2011

RI Behavioral Risk Factor Surveillance System Questionnaire
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Interviewer’s Script

CATI NOTE: Answering machine message to be left on the 1st, 4th, and 9th attempts that result in an answering machine disposition (intro1=02, 03).

Answering Machine message text: Hello, my name is (name). I am calling on behalf of the Rhode Island Department of Health to conduct an important study on the health of Rhode Island residents. Please call us at 1-401-222-1247 or toll free at 1-877-364-0821 at your convenience. Thanks.”

CATI NOTE: Prompt on the 1st, 4th, and 9th attempt that results in a privacy manager

Privacy Manager “(NAME) calling on behalf of the Rhode Island Department of Health.”

//ask all//
Intro1
HELLO, I am calling for the Rhode Island Department of Health. My name is (name). We are gathering information about the health of Rhode Island 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. The interview may be monitored and recorded for quality assurance purposes.

Is this (phone number)?
   01 Continue
   02 Terminate

//ask if intro1=1, 5//
HS1  Is this a private residence in Rhode Island?
   1 Yes
   2 No

//ask if HS1=2//
X2   Thank you very much, but we are only interviewing private residences in Rhode Island. STOP

CATI NOTE: Assign dispo 22 Not a Private Residence
//ask if HS1=1//
HS2  Is this a cellular telephone?
    INTERVIEWER NOTE: Read only if necessary: “By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”
    1 No - Not a Cellular Telephone
    2 Yes

//ask if HS2=2//
Thank you very much, but we are only interviewing land line telephones and private residences. STOP

CATI NOTE: Assign dispo 8 cell phone
//ask if HS2=1//
ADULTS 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 [RANGE 0-18]

//if ADULTS=0//
X3   I’m sorry we are only interviewing adult residents who are 18 years of age or older. Thank you.”

CATI NOTE: If adults=0 assign dispo 13
//ask if ADULTS = 1//
ONEADULT  Are you the adult?

21  Yes and the respondent is Male
22  Yes and the respondent is Female
03  No

If "yes," Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

//if ONEADULT=03//
ASKGENDR  Is the adult a man or a woman?
21  Male
22  Female

//if ONEADULT=03//
GETADULT  May I speak with [fill in (him/her) from previous question]?
1    Yes, Adult coming to the phone.  [GO TO NEWADULT]
2    No, not here (interview will terminate)  [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]

//ASK IF ADULTS>1//
MEN       How many of these adults are men
         - =  Number of men  [RANGE 0-18]

//ASK IF ADULTS>1//
WOMEN     ... and how many are women?
         - =  Number of women  [RANGE 0-18]

RANDOMLY SELECT ADULT; Assign selected value:
01  Oldest Female
02  2nd Oldest Female
03  3rd Oldest Female
04  4th Oldest Female
05  5th Oldest Female
06  6th Oldest Female
07  7th Oldest Female
08  8th Oldest Female
09  9th Oldest Female
11  Oldest Male
12  2nd Oldest Male
13  3rd Oldest Male
14  4th Oldest Male
15  5th Oldest Male
16  6th Oldest Male
17  7th Oldest Male
18  8th Oldest Male
19  9th Oldest Male
20  No respondent selected
21  One person HH - Male
22  One person HH – Female

//ASK IF ADULTS > 1//
ASFKOR   The person in your household that I need to speak with is the [INSERT SELECTED]_____________. Are you the person?
1    Yes
2    No

//if ASFKOR = 2//
GETNEWAD  May I speak with him or her?
1   Yes, Adult coming to the phone. [GO TO NEWADULT]
2   No, not here (interview will terminate) [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]
3   Go back to Adults question. Warning: A new respondent may be selected.
     (You need Supervisor’s permission to use this option.)

//if GETNEWAD=1 or GETADULT=1//

NEWADULT HELLO, I am calling for the Rhode Island Department of Health. My name is (name). We are gathering information about the health of Rhode Island 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. This call may be monitored and recorded for quality assurance purposes.

//ask all//

YOURETHE1 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. The interview takes approximately 23 minutes to complete. If you have any questions about the survey, please call (401)222-1247.

001 Person Interested, continue.
171 Requested callback
173 Selected person unable to complete - language barrier
015 Selected person unable to complete – impairment [ASSIGN DISPO 15]
175 Selected person refuses – Before Intro
176 Selected person refuses - After Intro
002 Go back to Adults question. WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISOR’S PASSWORD TO CONTINUE.

Section 1: Health Status (Split 1&2)

//ask of all//

s1q1 Would you say that in general your health is—?  GENHLTH (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 (Split 1&2)

//ask of all//

s2q1 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?  PHYSHLTH (74–75)

   _ _ Number of days   [RANGE = 1-30]
8  8 None
7  7 Don’t know / Not sure
9  9 Refused

//ask of all//

s2q2 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?  MENTHLTH (76–77)
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?

**POORHLTH**  
(RANGE = 1-30)

Number of days

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>8</td>
</tr>
<tr>
<td>Don’t know / Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

**Section 3: Health Care Access (Split 1&2)**

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

**HLTHPLN1**  
(RANGE = 1-2)

Yes
No
Don’t know / Not sure
Refused

Do you have one person you think of as your personal doctor or health care provider?

**PERSDOC2**  
(RANGE = 1-3)

Yes, only one
More than one
No
Don’t know / Not sure
Refused

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

**MEDCOST**  
(RANGE = 1-2)

Yes
No
Don’t know / Not sure
Refused

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.

**CHECKUP1**  
(RANGE = 1-8)

Within past year (anytime less than 12 months ago)
Within past 2 years (1 year but less than 2 years ago)
Within past 5 years (2 years but less than 5 years ago)
5 or more years ago
Don’t know / Not sure
Never
Refused
Section 4: Hypertension Awareness (Split 1&2)

//ask of all//

s4q1
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

INTERVIEWER NOTE: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional. If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

1. Yes
2. Yes, but female told only during pregnancy
3. No
4. Told borderline high or pre-hypertensive
5. Don’t know / Not sure
6. Refused

BPHIGH4 (94)

//ask if s4q1=1//

s4q2
Are you currently taking medicine for your high blood pressure?

1. Yes
2. No
3. Don’t know / Not sure
4. Refused

BPMEDS (95)

Section 5: Cholesterol Awareness (Split 1&2)

//ask of all//

s5q1
Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

1. Yes
2. No
3. Don’t know / Not sure
4. Refused

BLOODCHO (96)

//ask if s5q1=1//

s5q2
About how long has it been since you last had your blood cholesterol checked?

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
5. Don’t know / Not sure
6. Refused

CHOLCHK (97)

//ask if s5q1=1//

s5q3
Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

1. Yes
2. No
3. Don’t know / Not sure
4. Refused

TOLDHI2 (98)

Section 6: Chronic Health Conditions (Split 1&2)

//ask of all//
Now I would like to ask you some questions about general health conditions. 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.”

<table>
<thead>
<tr>
<th>Question</th>
<th>Identification Code</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>s6q1</strong> (Ever told) you that you had a heart attack also called a myocardial infarction?</td>
<td>CVDINFR4</td>
<td>Yes, No, Don’t know / Not sure, Refused</td>
</tr>
<tr>
<td><strong>s6q2</strong> (Ever told) you had angina or coronary heart disease?</td>
<td>CVDCRHD4</td>
<td>Yes, No, Don’t know / Not sure, Refused</td>
</tr>
<tr>
<td><strong>s6q3</strong> (Ever told) you had a stroke?</td>
<td>CVDSTRK3</td>
<td>Yes, No, Don’t know / Not sure, Refused</td>
</tr>
<tr>
<td><strong>s6q4</strong> (Ever told) you had asthma?</td>
<td>ASTHMA3</td>
<td>Yes, No, Don’t know / Not sure, Refused</td>
</tr>
<tr>
<td><strong>s6q5</strong> Do you still have asthma?</td>
<td>ASTHNOW</td>
<td>Yes, No, Don’t know / Not sure, Refused</td>
</tr>
<tr>
<td><strong>s6q6</strong> (Ever told) you had skin cancer?</td>
<td>CHCSCNCR</td>
<td>Yes, No, Don’t know / Not sure, Refused</td>
</tr>
<tr>
<td><strong>s6q7</strong> (Ever told) you had any other types of cancer?</td>
<td>CHCOCNCR</td>
<td>Yes, No, Don’t know / Not sure, Refused</td>
</tr>
</tbody>
</table>
(Ever told) you have COPD (chronic obstructive pulmonary disease, emphysema or chronic bronchitis?)

CHCCOPD (106)

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

(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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)

HAVARTH3 (107)

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

(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

ADDEPEV2 (108)

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

(Ever told) that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

CHCKIDNY (109)

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

Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses?

CHCVISON (110)

1. Yes
2. No
3. Not applicable (blind)
7. Don’t know / Not sure
9. Refused
s6q13  (Ever told) that you have diabetes?  

**INTERVIEWER NOTE:** 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.

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

Module 1: Pre-Diabetes (Split 1&2)

//ask if s6q13=2, 3, 4, 7, 9//

**Mod1_1** Have you had a test for high blood sugar or diabetes within the past three years?  

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

//ask if s6q13=2, 3, 4, 7, 9//

//if s6q13=4 autocode mod1_2=1//

**Mod1_2** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?  

**INTERVIEWER NOTE:** If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

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

Module 2: Diabetes (Split 1&2)

//ask if s6q13=1//

**Mod2_1** How old were you when you were told you have diabetes?

_ _ Code age in years  
[97 = 97 and older] [RANGE=01-97]
9 8  Don’t know / Not sure
9 9  Refused

//ask if s6q13=1//

**Mod2_2** Are you now taking insulin?  

1  Yes
2  No
9  Refused

//ask if s6q13=1//

**Mod2_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.

1 _ _ Times per day  
[ RANGE = 101-199]
2 _ _ Times per week  
[ RANGE = 201-299]
3 _ _ Times per month  
[ RANGE = 301-399]
4 _ _ Times per year  
[ RANGE = 401-499]

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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.

1  _  _  Times per day  [RANGE = 101-199]
2  _  _  Times per week  [RANGE = 201-299]
3  _  _  Times per month  [RANGE = 301-399]
4  _  _  Times per year  [RANGE = 401-499]
5  5  5  No feet
8  8  8  Never
7  7  7  Don’t know / Not sure
9  9  9  Refused

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

_  _  Number of times  [76 = 76 or more] [RANGE = 01-76]
8  8  None
7  7  Don’t know / Not sure
9  9  Refused

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"?

_  _  Number of times  [76 = 76 or more] [RANGE = 01-76]
8  8  None
9  8  Never heard of “A one C” test
7  7  Don’t know / Not sure
9  9  Refused

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.

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
Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?  
- Yes
- No
- Don’t know / Not sure
- Refused

Have you ever taken a course or class in how to manage your diabetes yourself?
- Yes
- No
- Don’t know / Not sure
- Refused

Section 7: Tobacco Use (Split 1&2)

Have you smoked at least 100 cigarettes in your entire life?
- Yes
- No

Do you now smoke cigarettes every day, some days, or not at all?
- Every day
- Some days
- Not at all

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- Yes
- No

How long has it been since you last smoked a cigarette, even one or two puffs?

Read only if necessary:

- Within the past month (less than 1 month ago)
- Within the past 3 months (1 month but less than 3 months ago)
- Within the past 6 months (3 months but less than 6 months ago)
- Within the past year (6 months but less than 1 year ago)
- Within the past 5 years (1 year but less than 5 years ago)
- Within the past 10 years (5 years but less than 10 years ago)
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

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

**USENOW3** (117)

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

Do not read:
7. Don’t know / Not sure
9. Refused

**Section 8: Demographics (Split 1&2)**

What is your age?

**AGE** (118-119)

- Code age in years [RANGE 18-99]
- Don’t know / Not sure
- Refused

Are you Hispanic or Latino?

**HISPANC2** (120)

- Yes
- No
- Don’t know / Not sure
- Refused

Which one or more of the following would you say is your race?

(Check all that apply)

**MRACE** (121-126)

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify: _________]

Do not read:
7. Don’t know / Not sure
9. Refused

**ENTER** Other [specify: _________]

Which one of these groups would you say best represents your race?

**ORACE2** (127)

Please read:
1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native

Or
6. Fill in s8q3o (Other [specify: __________])

Do not read:
7. Don’t know / Not sure
9. Refused

//ask of all//

s8q5 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.

1. Yes
2. No

Do not read:
7. Don’t know / Not sure
9. Refused

//ask of all//

s8q6 Are you…?

Please read:

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

Do not read:
9. Refused

//ask of all//

s8q7 How many children less than 18 years of age live in your household?

_ _ Number of children [RANGE 1-15]

8 8 None
9 9 Refused

//ask if s8q7 = 1-15//

s8q7CHK Just to be sure, you have [enter # of children from s8q7] children under 18 living in your household. Is that correct?

1. Yes
2. No [Re-ask s8q7]
9. Refused

//ask of all//

s8q8 What is the highest grade or year of school you completed?

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

//ask of all//
s8q9 Are you currently…?

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

//ask of all//
s8q10 Is your annual household income from all sources—

INTERVIEWER NOTE: If respondent refuses at ANY income level, code ‘99’ (Refused)

Read only if necessary:
s8q10A [04] Less than $25,000
($20,000 to less than $25,000)
1 Yes
2 No
7 Don’t Know
9 Refused

//ask if s8q10A = 1//
s8q10B [03] Less than $20,000
($15,000 to less than $20,000)
1 Yes
2 No
7 Don’t Know
9 Refused

//ask if s8q10B = 1//
s8q10C [02] Less than $15,000
($10,000 to less than $15,000)
1 Yes
2 No
7 Don’t Know
9 Refused

//ask if s18q10C=1//
s8q10D [01] Less than $10,000
[If “no,” code 02]
1 Yes
2 No
7 Don’t Know
9 Refused

//ask if s8q10A = 2//

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s8q10E [05] Less than $35,000 [If “no,” ask 06]
($25,000 to less than $35,000)
1 Yes
2 No
7 Don’t Know
9 Refused

//ask if s8q10E = 2//
s8q10F [06] Less than $50,000 [If “no,” ask 07]
($35,000 to less than $50,000)
1 Yes
2 No
7 Don’t Know
9 Refused

//ask if s8q10F = 2//
s8q10G [07] Less than $75,000 [If “no,” code 08]
($50,000 to less than $75,000)
1 Yes
2 No
7 Don’t Know
9 Refused

[08] $75,000 or more

//ask if s8q10A-s8q10G =7, 9//
s8q10AA Your Annual Household Income is [enter range from code in s8q10A-G]. Is This Correct?
1 No, re-ask question [GO TO s8q10A]
2 Yes, correct as is [CONTINUE]

//ask of all//
ps8q11 About how much do you weigh without shoes?
ENTER “P” FOR WEIGHT GIVEN IN POUNDS
ENTER “K” FOR WEIGHT GIVEN IN KILOGRAMS
P Pounds
K Kilograms
7 Don’t Know
9 Refused

//ask if ps8q11 = P//
s8q11 About how much do you weigh without shoes?

INTERVIEWER NOTE: If respondent answers in metrics, put “9” in column 174.
Round fractions up

<table>
<thead>
<tr>
<th></th>
<th>Weight (pounds)</th>
<th>[Range 50-776]</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

//ask if s8q11=s8q11=50-79 OR 351-776//
S8q11_A Just to double-check, you indicated /s8q11/ pounds as your weight. Is this correct?
1 Yes
2 No [Go back to s8q11]

//ask if ps8q11 = K//
s8q11M About how much do you weigh without shoes?

INTERVIEWER NOTE: If respondent answers in metrics, put “9” in column 174.
Round fractions up

Weight (kilograms) [Range 23-352]

777 Don’t know / Not sure
999 Refused

//ask if s8q11m = 23-352 and ps811 = K/

s8q11AM Just to double-check, you indicated /s8q11M/ kilograms as your weight. Is this correct?
1 Yes
2 No [Go back to s8q11M]

//ask of all/

ps8q12 About how tall are you without shoes?
ENTER “F” FOR HEIGHT GIVEN IN FEET
ENTER “M” FOR HEIGHT GIVEN IN CENTIMETERS
F Feet
M Centimeters
7 Don’t Know
9 Refused

//ask if ps8q12=F/

s8q12 About how tall are you without shoes?

INTERVIEWER NOTE: If respondent answers in metrics, put “9” in column 178.
Round fractions down
[Enter height in Feet and Inches; ex: 5 feet 9 inches would be entered as 509]

Height [Range 300-311, 400-411, 500-511, 600-611, 701-711]

HEIGHT3 (140-143)

//ask if s8q12 = 300-407, 609-711/

s8q12A Just to double check, you indicated you are //enter feet from s8q12// FEET //enter inches from s8q12// INCHES TALL. Is this correct?
1 Yes
2 No [Go back to s8q12]

//ask if ps8q12 = M/

s8q12M About how tall are you without shoes?

INTERVIEWER NOTE: If respondent answers in metrics, put “9” in column 126.
Round fractions down
[Enter height in centimeters; ex: 2 meters 5 centimeters would be entered as 205]

Height [Range 90-254]

//ask if s8q12m = 90-254 and ps8q12=m/

s8q12AM Just to double check, you indicated you are /s12q12m/ centimeters tall. Is this correct?
1 Yes
2 No [Go back to s8q12m]

State-Added 1: City/Town (Split 1&2)

//ask of all/

RI1_1 What city or town do you live in?

008A7 Abbott Run 001A1 Annawomacut 007A7 Arlington 036A9 Avondale
018A5 Adamsville 006A3 Anthony 008B7 Arnold Mills 008D7 Ballou District
017A7 Albion 035A3 Apponang 035B3 Arnold Neck 023C9 Barber Heights
023A9 Allenton 019A5 Aquidneck 014A9 Ashaway 014B9 Barbergville
029A9 Alton 011A9 Arcadia 008C7 Ashton 001B1 Barrington
020A9 Anawan Cliffs 038A3 Arctic 007B7 Auburn 001C1 Bay Spring
023B9 Annaquatucket 006B3 Arkwright 011B9 Austin 002A1 Beach Terrace

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01A5 Beavertail
007C7 Bellefonte
023D9 Belleville
008E7 Berkley
026A7 Beverage Hill
026B7 Birch Hill
001C9 Black Plain
022A9 Block Island
020B9 Bonnet Shores
013A7 Bowdish
010A7 Boyden Heights
005A9 Bradford
025A7 Branch Village
021A5 Brenton Village
033B5 Bridgeport
003A7 Bridgeton
018B5 Briggs Point
014E9 Brightman Hill
002B1 Bristol
027A5 Bristol Ferry
002C1 Bristol Highlands
002D1 Bristol Narrows
023E9 Brownings Hill
035C3 Brush Neck Cove, &
004A7 Buttonwoods
010B7 Bullocks Point
014F9 Burdickville
003A1 Burr Hill
003B7 Burrillville
014G9 Canonicet
005B9 Carolina
021B5 Castle Hill
002E1 Castle Island
027B5 Cedar Island
015B5 Cedar Point
003B3 Centerville
004A7 Central Falls
024A7 Centredale
014H9 Champlin Hill
029C9 Charibou
005C9 Charleston
013B7 Chepachet
035U4 Chepewannoxet
035E3 Chenlivanoxet
030A7 Chompsit Hill
013C7 Clarkville
012A7 Clayville (Foster)
030B7 Clayville (Scituate)
038C3 Clyde
021C5 Coasters Harbor
007B7 Cobble Hill
023F9 Cocomussoc
021D5 Coddington Point
034B1 Coggeshell
023G9 Cold Spring
035F3 Coles, N&
Cominicut, N&
Cowssett
027C5 Common Fence
007D7 Comstock Gardens
015C5 Comunicat
027D5 Corey Lane
006C3 Coventry
006D3 Coventry Center
007E7 Cranston
010C7 Crescent Park
038D3 Crompton
005D9 Cross Mill
025B7 Crystal Lake
008F7 Cumberland
008G7 Cumberland Hill
026C7 Darlington
023H9 Davisville
007F7 Dean Estates
027E5 Despair Island
008H7 Diamond Hill
035I3 Dryden Heights, N&
Duby Grove
036C9 Dunn's Corner
013D7 Durfee Hill
015SD Dutch Island
027F5 Dyer Island
028A7 Dyerville
007G7 Eagle Park
035C3 Eglevilee
009A3 East Greenwich
032A9 East Matunuck
010D7 East Providence
031A7 East Smithfield
034C1 East Warren
019B5 Easton Point
003C7 Echo Lake
007H7 Eden Park, N&
Edgewood
028C7 Elmhurst
028D7 Elmwood
011D9 Escoheag
Exeter
037A3 Escoheag
West &
Greenwich
031B7 Edmond
011E9 Exeter
017C7 Fairlawn
Lincoln
026D7 Fairlawn
Pawtucket
039A7 Fairmont
028E7 Federal Hill
011F9 Fisherville
007J7 Fiskeville
(Cranston)
030C7 Fiskeville
(Scituate)
007D5 Fogland Point
007K7 Forest Hills
025C7 Forestdale
021E5 Fort Adams
010E7 Fort Hill
021F5 Forty Steps
012B7 Foster
012C7 Foster Center
016A7 Fountain Spring
0239 Fox Island
028F7 Fox Point
015E5 Freebody Hill
009B3 Frenchtown
024B7 Fruit Hill
020C9 Gaillee
007L7 Garden City
035K3 Gaspee Point
003D7 Gazzaville
024C7 Geneva
(North &
Providence)
028G7 Geneva
(Providence)
031C7 Georgiaville
003E7 Glendale
030D7 Glenn Rock
039B7 Globe
013E7 Glocester
021G5 Goat Island
035L3 Goddard
Park, N&
Governor Francis
032B9 Gould Crossing
015F5 Gould Island, N&
(St. Passage)
027G5 Gould Island, N&
(Sakonnet River)
016B7 Graniteville
008F7 Grant Mills
033E5 Grayville
020D9 Great Island
032C9 Green Hill
006E3 Greene
031D7 Greenville
035N3 Greenwood
016C7 Greystone
(Johnston)
024D7 Greystone
(North &
Providence)
0239 Hamilton
039C7 Hamlet
001D1 Hampden
Meadows
013F7 Harmony
006F3 Harris
003F7 Harrisville
036D9 Haverson
029D9 Hillsdale
035O3 Hillsgrove
027H5 Hog Island
0271S Homestead
006G3 Hope (Coventry)
007M7 Hope (Cranston)
030E7 Hope (Scituate)
0271S Hope Island
011G8 Hope Valley
037B3 Hopkins Hill
006H3 Hopkins Hollow
012D7 Hopkins Mills
014J7 Hopkinton
007N7 Horn Hill, N&
Howard
035F3 Hoxie
0103F3 Hughesdale
027K5 Hummocks
003G7 Huntsvillle
027L5 Island Park
030F7 Jackson
015G5 Jamestown
038E3 Jericho
020E9 Jerusalem
016F7 Johnston
010F7 Kent Heights
005E9 Kenyon
034D1 Kickamuit
032D9 Kingston
037C3 Kitt's Corner
007F7 Knightsville
023K9 Lafayette
037D3 Lake Mishnock
035Q1 Lakewood
003H7 Laurel Hill
027M5 Lawton Valley
026E7 Lebanon
011H9 Lewis City
011F9 Liberty
017D7 Lime Rock
017E7 Lincoln
035R3 Lincoln Park
017F7 Lincoln Woods
038F3 Lippiott
018C5 Little Compton
014K9 Locustville
035S3 Longmeadow
017G7 Londsdale
017H7 Louisquisset
Lincoln
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<td>77777 DK</td>
<td>99999 Refused</td>
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<td>025J7 Woonsocket Hill</td>
<td>014P9 Wyoming</td>
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<td>011P9 Yawgoo Valley</td>
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Section 8: Demographics - Continued

//ask of all//

s8q14  What is the ZIP Code where you live?          ZIPCODE  (147-151)
_ _ _ _ _ _ ZIP Code  [RANGE 02700-02999]
7 7 7 7 7  Don’t know / Not sure
9 9 9 9 9  Refused

//ask if s8q14=02700-02999//

S8q14CK  I just want to confirm, you said your zip code is //s8q14//.  Is that correct?
1  Yes, correct zip code.
2  No, incorrect zip code.

//ask of all//

s8q15  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.  NUMHHOL2  (152)
1  Yes
2  No  [Go to Q8.17]
7  Don’t know / Not sure  [Go to Q8.17]
9  Refused  [Go to Q8.17]

//ask if s8q15=1//

s8q16  How many of these telephone numbers are residential numbers?  NUMPHON2  (153)
_  Residential telephone numbers  [RANGE 1-6]
7  Don’t know / Not sure  [Go to Q8.17]
9  Refused

//ask of all//

s8q17  Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.  CPDEMO1  (154)
1  Yes  [Go to Q8.19]
2  No  [Go to Q8.17]
7  Don’t know / Not sure  [Go to Q8.17]
9  Refused

//ask if s8q17=2, 7, 9//

s8q18  Do you share a cell phone for personal use (at least one-third of the time) with other adults?  CPDEMO2  (155)
1  Yes  [Go to Q8.20]
2  No  [Go to Q8.21]
7  Don’t know / Not sure  [Go to Q8.21]
9  Refused  [Go to Q8.21]

//ask if s8q17=1//

s8q19  Do you usually share this cell phone (at least one-third of the time) with any other adults?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

//ask if s8q17=1 or s8q18=1/

s8q20 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?  

Enter percent  
8 8 8 Zero  
7 7 7 Don’t know / Not sure  
9 9 9 Refused

//ask of all/

s8q21 Do you own or rent your home?  
1 Own  
2 Rent  
3 Other arrangement  
7 Don’t know / Not sure  
9 Refused

INTERVIEWER NOTE: “Other arrangement” may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year.  

//ask of all/

s8q22 Indicate sex of respondent. Ask only if necessary.  
1 Male  
2 Female

INTERVIEWER NOTE: DO NOT READ THIS TO RESPONDENT

Lang1 In what language was this interview completed?  
1 English  
2 Spanish

//ask if s8q22=2 AND s8q1<45/

s8q23 To your knowledge, are you now pregnant?  
1 Yes  
2 No  
7 Don’t know / Not sure  
9 Refused

State-Added 14: Language Indicator (Split 1&2)  

//answer for all//

INTERVIEWER NOTE: DO NOT READ THIS TO RESPONDENT

Lang1 In what language was this interview completed?  
1 English  
2 Spanish

//ask if s8q22=2 AND s8q1<45/

s8q23 To your knowledge, are you now pregnant?  
1 Yes  
2 No  
7 Don’t know / Not sure  
9 Refused

Section 9: Fruits and Vegetables (Split 1&2)  

//ask of all//

S9q1T These next questions are about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I
During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks. Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

INTERVIEWER NOTE: Do NOT include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 9.6. DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

1 _ _ Per day  [RANGE = 101-199]
2 _ _ Per week  [RANGE = 201-299]
3 _ _ Per month  [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

INTERVIEWER NOTE: Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.” Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals. Do include dried raisins, cran-raisins if respondent tells you - but due to their small serving size they are not included in the prompt. Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items. Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

1 _ _ Per day  [RANGE = 101-199]
2 _ _ Per week  [RANGE = 201-299]
3 _ _ Per month  [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

INTERVIEWER NOTE: Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.” Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, hummus, lentils, black, black-eyed peas, cow peas, lima
beans and white beans. Include bean burgers including garden burgers and veggie burgers. Include falafel and
tempeh.

1 _ _ Per day [RANGE = 101-199]
2 _ _ Per week [RANGE = 201-299]
3 _ _ Per month [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask of all//

During the past month, how many times per day, week, or month did you eat dark green
vegetables for example broccoli or dark leafy greens including romaine, chard, collar greens or
spinach?

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time. Include all raw leafy green salads
including spinach, mesclun, romaine lettuce, arugula, bok choy, dark green leafy lettuce, dandelions, komatsuna,
watercress, and arugula. Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked
greens including kale, collar greens, choyis, turnip greens, mustard greens.

1 _ _ Per day [RANGE = 101-199]
2 _ _ Per week [RANGE = 201-299]
3 _ _ Per month [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask of all//

During the past month, how many times per day, week, or month did you eat orange-colored
vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

INTERVIEWER NOTE: Read only if needed: “Winter squash have hard, thick skins and deep
yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.” Include all forms of
carrots including long or baby-cut. Include carrot-slaw (e.g. shredded carrots with or without other vegetables or
fruit). Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries. Include
all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard,
kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash.
Include all forms including soup. Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars,
cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we
do not include).

1 _ _ Per day [RANGE = 101-199]
2 _ _ Per week [RANGE = 201-299]
3 _ _ Per month [RANGE = 301-399]
5 5 5 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask of all//

Not counting what you just told me about, during the past month, about how many times per day,
week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes,
tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not
fried such as baked or mashed potatoes.

INTERVIEWER NOTE: Read only if needed: “Do not count vegetables you have already counted and do not
include fried potatoes.” Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber,
onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow
peas, snap peas, broad beans, string, wax-, or pole-beans. Include any form of the vegetable (raw, cooked, canned, or

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frozen). Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish. Do include tomato juice if respondent did not count it in fruit juice. Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.). Do not include rice or other grains.

1. ____ Per day  
2. ____ Per week  
3. ____ Per month  
5 5 5 Never  
7 7 7 Don’t know / Not sure  
9 9 9 Refused

Section 10: Exercise (Physical Activity; Split 1&2)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER NOTE: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

s10q1 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?

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

//ask if s10q1=1//

s10q2 What type of physical activity or exercise did you spend the most time doing during the past month?

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)  
0 2 Aerobics video or class  
0 3 Backpacking  
0 4 Badminton  
0 5 Basketball  
0 6 Bicycling machine exercise  
0 7 Bicycling  
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)  
0 9 Bowling  
1 0 Boxing  
1 1 Calisthenics  
1 2 Canoeing/rowing in competition  
1 3 Carpentry  
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc  
1 5 Elliptical/EFX machine exercise  
1 6 Fishing from river bank or boat  
1 7 Frisbee  
1 8 Gardening (spading, weeding, digging, filling)  
1 9 Golf (with motorized cart)  
2 0 Golf (without motorized cart)  
2 1 Handball  
2 2 Hiking – cross-country  
2 3 Hockey  
2 4 Horseback riding  
2 5 Hunting large game – deer, elk  
2 6 Hunting small game – quail

EXERANY2 (181)

EXRACT01 (182-183)
2 7 Inline Skating
2 8 Jogging
2 9 Lacrosse
3 0 Mountain climbing
3 1 Mowing lawn
3 2 Paddleball
3 3 Painting/papering house
3 4 Pilates
3 5 Racquetball
3 6 Raking lawn
3 7 Running
3 8 Rock Climbing
3 9 Rope skipping
4 0 Rowing machine exercise

7 7 Don’t know / Not Sure
9 9 Refused

//if s10q2=1-70//
s10q2c You’ve chosen /s10q2/. Is that Correct?
1 Yes
2 No, go back and change response

//if s10q2=70//
S10q2o Other [specify: __________]

INTERVIEWER NOTE: If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other”. Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

//ask if s10q2=01-70//
s10q3 How many times per week or per month did you take part in this activity during the past month?

1 _ _ Times per week [RANGE = 101-150]
2 _ _ Times per month [RANGE = 201-250]
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask if s10q2=01-70//
s10q4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

_ _ _ Hours and minutes [RANGE = 01-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959]
7 7 7 Don’t know / Not sure
9 9 9 Refused

//ask if s10q2=01-70//
s10q5 What other type of physical activity gave you the next most exercise during the past month?

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution) 4 1 Rugby
0 2 Aerobics video or class 4 2 Scuba diving
0 3 Backpacking 4 3 Skateboarding
0 4 Badminton 4 4 Skating – ice or roller
0 5 Basketball 4 5 Sledding, tobogganing
0 6 Bicycling machine exercise 4 6 Snorkeling
0 7 Bicycling 4 7 Snow blowing
0 8 Snow shoveling by hand
<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)</td>
<td>0 8</td>
</tr>
<tr>
<td>Bowling</td>
<td>0 9</td>
</tr>
<tr>
<td>Boxing</td>
<td>1 0</td>
</tr>
<tr>
<td>Calisthenics</td>
<td>1 1</td>
</tr>
<tr>
<td>Canoeing/rowing in competition</td>
<td>1 2</td>
</tr>
<tr>
<td>Carpentry</td>
<td>1 3</td>
</tr>
<tr>
<td>Dancing-ballet, ballroom, Latin, hip hop, etc</td>
<td>1 4</td>
</tr>
<tr>
<td>Elliptical/EFX machine exercise</td>
<td>1 5</td>
</tr>
<tr>
<td>Fishing from river bank or boat</td>
<td>1 6</td>
</tr>
<tr>
<td>Frisbee</td>
<td>1 7</td>
</tr>
<tr>
<td>Gardening (spading, weeding, digging, filling)</td>
<td>1 8</td>
</tr>
<tr>
<td>Golf (with motorized cart)</td>
<td>1 9</td>
</tr>
<tr>
<td>Golf (without motorized cart)</td>
<td>2 0</td>
</tr>
<tr>
<td>Handball</td>
<td>2 1</td>
</tr>
<tr>
<td>Hiking – cross-country</td>
<td>2 2</td>
</tr>
<tr>
<td>Horseback riding</td>
<td>2 3</td>
</tr>
<tr>
<td>Hunting large game – deer, elk</td>
<td>2 4</td>
</tr>
<tr>
<td>Hunting small game – quail</td>
<td>2 5</td>
</tr>
<tr>
<td>Inline Skating</td>
<td>2 6</td>
</tr>
<tr>
<td>Jogging</td>
<td>2 7</td>
</tr>
<tr>
<td>Lacrosse</td>
<td>2 8</td>
</tr>
<tr>
<td>Landscape gardening</td>
<td>2 9</td>
</tr>
<tr>
<td>Mowing lawn</td>
<td>3 0</td>
</tr>
<tr>
<td>Painting/papering house</td>
<td>3 1</td>
</tr>
<tr>
<td>Pilates</td>
<td>3 2</td>
</tr>
<tr>
<td>Racquetball</td>
<td>3 3</td>
</tr>
<tr>
<td>Raking lawn</td>
<td>3 4</td>
</tr>
<tr>
<td>Rock Climbing</td>
<td>3 5</td>
</tr>
<tr>
<td>Rope skipping</td>
<td>3 6</td>
</tr>
<tr>
<td>Rowing machine exercise</td>
<td>3 7</td>
</tr>
<tr>
<td>Running</td>
<td>3 8</td>
</tr>
<tr>
<td>Tai Chi</td>
<td>3 9</td>
</tr>
<tr>
<td>Golf</td>
<td>4 0</td>
</tr>
<tr>
<td>Surfing</td>
<td>4 1</td>
</tr>
<tr>
<td>Swimming</td>
<td>4 2</td>
</tr>
<tr>
<td>Swimming in laps</td>
<td>4 3</td>
</tr>
<tr>
<td>Table tennis</td>
<td>4 4</td>
</tr>
<tr>
<td>Touch football</td>
<td>4 5</td>
</tr>
<tr>
<td>Volleyball</td>
<td>4 6</td>
</tr>
<tr>
<td>Walking</td>
<td>4 7</td>
</tr>
<tr>
<td>Waterskiing</td>
<td>4 8</td>
</tr>
<tr>
<td>Weight lifting</td>
<td>4 9</td>
</tr>
<tr>
<td>Yoga</td>
<td>5 0</td>
</tr>
<tr>
<td>Snowshoeing</td>
<td>5 1</td>
</tr>
<tr>
<td>Softball/Baseball</td>
<td>5 2</td>
</tr>
<tr>
<td>Squash</td>
<td>5 3</td>
</tr>
<tr>
<td>Stair climbing/Stair master</td>
<td>5 4</td>
</tr>
<tr>
<td>Stream fishing in waders</td>
<td>5 5</td>
</tr>
<tr>
<td>Surfing in laps</td>
<td>5 6</td>
</tr>
<tr>
<td>Table tennis</td>
<td>5 7</td>
</tr>
<tr>
<td>Swimming in laps</td>
<td>5 8</td>
</tr>
<tr>
<td>Tai Chi</td>
<td>5 9</td>
</tr>
<tr>
<td>Touch football</td>
<td>6 0</td>
</tr>
<tr>
<td>Volleyball</td>
<td>6 1</td>
</tr>
<tr>
<td>Waterskiing</td>
<td>6 2</td>
</tr>
<tr>
<td>Table tennis</td>
<td>6 3</td>
</tr>
<tr>
<td>Walking</td>
<td>6 4</td>
</tr>
<tr>
<td>Waterskiing</td>
<td>6 5</td>
</tr>
<tr>
<td>Yoga</td>
<td>6 6</td>
</tr>
<tr>
<td>Table tennis</td>
<td>6 7</td>
</tr>
<tr>
<td>Touch football</td>
<td>6 8</td>
</tr>
<tr>
<td>Yoga</td>
<td>6 9</td>
</tr>
<tr>
<td>Tai Chi</td>
<td>7 0</td>
</tr>
<tr>
<td>Other</td>
<td>7 1</td>
</tr>
<tr>
<td>Other</td>
<td>7 2</td>
</tr>
<tr>
<td>Other</td>
<td>7 3</td>
</tr>
<tr>
<td>Other</td>
<td>7 4</td>
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<td>Other</td>
<td>7 5</td>
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<td>Other</td>
<td>7 6</td>
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<td>Other</td>
<td>7 8</td>
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<td>Other</td>
<td>7 9</td>
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<tr>
<td>Other</td>
<td>8 0</td>
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<tr>
<td>Other</td>
<td>8 1</td>
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<td>Other</td>
<td>8 2</td>
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<td>Other</td>
<td>8 3</td>
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<td>Other</td>
<td>8 4</td>
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<td>Other</td>
<td>8 5</td>
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<tr>
<td>Other</td>
<td>8 6</td>
</tr>
<tr>
<td>Other</td>
<td>8 7</td>
</tr>
<tr>
<td>Other</td>
<td>8 8</td>
</tr>
<tr>
<td>Don’t know / Not sure</td>
<td>7 7</td>
</tr>
<tr>
<td>Refused</td>
<td>9 9</td>
</tr>
</tbody>
</table>

**INTERVIEWER NOTE:** If the respondent’s activity is not included in the Coding List A, choose the option listed as “Other”. Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

//ask if s10q5=01-70//

s10q5C
Interviewer, you’ve chosen //s10q5//. Is that Correct?

1 Yes
2 No, go back and change response.

//if s10q5=70//

S10q5O
Other [specify: __________]

//ask if s10q5=01-70//

s10q6
How many times per week or per month did you take part in this activity during the past month?

1_ _ Times per week [RANGE = 101-150]
2_ _ Times per month [RANGE = 201-250]
7 7 7 Don’t know / Not sure
9 9 9 Refused

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And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXERHMM2 (195-197)

- - - Hours and minutes

  [RANGE = 01-59,100-259,300-359,400-559,600-759,800-859,900-959]

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

During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

STRENGTH (198-200)

- - - Times per week

  [RANGE=101-150]

- - - Times per month

  [RANGE=201-250]

8 8 8 Never
7 7 7 Don’t know / Not sure
9 9 9 Refused

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

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

QLACTLM2 (201)

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

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?

INTERVIEWER NOTE: Include occasional use or use in certain circumstances.

USEEQUIP (202)

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

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

LMTJOIN3 (203)

1 Yes
2 No
7 Don’t know / Not sure
9 Refused
INTERVIEWER NOTE: If a question arises about medications or treatment, then the interviewer should say:
“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

//ask of s6q9=1//

s12q2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? ARTHDIS2 (204)

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

INTERVIEWER NOTE: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

//ask of s6q9=1//

s12q3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? ARTHSOC (205)

Please read [1-3]:
1  A lot
2  A little
3  Not at all
Do not read:
7  Don’t know / Not sure
9  Refused

INTERVIEWER NOTE: If a question arises about medications or treatment, then the interviewer should say:
“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

//ask of s6q9=1//

s12q4 Please think about the past 30 days, keeping in mind all of your joint pain or ache and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or ache and 10 is pain or ache as bad as it can be. JOINPAIN (206-207)

Enter number [00-10]
7 7  Don’t know / Not sure
9 9  Refused

Section 13: Seatbelt Use (Split 1&2)

//ask of all//

s13q1 How often do you use seat belts when you drive or ride in a car? Would you say— SEATBELT (208)

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
Section 14: Immunization (Split 1&2)

//ask of all//

s14q1

Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

   FLUSHOTS (84)

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

//ask if s14q1=1//

s14q2M

During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

   FLSHTMY2 (85-90)

   Enter 2-Digit Month  [RANGE=01-12]
   7 7  Don’t know / Not sure
   9 9  Refused

//ask if s14q1=1//

s14q2Y

During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

   (85-90)

   Enter 4-Digit Year  [RANGE=2010-2011]
   7 7 7 7  Don’t know / Not sure
   9 9 9 9  Refused

CATI NOTE: Ask if vaccine was more than 12 months ago

S14q2CHK

“I’m sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?”

   1  Yes   [Go back to s14q2M]
   2  No   [Continue]

//if s14q2chk=2 blank out s14q2m and s14q2y and set s14q2=2//

//ask if s14q1=1//

s14q3

At what kind of place did you get your last seasonal flu vaccine?

   IMFVPLAC (91-92)

   Read if Necessary:

   0 1  A doctor’s office or health maintenance organization (HMO)
   0 2  A health department
   0 3  Another type of clinic or health center (Example: a community health center)
   0 4  A senior, recreation, or community center
   0 5  A store (Examples: supermarket, drug store)
   0 6  A hospital (Example: inpatient)
   0 7  An emergency room
   0 8  Workplace
   0 9  Some other kind of place
   1 0  Received vaccination in Canada/Mexico (Volunteered – Do not read)
   1 1  A school
   7 7  Don’t know / Not sure  [Probe: “How would you describe the place where you went to get your most
Do not read:
9 9  Refused

//ask of all/

s14q4

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?

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

Section 15: Alcohol Consumption (Split 1&2)

//ask of all/

s15q1

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1 _ _  Days per week  [RANGE = 101-107]
2 _ _  Days in past 30 days [RANGE = 201-230]
8 8 8  No drinks in past 30 days [Go to next section]
7 7 7  Don’t know / Not sure [Go to next section]
9 9 9  Refused [Go to next section]

//ask if s15q1=101-107; 201-230/

s15q2

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?

INTERVIEWER 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  [RANGE = 1-76]
7 7  Don’t know / Not sure
9 9  Refused

//ask if s15q1=101-107; 201-230/

s15q3

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?

_ _  Number of times  [RANGE = 1-76]
8 8  None
7 7  Don’t know / Not sure
9 9  Refused

//ask if s15q1=101-107; 201-230/

s15q4

During the past 30 days, what is the largest number of drinks you had on any occasion?

_ _  Number of drinks  [RANGE = 1-76]
7 7  Don’t know / Not sure
9 9  Refused

Section 18: Preventative Counseling (Aug. – Dec.)

//ask of all//
The next question is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

s18q1 Has a doctor or other health professional ever talked with you about alcohol use?  

INTERVIEWER NOTE: If yes, ask “About how long ago was it?”

1 Yes within the past 12 months  
2 Yes within the past 3 years  
3 Yes 3 or more years ago  
4 No  
7 Don’t know  
9 Refused

Section 17: Influenza Like Illness (ILI; Oct. – April; Split 1&2)

//ask if month=01-04//

//ask of all//

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

s17q1 Last month (i.e September [to change to previous month each month of survey]), were you ill with a fever?  

1 Yes  
2 No  
7 Don’t know  
9 Refused

//ask if s17q1=1//

s17q2 Did you also have a cough and/or sore throat?  

1 Yes  
2 No  
7 Don’t know  
9 Refused

//ask if s17q2=1//

s17q3 Did you visit a doctor, nurse, or other health professional for this illness?  

1 Yes  
2 No  
7 Don’t know  
9 Refused

//ask if s17q3=1//

s17q4 When did you visit the doctor, nurse, or other health professional for this illness?  

INTERVIEWER NOTE: read off choices; choose the most specific

1 Within two days of getting ill  
2 Within three to 7 days of getting ill  
3 More than 7 days of getting ill  
7 Don’t know  
9 Refused

//ask if s17q3=1//

s17q5 What did the doctor, nurse, or other health professional tell you? Did they say…  

INTERVIEWER NOTE: read off choices. If respondent says they had either H1N1 or seasonal influenza, please code as ‘1 = You had influenza or the flu.’
1. You had influenza or the flu,
2. You had some other illness, but not the flu—
7. Don’t know/not sure
9. Refused

//ask if s17q5=1//

s17q6 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 NOTE: read off choices. If respondent says they had either a positive H1N1 or seasonal influenza test result, please code as ‘1 = Had flu test and it was positive.’
1. Had flu test and it was positive
2. Had flu test and it was negative
3. Did not have flu test
7. Don’t know
9. Refused

//ask if s17q3=1//

s17q7 Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [zu NA mi veer] to treat this illness?

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 Module 10); (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)]

//ask if adults>1 or s8q7=01-15//

s17q8 Did any other members of your household have a fever with cough or sore throat last month (i.e. September [to change each month of survey])?

1. Yes
2. No
7. Don’t know
9. Refused

//ask if s17q1=1 and s17q2=1 or (s17q8=1)://

s17q9 How many household members, [CATI NOTE: Fill in “including you,” If Q1=1(Yes) and Q2=1 (Yes)] were ill last month (i.e. September [to change each month of survey])?

_ _ # persons
8 8 None
7 7 Don’t know/Not Sure
9 9 Refused

//ask if (s17q1=1 and s17q2=1) or (s17q8=1)//

s17q10 How many people in your household, including you, were hospitalized for flu last month (i.e September [to change each month of survey])?

INTERVIEWER NOTE: If needed: hospitalized means admitted to a hospital to receive medical treatment.

_ _ # persons
8 8 None
7 7 Don’t know/Not Sure
State-Added 2: Adult ILI – Staying Home (Jan. – April; Split 1&2)

RI2_1

Last month (i.e. December [to change to previous month each month of survey]), how many days did you stay at home and not participate in regular activities outside the home, because you had a fever with a cough and/or sore throat? Examples of regular activities include work, sports and recreation, and social events.

INTERVIEWER NOTE: if asked: If hospitalized for this illness, include the number of days you spent in the hospital in your total.

   _ _ # days  [RANGE=01-31]
8 8 None
7 7 Don't know/Not Sure
9 9 Refused

Section 16: HIV/AIDS (Split 1&2)

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.

s16q1 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.

   1 Yes
   2 No  [Go to Q16.3]
   7 Don’t know / Not sure  [Go to Q16.3]
   9 Refused  [Go to Q16.3]

INTERVIEWER NOTE: if asked: If hospitalized for this illness, include the number of days you spent in the hospital in your total.

CATI NOTE: 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 2-Digit month  [RANGE=01-12]
7 7 Don’t know / Not sure  [Go to Q16.3]
9 9 Refused / Not sure

s16q2M Not including blood donations, in what month and year was your last HIV test?

   _ _ _ _ Code 4-Digit year  [RANGE=1985-2011]
7 7 7 7 Don’t know / Not sure
9 9 9 9 Refused / Not sure
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?  

1. Yes  
2. No  
3. Don’t know / Not sure  
9. Refused

Finally, I have just a few questions left about some other health topics.

Module 10: Actions to Control High Blood Pressure (Split 1&2)

//ask if s4q1=1//

Earlier you stated that you had been diagnosed with high blood pressure. Are you now doing any of the following to help lower or control your high blood pressure?

**Mod10_1**
(Are you) changing your eating habits (to help lower or control your high blood pressure)?

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

**Mod10_2**
(Are you) cutting down on salt (to help lower or control your high blood pressure)?

1. Yes  
2. No  
3. Do not use salt  
7. Don’t know / Not sure  
9. Refused

**Mod10_3**
(Are you) reducing alcohol use (to help lower or control your high blood pressure)?

1. Yes  
2. No  
3. Do not drink  
7. Don’t know / Not sure  
9. Refused

**Mod10_4**
(Are you) exercising (to help lower or control your high blood pressure)?

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

**Mod10_5**
Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

(Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?
//ask if s4q1=1//
**Mod10_6**  
(Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

1 Yes  
2 No  
3 Do not use salt  
7 Don’t know / Not sure  
9 Refused

//ask if s4q1=1//
**Mod10_7**  
(Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

1 Yes  
2 No  
3 Do not drink  
7 Don’t know / Not sure  
9 Refused

//ask if s4q1=1//
**Mod10_8**  
(Ever advised you to) exercise (to help lower or control your high blood pressure)?

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

//ask if s4q1=1//
**Mod10_9**  
(Ever advised you to) take medication (to help lower or control your high blood pressure)?

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

//ask if s4q1=1//
**Mod10_10**  
Were you told on two or more different visits by a doctor or other health professional that you had high blood pressure?

INTERVIEWER NOTE: If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

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

State-Added 3: Tobacco Control (Split 1)
//ask of all if split=1//
RI3_1  Do you now smoke cigars, little cigars or cigarillos?  

SMOKNOW2

Read responses
1  Every day
2  Some days or
3  Not at all

Do not read
7  Don't know / Not sure
9  Refused

RI3_2  CATI NOTE: If s7q2=1 or 2, read: Previously you said you smoke cigarettes. Do you…

SMKTYPE

1  Menthol
2  Plain
7  Don't know / Not sure
9  Refused

RI3_3  On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

SMKNM30

1  Number of cigarettes
77  Don't know / Not sure
88  Didn’t smoke in past 30 days
99  Refused

RI3_4  In the last 12 months, how many times have you seen a doctor or other health provider to get any kind of care for yourself?

GETCARE2

1  Number of times
88  None
77  Don't know / Not sure
99  Refused

RI3_5  In the past 12 months, on how many of those visits were you advised to quit smoking by a doctor or other health provider?

QUITSMK2

1  Number of times
88  None
77  Don’t know / Not sure
99  Refused

RI3_6  Not counting decks, porches, or garages, during the past 7 days, that is, since last [TODAY’S DAY OF WEEK], on how many days did someone other than you smoke tobacco inside your home while you were at home?

SMK7EXP3

1  Number of days
88  None
77  Don’t know / Not sure
The next question asks about tobacco use in indoor public places. Examples of indoor public places are the indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas.

**RI3.7**  
[If $s8q9 = 1$ (Employed) or $s8q9 = 2$ (Self-employed); say “Not counting times while you were at work.”] during the past 7 days, that is, since last [TODAY’S DAY OF WEEK], on how many days did you breathe the smoke from someone else who was smoking in an indoor public place?  

<table>
<thead>
<tr>
<th>Number of days</th>
<th>01-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

In the past 12 months, have you heard, read, or seen anti-smoking information?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

A telephone quitline is a free telephone-based service that connects people who smoke cigarettes with someone who can help them quit. Are you aware of any telephone quitline services that are available to help [if $s7q2 = 1$ or $2$, say “you”, if $s7q2 = 3, 7, 9$ say “people”] quit smoking?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Do you currently live in a single family home, in a duplex, in a condo or townhouse, in an apartment, or in some other type of place?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Single Family home</td>
</tr>
<tr>
<td>2</td>
<td>Duplex</td>
</tr>
<tr>
<td>3</td>
<td>Condo or Townhouse</td>
</tr>
<tr>
<td>4</td>
<td>Apartment</td>
</tr>
<tr>
<td>5</td>
<td>Other</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Other [specify: __________]

In the past 30 days, have you experienced tobacco smoke drifting into your unit from a smoker in another unit or from a smoker outside?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
State-Added 4: Adult Sugar Sweetened Beverages and Fast Food (Split 1&2)

//ask of all//

**RI4_1**

Yesterday, how many glasses, bottles or cans of soda (such as Coke or Sprite) or other sweetened drinks (such as fruit punch or Sunny Delight) did you drink? Do not include diet or sugar free drinks.

**INTERVIEWER NOTE:** Read if Necessary: That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ a can. THIS INCLUDES DRINKS SUCH AS, HAWAIIAN PUNCH, HI-C, SNAPPLE, GATORADE, OTHER SPORTS DRINKS WITH ADDED SUGAR, AND SUGAR SWEETENED MILK – E.G. COFFEE MILK, CHOCOLATE MILK

<table>
<thead>
<tr>
<th></th>
<th>Enter Number of glasses, cans or bottles</th>
<th>[RANGE 1-15]</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ _</td>
<td>None</td>
<td>88</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know/Not Sure</td>
<td>99</td>
</tr>
</tbody>
</table>

//ask of all//

**RI4_2**

In the past week, how many times did you eat fast food or pizza at work, at home, at fast-food restaurants, carryout or drive thru, or somewhere else?

**INTERVIEWER NOTE:** Read if Necessary: “Such as food you get at McDonald’s, Burger King, Taco Bell, KFC, or Pizza Hut.” IF STRONGLY NEEDED, SAY “Foods from American-style fast food restaurants.”

<table>
<thead>
<tr>
<th></th>
<th>Per day</th>
<th>[101-115]</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ _</td>
<td>None</td>
<td>888</td>
</tr>
<tr>
<td>777</td>
<td>Don’t know/Not Sure</td>
<td>999</td>
</tr>
</tbody>
</table>

State-Added 5: Screen Time (Split 1&2)

//ask of all//

**RI5_1**

Yesterday, not including time on the computer, about how many hours did you sit and watch television, videos or DVDs?

**INTERVIEWER NOTE:** If respondent does not respond with a whole number, PROBE: “I can only record whole numbers, would you say X or Y is most accurate” (for example if respondent said 90 minutes, fill in “1 or 2”). If necessary, round up to nearest whole number.

<table>
<thead>
<tr>
<th></th>
<th>Enter Number of hours</th>
<th>[RANGE 1-24]</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ _</td>
<td>Less than one, but more than none.</td>
<td>33</td>
</tr>
<tr>
<td>88</td>
<td>None</td>
<td>88</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know/Not Sure</td>
<td>77</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
<td>99</td>
</tr>
</tbody>
</table>

//ask if RI5_1=8-24//

**RI5_1C**

Just to confirm, you spent //insert RI5_1// hours watching TV, videos or DVD’s. Is this correct?

<table>
<thead>
<tr>
<th></th>
<th>Continue</th>
<th>[Continue]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

//ask of all//

**RI5_2**

Yesterday, about how many hours did you spend on the computer or playing video games? Please Include time spent on the internet, playing games, and doing other work on the computer, **but not including work time.**
INTERVIEWER NOTE: If respondent does not respond with a whole number, PROBE: “I can only record whole numbers, would you say X or Y is most accurate” (for example if respondent said 90 minutes, fill in “1 or 2”). If necessary, round up to nearest whole number.

**HRS_COMP**

<table>
<thead>
<tr>
<th></th>
<th>Enter Number of Hours [RANGE 1-24]</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Less than one, but more than none</td>
</tr>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know/Not Sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask if R15_2=8-24//

**RI5_2C** Just to confirm, you spent //insert RI5_2// hours on the computer or playing video games. Is this correct?

1 Yes [Continue]
2 No [Re-ask RI5_2]

**State-Added 6: Safe Neighborhood (Split 1&2)**

//ask of all//

**RI6_1** How often do you feel safe and secure in your neighborhood?

Read list:

1 Always
2 Most of the time
3 Sometimes
4 Rarely
8 Never

Do not read:

7 Don’t know / Not sure
9 Refused

**State-Added 7: Depression and Help Seeking (Split 1&2)**

//ask of all//

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.

**RI7_1** Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

<table>
<thead>
<tr>
<th></th>
<th>01–14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

//ask of all//

**RI7_2** Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

<table>
<thead>
<tr>
<th></th>
<th>01–14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Score responses to Qs 1 and 2 as follows:
The number of days for each question is converted to points --

88 (None) or 1 day = 0 points
02 - 06 days = 1
Total the number of points for the two questions. If data for either of the two questions are missing or = 77 or 99, a score is not calculated. A score of:

- 0 – 2 points = no depression
- 3 – 6 points = current depression

<table>
<thead>
<tr>
<th>If</th>
<th>R17_1 =</th>
<th></th>
<th>R17_2 =</th>
<th>Points</th>
<th>Score</th>
<th>category</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>77 or 99 or 77 or 99</td>
<td>missing</td>
<td>then</td>
<td>Skip to next section</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88 or 01 and 88 or 01</td>
<td>0 + 0</td>
<td>0</td>
<td>No depressn</td>
<td>Skip to next section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 - 06 and 88 or 01</td>
<td>1 + 0</td>
<td>1</td>
<td>No depressn</td>
<td>Skip to next section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88 or 01 and 02 - 06</td>
<td>0 + 1</td>
<td>1</td>
<td>No depressn</td>
<td>Skip to next section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 - 06 and 02 - 06</td>
<td>1 + 1</td>
<td>2</td>
<td>No depressn</td>
<td>Skip to next section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07 - 11 and 88,01</td>
<td>2 + 0</td>
<td>2</td>
<td>No depressn</td>
<td>Skip to next section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88,01 and 07 - 11</td>
<td>0 + 2</td>
<td>2</td>
<td>No depressn</td>
<td>Skip to next section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 - 06 and 07 - 11</td>
<td>1 + 2</td>
<td>3</td>
<td>Curr depressn</td>
<td>continue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07 - 11 and 02 - 06</td>
<td>2 + 1</td>
<td>3</td>
<td>Curr depressn</td>
<td>continue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 - 14 and 88, ≥ 01</td>
<td>3 + 0 or more</td>
<td>3 - 6</td>
<td>Curr depressn</td>
<td>continue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88, ≥ 01 and 12 - 14</td>
<td>0 + 3 or more</td>
<td>3 - 6</td>
<td>Curr depressn</td>
<td>Continue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 - 14 and 12 - 14</td>
<td>3 + 3</td>
<td>3 – 6</td>
<td>Curr depressn</td>
<td>Continue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INTERVIEWER NOTE:** Ask the following questions only of respondents with a score of 3 – 6 points (have current depression). All others, go to next section.

//ask of… (see score info for q1 and q2)\\

**R17_3** Have you **sought help** for psychological problems or emotional difficulties in the past 12 months? **HLPSK**

1. Yes [Go to R17_4]
2. No [Go to R17_5]
7. Don’t Know/Not sure [Go to R17_close]
9. Refused [Go to R17_close]

//ask if R17_3=1//

**R17_4** When you sought help, from whom did you seek the most support or assistance? **HLPSKWHO**

Please read:

- 02 A family member or friend
- 03 A crisis hotline or support group
- 04 A therapist or counselor
- 05 A medical provider
- 06 A member of my religious or spiritual community (member of the clergy)
- 07 Another professional
- 08 Other [specify: __________]

Do not read:

- 01 No one / I did not seek help [Go to Q5]
- 77 Don’t know/Not sure
- 99 Refused

//ask if R17_4=08//

**R17_4O** Enter Other [specify: __________]
//ask if RI7_3 = 2 or RI7_4 = 01//

RI7_5 What were the main reasons you did not seek help for psychological problems or emotional difficulties in the past 12 months

[CODE UP TO TWO] [MUL=2]

Please read:
02 Lack of information about available resources
03 Cost/ no health insurance
04 Concern about what others would think
05 Lack of time
06 Depression
07 Lack of resources in your area
Or
08 Other [specify: __________]

Do not read:
01 Didn’t think I needed help
77 Don’t know/Not sure
99 Refused

//if RI7_5=08//

RI7_5O Enter Other [specify: __________]

//read to all where RI7_3=NOT BLANK//

RI7CLOSE SUICIDE CLOSING STATEMENT (READ TO RESPONDENT): If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the National Crisis line at 1-800-273-TALK (1-800-273-8255). You can also speak directly to your doctor or health provider.

State-Added 8: Adult Health Insurance Coverage (Split 1&2)

//ask if s3q1=1//

RI8_1 Earlier you said you have health care coverage. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Please read:
01 Your employer
02 Someone else’s employer
03 A plan that you or someone else buys on your own
04 Medicare
05 Medicaid or Rhody Health Partners
06 Rite Care
07 The military, CHAMPUS or TriCare, or the VA
08 The Indian Health Service [or the Alaska Native Health Service]
Or
09 Some other source

Do not read:
88 NONE
77 DON’T KNOW/NOT SURE
99 REFUSED

//ask if s3q1=2 or 7//

RI8_2 Earlier you said you do not have health care coverage or weren’t sure you had health care coverage. There are some types of coverage you may not have considered. Please tell me if you have any of the following. Is it coverage through…
**INTERVIEWER NOTE:** IF MORE THAN ONE, ASK “Which type do you use to pay for most of your medical care?”

**Please read:**

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Your employer</td>
</tr>
<tr>
<td>02</td>
<td>Someone else’s employer</td>
</tr>
<tr>
<td>03</td>
<td>A plan that you or someone else buys on your own</td>
</tr>
<tr>
<td>04</td>
<td>Medicare</td>
</tr>
<tr>
<td>05</td>
<td>Medicaid or Rhody Health Partners</td>
</tr>
<tr>
<td>06</td>
<td>Rite Care</td>
</tr>
<tr>
<td>07</td>
<td>The military, CHAMPUS or TriCare, or the VA</td>
</tr>
<tr>
<td>08</td>
<td>The Indian Health Service [or the Alaska Native Health Service]</td>
</tr>
<tr>
<td>Or</td>
<td>Some other source</td>
</tr>
</tbody>
</table>

**Do not read:**

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>NONE</td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**State-Added 9: Alcohol-Based Hand Gels (Split 2)**

//ask of all if split=2//

RI9_1  During the past month, how many times per day, week or month did you use alcohol-based hand gels such as Purell?

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>[RANGE]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Times per day</td>
<td>101-199</td>
</tr>
<tr>
<td>2</td>
<td>Times per week</td>
<td>201-299</td>
</tr>
<tr>
<td>3</td>
<td>Times per month</td>
<td>301-399</td>
</tr>
<tr>
<td>8</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Never heard of alcohol based hand gels</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

**State-Added 10: Pregnant Women - Immunization Recommendation (Split 1&2)**

//ask if s8q22=2 and s8q1<46 and s8q23≠1//

RI10_1 Were you pregnant during the past 12 months?

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>[Skip to next section]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not Sure</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

//ask if s8q22=2 and s8q1 <46 and (s8q23=1 OR ri10_1=1)//

RI10_2 You indicated that you are now pregnant or that you were pregnant during the past 12 months. During your pregnancy, did your OBGYN doctor ever recommend that you receive an influenza (flu) vaccination?

**INTERVIEWER NOTE:** If asked: OBGYN means obstetrics and gynecology. OBGYN doctors specialize in pregnancies and other female related conditions.

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>[Skip to next section]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Don’t have or did not see an OBGYN doctor</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Note Sure (if vaccination was recommended)</td>
<td></td>
</tr>
</tbody>
</table>

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State-Added 11: Tetanus Diphtheria (Adults; Split 2)

Next, I will ask you about the tetanus diphtheria vaccination.

RI11_1 Have you received a tetanus shot in the past 10 years?  

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

RI11_2 Was your most recent tetanus shot given in 2005 or later?  

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

Module 20: Adult Human Papilloma Virus (HPV; Split 2)

Mod20_1 A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female “GARDASIL or CERVARIX”; if male “GARDASIL”]. Have you EVER had an HPV vaccination?  

INTERVIEWER NOTE: Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil (Gar·duh· seel); Cervarix (Serv a rix)  

1 Yes  
2 No  
3 Doctor refused when asked  
7 Don’t know / Not sure  
9 Refused

Mod20_2 How many HPV shots did you receive?  

1 _ Number of shots  
0 3 All shots  
7 7 Don’t know / Not sure  
9 9 Refused

Module 32: Random Child Selection (Split 1&2)

If s8q7=1, 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."

If s8q7 >1 and ne 88 or 99, 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 NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

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.”

Mod32_1M What is the birth month and year of the “Xth” child? RCSBIRTH (488-493)

- Code 2-Digit month [RANGE 01-12]
  7 7 Don’t know / Not sure
  9 9 Refused

Mod32_1Y What is the birth month and year of the “Xth” child? (488-493)

- Code 4 Digit year [RANGE 1993-2011]
  7 7 7 7 Don’t know / Not sure
  9 9 9 9 Refused

CATI NOTE: 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). If respondent gave a year but did not give a month (answered 77, 99 to mod32_1m) use January 1st as the birthday of the child.

//ask if 0<=chldage2<18 OR MOD32_1Y=7777, 9999//

Mod32_2 Is the child a boy or a girl? RCSGENDR (494)

  1 Boy
  2 Girl
  9 Refused

//ask if 0<=chldage2<18 OR MOD32_1Y=7777, 9999//

Mod32_3 Is the child Hispanic or Latino? RCHISLAT (495)

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

//ask if 0<=chldage2<18 OR MOD32_1Y=7777, 9999//

Mod32_4 Which one or more of the following would you say is the race of the child? RCSRACE (496-501)

[Check all that apply]

Please read:

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native

Or
6 Other [specify: __________]

Do not read:

7 Don’t know / Not sure
9 Refused

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//ask if mod32_4=6/
Mod32_4O  Enter Other [specify: __________]

//ask if mod32_4=MUL//
Mod32_5  Which one of these groups would you say best represents the child’s race?

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

//ask if 0<=chldage2<18 OR MOD32_1Y=7777, 9999//
Mod32_6  How are you related to the child?

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 35: Child Influenza-Like Illness (ILI; Oct. – April; Split 1&2)

//ask module 35 if month=01-04//
//ask if s8q7=1-15 and (0<=chldage1<216 OR mod32_1Y=7777, 9999)//
The next questions are about the “Xth” child.
Mod35_1  Last month (i.e September [to change each month of survey]), did the child have a fever with
cough and/or sore throat?

1  Yes
2  No [Go to Module 33]
7  Don’t know [Go to Module 33]
9  Refused [Go to Module 33]

//ask if mod35_1=1//
Mod35_2  Did the child visit a doctor, nurse, or other health professional for this illness?

1  Yes
2  No
7  Don’t know
9  Refused

State-Added 12: Child ILI – Staying Home (Jan. – April; Split 1&2)

//ask state-12 if month=01-04//
//ask if mod35_1=1//
RI12_1 Last month (i.e December [to change to previous month each month of survey]), how many
days in the past month did the child stay at home and not
participate in regular activities outside the
home, because the child had a fever with a cough and/or sore throat? Examples of regular
activities include day care, pre-school, school, sports and recreation, and social events.

INTERVIEWER NOTE: If asked: If hospitalized for this illness, include the number of days the
child spent in the hospital in your total.

STYHMCHD
   _ _ # days [RANGE=01-31]
   8 8 None
   7 7 Don’t know/Not Sure
   9 9 Refused

Module 33: Childhood Asthma Prevalence (Split 1&2)
//ask if 0<=chldage2<18 OR MOD32_1Y = 7777 or 9999//
Mod33_1 Has a doctor, nurse or other health professional EVER said that the child has asthma?
   CASTHDX2 (504)
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

//ask of mod33_1=1//
Mod33_2 Does the child still have asthma?
   CASTHNO2 (505)
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

Module 34: Child Immunization (Influenza; Split 1&2)
//ask if (chldage1 ≥ 6 months and 0<=chldage2<18 years) OR MOD32_1Y=7777, 9999//
Mod34_1 During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? There are two types
of flu vaccinations. One is a shot and the other is a spray in the nose?
   FLUSHCH2 (506)
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

//ask if mod34_1=1//
Mod34_2M During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu
vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The
flu spray is the flu vaccination that is sprayed the nose??.
   RCVFYCH4 (507-512)
   Enter Month [RANGE 01-12]
   7 7 Don’t know / Not sure
   9 9 Refused

//ask if mod34_1=1//
Mod34_2Y During what month and year did [Fill: he/she] receive his/her most recent seasonal flu
vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The
flu spray is the flu vaccination that is sprayed the nose??
   (507-512)
Enter Year [2010-2011]
7 7 7 7 Don’t know / Not sure
9 9 9 9 Refused

If vaccine was more than 12 months ago:

Mod34CHK “I’m sorry, but you said [Fill: he/she] had a flu vaccination within the past 12 months, but you have just given me a date for [Fill: his/her] most recent vaccination that is more than 12 months ago. Has [Fill: he/she] had a flu vaccination within the past 12 months?”
1 Yes [Go back to mod34_2M]
2 No [Continue]

//ask if mod34_1=1/

Mod34_3 At what kind of place did [he/she] get [his/her] last seasonal flu vaccine?

0 1 A doctor’s office or health maintenance organization (HMO)
0 2 A health department
0 3 Another type of clinic or health center (Example: a community health center)
0 4 A senior, recreation, or community center
0 5 A store (Examples: supermarket, drug store)
0 6 A hospital (Example: inpatient)
0 7 An emergency room
0 8 Workplace
0 9 Some other kind of place
1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
1 1 A school
7 7 Don’t know / Not sure [Probe: “How would you describe the place where you went to get your most recent flu vaccine?”]
9 9 Refused

State-Added 13: Asthma Call-Back Permission Script (Split 1&2)

//ask if s6q4=1 (adult asthma) OR if mod33_1=1 (child asthma)/

Ast1 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 Rhode Island. 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 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

ACFLAG 1 Adult with asthma
2 Adult had asthma
3 Child with asthma
4 Child had asthma

Closing Statement (Split 1&2)

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 Rhode Island. Thank you very much for your time and cooperation.
### Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

**Code Description (Physical Activity, Questions 10.2 and 10.5 above)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1</td>
<td>Active Gaming Devices (Wii Fit, Dance Dance revolution)</td>
</tr>
<tr>
<td>0 2</td>
<td>Aerobics video or class</td>
</tr>
<tr>
<td>0 3</td>
<td>Backpacking</td>
</tr>
<tr>
<td>0 4</td>
<td>Badminton</td>
</tr>
<tr>
<td>0 5</td>
<td>Basketball</td>
</tr>
<tr>
<td>0 6</td>
<td>Bicycling machine exercise</td>
</tr>
<tr>
<td>0 7</td>
<td>Bicycling</td>
</tr>
<tr>
<td>0 8</td>
<td>Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)</td>
</tr>
<tr>
<td>0 9</td>
<td>Bowling</td>
</tr>
<tr>
<td>1 0</td>
<td>Boxing</td>
</tr>
<tr>
<td>1 1</td>
<td>Calisthenics</td>
</tr>
<tr>
<td>1 2</td>
<td>Canoeing/rowing in competition</td>
</tr>
<tr>
<td>1 3</td>
<td>Carpentry</td>
</tr>
<tr>
<td>1 4</td>
<td>Dancing-ballet, ballroom, Latin, hip hop, etc</td>
</tr>
<tr>
<td>1 5</td>
<td>Elliptical/EFX machine exercise</td>
</tr>
<tr>
<td>1 6</td>
<td>Fishing from river bank or boat</td>
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<tr>
<td>1 7</td>
<td>Frisbee</td>
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<tr>
<td>1 8</td>
<td>Gardening (spading, weeding, digging, filling)</td>
</tr>
<tr>
<td>1 9</td>
<td>Golf (with motorized cart)</td>
</tr>
<tr>
<td>2 0</td>
<td>Golf (without motorized cart)</td>
</tr>
<tr>
<td>2 1</td>
<td>Handball</td>
</tr>
<tr>
<td>2 2</td>
<td>Hiking – cross-country</td>
</tr>
<tr>
<td>2 3</td>
<td>Hockey</td>
</tr>
<tr>
<td>2 4</td>
<td>Horseback riding</td>
</tr>
<tr>
<td>2 5</td>
<td>Hunting large game – deer, elk</td>
</tr>
<tr>
<td>2 6</td>
<td>Hunting small game – quail</td>
</tr>
<tr>
<td>2 7</td>
<td>Inline Skating</td>
</tr>
<tr>
<td>2 8</td>
<td>Jogging</td>
</tr>
<tr>
<td>2 9</td>
<td>Lacrosse</td>
</tr>
<tr>
<td>3 0</td>
<td>Mountain climbing</td>
</tr>
<tr>
<td>3 1</td>
<td>Mowing lawn</td>
</tr>
<tr>
<td>3 2</td>
<td>Paddleball</td>
</tr>
<tr>
<td>3 3</td>
<td>Painting/papering house</td>
</tr>
<tr>
<td>3 4</td>
<td>Pilates</td>
</tr>
<tr>
<td>3 5</td>
<td>Racquetball</td>
</tr>
<tr>
<td>3 6</td>
<td>Raking lawn</td>
</tr>
<tr>
<td>3 7</td>
<td>Running</td>
</tr>
<tr>
<td>3 8</td>
<td>Rock Climbing</td>
</tr>
<tr>
<td>3 9</td>
<td>Rope skipping</td>
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<tr>
<td>4 0</td>
<td>Rowing machine exercise</td>
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<tr>
<td>4 1</td>
<td>Rugby</td>
</tr>
<tr>
<td>4 2</td>
<td>Scuba diving</td>
</tr>
<tr>
<td>4 3</td>
<td>Skateboarding</td>
</tr>
<tr>
<td>4 4</td>
<td>Skating – ice or roller</td>
</tr>
<tr>
<td>4 5</td>
<td>Sledding, tobogganing</td>
</tr>
<tr>
<td>4 6</td>
<td>Snorkeling</td>
</tr>
<tr>
<td>4 7</td>
<td>Snow blowing</td>
</tr>
<tr>
<td>4 8</td>
<td>Snow shoveling by hand</td>
</tr>
<tr>
<td>4 9</td>
<td>Snow skiing</td>
</tr>
<tr>
<td>5 0</td>
<td>Snowshoeing</td>
</tr>
<tr>
<td>5 1</td>
<td>Soccer</td>
</tr>
<tr>
<td>5 2</td>
<td>Softball/Baseball</td>
</tr>
<tr>
<td>5 3</td>
<td>Squash</td>
</tr>
<tr>
<td>5 4</td>
<td>Stair climbing/Stair master</td>
</tr>
<tr>
<td>5 5</td>
<td>Stream fishing in waders</td>
</tr>
<tr>
<td>5 6</td>
<td>Surfing</td>
</tr>
<tr>
<td>5 7</td>
<td>Swimming</td>
</tr>
<tr>
<td>5 8</td>
<td>Swimming in laps</td>
</tr>
<tr>
<td>5 9</td>
<td>Table tennis</td>
</tr>
<tr>
<td>6 0</td>
<td>Tai Chi</td>
</tr>
<tr>
<td>6 1</td>
<td>Tennis</td>
</tr>
<tr>
<td>6 2</td>
<td>Touch football</td>
</tr>
<tr>
<td>6 3</td>
<td>Volleyball</td>
</tr>
<tr>
<td>6 4</td>
<td>Walking</td>
</tr>
<tr>
<td>6 5</td>
<td>Waterskiing</td>
</tr>
<tr>
<td>6 6</td>
<td>Weight lifting</td>
</tr>
<tr>
<td>6 7</td>
<td>Wrestling</td>
</tr>
<tr>
<td>6 8</td>
<td>Yoga</td>
</tr>
<tr>
<td>6 9</td>
<td>Other</td>
</tr>
<tr>
<td>7 0</td>
<td>Other</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>