

2005
New Mexico Behavioral Risk Factor Surveillance System
Questionnaire
Final Version (Draft 6 10/27/04)

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Interviewer's Script

HELLO, I am calling for the New Mexico Department of Health. My name is (name) . We are conducting a survey to gather information about the health of New Mexico residents. The survey is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ? If **"No"**, thank you very much, but I seem to have dialed the wrong number. It is possible that your number may be called at a later time. **STOP**

Is this a private residence? If **"No"**, thank you very much, but we are only interviewing private residences. **STOP**

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

___ Number of adults [**If more than 1 adult, ⇒Go to Page 2**]

If **"1"**, Are you the adult?

If **"Yes"** Then you are the person I need to speak with. Enter 1 man or 1 woman below.
[Ask gender if necessary]. ⇒Go to Page 3

If **"No"** Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **⇒Go to "Correct Respondent" on next page.**

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

___ Number of men
___ Number of women

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

If "You", ⇒Go to Page 3

To Correct Respondent: My name is (name) calling for the New Mexico Department of Health. We are conducting a survey to gather information about the health of New Mexico residents. The survey is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your phone number has been chosen randomly, and I would like to ask some questions about health and health practices.

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1 Would you say that in general your health is: (73)

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- or
- 5 Poor

DO NOT READ

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

Section 2: Healthy Days - Health-related Quality of Life

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

(74-75)

-- Number of days

8 8 None

7 7 Don't know / Not sure

9 9 Refused

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

(76-77)

-- Number of days

8 8 None

7 7 Don't know / Not sure

9 9 Refused

If Q2.1 and Q2.2=88 (None), ⇒ Go to next section.

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

(78-79)

-- Number of days

8 8 None

7 7 Don't know / Not sure

9 9 Refused

Section 3: Health Care Access

3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

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

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

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

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

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

3.4. About how long has it been since you last visited a doctor for a routine checkup? (83)

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

Section 4: Exercise

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

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

Section 5: Diabetes

5.1. Have you EVER been told by a doctor that you have diabetes? (85)

Note: If respondent says 'pre-diabetes or borderline diabetes', use response **Code 4**.

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

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

Module 1: Diabetes

To be asked following Core Q5.1, if response code=1 (Yes).

1. How old were you when you were told you have diabetes? (201-202)

- __ Code age in years [**97=97 and older**]
- 9 8 Don't know / Not sure
- 9 9 Refused

2. Are you now taking insulin? (203)

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills? (204)

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

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (205-207)
- 1 _ _ Times per day
 2 _ _ Times per week
 3 _ _ Times per month
 4 _ _ Times per year
 8 8 8 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (208-210)
- 1 _ _ Times per day
 2 _ _ Times per week
 3 _ _ Times per month
 4 _ _ Times per year
 8 8 8 Never
 5 5 5 No feet
 7 7 7 Don't know / Not sure
 9 9 9 Refused
6. Have you EVER had any sores or irritations on your feet that took more than four weeks to heal? (211)
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused
7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (212-213)
- _ _ Number of times [**76=76 or more**]
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused
8. A test for "**A one C**" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "**A one C**"? (214-215)
- _ _ Number of times [**76=76 or more**]
 8 8 None
 9 8 Never heard of hemoglobin "**A one C**" test
 7 7 Don't know / Not sure
 9 9 Refused

If "No Feet" to Q5; ⇒Go to Q10.

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (216-217)

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

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (218)

Read only if necessary:

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

11. Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy? (219)

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

12. Have you EVER taken a course or class in how to manage your diabetes yourself? (220)

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

Section 6: Hypertension Awareness

6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

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

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

6.2. Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

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

7.2. About how long has it been since you last had your blood cholesterol checked? (89)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease. 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".

8.1. (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

8.2. (Ever told) you had angina or coronary heart disease? (92)

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

8.3. (Ever told) you had a stroke? (93)

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

Section 9: Asthma

9.1. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

9.2. Do you still have asthma? (95)

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

Section 10: Immunization

10.1. ~~A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot? _____ (96)~~

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

10.2. ~~During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™. _____ (97)~~

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

10.3. ~~Have you EVER had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. _____ (98)~~

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

Questions related to influenza vaccination to be added to BRFSS core, November 1, 2004 Through February 28, 2005

ADULT QUESTIONS

Q12.1 During the past 12 months, have you had a flu shot?

Read if necessary: We want to know if you had a flu shot injected in your arm.

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

Q12.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

- 1 Yes – **go to Q12.4**
- 2 No – **If Q12.1 is "Yes" go to Q12.4, otherwise go to Q12.6**
- 7 Don't know/Not sure – **If Q12.1 is "Yes" go to Q12.4; if Q12.1 is "No" go to Q12.6, otherwise go to Q12.7**
- 9 Refused – **If Q12.1 is "Yes" go to Q12.4; if Q12.1 is "No" go to Q12.6, otherwise go to Q12.7**

Q12.4 During what month and year did you receive your most recent flu vaccination?

If "Yes" to both Q12.1 and Q12.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."

__ / ____ Month / Year

77/7777 Don't know/Not Sure (**Probe:** "Was it before or after September 2004?"
Code approximate month and year)

99/9999 Refused

Q12.5. Where did you go to get your most recent [FILL: flu shot/flu vaccine that was sprayed in your nose]?

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center
[*Example:* a community health center]
- 04 A senior, recreation, or community center
- 05 A store [*Examples:* supermarket, drug store]
- 06 A hospital emergency room
- 07 Workplace
- 08 Some other kind of place

- 77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

If Q12.4 is before 9/2004 go to Q12.6, otherwise go to Q12.7

Q12.6. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season?

Do not read answer choices below. Select category that best matches response.

- 01 Do not need it
- 02 Doctor did not recommend it
- 03 Did not know that I should be vaccinated
- 04 Flu is not that serious
- 05 Concern about vaccine: side effects/can cause flu
- 06 Concern about vaccine: does not work
- 07 Had the flu already this flu season
- 08 Plan to get vaccinated later this flu season
- 09 Flu vaccination costs too much
- 10 Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason

- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

Q12.7 **If Q12.4 is 04/2004 to present continue (ask Q12.7), otherwise go to Q12.3.**
Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

Q12.3 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

Q12.8 Has a doctor or other medical professional ever said that you have any of the following health problems?

Read each problem listed below:

- Lung problems, other than asthma
- Heart problems
- Diabetes
- Kidney problems
- Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids Sickle cell anemia or other anemia

- 1 Yes – **Go to Q12.9**
- 2 No – **Go to Q12.10**
- 7 Don't know/Not sure (**Probe by repeating question**) – **Go to Q12.10**
- 9 Refused – **Go to Q12.10**

Q12.9 Do you still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (**Do not probe**)
- 9 Refused

Q12.10. Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

If necessary say: This includes part-time and volunteer work.

- 1 Yes – **Go to Q12.11**
- 2 No – **Go to Q13.1**
- 7 Don't know/Not sure (**Do not probe**) – **Go to Q13.1**
- 9 Refused – **Go to Q13.1**

Q12.11. Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (**Probe by repeating question**)
- 9 Refused

Section 11: Tobacco Use

11.1. Have you smoked at least 100 cigarettes in your entire life? (99)

Note: 5 packs = 100 cigarettes

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

11.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

- 1 Every day
- 2 Some days
- 3 Not at all ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

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

Section 12: Alcohol Consumption

- 12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (102)
- 1 Yes
 2 No ⇒ **Go to next section**
 7 Don't know / Not sure ⇒ **Go to next section**
 9 Refused ⇒ **Go to next section**
- 12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)
- 1_ _ Days per week
 2_ _ Days in past 30 days
 888 No drinks in past 30 days ⇒ **Go to next section**
 777 Don't know / Not sure
 999 Refused
- 12.3. One drink is equivalent to a 12 ounce beer, a 4 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many drinks did you drink on the average? (106-107)
- _ _ Number of drinks
 77 Don't know / Not sure
 99 Refused
- 12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)
- _ _ Number of times
 88 None
 77 Don't know / Not sure
 99 Refused
- 12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)
- _ _ Number
 77 Don't know / Not sure
 99 Refused

Section 13: Demographics

13.1. What is your age? (112-113)

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

13.2. Are you Hispanic or Latino? (114)

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

13.3. Which one or more of the following would you say is your race? (115-120)

[Check all that apply]**Please read**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- or
- 6 Other [specify] _____

DO NOT READ

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

If more than one response to Q13.3; continue. Otherwise, ⇒Go to Q13.5.

13.4. Which one of these groups would you say BEST represents your race? (121)

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

13.5. Are you...? (122)

Please read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple

DO NOT READ

- 9 Refused

13.6. How many children less than 18 years of age live in your household? (123-124)

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

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

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

13.8. Are you currently? (126)

Please read

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired
- 8 Unable to work

DO NOT READ

- 9 Refused

13.9. Is your annual household income from all sources...? (127-128)

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

Read only if necessary:

- 04 Less than \$25,000 **If "no", ask 05; if "yes", ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no", code 04; if "yes", ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no", code 03; if "yes", ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no", code 02**
- 05 Less than \$35,000 **If "no", ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no", ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no", code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

DO NOT READ

- 77 Don't know / Not sure
99 Refused

13.10. About how much do you weigh without shoes? (129-132)

Note: If respondent answers in metrics, put "9" in column **129**.

[Round fractions up]

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

13.11. About how tall are you without shoes? (133-136)

Note: If respondent answers in metrics, put "9" in column **133**.

[Round fractions down]

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

13.12. What county do you live in? (137-139)

<u> </u> <u> </u> <u> </u>	FIPS county code
7 7 7	Don't know / Not sure
9 9 9	Refused

13.13. What is your ZIP Code where you live? (140-144)

<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

13.14. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (145)

1	Yes
2	No ⇒ Go to Q13.16
7	Don't know / Not sure ⇒ Go to Q13.16
9	Refused ⇒ Go to Q13.16

13.15. How many of these phone numbers are residential numbers? (146)

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

13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (147)

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

13.17. Indicate sex of respondent. [**Ask only if necessary**]. (148)

1	Male ⇒ Go to next section
2	Female (If respondent is 45 years old or older, ⇒ Go to next section)

13.18. To your knowledge, are you now pregnant? (149)

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

CDC CHILD IMMUNIZATION QUESTIONS TO BE ADDED TO BRFSS NOVEMBER 1, 2004-FEBRUARY 28, 2005

CHILD QUESTIONS

Insert the following Q13.17 at the end of the demographic section.

If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), ⇒ Go to Q14.1

If Core Q13.6 = 1; INTERVIEWER: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." ⇒ **Go to Q13.18.**

If Core Q13.6 is >1 and Core Q13.6 does not equal to 88 or 99; INTERVIEWER: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [second/third/fourth, etc.] child."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.

INTERVIEWER: "I have some additional questions about one specific child. The child I will be referring to is the [Fill: random number from CATI] child. All the questions about children will be about that child."

Note: If there are two children with the same birth date, randomly select one.

Q13.18 Is the child a boy or a girl?

1. Boy
2. Girl
9. Refused

Q13.19 In what month and year was [FILL: he/she] born?

__/____ Month / Year

- 7 7/ 7 7 7 7 Don't know/Not sure (Probe by repeating the question)
9 9/ 9 9 9 9 Refused

Q13.20 Has a doctor, nurse, or other medical professional ever said that [Fill: he/she] has any of the following health problems?

Read each problem listed below:

- Asthma
- Lung problems, other than asthma
- Heart problems
- Diabetes
- Kidney problems
- Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
- Must take aspirin every day
- Sickle cell anemia or other anemia

1 Yes – **Go to Q13.21**

2 No – **Go to Q13.22**

7 Don't know/Not sure (**Probe by repeating the question**) – **Go to Q13.22**

9 Refused – **Go to Q13.22**

Q13.21 Does [Fill: he/she] still have (this/any of these) problem(s)?

1 Yes

2 No

7 Don't know/Not sure (Do not probe)

9 Refused

Q13.22 **If child is less than 6 months old, go to Q14.1, otherwise ask:** During the past 12 months, has [Fill: he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

1 Yes

2 No

7 Don't know/Not sure (Do not probe)

9 Refused

Q13.23. During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™ .

1 Yes – **Go to Q13.24**

2 No – **If Q13.22 is "Yes" go to Q13.24, otherwise go to Q13.25**

7 Don't know/Not sure (**Do not probe**) – **If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26**

9 Refused – **If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26**

Q13.24 During what month and year did [Fill: he/she] receive the most recent flu vaccination?

If "Yes" to both Q13.22 and Q13.23, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."

__ / ____ Month / Year – **If Q13.24 is before 09/2004 go to Q13.25, otherwise go to Q13.26**

77/7777 Don't know/Not Sure (**Probe:** "Was it before or after September 2004?"
Code approximately month and year)

99/9999 Refused

Q13.25. What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season?

Do not read answer choices below. Select category that best matches response.

- 01 Child does not need it
- 02 Doctor did not recommend it
- 03 Did not know that child should be vaccinated
- 04 Flu is not that serious
- 05 Concern about vaccine: side effects/can cause flu
- 06 Concern about vaccine: does not work
- 07 Child had the flu already this flu season
- 08 Plan to get child vaccinated later this flu season
- 09 Flu vaccination costs too much
- 10 Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason

- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

Q13.26. **If Q13.19 date is 06/2003 to present, go to Q14.1; if Q13.24 is 04/2004 to present continue (ask Q13.26), otherwise go to Q14.1:** Did [Fill: he/she] get the flu vaccine during the 'last flu season' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (**Do not probe**)
- 9 Refused

Section 14: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

- 14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (150)

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

Section 15: Disability

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

- 15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)

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

- 15.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (152)

Note: Include occasional use or use in certain circumstances.

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

Section 16: Arthritis Burden

The next questions refer to the joints in your body. Please do NOT include the back or neck.

16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

- 1 Yes
- 2 No ⇒ **Go to Q16.4**
- 7 Don't know / Not sure ⇒ **Go to Q16.4**
- 9 Refused ⇒ **Go to Q16.4**

16.2. Did your joint symptoms FIRST begin more than 3 months ago? (154)

- 1 Yes
- 2 No ⇒ **Go to Q16.4**
- 7 Don't know / Not sure ⇒ **Go to Q16.4**
- 9 Refused ⇒ **Go to Q16.4**

16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

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

16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (156)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

If either Q16.2=1 (Yes) or Q16.4=1 (Yes); continue. Otherwise, ⇒Go to next section.

16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
(157)

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

Note: If a respondent question arises about medication, then the interviewer should reply:

"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

Section 17: Fruits & 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**.

17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

- 1_ _ Per day
- 2_ _ Per week
- 3_ _ Per month
- 4_ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.2. Not counting juice, how often do you eat fruit? (161-163)

- 1_ _ Per day
- 2_ _ Per week
- 3_ _ Per month
- 4_ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.3. How often do you eat green salad? (164-166)

- 1_ _ Per day
- 2_ _ Per week
- 3_ _ Per month
- 4_ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)

- 1_ _ Per day
- 2_ _ Per week
- 3_ _ Per month
- 4_ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.5 How often do you eat carrots? (170-172)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat ? A serving of vegetables at both lunch and dinner would be two servings. (173-175)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 18: Physical Activity

If Core Q13.8=1(employed for wages) or 2(self-employed); continue. Otherwise, ⇒Go to Q18.2.

18.1. When you are at work, which of the following best describes what you do? Would you say?
(176)

Note: If respondent has multiple jobs, include all jobs.

Please read

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

DO NOT READ

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

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

18.2. Now, thinking about the moderate activities you do [fill in "when you are not working" if "employed" or self-employed] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?
(177)

- 1 Yes
- 2 No ⇒Go to Q18.5
- 7 Don't know / Not sure ⇒Go to Q18.5
- 9 Refused ⇒Go to Q18.5

18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?
(178-179)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time ⇒Go to Q18.5
- 7 7 Don't know / Not sure ⇒Go to Q18.5
- 9 9 Refused ⇒Go to Q18.5

18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
(180-182)

- _: _ Hours and minutes per day
- 777 Don't know / Not sure
- 999 Refused

- 18.5. Now, thinking about the vigorous activities you do **[fill in “when you are not working” if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (183)

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

- 18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (184-185)

- __ __ Days per week
 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time ⇒ **Go to next section**
 7 7 Don't know / Not sure ⇒ **Go to next section**
 9 9 Refused ⇒ **Go to next section**

- 18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (186-188)

- __:__ Hours and minutes per day
 777 Don't know / Not sure
 999 Refused

Section 19: HIV/AIDS

[If respondent is 65 years or older, ⇒Go to next section]

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include saliva tests. (189)

- 1 Yes
- 2 No ⇒ **Go to Q19.5**
- 7 Don't know / Not Sure ⇒ **Go to Q19.5**
- 9 Refused ⇒ **Go to Q19.5**

19.2. Not including blood donations, in what month and year was your last HIV test? (190-195)

Note: If response is before January 1985, code "Don't know."

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

19.3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (196-197)

- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 In a jail or prison (or other correctional facility)
- 06 Home
- 07 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

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

Please read

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you? (198)

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

Now, I have some questions about some other health topics.

Section 20: Emotional Support & Life Satisfaction

20.1 How often do you get the social and emotional support you need? (199)

Please read

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

DO NOT READ

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

20.2 In general, how satisfied are you with your life? (200)

Please read

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

DO NOT READ

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

Go to closing statement or transition to modules and/or state-added questions

Please read closing statement:

That is 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

Sexual Orientation – State-added

Now I'm going to ask you a question about sexual orientation.

Do you consider yourself to be...

- a. Heterosexual, that is straight
- b. Homosexual, that is gay or lesbian
- c. Bisexual, or
- d. Other, Specify _____
- e. Don't know/Not sure
- f. Refused

State Added Module :
Module 10: Random Child Selection

If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), ⇒ Go to Module 13.

If Core Q13.6 = 1; INTERVIEWER: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." ⇒ **Go to Q1.**

If Core Q13.6 is >1 and Core Q13.6 does not equal to 88 or 99; INTERVIEWER: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [second/third/fourth, etc.] child."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.

INTERVIEWER: "I have some additional questions about one specific child. The child I will be referring to is the "X"th child. All the questions about children will be about the "X"th child."

Note: If there are two children with the same birth date, randomly select one.

1. What is the birth month and year of the child? (293-298)

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

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

2. Is the child a boy or a girl? (299)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (300)

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

4. Which one or more of the following would you say is the race of the child? (301-306)

[Check all that apply]

Please read

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- or
- 6 Other [specify] _____

DO NOT READ

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

If more than one response to Q4; continue. Otherwise, ⇒Go to Q6.

5. Which one of these groups would you say best represents the child's race? (307)

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

6. How are you related to the child? (308)

Please read

- 1 Parent (mother or father) include biologic, step or adoptive parent
- 2 Grandparent
- 3 Foster parent or guardian [other than parent or grandparent]
- 4 Sibling (brother or sister) include biologic, step and adoptive sibling
- 5 Other relative
- 6 Not related in any way

DO NOT READ

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

Children’s Health Care Access

If '88' no children (S14.6) go to M6: Adult Asthma, page 40

chhcacov

SAM2.1 For the Children (CHILD) under 18, living in your household, do they (DOES THE CHILD) have any kind of health care coverage including, health insurance, pre-paid plans such as HMO’s or government plans such as Medicaid or New MexiKids? (SA 352)

- 1 Yes
- 2 No **Go to SAM2.3, page 38**
- 7 Don’t know/Not sure **Go to SAM2.3, page 38**
- 9 Refused **Go to SAM2.3, page 38**

chhcapay1, chhcapay2, chhcapay3

SAM2.2 How does the household pay for most of the children’s (child’s) medical care?

Is it coverage through:

- Coverage Code..... __ __ (SA 353-354)
- Coverage Code __ __ (SA 355-356)
- Coverage Code __ __ (SA 357-358)

Code up to 3 answers. If respondent reports more than 3, then probe:

"What are the 3 ways you use most to pay for the child's medical care?"

Please Read

- An employer’s health plan 0 1
- Medicaid also called SALUD!, or New MexiKids 0 2
- Healthier Kids Fund 0 3
- Children’s Medical Services 0 4
- The Indian Health Service 0 5
- A plan that you or someone else buys on your own..... 0 6
- Some other source **(Probe and do data change form)** 0 7
- No other 0 8

Do not read

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

Chcaexp

SAM2.3 Was there a time in the past 12 months that any of the children (the child) in the household needed medical care, but could not get it because of the cost? (SA 359)

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

Module 11: Childhood Asthma Prevalence

If "No" children (88) or Refused (99) to Core Q13.6; ⇒Go to Module 13.

1. Has a doctor or other medical professional EVER said that the child has asthma? (309)
 - 1 Yes
 - 2 No ⇒**Go to next module**
 - 7 Don't know / Not sure ⇒**Go to next module**
 - 9 Refused ⇒**Go to next module**

2. Does the child still have asthma? (310)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 16: Osteoporosis

Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is *not* the same condition as osteoarthritis, a joint disease.

1. Have you EVER been told by a doctor, nurse, or other health professional that you have osteoporosis? (329)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

**STATED ADDED MODULE:
FROM PROPOSED MODULE 21 2005 BRFS
OSTEOPOROSIS**

1. How often do you do physical activities specifically designed to **strengthen** your muscles such as lifting weights, push-ups, or pull-ups?

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

2. How often do you eat foods that are high in calcium such as milk, yogurt, cheese, or calcium-fortified food?

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

STATE ADDED MODULE:**BINGE DRINKING****BRFSS 2004 Module 19: Binge Drinking****Ask if Core Q8.3 = 1-30 (or does not equal 77, 88, 99) ALL OTHERS GO TO SAM4.1**

The next questions are about the most recent occasion when you had 5 or more alcoholic beverages. One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor.

GUIDANCE:

NOTE: "Occasion" means 'in a row' or 'within a few hours'

NOTE: If the respondent asks about how to count an over-sized drink (e.g., a 40-ounce bottle of malt liquor), then repeat: "One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor."

1. During the most recent occasion when you had 5 or more alcoholic beverages, about **how many beers**, including malt liquor, did you drink? (341-342)

(Round up)

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

2. During the same occasion, about **how many glasses of wine**, including wine coolers, hard lemonade, or hard cider, did you drink? (343-344)

NOTE: Flavored malt beverages other than hard lemonade or hard cider (e.g., Smirnoff Ice and Zima, etc.) should be counted as wine.

(Round up)

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

3. During the same occasion, about **how many drinks of liquor**, including cocktails, did you have? (345-346)

(Round up)

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

4. During this most recent occasion, **where were you** when you did **most** of your drinking? Would you say . . . (347)

- 1 At your home, for example, your house, apartment, condominium or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event
- 6 Other

Do not read

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

5. During this most recent occasion, **how did you get most** of the alcohol ? Would you say . . . (348)

- 1 Someone else bought it for me or gave it to me
- 2 I bought it at a store, such as a liquor store, convenience store, or grocery store
- 3 I bought it at a restaurant, bar or public place
- 4 Other

Do not read

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

6. Did you drive a motor vehicle, such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion? (349)

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

STATE ADDED MODULE:**ALCOHOL DEPENDENCE**

NM BRFSS 2004 SAM: ALCOHOL DEPENDENCE (From ADAM)

Now I would like to ask you about experiences related to alcohol use that you may have had in the **past 12 months**.

SAM5.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 12 months how often have you had at least one drink of any alcoholic beverage?

State added: (386)**Read Only If Necessary**

- 1 Almost every day
- 2 3 or 4 days a week
- 3 1 or 2 days a week
- 4 1 to 3 days a month

**IF SAM5.1=5,8,7,9 AND FEMALE (S3.16=2) AND AGE (13.1) 18-44 GO TO SAM6.1
IF SAM 5.1=5,8,7,9 AND FEMALE AGE (13.1) 45 OR OLDER AND CHILDREN
(13.6) < 8 GO TO M10.1**

**IF SAM 5.1=5,8,7,9 AND FEMALE AGE (13.1) 45 OR OLDER AND NO CHILDREN
(13.6) >= 8 GO TO CLOSING STATEMENT.**

**IF SAM5.1=5,8,7,9 AND MALE (S3.16=1) WITH CHILDREN (13.6) < 8 GO TO
M10.1**

**IF SAM5.1=5,8,7,9 AND MALE (S3.16=1) WITH NO CHILDREN (13.6) => 8 GO
TO CLOSING STATEMENT**

If 8.3 < 77 AND/OR SAM4.1 < 77 continue, otherwise go to the next module

- 5 less than once a month
 - 8 No drinks in the past 12 months
 - 7 Don't know / Not sure
 - 9 Refused

SAM5.2 In the past 12 months have you spent more time drinking than you intended?

State added: (387)

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

SAM5.3 Have you neglected some of your usual responsibilities because of using alcohol?

State added: (388)

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

SAM5.4 Have you wanted to cut down on your drinking?

State added: (389)

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

SAM5.5 In the past 12 months, has anyone objected to your use of alcohol? **State added: (390)**

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

SAM5.6 Have you frequently found yourself thinking about drinking? **State added: (391)**

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

SAM5.7 Have you used alcohol to relieve feelings such as sadness, anger, or boredom?

State added: (392)

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

STATE ADDED MODULE:**FROM BRFSS 2004 FOLIC ACID
Module 13: Folic Acid**

1. Do you currently take any vitamin pills or supplements? (307)

Include liquid supplements

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

2. Are any of these a multivitamin? (308)

- 1 Yes **Go to Q4**
2 No
7 Don't know / Not sure
9 Refused

3. Do any of the vitamin pills or supplements you take contain folic acid? (309)

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

4. How often do you take this vitamin pill or supplement? (310-312)

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

If respondent is 45 years or older, go to next module.

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (313)

Please read

- 1 To make strong bones
2 To prevent birth defects
3 To prevent high blood pressure

or

- 4 Some other reason

Do not read

- 7 Don't know / Not sure
9 Refused

**STATE ADDED MODULE 6: EMERGENCY CONTRACEPTIVES
FROM NM BRFSS 2004**

ASK OF WOMEN AGE 18-44 (Q13.16=2, Q13.1 =>18 AND <=44). ALL OTHERS GO TO NEXT SECTION.

Now I have a few questions about emergency contraceptive pills (ECP's).

SAM6.1. Have you ever heard about emergency contraceptive pills (ECPs)? These used to be called the "morning after pill." If taken according to directions within 5 days after unprotected sex, they can prevent a pregnancy. **State added: (393)**

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

SAM6.2. Have you ever used emergency contraceptive pills (ECPs)?

State added: (394)

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

**STATE ADDED MODULE:
PHYSICAL EXAMS PAST YEAR
FROM 2000**

In the last 12 months, not counting times you went to an emergency room, how many times did you go to a doctor's office or clinic to get care for yourself? Would you say

MODIFIED TO MATCH BRFSS

Please Read

- 1 Once
- 2 Twice
- 3 3 times
- 4 4 times
- 5 5 to 9 times
- 6 10 or more times
- 8 None

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

FROM SUSAN

- a. None Go to Next Module 8
- b. Once 1
- c. Twice 2
- d. 3 times 3
- e. 4 times 4
- f. 5 to 9 times 5
- or
- g. 10 or more times 6
- Don't know/Not Sure 7
- Refused 9

**STATE ADDED MODULE:
BARRIERS TO HEALTH CARE ACCESS**

FROM STATED ADDED DISABILITY MODULE NM BRFSS 2003

For the following questions, health care includes examinations, procedures, and medical tests conducted by a doctor, nurse or other health professional.

SAM3.6 How often is transportation a problem for you in getting health care? Would you say..

(SA 368)

- 1 Not a problem
- 2 Rarely a problem
- 3 Sometimes a problem
- 4 Often or always a problem

Do not read

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

SAM3.7 How often is distance a problem for you in getting from your home to your doctor's office? Would you say . . .

(SA 369)

- 1 Not a problem
- 2 Rarely a problem
- 3 Sometimes a problem
- 4 Often or always a problem

Do not read

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

SAM3.8 How often is the design of the health care provider's office a problem? For example, too many steps or difficulty in getting on the exam table. Would you say

(SA 370)

- 1 Not a problem
- 2 Rarely a problem
- 3 Sometimes a problem
- 4 Often or always a problem

Do not read

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

SAM3.9 How often do you experience an unfriendly or unhelpful attitude from the medical and support staff in your doctor's office? Would you say . . . (SA 371)

- 1 Not a problem
- 2 Rarely a problem
- 3 Sometimes a problem
- 4 Often or always a problem

Do not read

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

**STATE ADDED MODULE:
ASTHMA IN THE WORKPLACE**

Module 25: Sexual Violence

NEW INTRO: I'd like to ask you some questions about physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section I will give you phone numbers for organizations that can provide information and referral for both of these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip to the next topic area. Are you in a safe place to answer these questions?

My first questions are about unwanted sexual experiences you may have had.

1. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, or making you look at sexual photos or movies. (376)

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

2. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent? (377)

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

INTERVIEWER'S SCRIPT: For use in the second module when both Module 25 and Module 26 are being administered and one immediately follows the other: **"Now I am going to ask you some additional questions about unwanted sex. It may seem like you have already answered these questions. However, it is important that we ask these questions here".**

INTERVIEWER'S SCRIPT: For use when only one module (either Module 25 or Module 26) is included: **"Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused".**

3. In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (378)

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

4. In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent? (379)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Ask Q5 only if Q3 or Q4=1 (Yes).

[CATI INSTRUCTION]: Apply the following logic:

If Q4=1 (regardless of response to Q3) then Q5 reads "...the person who had sex with you..."

If Q4=2 and Q3=1 then Q5 reads "...the person who attempted to have sex with you..."

5. At the time of the most recent incident, what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn't want to or without your consent. (380-381)

DO NOT READ

- 01 Complete stranger
- 02 A person known for less than 24 hours
- 03 Acquaintance
- 04 Friend
- 05 Date
- 06 Current boyfriend/girlfriend
- 07 Former boyfriend/ girlfriend
- 08 Spouse or live-in partner
- 09 Ex-spouse or ex live-in partner
- 10 Co-worker
- 11 Neighbor
- 12 Parent
- 13 Step-parent
- 14 Parent's partner
- 15 Other relative
- 16 Other non-relative
- 17 Multiple perpetrators (skip gender)
- 77 Don't know / Not sure
- 99 Refused

INTERVIEWER NOTE: If the respondent indicates the gender of the person, please complete question 6. If the respondent does not indicate the gender of the person, please ask question 6.

6. Was the person who did this male or female? (382)
- 1 Male
 - 2 Female
 - 7 Don't know / Not sure
 - 9 Refused

If Q3=2, 7, 9 (No, Don't Know, Refused); continue. Otherwise, ⇒Go to Q8.

7. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (383)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

If Q4=2, 7, 9 (No, Don't Know, Refused); continue. Otherwise, read closing statement.

8. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (384)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

NEW Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

Module 26: Intimate Partner Violence

NEW INTRO: The next questions are about violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

1. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way. (385)

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

2. Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way? (386)

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

INTERVIEWER NOTE: Read the underlined portion of Q3; only if Core Q2=1 (Yes).

3. "Other than what you have already told me about" Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise physically hurt you, but they were not able to. (387)

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

INTERVIEWER'S SCRIPT: For use in the second module when both Module 25 and Module 26 are being administered and one immediately follows the other: **"Now I am going to ask you some additional questions about unwanted sex. It may seem like you have already answered these questions. Although the questions are very similar to some that I may have already asked, it is important that we also ask them here".**

INTERVIEWER'S SCRIPT: For use when only one module (either Module 25 or Module 26) is being administered: **"Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused".**

4. Have you EVER experienced any unwanted sex by a current or former intimate partner? (388)

1 Yes
2 No ⇒ **Go to next section or end interview**
7 Don't know / Not sure ⇒ **Go to next section or end interview**
9 Refused ⇒ **Go to next section or end interview**

5. In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner? (389)
- 1 Yes
 - 2 No ⇒ **Go to next section or end interview**
 - 7 Don't know / Not sure ⇒ **Go to next section or end interview**
 - 9 Refused ⇒ **Go to next section or end interview**
6. In the past 12 months, have you had any injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex? (390)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
7. At the time of the most recent incident, what was your relationship to the intimate partner who was physically violent or had unwanted sex with you? (391-392)

DO NOT READ

- 01 Boyfriend
- 02 Girlfriend
- 03 Former boyfriend
- 04 Former girlfriend
- 05 Male you were dating
- 06 Female you were dating
- 07 Husband or male live-in partner
- 08 Former husband or former male live-in partner
- 09 Wife or female live-in partner
- 10 Former wife or former female live-in partner
- 11 Other
- 77 Don't know / Not sure
- 99 Refused

NEW Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat this number?

Module 18: Weight Control

1. Are you now trying to lose weight? (334)
- 1 Yes ⇒ **Go to Q3**
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
2. Are you now trying to maintain your current weight, that is, to keep from gaining weight?(335)
- 1 Yes
 - 2 No ⇒ **Go to Q5**
 - 7 Don't know / Not sure ⇒ **Go to Q5**
 - 9 Refused ⇒ **Go to Q5**
3. Are you eating either fewer calories or less fat to... (336)
- lose weight? [**If "Yes" to Q1**]
- keep from gaining weight? [**If "Yes" to Q2**]
- Probe for which:**
- 1 Yes, fewer calories
 - 2 Yes, less fat
 - 3 Yes, fewer calories and less fat
 - 4 No
 - 7 Don't know / Not sure
 - 9 Refused
4. Are you using physical activity or exercise to... (337)
- lose weight? [**If "Yes" to Q1**]
- keep from gaining weight? [**If "Yes" to Q2**]
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
5. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (338)
- Probe for which:**
- 1 Yes, lose weight
 - 2 Yes, gain weight
 - 3 Yes, maintain current weight
 - 4 No
 - 7 Don't know / Not sure
 - 9 Refused

NEW MEXICO BRFSS 2004 STATE ADDED MODULE 7: FISH CONSUMPTION

Fish consumption questions for the NM BRFSS:

1. The next questions are about fish consumption. Do you eat fish?
 - 1 Yes
 - 2 No **Go to next section**
 - 7 Don't know/Not sure **Go to next section**
 - 9 Refused **Go to next section**

2. How often do you eat fish or other seafood from the grocery store or from a restaurant, including fresh, canned, frozen fish or shellfish?
 - 1__ __ Per day
 - 2__ __ Per week
 - 3__ __ Per month
 - 4__ __ Per year
 - 5 5 5 Never
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

3. Now thinking about fish local to New Mexico, do you eat fish caught in New Mexico Waters?
 - 1 Yes
 - 2 No **Go to Next Section**
 - 7 Don't know/Not sure **Go to Next Section**
 - 9 Refused **Go to Next Section**

4. How often do you eat fish caught in New Mexico?
 - 1__ __ Per day
 - 2__ __ Per week
 - 3__ __ Per month
 - 4__ __ Per year
 - 5 5 5 Never
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

5. What kinds of New Mexico fish do you usually eat? Would you say

Select up to 3 answers

Prompt: Are there any others?

1. Trout
 2. Salmon
 3. Black bass (*such as: small mouth, large mouth, spotted bass*)
 4. White bass
 5. Walleye
 6. Catfish
 7. Pike
 8. Carp or suckers
 9. Sunfish and crappie
 10. Other _____ State added 20
-
88. No other
 77. Do not know
 99. Refused

6. What is your average serving size?

- 1 1 to 8 ounces
- 2 9 to 16 ounces (1 pound)
- 3 More than 1 pound
- 7 Don't know/Not sure
- 9 Refused