3 years but less than 5 years ago)
- 05 5 or more years ago

[DO NOT READ]

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

Section 15: Prostate Cancer Screening

[IF Q1.10 = 2 (FEMALE), SKIP TO NEXT SECTION]

[IF Q1.10 = 1 (MALE) & Q1.8 < 40, SKIP TO NEXT SECTION. OTHERWISE, CONTINUE.]

15.1 Thank you. Next, I'll ask some questions related to men's health issues.

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

[#2011_M13.2, modified]

- 01 Yes
- 02 No [SKIP TO NEXT SECTION]
- 98 Don't Know / Not Sure [SKIP TO NEXT SECTION]
- 99 Refused [SKIP TO NEXT SECTION]

15.2 How long has it been since you had your last PSA test?

[#2011_M13.3]

[READ ONLY IF NECESSARY]

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years)
- 03 Within the past 3 years (2 years but less than 3 years)
- 04 Within the past 5 years (3 years but less than 5 years)
- 05 5 or more years ago

[DO NOT READ]

- 98 Don't know
- 99 Refused

Section 16: Colorectal Cancer Screening

[IF Q1.8 < 50, SKIP TO NEXT SECTION. OTHERWISE, CONTINUE.]

16.1 Sigmoidoscopy [pronounced 'sig-moi-DOS-kuh-pee'] and colonoscopy [pronounced 'koh-luh-NOS-kuh-pee'] 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?

[#2011_M14.3]

- 01 Yes
- 02 No [SKIP TO NEXT SECTION]
- 98 Don't know / Not sure [SKIP TO NEXT SECTION]
- 99 Refused [SKIP TO NEXT SECTION]

16.2 How long has it been since you had your last sigmoidoscopy or colonoscopy?

[#2011_M14.5]

[READ ONLY IF NECESSARY]

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 5 years (2 years but less than 5 years ago)
- 04 Within the past 10 years (5 years but less than 10 years ago)
- 05 10 or more years ago

[DO NOT READ]

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

Section 19: Unwanted Sex, Intimate Partner Violence, and Abuse

19.1 Now I'd like to ask a few questions about unwanted sexual experiences and intimate partner violence. Are you in a safe place to answer these questions?

[#2006_M15, modified]

- 01 Yes
- 02 No [SKIP TO Q19.6]

19.2 Has anyone EVER had sex with you after you said or showed you didn't want them to or without your consent?

[#2006_M15.3, modified]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

19.3 The next question is about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

[#2006_M16.3]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

19.4 Within the last year, have you experienced controlling, verbally abusive, or threatening actions by an intimate partner?

[#2013_DGHD created]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

19.5 Next I'd like to ask you about a particular public health issue called human trafficking. Human trafficking is a crime where someone uses violence, threats, or lies to force a person into work or prostitution for another person's financial gain. Have you heard anything about the crime of human trafficking?

[#2013_DGHD created]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

19.6 Would you or someone you know like to talk with a trained counselor about any of these topics?

[#2006_M16 closing statement]

- 01 Yes
- 02 No [SKIP TO NEXT SECTION]

- 19.7** There are three toll-free and confidential hotlines you can call. To talk to someone about sexual assault, call 1-800-656-HOPE, to talk to someone about domestic violence, call 1-800-232-6554, and to talk to someone about human trafficking, call 1-888-3737-888. Would you like me to repeat the numbers?
[#2006_M16 closing statement]

Section 20: Family Planning

[IF Q1.10 = 02 (FEMALE) & Q1.8 ≥ 45 OR Q14.0=1 (PREGNANT), SKIP TO NEXT SECTION]
[IF Q1.10 = 01 (MALE) & Q1.8 ≥ 60, SKIP TO NEXT SECTION. OTHERWISE CONTINUE.]

- 20.1** The next question asks you about your thoughts and experiences with family planning. Please remember all of your answers will be kept confidential.

Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your partner doing anything now to keep [IF FEMALE, INSERT "YOU", IF MALE, INSERT "HER"] from getting pregnant?
[#2006_M8.1, modified]

[INTERVIEWER NOTE: IF MORE THAN ONE PARTNER, CONSIDER USUAL PARTNER.]

- 01 Yes (SKIP TO Q20.3)
- 02 No
- 03 No partner/not sexually active (SKIP TO Q20.3)
- 04 Same sex partner (SKIP TO Q20.3)
- 98 Don't know / Not sure (SKIP TO Q20.3)
- 99 Refused (SKIP TO Q20.3)

- 20.2** What is your main reason for not doing anything to keep [IF FEMALE, INSERT "YOU", IF MALE, INSERT "HER"] from getting pregnant?
[#2006_M8.3]

[READ ONLY IF NECESSARY]

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

[DO NOT READ]

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

Section 21: Demographics

21.1 The following questions are for statistical purposes only. Which one of these groups would you say best represents your race?

[#2011_S8.3, modified]

[PLEASE READ. ALLOW MULTIPLE RESPONSES.]

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian or Alaska Native [OR]
- 06 Other [specify] _____

[DO NOT READ]

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

21.2 Are you Hispanic or Latino?

[#2011_S8.2]

- 01 Yes
- 02 No
- 98 Don't know / Not sure
- 99 Refused

21.3 Are you...?

[#2011_S8.6]

[PLEASE READ]

- 01 Married
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married [OR]
- 06 A member of an unmarried couple

[DO NOT READ]

- 99 Refused

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

[#2011_S8.8]

[READ ONLY IF NECESSARY]

- 01 Never attended school or only attended kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 or GED (High school graduate)
- 05 College 1 year to 3 years (Some college or technical school)
- 06 College 4 years or more (College graduate)
- 07 Master's degree
- 08 Professional degree (e.g., doctor, lawyer)
- 09 Doctorate degree

[DO NOT READ]

- 99 Refused

21.5 Is your annual household income from all sources...

[#2011_S8.10]

- 01 Less than \$25,000
- 02 Between \$25,000 and less than \$50,000
- 03 Between \$50,000 and less than \$75,000
- 04 Between \$75,000 and less than \$100,000
- 05 Between \$100,000 and less than \$150,000
- 06 \$150,000 or more

[DO NOT READ]

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

21.6 About how much do you weigh without shoes?

[#2011_S8.11]

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, ENTER "9" FIRST. ROUND FRACTIONS UP]

- ___ Record weight in pounds
- 98 Don't know / Not sure
- 99 Refused

21.7 About how tall are you without shoes?

[#2011_S8.12]

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, ENTER "9" FIRST. ENTER FEET IN WHOLE NUMBERS, THEN ENTER INCHES. EX. A RESPONSE OF "Five foot, ten inches" WOULD BE CODED AS 5 FEET AND 10 INCHES]
ROUND FRACTIONS DOWN]

- 01 __ Record height in feet [1-8]
- 02 __ Record height in inches [1-12]
- 98 Don't know / Not sure
- 99 Refused

21.8 [ASK IF CELLPHONE SAMPLE] My last few questions are about your household's telephone service. Is there at least one telephone number that will reach your home that is NOT a cell phone, or can your home only be reached by cell phones?

[#2013_TST modified from non-public health survey]

- 01 At least one land line
- 02 Only cell phones [SKIP TO Q21.12]
- 98 Don't know / Not sure
- 99 Refused

21.9 [ASK IF LANDLINE SAMPLE OR IF Q21.8=01. IF Q21.8=01, DO NOT READ FIRST SENTENCE] My last few questions are about your household's telephone service. How many telephone numbers that are NOT cell phones can be answered in your home?

[#2013_TST modified from non-public health survey]

- __ Record number [1-20]
- 98 Don't know / Not sure [SKIP TO Q21.11]
- 99 Refused

[READ IF NECESSARY] When I say cell phone, I mean a telephone that is mobile and usable outside of your neighborhood.

21.10 How many of those [PIPE RESPONSE FROM Q21.9] phone lines are never answered by anyone or are ONLY answered for a business run by someone living in your home?

[#2013_TST modified from non-public health survey]

__ Record number [1-20]

[LOGIC CHECK - IF 21.10 RESPONSE \geq 21.9 RESPONSE, RETURN TO 21.9 AND RE-ASK QUESTION]

98 Don't know / Not sure

99 Refused

21.11. [IF CELLPHONE SAMPLE, SKIP TO Q21.12] Do you have a working cell phone?

[#2012_NHIS, modified]

01 Yes

02 No [SKIP TO NEXT SECTION]

98 Don't know / Not sure

99 Refused

21.12 How many working cell phones do you have?

[#2012_NHIS, modified]

__ Record number [1-20]

98 Don't know / Not sure

99 Refused

21.13 [ONLY ASK IF Q21.8=01 OR IF Q21.11=01. OTHERWISE, SKIP TO NEXT SECTION] Of all the telephone calls that you receive at your home, are...

[#2012_NHIS, modified]

[PLEASE READ]

01 All or almost all calls received on cell phones

02 Some received on cell phones and some on regular phones

03 Very few or none on cell phones

[DO NOT READ]

98 Don't know / Not sure

99 Refused

SURVEY CLOSING STATEMENT

22.1 That was my last question, and this concludes the survey. Everyone's answers will be combined to give us information about the health practices of people in Delaware County. If you have any questions, concerns, or complaints about this survey, you may call the Delaware General Health District at 740-203-2081.

The Delaware General Health District would be happy to include you on their mailing list so they can send you updates and news about public health events in the community. Would you like to give me your email address so they can add you to their mailing list?

[IF YES, record contact information in separate database, with no linkage to this completed survey.]

Thank you very much for your time and cooperation!

[TERMINATE]

END OF APPENDIX A

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