

NEW MEXICO Behavioral Risk Factor Surveillance System

2010 Questionnaire Version 8, 1.5.10

INCLUDES ADD STATE ADDED COLUMN NUMBERS AND
 CDC BRFSS H1N1 & ILI CHANGES FROM 11/5-6/09 & 11/19/09 & 12/15/09 VERSION FROM CDC

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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 in NEW MEXICO ?

If "no,"

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

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) 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 5

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 about the survey, please call **1-877-325-8226**.

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

CLAUDE: ADD CHECK FROM 2008 NM CATI QUESTIONNAIRE

2.3 CANNOT BE GREATER THAN THE SUM OF 2.1 + 2.2

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: Sleep

The next question is about getting enough rest or sleep.

- 4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)
- | | | |
|---|---|-----------------------|
| | | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 5: Exercise

- 5.1 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? (86)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 6: Diabetes

6.1 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.

(87)

- 1 Yes *GO TO M2Q01*
- 2 Yes, but female told only during pregnancy *GO TO M1Q01*
- 3 No *GO TO M1Q01*
- 4 No, pre-diabetes or borderline diabetes *GO TO M1Q01*
- 7 Don't know / Not sure *GO TO M1Q01*
- 9 Refused *GO TO M1Q01*

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.1 (Diabetes awareness question). C6Q01=!1

1. Have you had a test for high blood sugar or diabetes within the past three years?

(245)

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

CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

(246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes

To be asked following Core Q6.1; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (247-248)

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

2. Are you now taking insulin? (249)

1 Yes
2 No
9 Refused

3. 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. (250-252)

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

4. 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. (253-255)

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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

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

6. 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"? (258-259)
- 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 Q4 = 555 (No feet), go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)
- Number of times [76 = 76 or more]
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

8. 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. (262)

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 7: Oral Health

- 7.1 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. (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

- 7.2 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.

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

(89)

- 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 Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.

- 7.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

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 8: Cardiovascular Disease Prevalence

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

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

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

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

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

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

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

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

Section 9: Asthma

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

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

9.2 Do you still have asthma? (95)

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

Section 10: Disability

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

10.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

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

10.2 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? (97)

Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 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? (98)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

11.2 Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes [Go to Q11.5]
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

11.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

NOTE: Snus (rhymes with 'goose') Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 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
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)

CATI NOTE: IF 12.2=1 READ 12.3 AS 'WHITE HISPANIC, BLACK HISPANIC, ETC.

(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 =5 go to SAM 1.1)**
6 Other [specify] _____ (SA 583-592)

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)

Do not read:

- 1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native **(If response =5 to SAM 1.1)**
6 Other [specify] _____ (SA 593-603)

Do not read:

- 7 Don't know / Not sure
9 Refused

STATE ADDED MODULE 1: TRIBAL AFFILIATION

NM SAM 1, 2009; NM SAM 1, 2008; NM SAM 1, 2007

CATI: ASK IF 12.3=5 (12.3 CONTAINS '5' AS ONE OF THE RESPONSES)

SAM 1.1 What is your main tribe?

(SAM 501)

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 _____ (SA 603-612)
7. Don't know/Not sure
9. Refused

STATE ADDED MODULE 2: HEALTH CARE COVERAGE

NM SAM 2, 2009; NM SAM 7, 2008

CATI: IF S3.1=2, 7,9 (>1) AND S12.3=5 OR S12.4=5 THEN ASK FOLLOWING QUESTION OTHERWISE CONTINUE TO SAM3.1

SAM 2.1 Do you have access to health care through Indian Health Services (IHS)? (SAM 502)

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

NM 2010 STATE ADDED MODULE 3: SEXUAL ORIENTATION

REVISED FOR 2009, SAM 5
NM 2008 SAM 2
NM 2007 SAM 5
NM 2006 SAM 4
NM 2005 SAM 2

SAM 3.1 Do you consider yourself to be one or more of the following: *(Say the letter so that they can respond by letter)*

(SAM 503-507)

[CATI PLEASE PROGRAM FOR UP TO 5 RESPONSES]

1. A Straight
2. B Gay or Lesbian
3. C Bisexual
4. D Transgender

[If pause or refusal/none of the above, also say...]

You can name a different category if that fits you better

8. E Other _SPECIFY _____(SA 613-622)
7. Don't know/Not sure
9. Refuse

Notes for Interviewers:

If respondents need clarification on the lettered choices above, use the following definitions:

- A. Straight:** have sex with, or are primarily attracted to people of the opposite sex
- B. Gay or Lesbian:** have sex with, or are primarily attracted to people of the same sex
- C. Bisexual:** have sex with or are attracted to people of both sexes
- D. Transgender:** While many gender variant people might identify as transgender, one familiar type of transgender person is a man who has a sex change to become a woman.

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)

If "Yes", please read:

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months

If "No", please read:

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

Do not read:

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

STATE ADDED MODULE 2: HEALTH CARE COVERAGE CONTINUED

CATI: IF S3.1=2, 7, 9 (>1) AND S12.5=1, 2, OR 3 (<4) THEN ASK FOLLOWING QUESTION OTHERWISE CONTINUE TO S12.6

SAM 2.2 Do you have access to health care through the United States Armed Forces or the VA? (SAM 508)

- 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:

- 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If "no," code 02
- 0 5 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

12.11 About how much do you weigh without shoes?

(122-125)

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

Round fractions up

Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
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 126.

Round fractions down

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

12.13 What county do you live in? (130-132)

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

12.14 What is your ZIP Code where you live? (133-137)

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

12.15 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. (138)

1 Yes
 2 No [Go to Q12.17]
 7 Don't know / Not sure [Go to Q12.17]
 9 Refused [Go to Q12.17]

12.16 How many of these telephone numbers are residential numbers? (139)

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

12.17 During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters. (140)

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

[CELL PHONE QUESTIONS]

12.18a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (141)

1 Yes [Go to Q12.18c]
 2 No
 7 Don't know / Not sure
 9 Refused

12.18b Do you share a cell phone for personal use, at least one-third of the time, with other adults? (142)

- 1 Yes [Go to Q12.18d]
- 2 No [Go to Q12.19]
- 7 Don't know / Not sure [Go to Q12.19]
- 9 Refused [Go to Q12.19]

12.18c Do you usually share this cell phone (at least one-third of the time) with any other adults? (143)

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

12.18d Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (144-146)

- Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

12.19 Indicate sex of respondent. Ask only if necessary. (147)

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

12.20 To your knowledge, are you now pregnant? (148)

- 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? (149)
- | | | |
|---|-----------------------|----------------------|
| 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? (150-152)
- | | | | | |
|---|---|---|---------------------------|----------------------|
| 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? (153-154)
- NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**
- | | | |
|---|---|-----------------------|
| _ | _ | 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? (155-156)
- | | | |
|---|---|-----------------------|
| _ | _ | 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? (157-158)
- | | | |
|---|---|-----------------------|
| _ | _ | Number of drinks |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Module 28: Novel H1N1 Adult Immunization

MODULE 31, 2009 E03 [FOLLOWS SECTION 13: ALCOHOL CONSUMPTION 2010] ASKED UNTIL JUNE 30, 2010

M28.1.E03Q01 There are currently vaccines available for two kinds of flu – the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu?

(933)

1 Yes

2 No [Go to Q14.1]

7 Don't Know / Not Sure [Go to Q14.1]

9 Refused [Go to Q14.1]

M28.2 E03Q02 During what month did you receive your H1N1 flu vaccine?

(934-935)

__ Month

77 Don't Know / Not Sure

99 Refused

CATI note: [If M28.2_Month in (7, 8, 9, 10, 11, 12) then M28.2_Year=2009; else if M28.2_Month in (1, 2, 3, 4, 5, 6) then M28.2_Year=2010]

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M28.3 E03Q03 Was this a shot or vaccine sprayed in the nose?

(936)

1. Flu shot

2. Flu Nasal Spray (spray, mist or drop in the nose)

7. Don't Know / Not Sure

9. Refused

Section 14: Immunization

14.1 Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot? (159)

- 1 Yes
- 2 No [Go to Q14.3]
- 7 Don't know / Not sure [Go to Q14.3]
- 9 Refused [Go to Q14.3]

14.2 During what month and year did you receive your most recent seasonal flu shot? (160-165)

- / Month / Year
- / Don't know / Not sure
- 99 / 9999 Refused

14.3 The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? (166)

- 1 Yes
- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]

14.4 During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose? (167-172)

- / Month / Year
- / Don't know / Not sure
- 99 / 9999 Refused

14.5 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? (173)

- 1 Yes
- 2 No
- 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? (174–175)

—	—	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.

(176–177)

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

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (178)

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

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

Section 17: Drinking and Driving

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? (179–180)

- — 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 (C12Q19=1), 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? (181)
- 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? (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 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? (183)
- 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? (184)
- 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? (185)

- 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? (186)

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 Q12.20 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (187)

Read only if necessary: 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

CATI note: If respondent is ≤ 39 years of age(C12Q01<40), or is female(C12Q19=2) , go to next section.

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

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? (188)

- 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? (189)

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

19.3 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? (190)

- 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? (191)

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?

(192)

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

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age(C12Q01<50), go to next section.

The next questions are about colorectal cancer screening.

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? (193)

- 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? (194)

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

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? (195)

- 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 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (196)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

20.5

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

(197)

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 Within the past 10 years (5 years but less than 10 years ago)
- 6 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, (C12Q01>64) 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. (198)

- 1 Yes
- 2 No [Go to Q21.5]
- 7 Don't know / Not sure [Go to Q21.5]
- 9 Refused [Go to Q21.5]

21.2 Not including blood donations, in what month and year was your last HIV test? (199-204)

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.

$\frac{1}{77/7777}$	Code month and year
77/7777	Don't know / Not sure
99/9999	Refused

21.3 Where did you have your last HIV test — (205-206)

Please Read:

- 0 1 At a private doctor or HMO office
- 0 2 At a counseling and testing site
- 0 3 At a hospital
- 0 4 At a clinic
- 0 5 At a Jail or prison, or other correctional facility
- 0 6 At a drug treatment facility
- 0 7 At home
- 0 8 Somewhere else

Do Not Read:

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

CATI note: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.

21.4 Was it a rapid test where you could get your results within a couple of hours? (207)

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

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

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

Do any of these situations apply to you? (208)

- 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?

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

(209)

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?

(210)

Please read:

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

Do not read:

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

Please read:

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

BRFSS 2009 AND 2010 LANDLINE ONLY January 1-March 31, 2010

EMERGING MODULE 1 VERSION 2 USED OCT 1-MARCH 31: H1N1 INFLUENZA LIKE ILLNESS ADULT QUESTIONS

CDC FINAL 11/5/09 NEW MEXICO EDIT CLEAN-UP

2010 Insert the following after core Section 22: Emotional support and Life Satisfaction.

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

E01Q01. During the past month, were you ill with a fever? (919)

- 1 = Yes
- 2 = No – [Go to Q8]
- 7 = Don't know – [Go to Q8]
- 9 = Refused – [Go to Q8]

E01Q02. Did you also have a cough and/or sore throat? (920)

- 1 = Yes
- 2 = No – [Go to Q8]
- 7 = Don't know – [Go to Q8]
- 9 = Refused – [Go to Q8]

E01Q03. When did you first become ill with fever, cough or sore throat?

[Interviewer: read off choices; choose the most specific]

- 1 = Within the past week [Interviewer, if asked: past 1-7 days]
- 2 = 2 weeks ago [Interviewer, if asked: past 8-14 days]
- 3 = 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]
- 7 = Don't know
- 9 = Refused

(921)

E01Q04. Did you visit a doctor, nurse, or other health professional for this illness? (922)

- 1 = Yes
- 2 = No – [Go to Q8]
- 7 = Don't know – [Go to Q8]
- 9 = Refused – [Go to Q8]

E01Q05. What did the doctor, nurse, or other health professional tell you? Did they say...

[Interviewer: read off choices]

- 1 = You had regular influenza or the flu,
- 2 = You had swine flu, also known as H1N1 or novel H1N1
- 3 = You had some other illness, but not the flu–
- 7 = Don't know/not sure
- 9 = Refused

(923)

E01Q06. 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] (924)

- 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

E01Q07. 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? (925)

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

CATI Note: Apply prior to Q8; [(For a one adult household with no children, if the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section); (For a one adult household with no children, if respondent has been ill (Q1=1 and Q2=1) go to Q10)]

E01Q08. Did any other members of your household have a fever with cough or sore throat during the past month? (926)

- 1 = Yes
- 2 = No – [If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]
- 7 = Don't know
- 9 = Refused

E01Q09. How many household members, [CATI note: Fill in "including you," if Q1=1(Yes) and Q2=1 (Yes)] were ill during the past month? (927-928)

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

CATI note: Apply prior to Q10; If (Q1 = 1(Yes) and Q2 = 1 (Yes)) or Q8 = 1 (Yes) continue to Q10; otherwise, skip to next section.

E01Q010. How many people in your household, including you, were hospitalized for flu during the past month? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.] (929-930)

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

THIS FOLLOWS E01 INFLUENZA LIKE ILLNESS ADULT E01
TO BE ASKED JANUARY 1 THROUGH JUNE 30, 2010

MODULE 10: ~~Module 32 (2009): High Risk /Health Care Worker~~ E04

The next few questions ask about health care work and chronic illness.

M10.1.E04Q01 Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. (313)

INTERVIEWER NOTE: If necessary say: "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

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

M10.2.E04Q02 Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (314)

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

M10.3.E04Q03 Has a doctor, nurse, or other health professional ever said that you have... (315)

Read all items listed below before waiting for an answer:

[See Attached Health Problems List]

Lung problems, other than asthma

Kidney problems

Anemia, including Sickle Cell

Or A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

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

M10.4.E04Q04 Do you still have (this/any of these) problem(s)? (316)

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

Module 14: Cancer Survivorship

NM ASKED 2010 12 MONTHS

Now I am going to ask you about cancer.

CATI note: If Core Q19.5 = 1 (Yes), answer Q1 "Yes" (code = 1), then go to Q2.

1. Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

(324)

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

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

2. How many different types of cancer have you had?

(325)

- | | | |
|---|-----------------------|---------------------|
| 1 | Only one | |
| 2 | Two | |
| 3 | Three or more | |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

3. At what age were you told that you had cancer?

(326-327)

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

CATI note: If Q2 = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

CATI note: If Core Q19.5 = 1 (Yes) and Q2 = 1 (Only one); auto fill Q4 (response code 18)

4. What type of cancer was it?

(328-329)

If Q2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer:

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

Do not read:

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

5. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

(330)

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

6. What type of doctor provides the majority of your health care?

(331-332)

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Please read [1-10]:

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

Do not read:

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

7. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (333)

Read only if necessary: "By 'other healthcare professional' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

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

8. Have you EVER received instructions from a doctor, nurse, or other health professional about *WHERE* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer? (334)

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

9. Were these instructions written down or printed on paper for you? (335)

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

10. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (336)

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

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

11. Were you EVER denied health insurance or life insurance coverage because of your cancer? (337)

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

12. Did you participate in a clinical trial as part of your cancer treatment? (338)

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

13. Do you currently have physical pain caused by your cancer or cancer treatment? (339)

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

14. Is your pain currently under control? (340)

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

Module 23: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

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? (460-465)

<u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	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? (466)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (467)

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

4. Which one or more of the following would you say is the race of the child?

(468-473)

CATI NOTE: IF 23.3=1 READ 23.4 AS 'WHITE HISPANIC, BLACK HISPANIC, ETC.

(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] _____ (SA 623-632)

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?

(474)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other [specify] _____ (SA 633-642)
- 7 Don't know / Not sure
- 9 Refused

6. How are you related to the child?

(475)

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

EMERGING MODULE 2: H1N1 INFLUENZA LIKE ILLNESS CHILD QUESTIONS

For states using random child selection/asthma module, ADD at end: [THIS FOLLOWS M 23: RANDOM CHILD SELECTION

The next questions are about the "Xth" child.

EO2Q01. Has the child had a fever with cough and/or sore throat during the past month?

(931)

1 = Yes

2 = No – [Go to next module]

7 = Don't know – [Go to next module]

9 = Refused – [Go to next module]

EO2Q02. Did the child visit a doctor, nurse, or other health professional for this illness?

(932)

1 = Yes

2 = No – [Go to next module]

7 = Don't know – [Go to next module]

9 = Refused – [Go to next module]

Insertion of Module 33: Childhood H1N1 Immunization and changes to Module 25: Childhood Immunization, which will follow after Module 23: Random Child Selection AND EO2 ASKED January 1- June 30, 2010

MODULE 30: ~~2009 Module 33: Novel H1N1 Childhood Immunization EO5~~

- to be asked immediately before Module 25: Childhood Immunization.

CATI note: If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.

The next questions are about this child's immunizations.

I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

M30.1.EO5Q01 Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu (937)

- 1 Yes
- 2 No [Go to M25.1]
- 7 Don't Know / Not Sure [Go to M25.1]
- 9 Refused [Go to M25.1]

CATI note: If Child age is 10 years or older, Go to M30.3.

M30.2.EO5102 Since September 2009, how many of these H1N1 vaccinations has [Fill: he/she] received? (938)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don't Know / Not Sure [Go to M25.1]
- 9 Refused [Go to M25.1]

M30.3.EO5Q03 During what month did [Fill: he/she] receive [Fill: his/her] (CATI note: if child age < 10, "first H1N1 flu vaccine?"; otherwise, "H1N1 flu vaccine?") (939-940)

- __ Month
- 77 Don't Know / Not Sure
- 99 Refused

CATI note: [If M30.3_Month in (7, 8, 9, 10, 11, 12) then M30.3_Year=2009; else if M30.3_Month in (1, 2, 3, 4, 5, 6) then M30.3_Year=2010]

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M30.4EO5Q04 Was this a shot or was it a vaccine sprayed in the nose? (941)

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
- 7. Don't Know / Not Sure
- 9. Refused

CATI note: If Child age ≥ 10 Go to next module. If M30.2 = 2, THEN ASK M30.5, otherwise Go to next module M25.1.

M30.5.EO5Q05 During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (942-943)

- __ Month
- 77 Don't Know / Not Sure
- 99 Refused

CATI note: [If M33.5_Month in (7, 8, 9, 10, 11, 12) then M30.5_Year=2009; else if M30.5_Month in (1, 2, 3, 4, 5, 6) then M30.5_Year=2010]

[If Date (M30.5_Month, M30.5_Year) < Date(M30.3_Month, M30.3_year), interviewer verify responses]

Interviewer verify response That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M30.6EO5Q06 Was this a shot or vaccine sprayed in the nose? (944)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
7. Don't Know / Not Sure
9. Refused

Module 25: Childhood Immunization

NM ASKED JANUARY 1-JUNE 30, 2010

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI note: If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.

1. Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? (478)

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

2. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination? (479-484)

- | | |
|---------|-----------------------|
| / | Month / Year |
| 77/7777 | Don't know / Not sure |
| 99/9999 | Refused |

Module 24: Childhood Asthma Prevalence

NM ASKED 12 MONTHS

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

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? (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] |
2. Does the child still have asthma? (477)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

NM 2010 STATE ADDED MODULE 4: ASTHMA CALL-BACK SCRIPT
NM ASKED 12 MONTHS

NM 2009 STATE ADDED MODULE 4: ASTHMA CALL-BACK SCRIPT

NM 2008 STATE ADDED MODULE 4: ASTHMA CALL-BACK SCRIPT

- If 10.1=1 and 12.7 =88 or 99 go to SAM4.1 (ADULT ONLY)
- If 10.1=1 and 12.7 <12, and M26.1> 1 go to SAM4.1 (ADULT ONLY)
- If 10.1=1 and 12.7 <12, and M26.1=1 go SAM4.1 (RANDOM SELECTION)
- If 10.1>1 and 12.7<12 and M26.1=1 go to SAM4.1 (CHILD ONLY)
- If 10.1>1 and 12.7<12 and M16.1> 1 go to NEXT SECTION. (NO ONE WITH ASTHMA)

CATI: DO RANDOM SELECTION RIGHT HERE RIGHT NOW.

SAM4.1 AdltPerm

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. 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 and anyone in your household will give us in the future will be kept confidential.

If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others at your household 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?

2010 CDC COLUMN # (497)

- 1 Yes
- 2 No Go To Next Module

SAM4.2 FName

Can I please have your first name or initials, so we will know who to ask for when we call back?
(SA 509-518)

10 _____ Enter first name or initials:

- D = Don't Know/Not Sure
- R = Refused

Instructions: If Adult is selected for AFU then skip to CBTime

SAM4.3 CName [Ask question if Child is selected]

Can I please have your child's first name or initials so we can ask about that child's asthma history.

10 _____ Enter first name or initials: (SA 519-528)

- D = Don't Know/Not Sure
- R = Refused

Instructions: Note, if more than one child ask: This is the [Child's age] old child which is the [order of child, ex. 'second child'].

SAM 4.4 MostKnow [Ask question if Child is selected.]

Are you the parent or guardian in the household who knows the most about [Child's name (CNAME)] asthma? (SA 529)

- | | |
|-----------------------|-----------------|
| 1 Yes | skip to CBTime |
| 2 No | skip to OthName |
| 7 Don't know/Not sure | skip to CBTime |

SAM 4.5 OthName [Ask question if Child is selected]

You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child. (SA 530-539)

10 _____ Enter first name or initials

- D = Don't Know/Not Sure
- R = Refused

SAM 4.6 CBTime

What is a good time to call you back? For example, evenings, days or weekends?

(SA 540-549)

Instructions: If another parent or guardian is selected in MostKnow then display "What is a good time to call back and speak with [OthName]? _10 _____"

NM State Added Module 5: Binge Drinking NM ASKED JULY 1-DECEMBER 31, 2010
NM 2008 MODULE 6

NM CATI: If 13.1=1 and 13.4 =>1 but less than 77, and 12.20=2 continue or
If 13.1=1 and 13.4=>1 but less than 77, and 12.20=1 continue
otherwise go to next module.

CDC CATI Note: If Q12.19 = 1 (Male) and Q13.4 = 5 (Number of drinks) or
if Q12.19 = 2 (Female) and Q13.4 = 4 (Number of drinks), continue.
Otherwise, go to next module.

Previously, you answered that you drank [5 or more for men, 4 or more for women] alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So, a 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

INTERVIEWER NOTE: If asked, "occasion" means in a row or within a few hours.

1. During the most recent occasion when you had [5 or more for men, 4 or more for women] alcoholic beverages, about how many beers, including malt liquor, did you drink? (SA 550-551)

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

2. During the same occasion, about how many glasses of wine, including wine coolers, hard lemonade, or hard cider, did you drink? (SA 552-553)

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

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

3. During the same occasion, about how many drinks of liquor, including cocktails, did you have? (SA 554-555)

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

4. During this most recent occasion, **where were you** when you did **most** of your drinking?

(SA 556)

Read only if necessary:

- 1 At your home, for example, your house, apartment, 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

Do not read:

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

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

INTERVIEWER NOTE: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.

(SA 557)

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

NM 2010 BRFSS State Added Module 7: SUICIDE NM ASKED FOR 12 MONTHS

Next I have some questions on some other health related topics.

NM 2006 BRFSS SAM 5: Suicide

SAM7.1 In the past year, have you felt so low at times that you thought about committing suicide? (SA 576)

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

SAM7.2 Have you ever attempted suicide? (SA 577)

1. Yes
2. No **GO TO SAM7 CLOSING STATEMENT**
7. Don't Know/Not Sure **GO TO SAM7 CLOSING STATEMENT**
9. Refused **GO TO SAM7 CLOSING STATEMENT**

SAM7.3 In the past year, have you attempted suicide? (SA 578)

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

SAM7 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 Suicide Prevention Lifeline number: 1-800-273-TALK / 800-273-8255. Would you like me to repeat this number?

NM STATE ADDED MODULE 6: ANXIETY AND DEPRESSION
NM ASKED JULY 1 THROUGH DECEMBER 31, 2010

GDC BRFSS 2010 Module 17: 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?
(SA 558-559)
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?
(SA 560-561)
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?
(SA 562-563)
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?
(SA 564-565)
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?
(SA 566-567)
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? (SA 568-569)
- | | | |
|---|---|-----------------------|
| – | – | 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? (SA 570-571)
- | | | |
|---|---|-----------------------|
| – | – | 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? (SA 572-573)
- | | | |
|---|---|-----------------------|
| – | – | 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 have an anxiety disorder: including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder? (SA 574)
- | | |
|---|-----------------------|
| 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? (SA 575)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

NM 2010 STATE ADDED MODULE 8: INCARCERATION
NM ASKED 6 MONTHS--JULY1-DECEMBER 31, 2010

Next I have some questions on another health related topic.

- SAM8.1. Since turning 18, have you EVER been incarcerated in a jail or prison? (SA 579)
- 1 Yes
 - 2 No **GO TO NEXT SECTION**
 - 7 Don't know / Not Sure **GO TO NEXT SECTION**
 - 9 Refused **GO TO NEXT SECTION**

- SAM8.2. Since turning 18, what is the TOTAL amount of time you've spent incarcerated in jail and/or prison? (SA 580)

Read only if necessary:

- 1 Less than 1 year
- 2 1 to 3 years (1 year but less than 3 years)
- 3 3 to 5 years (3 years but less than 5 years)
- 4 5 to 10 years (5 years but less than 10 years)
- 5 10 or more years

Do not read:

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

Closing statement

Please read:

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in NEW MEXICO. Thank you very much for your time and cooperation.

List of Health Problems to Accompany Module 10, Question 3

[DO NOT READ]

Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioleiomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

Kidney Problems

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

Anemia

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

Causes of Weak Immune System

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines