

NEW MEXICO 2007 BRFSS
Behavioral Risk Factor Surveillance System
2007 Questionnaire VERSION 10, 3.13.07

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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 5.**

If "no,"

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

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

___ Number of men

___ Number of women

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

If "you," go to page 4

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.

CORE SECTIONS

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, 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
- 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?

CATI: THE RESPONSE FOR 2.3 CANNOT BE GREATER THAN THE TOTAL OF 2.1 + 2.2. ADD A CHECK FOR THIS SEE BRFSS 2006

(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?

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?

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

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

(85)

- 1 Yes *Go to M3 Diabetes*
- 2 Yes, but female told only during pregnancy *Go to Section 6*
- 3 No *Go to Section 6*
- 4 No, pre-diabetes or borderline diabetes *Go to Section 6*
- 7 Don't know / Not sure *Go to Section 6*
- 9 Refused *Go to Section 6*

MODULE 3: 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? (244-245)

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

2. Are you now taking insulin? (246)

1 Yes
2 No
9 Refused

3. Are you now taking diabetes pills? (247)

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. (248-250)

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. (251-253)

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? (254)

- 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? (255-256)

- — 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"? (257-258)

- — 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? (259-260)

- — 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. (261)

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?
(262)

- 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?

(263)

- 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 7.1]
- 3 No [Go to 7.1]
- 4 Told borderline high or pre-hypertensive [Go to 7.1]

- 7 Don't know / Not sure [Go to 7.1]
- 9 Refused [Go to 7.1]

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 8.1]**
- 7 Don't know / Not sure **[Go to 8.1]**
- 9 Refused **[Go to 8.1]**

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

Do not read:

- 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 10.1]
- 7 Don't know / Not sure [Go to 10.1]
- 9 Refused [Go to 10.1]

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 into 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 sprayed in the nose is also called FluMist™. (97)

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

STATE ADDED MODULE 12: IMMUNIZATION

ASK JANUARY, FEBRUARY, NOVEMBER, DECEMBER 2007 ONLY

CATI note: If Q10.1 or Q10.2 = 1 (Yes), continue; otherwise go to SAM 12.2.

SAM 12.1 During what month and year did you receive your most recent flu vaccination? 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 September 2006?" Code approximate month and year)
- 99 / 9999 Refused

If SAM12.1 is 09/2006 to 2/28/07 ask SAM 12.2.

If SAM 12.1 is < 09/02006 go to SAM 12.3.

If 10.1 and 10.2 >1 ask SAM12.2 and SAM12.3

If SAM12.1 =77/7777 or 99/9999 ask SAM12.2 and SAM12.3

SAM 12.2 Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2005 through March 2006? ()

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

SAM 12.3 What is the MAIN reason you have NOT received a flu vaccination for this current flu season?

()

INTERVIEWER NOTE: The current flu season = Sept. '06 – Mar .'07.

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
- 7 7 Don't know / Not sure (**Probe: "What was the main reason?"**)
- 9 9 Refused

SAM 12.4 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

()

Read each problem listed below:

- 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 SAM 12.6]
- 7 Don't know / Not sure [Go to SAM 12.6]
- 9 Refused [Go to SAM 12.6]

SAM 12.5 Do you still have (this/any of these) problem(s)?

()

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

SAM 12.6 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.

()

- 1 Yes
- 2 No [Go to Q10.3]
- 7 Don't know / Not sure [Go to Q10.3]
- 9 Refused [Go to Q10.3]

SAM 12.7 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
- 9 Refused

SECTION 10: IMMUNIZATION CONTINUED

10.3 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? (98)

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

10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (99)

INTERVIEWER NOTE: Response is "Yes" only if respondent has received the entire series of three shots.

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

The next question is about behaviors related to Hepatitis B.

10.5 Please 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 have had sex with a man who has had sex with other men, even just one time
- 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

Are any of these statements true for you? (100)

- 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 11: TOBACCO USE

11.1 Have you smoked at least 100 cigarettes in your entire life? (101)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to 12.1]
- 7 Don't know / Not sure [Go to 12.1]
- 9 Refused [Go to 12.1]

11.2 Do you now smoke cigarettes every day, some days, or not at all? (102)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to 12.1]
- 7 Don't know/Not sure [Go to 12.1]
- 9 Refused [Go to 12.1]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)

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

SECTION 12: DEMOGRAPHICS

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

- 1 Yes (*Ask 12.3 White Hispanic etc.*)
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.3 Which one or more of the following would you say is your race? (107-112)

(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 response go to SAM 1.1*)
- 6 Other [specify] _____ (SAM ???-???)

Do not read:

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

CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.

12.4 Which one of these groups would you say best represents your race? (113)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native (*Go to SAM 1.1*)
- 6 Other [specify] _____ (SAM ???-???)

Do not read:

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

STATE ADDED MODULE 1: TRIBAL AFFILIATION

SAM 1. 1 What is your main tribe?

(SAM ???)

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 ???-???)
7. Don't know/Not sure
9. Refused

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty DOES NOT include training for the Reserves or National Guard, but DOES include activation, FOR EXAMPLE, for the Persian Gulf War. (114)

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

12.6 Are you...? (115)

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

12.7 How many children less than 18 years of age live in your household? (116-117)

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

12.8 What is the highest grade or year of school you completed? (118)

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

12.9

Are you currently...?

(119)

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

12.10

Is your annual household income from all sources—

(120-121)

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

12.11 About how much do you weigh without shoes? (122-125)

Note: If respondent answers in metrics, put "9" in column 126.

Round fractions up

 Weight
 (pounds/kilograms)
7 7 7 7 Don't know / Not sure **SKIP TO Q12.15**
9 9 9 9 Refused

12.12 About how tall are you without shoes? (126-129)

Note: If respondent answers in metrics, put "9" in column 122.

Round fractions down

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

12.13 How much did you weigh a year ago? [Female respondent: If you were pregnant a year ago, how much did you weigh before your pregnancy?] (130-133)

Note: If respondent answers in metrics, put "9" in column 130.

Round fractions up

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

CATI note: Subtract weight one year ago from current weight. If weight is same go to Q12.15. If weight for 12.12 or 12.13 is 7777 or 9999 go to 12.15

12.14 Was the change between your current weight and your weight a year ago intentional? (134)

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

12.15 What county do you live in? (135-137)

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

12.16 What is your ZIP Code where you live? (138-142)

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

12.17 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. (143)

1 Yes
2 No [Go to Q12.19]
7 Don't know / Not sure [Go to Q12.19]
9 Refused [Go to Q12.19]

12.18 How many of these telephone numbers are residential numbers? (144)

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

12.19 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. (145)

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

12.20 Indicate sex of respondent. Ask only if necessary. (146)

1 Male [Go to next section]
2 Female [If respondent is 45 years old or older, go to Q13.1]

12.21 To your knowledge, are you now pregnant? (147)

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? (148)

- 1 Yes
- 2 No [Go to 14.1]
- 7 Don't know / Not sure [Go to 14.1]
- 9 Refused [Go to 14.1]

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? (149-151)

- 1 _ _ _ Days per week
- 2 _ _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days [Go to next 14.1]
- 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? (152-153)

- _ _ 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? (154-155)

- _ _ 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? (156-157)

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

SECTION 14: DISABILITY

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (158)

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

14.2 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? (159)

Include occasional use or use in certain circumstances.

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

SECTION 15: ARTHRITIS BURDEN

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

15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (160)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]

15.2 Did your joint symptoms first begin more than 3 months ago? (161)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]

15.3 Have you ever seen a doctor or other health professional for these joint symptoms? (162)

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

15.4 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? (163)

- 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)**

CATI Note: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to 16.1.

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(164)

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

INTERVIEWER 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 16: FRUITS AND VEGETABLES

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

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (165-167)

- 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

16.2 Not counting juice, how often do you eat fruit? (168-170)

- 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

16.3 How often do you eat green salad? (171-173)

- 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

16.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (174-176)

- 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

16.5

How often do you eat carrots?

(177-179)

- 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

16.6

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

(180-182)

- 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 17: PHYSICAL ACTIVITY

CATI note: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.

17.1 When you are at work, which of the following best describes what you do? Would you say— (183)

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

Please read:

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.

17.2 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?

(184)

- 1 Yes
- 2 No [Go to Q17.5]
- 7 Don't know / Not sure [Go to Q17.5]
- 9 Refused [Go to Q17.5]

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

(185-186)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? [Go to Q17.5]
- 7 7 Don't know / Not sure [Go to Q17.5]
- 9 9 Refused [Go to Q17.5]

17.4 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?

(187-189)

- ._:._ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.5 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?

(190)

- 1 Yes
- 2 No [Go to 18.1]
- 7 Don't know / Not sure [Go to 18.1]
- 9 Refused [Go to 18.1]

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(191-192)

- Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to 18.1]
- 7 7 Don't know / Not sure [Go to 18.1]
- 9 9 Refused [Go to 18.1]

17.7 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?

(193-195)

- _: _ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

SECTION 18: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to 19.1.

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.

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (196)

- 1 Yes
- 2 No [Go to 19.1]
- 7 Don't know / Not Sure [Go to 19.1]
- 9 Refused [Go to 19.1]

18.2 Not including blood donations, in what month and year was your last HIV test? (197-202)

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- __ / ____ Code month and year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

18.3 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 a drug treatment facility, at home, or somewhere else? (203-204)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know/Not sure
- 9 9 Refused

CATI note: Ask Q.18.4; if Q.18.2 = within last 12 months. If 18.2 more than 12 months ago, go to 19.1.

18.4 Was it a rapid test where you could get your results within a couple of hours? (205)

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

SECTION 19: EMOTIONAL SUPPORT AND LIFE SATISFACTION

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

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

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

(206)

Please read:

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

Do not read:

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

19.2 In general, how satisfied are you with your life?

(207)

Please read:

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

Do not read:

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

SECTION 20: GASTROINTESTINAL DISEASE

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? Diarrhea is defined as 3 or more loose stools in a 24-hour period. (208)

- 1 Yes
- 2 No [Go to SAM2.1]
- 7 Don't know / Not sure [Go to SAM2.1]
- 9 Refused [Go to SAM2.1]

20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?

Note: Do not answer "Yes" if you just had telephone contact with a health professional.

(209)

- 1 Yes
- 2 No [Go to SAM2.1]
- 7 Don't know / Not sure [Go to SAM2.1]
- 9 Refused [Go to SAM2.1]

20.3 When you visited your health care professional, did you provide a stool sample for testing?

(210)

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

OPTIONAL MODULES

STATE ADDED MODULE: 2 NEURODEVELOPMENTAL PART 1

Now I have questions on some other health topics.

SAM 2.1 Has a doctor or health care professional ever told you that you had Multiple Sclerosis, that is MS?

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

MODULE 1: RANDOM CHILD SELECTION

CATI note: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to SAM4.1.

If Core Q12.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Q1]

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in] child."

1. What is the birth month and year of the "Xth" child? (226-231)

 -- / -- 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? (232)

 1 Boy
 2 Girl
 9 Refused

3. Is the child Hispanic or Latino? (233)

 1 Yes (Ask M1.4 White Hispanic etc)
 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? (234-239)

[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
- 6 Other [specify] _____

Do not read:

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

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race? (240)

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

6. How are you related to the child? (241)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

MODULE 2: CHILDHOOD ASTHMA PREVALENCE

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to SAM4.1.

The next two questions are about the "Xth" [CATI: please fill in correct number] child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma?

(242)

- 1 Yes
- 2 No [Go to SAM2.2]
- 7 Don't know / Not sure [Go to SAM2.2]
- 9 Refused [Go to SAM2.2]

2. Does the child still have asthma?

(243)

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

STATE ADDED MODULE: 2 NEURODEVELOPMENTAL PART 2

SAM 2.2 Has a doctor or health care professional ever told you that [*child FROM RANDOM SELECTION*] had Attention Deficit Disorder or Attention Deficit Hyperactive Disorder that is, ADD or ADHD?

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

SAM 2.3 Has a doctor, health care professional, teacher, or school official ever told you that [*child FROM RANDOM SELECTION*] had a Learning Disability?

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

**STATE ADDED MODULE: 4 PANDEMIC FLU
(Pandemic Flu 2007)**

CATI PROGRAMMER: ASK OF EVERYONE FROM JANUARY THROUGH MAY 2007

We would like to ask you some questions about recent respiratory illnesses.

SAM 4.1. Last month, during [previous calendar month, using December – April], were you ill with a fever?

- 1 = Yes
- 2 = No – *skip to SAM5.1*
- 7 = Don't know – *skip to SAM 5.1*
- 9 = Refused – *skip to SAM5.1*

2. Did you also have a cough and/or sore throat?

- 1 = Yes
- 2 = No
- 7 = Don't know
- 9 = Refused

3. Did you visit a doctor, nurse, or other health professional for this illness?

- 1 = Yes
- 2 = No – *go to SAM4.7*
- 7 = Don't know – *go to SAM4.7*
- 9 = Refused – *go to SAM4.7*

4. Did the doctor, nurse, or other health professional tell you this illness was influenza or the flu?

- 1 = Yes
- 2 = No – *go to SAM4.7*
- 7 = Don't know
- 9 = Refused

5. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested.

Would you say...[Interviewer: read off choices]

- 1 = Yes, had flu test and it was positive
- 2 = No, had flu test but it was negative
- 3 = No, flu test was not done
- 7 = Don't know
- 9 = Refused

6. Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness?

- 1 = Yes
- 2 = No
- 7 = Don't know
- 9 = Refused

7. How many other members of your household had an illness similar to yours during the past month?

- ___ # persons
- 8 8 None
- 7 7 Don't know/Not Sure
- 9 9 Refused

CATI PROGRAMMER: ASKED OF EVERYONE FROM JUNE THROUGH DECEMBER 2007

We would like to ask you some questions about influenza or the flu.

8. During this past fall and winter, approximately November through March, did a doctor, nurse, or other health professional tell you that you had influenza or the flu?

- 1 = Yes
- 2 = No – *skip to SAM5.1*
- 7 = Don't know – *skip to SAM5.1*
- 9 = Refused – *skip to SAM5.1*

9. Did you have a flu test that was positive? Usually a swab from your nose or throat is tested. Would you say...[interviewer: read off choices]

- 1 = Yes, had flu test and it was positive
- 2 = No, had flu test but it was negative
- 3 = No, flu test was not done
- 7 = Don't know
- 9 = Refused

10. Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat the flu?

- 1 = Yes
- 2 = No
- 7 = Don't know
- 9 = Refused

11. How many other members of your household also became sick with the flu during this past fall or winter, approximately November through March?

- | | |
|-----|---------------------|
| ___ | # persons |
| 8 8 | None |
| 7 7 | Don't know/Not Sure |
| 9 9 | Refused |

STATE ADDED MODULE 5 : SEXUAL ORIENTATION

Ask of respondents 12.1<65. If 12.1=>65 go to either Binge Drinking SAM6 or Alcohol Dependence SAM7 depending on answer to S13.4. See Guidance at SAM6

SAM5.1 Now I'm going to ask you a question about sexual orientation. (SAM ????)

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 ????-???)

Do not read

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

STATE ADDED MODULE 6: BINGE DRINKING

BRFSS 2004 Module 19: Binge Drinking
BRFSS 2005 State Added Module 4: Binge Drinking

CHANGE COLUMN NUMBERS!!!

Ask if Core Q13.4 = 1-30 (or does not equal 77, 88, 99) ALL OTHERS GO TO SAM7.1

If Q13.4 is blank go to SAM7.1

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 5-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."

SAM 6.1. During the most recent occasion when you had 5 or more alcoholic beverages, about **how many beers**, including malt liquor, did you drink? (SAM)

(Round up)

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

SAM 6.2. During the same occasion, about **how many glasses of wine**, including wine coolers, hard lemonade, or hard cider, did you drink? (SAM)

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

SAM 6.3. During the same occasion, about **how many drinks of liquor**, including cocktails, did you have? (SAM)

(Round up)

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

SAM 6.4. During this most recent occasion, **where were you** when you did **most** of your drinking?
Would you say . . . (SAM)

- 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

SAM 6.5. During this most recent occasion, **how did you get most** of the alcohol ? Would you say .
. . . (SAM)

- 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

SAM 6.6. Did you drive a motor vehicle, such as a car, truck, or motorcycle **during or within a
couple of hours after** this occasion? (SAM)

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

STATE ADDED MODULE 7: ALCOHOL DEPENDENCE

NM BRFSS 2004 SAM: ALCOHOL DEPENDENCE (From ADAM)

NM BRFSS 2005 SAM 5: ALCOHOL DEPENDENCE

CHANGE COLUMN NUMBERS !!!

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

SAM7.1 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?

(SAM)

Read Only If Necessary

- 1 Almost every day **Go to SAM 7.2**
- 2 3 or 4 days a week **Go to SAM 7.2**
- 3 1 or 2 days a week **Go to SAM 7.2**
- 4 1 to 3 days a month **Go to SAM 7.2**

If S12.4 < 77 continue, otherwise go to the SAM8.1

- 5 less than once a month **Go to SAM8.1**
- 8 No drinks in the past 12 months **Go to SAM8.1**
- 7 Don't know / Not sure **Go to SAM8.1**
- 9 Refused **Go to SAM8.1**

SAM7.2 In the past 12 months have you spent more time drinking than you intended?

(SAM)

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

SAM7.3 Have you neglected some of your usual responsibilities because of using alcohol?

(SAM)

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

SAM7.4 Have you wanted to cut down on your drinking? (SAM)

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

SAM7.5 In the past 12 months, has anyone objected to your use of alcohol? (SAM)

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

SAM7.6 Have you frequently found yourself thinking about drinking? (SAM)

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

SAM7.7 Have you used alcohol to relieve feelings such as sadness, anger, or boredom? (SAM)

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

STATE ADDED MODULE 8: EMERGENCY CONTRACEPTIVES

FROM NM BRFSS 2004, 2005, 2006 STATE ADDED MODULES

REVIEW SKIP PATTERN

ASK OF WOMEN AGE 18-44 (Q12.20=2, Q12.1 =>18 AND <=44). ALL OTHERS GO TO SAM13.1

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

SAM8.1. 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 ???)

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

SAM8.2. Have you ever used emergency contraceptive pills, ECPs? (SAM ???)

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

MODULE 13: ARTHRITIS MANAGEMENT

CATI note: If Core Q15.2 or Q15.4 = 1 (Yes), continue. Otherwise, go to SAM10.1 (January-March 2007 only) April to December go to M16.1

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (345)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (346)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (347)

Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (348)

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

ASK ONLY JANUARY THROUGH MARCH 2007

SAM10.1. Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1) YES **[SKIP TO SAM10.3]**
- 2) NO
- 3) DON'T KNOW/NOT SURE
- 4) REFUSED

SAM10.2. Do you share a cell phone for personal use with other adults?

- 1 YES **GO TO SAM10.4**
- 2 NO **GO TO NEXT SECTION**
- 3 DON'T KNOW/NOT SURE **GO TO NEXT SECTION**
- 4 REFUSED **GO TO NEXT SECTION**

SAM10.3. Do you usually share this cell phone with any other adults?

- 1 YES
- 2 NO **GO TO SAM10.5**
- 3 DON'T KNOW/NOT SURE **GO TO SAM10.5**
- 4 REFUSED **GO TO SAM10.5**

SAM10.4. How many other adults use this cell phone at least one-third of the time?

INTERVIEWER: TWO IS THE MAXIMUM RESPONSE ALLOWED.

- 1) NONE
- 2) ONE
- 3) TWO OR MORE
- 4) DK
- 5) REF

SAM10.5. Was there any time in the past 12 months that you did not have cell phone service for a week or longer?

INTERVIEWER: WE ARE INTERESTED IN CONTINUOUS SERVICE IN THIS QUESTION. IF SOMEONE SWITCHED CELL PHONE COMPANIES, BUT DID NOT HAVE A BREAK IN SERVICE, THE ANSWER TO THIS QUESTION IS "NO."

- 1 YES
- 2 NO
- 3 DON'T KNOW/ NOT SURE
- 4 REFUSED

MODULE 16: MENTAL ILLNESS & STIGMA

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**.

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (358)

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

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (359)

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

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?

[READ ONLY IF NECESSARY: all, most, some, a little, or none of the time?] (360)

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

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

READ ONLY IF NECESSARY: all, most, some, a little, or none of the time?] (361)

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

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

READ ONLY IF NECESSARY: all, most, some, a little, or none of the time?] (362)

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

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

READ ONLY IF NECESSARY: all, most, some, a little, or none of the time?] (363)

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

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities? (364-365)

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

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

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (366)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

9. Treatment can help people with mental illness lead normal lives. Do you **-agree** slightly or strongly, or **disagree** slightly or strongly? (367)

GUIDANCE: Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs.

Read only if necessary:

1 Agree strongly
2 Agree slightly
3 Neither agree nor disagree
4 Disagree slightly
5 Disagree strongly

Do not read:

7 Don't know / Not sure
9 Refused

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

(368)

GUIDANCE: Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs.

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

STATE ADDED MODULE 11: DRINKING AND DRIVING

CATI note: If Q13.1 >1; go to SAM13.1.

The next question is about drinking and driving.

SAM11.1 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 |

STATE ADDED MODULE 13: PERCEPTIONS OF HEALTH DISPARITIES

(1/11/07)

We would like to ask your opinion about people's health and health care experiences based on their race or ethnic background. These questions are not about YOUR personal experiences but are about the GENERAL population of New Mexico.

SAM13.1. Health care coverage includes health insurance, prepaid plans such as HMOs, or government plans such as Medicare to pay for health care. Do you believe that some race or ethnic groups are less likely to have any kind of health care coverage?

- 1. yes
- 2. no **GO TO SAM13.3**
- 7. DK/not sure **GO TO SAM13.3**
- 9. refused **GO TO SAM13.3**

SAM13.2. Which group or groups are less likely to have any kind of health care coverage. Would you say...

INTERVIEWER GUIDANCE: Health care coverage includes health insurance, prepaid plans such as HMOs, or government plans such as Medicare.

INTERVIEWER: SELECT UP TO 8 OPTIONS

- 01. White non-Hispanic
- 02. Hispanic
- 03. Black or African American
- 04. Asian
- 05. Native Hawaiian or Other Pacific Islander
- 06. American Indian or Alaska Native
- 07. Other (specify) _____

- 08. No other
- 88. None
- 77. Don't Know/Not sure
- 99. Refused

SAM13.3. Which group or groups are more likely to develop diabetes? Would you say...

INTERVIEWER: SELECT UP TO 8 OPTIONS

- 01. White non-Hispanic
- 02. Hispanic
- 03. Black or African American
- 04. Asian
- 05. Native Hawaiian or Other Pacific Islander
- 06. American Indian or Alaska Native
- 07. Other (specify) _____

- 08. No Other
- 88. None
- 77. Don't Know/Not sure
- 99. Refused

SAM13.4. Which group or groups are more likely to become extremely overweight (obese)?

INTERVIEWER: SELECT UP TO 8 OPTIONS

- 01. White non-Hispanic
- 02. Hispanic
- 03. Black or African American
- 04. Asian
- 05. Native Hawaiian or Other Pacific Islander
- 06. American Indian or Alaska Native
- 07. Other (specify) _____

- 08. No Other
- 88. None
- 77. Don't Know/Not sure
- 99. Refused

STATE ADDED MODULE 9: DRINKING WATER

2007 SEE ALSO 1997-99 NM BRFSS

SAM9.1. What is the main source for your drinking water?

1. Public piped water (city or municipal water supply)
2. Well (private or shared)
3. Bottled water
4. Tanker truck
5. Water machine dispenser (supermarket)
6. Other, specify _____

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

SAM9.2. Do you filter your drinking water in any way? This includes carbon filters, like Brita or Pure, reverse osmosis units and ion exchange units.

1. Yes
2. No

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

SAM9.3. On average how many cups of home tap water do you drink each day? This includes all water used in making coffee, tea or juices. One cup equals 8 ounces.

1. Less than 1 cup
2. 1-4 cups
3. 5-8 cups
4. More than 8 cups

8. None
7. Don't know/not sure
9. Refused

SAM 3: ASTHMA CALL-BACK: SCRIPT TO ENLIST FOR ASTHMA CALL-BACK SURVEY 2007

If 9.1=1 and 12.7 =88 or 99 go to SAM3.1 (ADULT ONLY)

If 9.1=1 and 12.7 <12, and M2.1> 1 go to SAM3.1 (ADULT ONLY)

If 9.1=1 and 12.7 <12, and M2.1=1 go SAM3.1 (RANDOM SELECTION)

If 9.1>1 and 12.7<12 and M2.1=1 go to SAM3.1 (CHILD ONLY)

If 9.1>1 and 12.7<12 and M2.1> 1 go to closing statement. (NO ONE WITH ASTHMA)

CATI: DO RANDOM SELECTION RIGHT HERE RIGHT NOW.

CATI: ENTER # ADULT, ENTER # CHILD WITH ASTHMA. (TITO DO YOU WANT THIS TO BE QUESTION #'S? THIS COULD BE EXPORTED TO THE ASTHMA CALLBACK QUESTIONNAIRE WITH THE IDENTIFIERS.)

SAM3.1

We would like to call your household back within the next two weeks to talk in more detail about your experiences with asthma. (CATI IF 2 PEOPLE INCLUDE NEXT SENTENCE)[Since there are two people identified in you household with asthma the computer randomly selects only one for the follow up call.] **You/your blank year old child CATI: from random selection has been selected.** The information will be used to help develop and improve the asthma programs in New Mexico. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No go to closing statement

SAM3.2 Can I please have your first name so we will know who to ask for when we call back?

_____ Enter first name of adult

SAM3.3 Can I please have first name of the (RANDOMLY SELECTED CHILD FROM M1)?

_____ Enter first name of child.

Go to closing statement.

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.