

New Mexico
Behavioral Risk Factor Surveillance System
2006 Questionnaire
Final Version (16/ 10.23.06 (WITH CDC CHANGES) col. #'s
Changes to Flu for Nov, Dec 2006)

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Interviewer's Script

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

Is this (phone number) ?

If "no,"

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

Is this a private residence?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone?

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

If "yes,"

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

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 3 INTRO TO CORRECT RESPONDENT.**

If "no,"

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

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

___ Number of men

___ Number of women

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

If "you," go to Go to page 3 INTRO TO CORRECT RESPONDENT

To the correct respondent:

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

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, I will provide a toll-free 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
- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

– – Number of days
8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
7 7 Don't know / Not sure
9 9 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

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

Section 3: Health Care Access

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

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

(81)

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

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

(82)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(83)

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

Section 4: 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?

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

GUIDANCE: If respondent says pre-diabetes or borderline diabetes, use response code 4.

(85)

- 1 Yes
- 2 Yes, but female told only during pregnancy **GO TO S6.1**
- 3 No **GO TO S6.1**
- 4 No, pre-diabetes or borderline diabetes **GO TO S6.1**
- 7 Don't know / Not sure **GO TO S6.1**
- 9 Refused **GO TO S6.1**

Module 4: Diabetes

To be asked following Core Q5.1 if response is "Yes" [code = 1]

1. How old were you when you were told you have diabetes?

(229-230)

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

2. Are you now taking insulin?

(231)

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills?

(232)

- 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.

(233-235)

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.

(236-238)

1	--	Times per day
2	--	Times per week
3	--	Times per month
4	--	Times per year
5	5 5	No feet
8	8 8	Never
7	7 7	Don't know / Not sure
9	9 9	Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(239)

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?

(240-241)

--	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"? (242-243)
- — Number of times [**76 = 76 or more**]
 8 8 None
 9 8 Never heard of "A one C" test
 7 7 Don't know / Not sure
 9 9 Refused

CATI Note: If Q5 = 555 [No feet], 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? (244-245)
- — 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. (246)

Read only if necessary:

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

Do not read:

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

- 11.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (247)
- 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? (248)
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

State Added Module 1: Diabetes

SAM1.1 Has a doctor, nurse, or other health professional helped you set clear, specific goals for managing your diabetes? (SAM 401)

READ IF NECESSARY: Goals include setting targets for blood glucose levels, restricting your diet, or increasing physical activity.

- 1 Yes
- 2 No **GO TO SAM 1.3**
- 7 don't know/not sure **GO TO SAM 1.3**
- 9 refused **GO TO SAM 1.3**

SAM1.2 How helpful was this goal setting? Would you say (SAM 402)

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not very helpful

- 7 don't know/not sure
- 9 refused

SAM1.3 Has a doctor, nurse or other health professional explained or shown you how to adjust your food choices to help you manage your blood glucose level? (SAM 403)

- 1 Yes
- 2 No **GO TO S6.1**
- 7 don't know/not sure **GO TO S6.1**
- 9 refused **GO TO S6.1**

SAM1.4 Would you say: (SAM 404)

- 1 Yes, and you understand completely
- 2 Yes, but you are still confused about this

- 7 don't know/not sure,
- 9 refused

Section 6: Oral Health

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

(86)

Read only if necessary:

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

Do not read:

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

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

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

(87)

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

CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next section.

- 6.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

(88)

Read only if necessary:

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

Do not read:

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

Section 7: 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?

7.1 You had a heart attack, also called a myocardial infarction? (89)

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

7.2 You had angina or coronary heart disease? (90)

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

7.3 You had a stroke? (91)

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

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

(92)

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

8.2 Do you still have asthma?

(93)

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

Section 9: Disability

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

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

(94)

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

9.2 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?

(95)

GUIDANCE: Include occasional use or use in certain circumstances.

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

Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life? (96)

GUIDANCE: 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]

10.2 Do you now smoke cigarettes every day, some days, or not at all? (97)

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

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (98)

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

Section 11: Demographics

11.1 What is your age? (99-100)

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

11.2 Are you Hispanic or Latino/a? (101)

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

11.3 Which one or more of the following would you say is your race? (102-107)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native **IF ONLY CHOICE GO TO SAM 11.1**
- 6 Other [specify] _____ (SAM 495-514)

Do not read:

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

CATI note: If more than one response to Q11.3; continue. Otherwise, go to Q11.5

11.4 Which one of these groups would you say best represents your race? (108)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native **IF SELECTED GO TO SAM 11.1**
- 6 Other [specify] _____ (SAM 515-534)

Do not read:

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

STATE ADDED MODULE 11: TRIBAL AFFILIATION

SAM 11. 1 What is your main tribe?

(SAM 494)

Guidance: What is your tribal affiliation or tribal enrollment?

- 1. Apache (Jicarilla / Mescalero)
- 2. Navajo/Dine
- 3. Pueblo (Any of the 19 NM Pueblos)
- 4. Other, specify _____ (SAM 535-554)
- 7. Don't know/Not sure
- 9. Refused

11.5 Are you...? (109)

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

11.6 How many children less than 18 years of age live in your household? (110-111)

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

11.7 What is the highest grade or year of school you completed? (112)

Read only if necessary:

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

Do not read:

- 9 Refused

11.8

Are you currently...?

(113)

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

11.9

Is your annual household income from all sources—

(114-115)

[NOTE: 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

11.10 About how much do you weigh without shoes? (116-119)

[NOTE: If respondent answers in metrics, put "9" in column 116.]

[Round fractions up]

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

11.11 About how tall are you without shoes? (120-123)

[NOTE: If respondent answers in metrics, put "9" in column 120.]

[Round fractions down]

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

11.12 What county do you live in? (124-126)

 FIPS county code
_ _ _
7 7 7 Don't know / Not sure
9 9 9 Refused

11.13 What is your ZIP Code where you live? (127-131)

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

11.14 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. (132)

1 Yes
2 No **[Go to Q11.16]**
7 Don't know / Not sure **[Go to Q11.16]**
9 Refused **[Go to Q11.16]**

11.15 How many of these telephone numbers are residential numbers? (133)

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

11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.
(134)

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

11.17 **[NOTE: Indicate sex of respondent. Ask only if necessary.]**
(135)

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

11.18 To your knowledge, are you now pregnant? (136)

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

Section 12: Veteran's Status

The next question relates to military service.

12.1 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?

(137)

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

Section 13: Alcohol Consumption

13.1 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? (138)

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (139-141)

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

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (142-143)

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

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (144-145)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (146-147)

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

Section 14: Immunization/Adult Influenza Supplement

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (148)

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

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (149)

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

CATI note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.

[NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement

[NOTE: THE FOLLOWING ADULT INFLUENZA SUPPLEMENT QUESTIONS, 14.3s TO 14.8s, HAVE BEEN TURNED INTO STATE ADDED MODULE 12: ADULT INFLUENZA SUPPLEMENT. THE QUESTIONS IN CATI REMAIN IN THE FORM OF 's' QUESTIONS (14.3s – 14.8s) FOR CONVENIENCE. THE CORRESPONDING SAM NUMBER IS ITS ASSIGNED STATE ADDED NAME, AND THE COLUMN NUMBERS CORRESPOND TO THE STATE ADDED COLUMN NUMBERS.]

[COLLECTED JAN-FEB06 AND NOV-DEC06, OCT06?]

14.3s During what month and year did you receive your most recent flu vaccination? **[If 14.1 and 14.2 are both yes, then read:]** The most recent flu vaccination may have been either the flu shot or the flu spray. (SAM 635-640)

SAM12.1

-- / ---- Month / Year
77 / 7777 Don't know / Not sure **Probe: "Was it before or after September 2005?" (Jan, Feb '06)**

Probe: "Was it before or after September 2006?" (Nov, Dec '06)

Code approximate month and year

99 / 9999 Refused

CATI note: If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue to Q14.4.s. Otherwise, go to SAM 2.1. [JANUARY & FEBRUARY 2006]

CATI note: If Q14.3s is before 09/06 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue to Q14.4s. Otherwise, go to SAM 2.1. [NOVEMBER & DECEMBER 2006]

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu season? (SAM 641-642)
SAM12.2

[NOTE: The current flu season = Sept. '05 – Mar. '06. for Jan & Feb 2006]
[NOTE: The current flu season = Sept. '06 – Mar. '07 for Nov & Dec 2006]
[Do not read answer choices below. Select category that best matches response.]

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason **[DO DATA CHANGE FORM]**
- 7 7 Don't know / Not sure **Probe: "What was the main reason?"**
- 9 9 Refused

State Added Module 2: Immunization

SAM 2.1 If 14.3s is 11/2005 to 2/28/06 continue (ask SAM 2.1), otherwise go to 14.5s. [JANUARY & FEBRUARY 2006]

If 14.3s is 09/2006 to 2/28/07 or 777777 or 999999 continue (ask SAM 2.1), otherwise go to 14.5s. [NOVEMBER & DECEMBER 2006]

Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2004 through March 2005? **[asked Jan and Feb 2006]** (SAM 405)

Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2005 through March 2006? **[asked Nov & Dec 2006]** (SAM 405)

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

14.5s Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? (SAM 643)
SAM12.3

PLEASE READ:

Lung problems, including 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
- 2 No **[Go to Q14.7s]**
- 7 Don't know / Not sure **[Go to Q14.7s]**
- 9 Refused **[Go to Q14.7s]**

14.6s
SAM12.4

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

(SAM 644)

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

14.7s
SAM12.5

Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work.

(SAM 645)

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

14.8s
SAM12.6

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

(SAM 646)

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

14.9 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (162)

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

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (163)

GUIDANCE: RESPONDENT MUST COMPLETE ALL 3 SHOTS TO ANSWER YES TO THIS QUESTION.

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

The next question is about behaviors related to Hepatitis B.

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You are a man who has had sex with other men, even just one time (***CATI ASK ONLY OF MEN***) ***CATI note: If female, do not read response #2***
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year (164)

Are any of these statements true for you?

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

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

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.

15.1 In the past 3 months, how many times have you fallen? (165-166)

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

15.2 **[Fill in “Did this fall (from Q15.1) cause an injury?”. If only one fall from Q15.1 and response is “Yes” (caused an injury); code 01. If response is “No”, code 88.**

How many of these falls **caused** an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (167-168)

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

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say . . . (169)

Please read:

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

Do not read:

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

Section 17: Drinking and Driving

CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

CATI note: If Q13.1 = 2 (No); go to next section.

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)

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

Section 18: Women's Health

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

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (172)

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

18.2 How long has it been since you had your last mammogram? (173)

Read only if necessary:

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

Do not read:

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

18.3 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? (174)

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

18.4 How long has it been since your last breast exam? (175)

Read only if necessary:

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

Do not read:

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

- 18.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (176)
- 1 Yes
 - 2 No [Go to Q18.7]
 - 7 Don't know / Not Sure [Go to Q18.7]
 - 9 Refused [Go to Q18.7]

- 18.6** How long has it been since you had your last Pap test? (177)

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q11.18 = 1 (is pregnant); then go to next section.

- 18.7** Have you had a hysterectomy? (178)

GUIDANCE: A hysterectomy is an operation to remove the uterus, womb.

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

Section 19: Prostate Cancer Screening

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

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

19.1 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? (179)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not Sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

19.2 How long has it been since you had your last PSA test? (180)

Read only if necessary:

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

Do not read:

- 7 Don't know
- 9 Refused

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (181)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.4 How long has it been since your last digital rectal exam? (182)

Read only if necessary:

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

Do not read:

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

19.5

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

(183)

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

Section 20: Colorectal Cancer Screening

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

20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (184)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

20.2 How long has it been since you had your last blood stool test using a home kit? (185)

Read only if necessary:

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

Do not read:

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

20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (186)

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

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (187)

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

Do not read:

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

Section 21: HIV/AIDS

CATI note: If respondent is 65 years old 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 don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (188)

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

21.2 Not including blood donations, in what month and year was your last HIV test? (189–194)

GUIDANCE: 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

21.3 Where did you have your last HIV test — (195-196)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison, or other correctional facility
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

CATI note: Ask Q.21.4; if Q.21.2 = within last 12 months. Otherwise, go to next section.

21.4 Was it a rapid test where you could get your results within a couple of hours? (197)

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

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

22.1 How often do you get the social and emotional support you need? Would you say . . .

GUIDANCE: If asked, say “please include support from any source”.

(198)

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life? Would you say

(199)

Please read:

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

Do not read:

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

Now, I have questions about some other health topics.

OPTIONAL MODULES

State Added Module 3: Emergency Contraceptives

FROM NM BRFSS 2004

ASK OF WOMEN AGE 18-44 (Q11.17=2, Q11.1 =>18 AND <=44). ALL OTHERS GO TO NEXT MODULE.

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

SAM3.1. 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. (SAM 406)

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

SAM3.2. Have you ever used emergency contraceptive pills, ECPs? (SAM 407)

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

State Added Module 4 : Sexual Orientation

SAM 4.1 Now I'm going to ask you a question about sexual orientation. (SAM 408)

Do you consider yourself to be:

- 1 Heterosexual or straight, attracted to women
Heterosexual or straight, attracted to men
- 2 Homosexual or gay, attracted to men
Homosexual or lesbian, attracted to women
- 3 Bisexual, attracted to both men and women
- 4 Other [Specify] _____ (SAM 555-574)

Do not read

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

Module 14: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

- 1.** Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (325-326)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

- 2.** Over the last 2 weeks, how many days have you felt down, depressed OR hopeless? (327-328)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

- 3.** Over the last 2 weeks, how many days have you had trouble falling asleep OR staying asleep OR sleeping too much? (329-330)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

- 4.** Over the last 2 weeks, how many days have you felt tired OR had little energy? (331-332)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

- 5.** Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (333-334)

-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (335-336)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (337-338)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? OR THE OPPOSITE – being so fidgety or restless that you were moving around a lot more than usual? (339-340)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder, including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder? (341)

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

10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (342)

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

State Added Module 5: Suicide

SAM5.1 In the past year, have you felt so low at times that you thought about committing suicide? (SAM 409)

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

SAM5.2 Have you ever attempted suicide? (SAM 410)

1. Yes
2. No **GO TO NEXT SECTION**
7. Don't Know/Not Sure **GO TO NEXT SECTION**
9. Refused **GO TO NEXT SECTION**

SAM5.3 In the past year, have you attempted suicide? (SAM 411)

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

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 the National Hopeline Network 1- 800-Suicide / 800-784-2433. Would you like me to repeat this number?

State Added Module 6: Gambling

The next questions are about gambling, betting and games of chance played for money.

SAM6.1 In what forms of gambling, betting or related activities do you participate? Would you say
[Pick UP TO 11] (SAM 412-433)

[NOTE: READ SCRIPT IN () ONLY IF NEEDED.]

PLEASE READ:

01. Cards (21, Black Jack, Poker, etc.)
02. Animals (Roosters, dogs, horses, frogs, ducks)
03. Sports (football, baseball, pool, golf)(incl. pools, w/friends or bookie)
04. Dice games of any type (Craps, etc.)
05. Lottery or numbers (Quick Pick, Road Runner, scratch cards, etc.)
06. Bingo
07. Raffles or sweepstakes
08. Slot machines, video machines or other gambling machines
09. Pull Tabs, punch cards
10. Internet Gambling
11. Other, please specify: _____ SAM (575-594)

88. Never Gamble ***GO TO NEXT MODULE***
98. No other
77. Don't Know/Not Sure
99. Refused ***GO TO NEXT MODULE***

SAM6.2 How often would you say you gamble or bet? (SAM 434-436)

- | | |
|-------|---|
| 1 _ _ | Per day |
| 2 _ _ | Per week |
| 3 _ _ | Per month |
| 4 _ _ | Per year |
| 5 5 5 | More than one year ago |
| 8 8 8 | Never <i>GO TO NEXT MODULE</i> |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused <i>GO TO NEXT MODULE</i> |

SAM6.3 How old were you when you first gambled? __ __ (SAM 437-438)

77. Don't Know

99. Refused

SAM6.4 When you gamble or bet, where do you play?

(SAM 439-464)

READ ONLY IF NECESSARY: [CODE UP TO 13]

- 01. Casino
- 02. Hotel/Resort
- 03. Race track
- 04. Convenience Store/Gas Station
- 05. Bar/Sports Bar
- 06. Private Club/Lodge (Elks, FOP, Masonic Lodge, Eagles)
- 07. Bowling Alley
- 08. Home or someone else's home
- 09. Workplace
- 10. Church
- 11. School
- 12. Some Other Place [Specify: _____] (SAM 595-614)
- 13. Internet

- 98. No other
- 77. Don't Know
- 99. Refused

SAM6.5 Have you ever tried to cut down or stop gambling, and then found that you couldn't? (SAM 465)

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

SAM 6.6 Have you ever tried to cut down or stop gambling, and found that you were restless or irritable? (SAM 466)

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

SAM6.7 Do you ever gamble as a way of escaping from problems in life or as a way of getting rid of unpleasant feelings? (SAM 467)

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

SAM6. 8 Have you ever lost a job or had trouble at work because of gambling? (SAM 468)

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

SAM 6.9 Because of gambling, have you ever had serious problems with a marriage or another significant relationship? (SAM 469)

GUIDANCE: Divorce, estrangement, separation

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

SAM 6.10 Have you ever committed, or considered committing an illegal act to get money for gambling? (SAM 470)

GUIDANCE: Stealing, forgery, fraud, etc.

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

SAM6. 11 Do you find yourself often thinking about gambling, such as reliving past gambling experiences, planning your next gambling experience, or thinking of ways to get money for gambling? (SAM 471)

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

SAM 6.12 Do you find you need to spend more money gambling than you used to in order to reach the same level of excitement? (SAM 472)

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

SAM 6.13 Do you find yourself gambling in an attempt to recover your previous gambling losses? (SAM 473)

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

SAM 6.14 Have you ever lied to family, friends, or others about your gambling? (SAM 474)

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

SAM 6.15 Have you ever turned to family or friends to help you with financial problems that were caused by your gambling? (SAM 475)

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

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-????????**. Would you like me to repeat this number?

State Added Module 7: Bankruptcy

SAM7.1. Have you ever filed for bankruptcy? (SAM 476)

- 1 Yes
- 2 No **GO TO NEXT MODULE**
- 7 Don't know/Not sure **GO TO NEXT MODULE**
- 9 Refused **GO TO NEXT MODULE**

SAM7.2. What was the main reason that you filed for bankruptcy? (SAM 477-478)

READ IF NECESSARY:

- 01. Gambling
- 02. Medical expenses/health
- 03. Credit card/consumer debt
- 04. Business problems/failure
- 05. Job loss
- 06. Natural disaster
- 07. Substance abuse
- 08. Family problems/divorce/death
- 09 Other: [specify: _____] (SAM 615-634)

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

State Added Module 8: Children's Health Care Access

If '88' no children (S11.6 = 88 or 99) go to Next Moudule

If S11.6=1 then read as 'For the child under 18..., does the child...

If S11.6 >1, but<88 then read as 'For the children under 18..., do the children...

chhcacov

SAM8.1 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? (SAM 479)

- 1 Yes
- 2 No **Go to SAM8.3**
- 7 Don't know/Not sure **Go to SAM8.3**
- 9 Refused **Go to SAM8.3**

chhcapay1, chhcapay2, chhcapay3

SAM8.2 How does the household pay for most of the children's (child's) medical care?

Is it coverage through:

Coverage Code..... __ __ (SAM 480-481)

Coverage Code.....__ __ (SAM 482-483)

Coverage Code.....__ __ (SAM 484-485)

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

GUIDANCE: "What are the 3 ways you use most to pay for the children's (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	08

Do not read

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

Chhcaexp

SAM8.3 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? (SAM 486)

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

Module 7: Adult Asthma History

CATI note: If "Yes" to Core Q8.1, continue. Otherwise, go to next module.

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

- 1.** How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma? (270-271)
- – Age in years 11 or older [**96 = 96 and older**]
9 7 Age 10 or younger
9 8 Don't know / Not sure
9 9 Refused

CATI note: If "Yes" to Core Q8.2, continue. Otherwise, go to next module.

- 2.** During the past 12 months, have you had an episode of asthma or an asthma attack?

(272)

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

- 3.** During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (273-274)

- – Number of visits [**87 = 87 or more**]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

- 4.** **GUIDANCE: If one or more visits to Q3, fill in "Besides those emergency room visits,"** During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (275-276)

- – Number of visits [**87 = 87 or more**]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

- 5.** During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma? (277-278)

- – Number of visits [**87 = 87 or more**]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (279-281)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say — (282)

Please read:

8	Not at any time	[Go to Q9]
1	Less than once a week	
2	Once or twice a week	
3	More than 2 times a week, but not every day	
4	Every day, but not all the time	
5	Every day, all the time	

Do not read:

7	Don't know / Not sure
9	Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say — (283)

Please read:

8	None
1	One or two
2	Three to four
3	Five
4	Six to ten
5	More than ten

Do not read:

7	Don't know / Not sure
9	Refused

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring? Would you say (284)

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

Do not read:

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

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? (285)

[NOTE: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.]

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

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

State Added Module 9: Asthma in the Workplace

If S8.2=1 Continue, otherwise go to next module.

SAM9.1 Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had? (SAM 487)

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

SAM9.2 Did you ever tell a doctor or other medical person that your asthma was related to any job you ever had? (SAM 488)

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

State Added Module 10: Skin Cancer/Excess Sun Exposure

SAM10.1 The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? (SAM 489)

- 1 Yes
- 2 No **GO TO Q SAM 10.3**
- 7 Don't know / Not sure **GO TO Q SAM 10.3**
- 9 Refused **GO TO Q SAM 10.3**

SAM10.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (SAM 490)

1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more

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

The next questions are about what you do to protect your skin when you go outside.

SAM10.3 When you go outside on a sunny day for more than one hour, how often do you use sunscreen or sunblock? Would you say: (SAM 491)

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
- 5. Never**
6. Don't stay out more than an hour

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

SAM10.4 When you go outside on a sunny day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun? Would you say: (SAM 492)

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
6. Don't stay out more than an hour

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

SAM10.5 Suppose that after several months of not being out in the sun, you then went out in the sun without a hat, sunscreen, or protective clothing for an hour. Would you: (SAM 493)

1. Sunburn
2. Darken without sunburn
3. Not have anything happen

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

Closing statement:

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