



**July 2008 -
June 2009**

**New York State Expanded Behavioral Risk Factor
Surveillance System**

Questionnaire

January 12, 2010

Expanded Behavioral Risk Factor Surveillance System 2008 Questionnaire

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Interviewer's Script

HELLO, I'm calling on behalf of the **New York State Department of Health**. My name is **[INTERVIEWER NAME]**.

We are gathering information about the health of **New York State** residents age 18 or older. This project is conducted by the New York State Health Department. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

I would like to speak to a member of the household who is age 18 or older.

[INTERVIEWER, READ IF NECESSARY: If you have any questions about the study, you can call Doug Currivan toll-free at 1-800-334-8571 extension 3334. Dr. Currivan is a Survey Director with RTI International, a not-for-profit research organization coordinating this research. If you have any questions about your rights as a study participant, you can call Mr. Tony Watson of the New York State Department of Health Institutional Review Board at 1-518-474-8539 or contact RTI's Office of Research Protection toll-free at 1-866-214-2043.]

INTERVIEWER, READ IF NECESSARY: If you have any questions about the study [see FAQ]

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 York**?

If "no,"

Thank you very much, but we are only interviewing private residences in New York.

STOP

Is this a cellular telephone?

[Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood."]

If "yes,"

Thank you very much, but we are only interviewing land line telephones in 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 informed consent statement for correct respondent.**

If "no,"

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

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

___ Number of men

___ Number of women

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

Informed consent statement for correct respondent:

The purpose of this study is to understand health and health practices among adult residents of New York. The interview only takes about 15 minutes. Over 600 residents from each county in New York will take part in this survey.

Your help is voluntary, but important. 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. I will not ask for your name, address, or other personal information that can identify you. If you have any questions about this survey, please call Doug Currivan toll-free at 1-800-334-8571 extension 3334.

INTERVIEWER, IF REQUESTED: If you have any questions about your rights as a study participant, you can call Mr. Tony Watson of the New York State Department of Health Institutional Review Board at 1-518-474-8539 or contact RTI's Office of Research Protection toll-free at 1-866-214-2043.

INTERVIEWER, IF REQUESTED: If you have any questions about your rights as a study participant [see FAQ]

Let's begin ...

Core Sections

Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

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

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

- — 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?

- – Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to Section 3]**
- 7 7 Don't know / Not sure
- 9 9 Refused

[If Q2.1 and Q2.2 do not both = 88 (None), ask Q2.3]

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?

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

Section 3: Health Care Access

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

- 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?”

- 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?

- 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.

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

Section 4: Exercise

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

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

Section 5: Diabetes

5.1 Have you ever been told by a doctor that you have diabetes?

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

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

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

Section 6: Oral Health

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

Read only if necessary:

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

Do not read:

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

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

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

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

[If Q6.1 = 8 (Never) or Q6.2 = 3 (All), go to Section 7]

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

Read only if necessary:

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

Do not read:

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

Section 7: Cardiovascular Disease Prevalence

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

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

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

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

7.2 (Ever told) you had angina or coronary heart disease?

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

7.3 (Ever told) you had a stroke?

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

Section 8: Asthma

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

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

[If Q8.1 = 1 (Yes) ask Q8.2]

8.2 Do you still have asthma?

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

Section 9: Disability

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

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

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

9.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

NOTE: Include occasional use or use in certain circumstances.

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

Section 10: Tobacco Use

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

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Section 11]
- 7 Don't know / Not sure [Go to Section 11]
- 9 Refused [Go to Section 11]

[If Q10.1 = 1 (Yes) ask Q10.2]

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

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Section 11]
- 7 Don't know / Not sure [Go to Section 11]
- 9 Refused [Go to Section 11]

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

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

Section 11: Tobacco ETS

11.1 Which statement best describes the rules about smoking inside your home?

Read:

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home
- 4 There are no rules about smoking inside the home

Do not read:

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

Section 12: Immunization

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

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

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

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

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

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

Section 13: Arthritis

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

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

- 1 Yes
- 2 No [Go to Q13.3]
- 7 Don't know / Not sure [Go to Q13.3]
- 9 Refused [Go to Q13.3]

[If Q13.1 = 1 (Yes) ask Q13.2]

13.2 Did your joint symptoms first begin more than 3 months ago?

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

13.3 Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

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)**

Section 14: Fruits and Vegetables

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

14.1 How often do you drink fruit juices such as orange, grapefruit, or tomato?

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year

5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

14.2 Not counting juice, how often do you eat fruit?

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year

5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

14.3 How often do you eat green salad?

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year

5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

14.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year

5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

14.5 How often do you eat carrots?

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year

5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

14.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

NOTE: A serving of vegetables at both lunch and dinner would be two servings.

1 _ _ Per day
2 _ _ Per week

- 3 __ Per month
- 4 __ Per year

- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 15: Hypertension Awareness

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

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 **[Go to Section 16]**
- 3 No **[Go to Section 16]**
- 4 Told borderline high or pre-hypertensive **[Go to Section 16]**
- 7 Don't know / Not sure **[Go to Section 16]**
- 9 Refused **[Go to Section 16]**

[If Q15.1 = 1 (Yes) ask Q15.2]

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

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

Section 16: Cholesterol Awareness

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

- 1 Yes
- 2 No **[Go to Section 17]**
- 7 Don't know / Not sure **[Go to Section 17]**
- 9 Refused **[Go to Section 17]**

[If Q16.1 = 1 (Yes) ask Q16.2]

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

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)

- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

Section 17: Demographics (including weight control)

17.1 What is your age?

- — **(Enter age in years)**
 0 7 Don't know / Not sure
 0 9 Refused

17.2 Are you Hispanic or Latino?

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

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

(Check all that apply)

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 Other [specify] _____

Do not read:

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

[If more than one response to Q17.3, ask Q17.4; Otherwise, go to Q17.5]

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

- 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

17.5 Are you...?

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

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

- – **(Enter number of children)**
- 8 8 None
- 9 9 Refused

17.7 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

17.8 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

Or

- 8 Unable to work

Do not read:

- 9 Refused

17.9 Is your annual household income from all sources—

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

Read only if necessary:

- 04 Less than \$25,000 **[[If “no” ask 05; if “yes” ask 03]**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **[If “no” code 04 and go to Q17.10; if “yes” ask 02]**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **[If “no” code 03 and go to Q17.10; if “yes” ask 01]**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **[If “yes” code 01 and go to Q17.10; if “no” code 02
and go to Q17.10]**
- 05 Less than \$35,000 **[If “yes” code 05 and go to Q17.10; if “no” ask 06]**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **[If “yes” code 06 and go to Q17.10; if “no” ask 07]**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **[If “yes” code 07 and go to Q17.10; if “no” code 08
and go to Q17.10]**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

17.10 About how much do you weigh without shoes?

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

— — — — **[Enter weight in whole pounds (ex. 220 pounds = 220) or whole**

kilograms (ex. 65 kilograms = 9065 or 110 kilograms = 9110)

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

17.11 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put "9" in first column. Round fractions down.

__ / __ [Enter height in feet and inches (ex. 5 feet 9 inches = 509) or meters and centimeters (ex. 1 meter 75 centimeters = 91750)]

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

Weight Control

17.12 In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?
Probe for which:

1 Yes, lose weight
2 Yes, gain weight
3 Yes, maintain current weight
4 No
7 Don't know / Not sure
9 Refused

17.13 What county do you live in?

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

17.14 What is your ZIP Code where you live?

__ ZIP Code
7 7 7 7 Don't know / Not sure
8 8 8 8 Other [specify] _____
9 9 9 9 Refused

17.15 The next few questions are in regards to the available phone service in your household.

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.

1 Yes
2 No [Go to Q17.17]
7 Don't know / Not sure [Go to Q17.17]
9 Refused [Go to Q17.17]

[If Q17.15 = 1 (Yes), ask Q17.16]

17.16 How many of these telephone numbers are residential numbers?

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

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

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

17.18 **NOTE: Indicate sex of respondent. Ask only if necessary.**

- 1 Male
- 2 Female

Additional Sections

Section 18: Alcohol Consumption

18.1 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?

- 1 Yes
- 2 No **[Go to note before Section 19]**
- 7 Don't know / Not sure **[Go to note before Section 19]**
- 9 Refused **[Go to note before Section 19]**

[If Q18.1 = 1 (Yes), ask Q18.2]

18.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1_ _ _ Days per week **[101-107 = days per week]**
- 2_ _ _ Days in past 30 days **[201-230 = in past 30 days]**
- 8 8 8 No drinks in past 30 days **[Go to note before Section 19]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

[If Q18.2 does not = 888 (No drinks in past 30 days), ask Q18.3]

18.3 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?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- — [Enter number of drinks]
- 7 7 Don't know / Not sure
- 9 9 Refused

[If Q18.2 does not = 888 (No drinks in past 30 days), ask Q18.4; otherwise go to note before Section 19]

18.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **[show 5 for men or show 4 for women]** or more drinks on an occasion?

- — [Enter number of times]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

[If respondent is 45 years or older ask Q19.1; otherwise go to note before Section 20.]

Section 19: Falls

The next question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

19.1 In the past 3 months, how many times have you fallen?

- — Number of times [76 = 76 or more]
- 8 8 None [Go to Section 20]
- 7 7 Don't know / Not sure [Go to Section 20]
- 9 9 Refused [Go to Section 20]

[If Q19.1 < 77, ask Q19.2]

19.2 **[IF Q19.1 = 1 SHOW]** Did this fall cause an injury?

[IF Q19.1 > 1 SHOW] 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.

NOTE: If only one fall from Q19.1 and response is "yes" (caused an injury), code 01. If response is "no," code 88.

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

NOTE: If respondent is female, ask Q20.1. If respondent is male, go to Section 22.

Section 20: Mammography

The next questions are about breast and cervical cancer.

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

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

[If Q20.1 = 1 (Yes), ask Q20.2]

20.2 How long has it been since you had your last mammogram?

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

NOTE: If respondent is female, ask Q21.1. If respondent is male, go to Section 22.

Section 21: Cervical Cancer Screening

[If respondent age <45 years of age ask Q21.1; otherwise go to Q21.2]

21.1 To your knowledge, are you now pregnant?

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

21.2 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

NOTE: If the respondent says she has had a "pap smear", this should be coded as a "yes" response.

- 1 Yes
- 2 No [Go to note before Q21.4]
- 7 Don't know / Not sure [Go to note before Q21.4]
- 9 Refused [Go to note before Q21.4]

[If Q21.2 = 1 (Yes), ask Q21.3]

21.3 How long has it been since you had your last Pap test?

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

NOTE: If response to Q21.1 = 1 (pregnant), go to note before Section 22.

21.4 Have you had a hysterectomy?

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

NOTE: If respondent is \geq 40 years of age and male, ask Q22.1; otherwise if respondent is < 40 years of age or female, go to note before Section 23.

Section 22: Prostate Cancer Screening

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

22.1 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?

- 1 Yes
- 2 No **[Go to Q22.3]**
- 7 Don't Know / Not sure **[Go to Q22.3]**
- 9 Refused **[Go to Q22.3]**

[If Q22.1 = 1 (Yes), ask Q22.2]

22.2 How long has it been since you had your last PSA test?

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

22.3 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?

- 1 Yes
- 2 No **[Go to Q22.5]**
- 7 Don't know / Not sure **[Go to Q22.5]**
- 9 Refused **[Go to Q22.5]**

[If Q22.3 = 1 (Yes), ask Q22.4]

22.4 How long has it been since your last digital rectal exam?

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

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

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

NOTE: If respondent is \geq 50 years of age, ask Q23.1; otherwise go to Section 24.

Section 23: Colorectal Cancer Screening

23.1 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?

- 1 Yes
- 2 No **[Go to Q23.3]**
- 7 Don't know / Not sure **[Go to Q23.3]**

9 Refused [Go to Q23.3]

[If Q23.1 = 1 (Yes), ask Q23.2]

23.2 How long has it been since you had your last blood stool test using a home kit?

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

23.3 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?

- 1 Yes
- 2 No [Go to Section 24]
- 7 Don't know / Not sure [Go to Section 24]
- 9 Refused [Go to Section 24]

[If Q23.3 = 1 (Yes), ask Q23.4]

23.4 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?

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

[If Q23.3 = 1 (Yes), ask Q23.5]

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

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 24: Sexual Behavior

The next questions are about your sexual behavior and about sexually transmitted disease.

- 24.1** How many people in your community who are your age do you think have had an STD? By STD we mean any sexually transmitted infection such as gonorrhea, chlamydia, herpes, or syphilis. Would you say...

NOTE: If necessary, say "just your best estimate."

Read (do not read text in parentheses unless necessary to clarify):

- 1 Hardly any (0-1 out of 10)
- 2 A few (2-3 out of 10)
- 3 About half (4-6 out of 10)
- 4 All or almost all (9-10 out of 10)

Do not read:

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

- 24.2** When you go to a doctor's office or clinic for a regular check-up or physical exam, how often does the doctor take a sexual history (ask about your sexual partners and sexual practices)?

Read:

- 1 Every time
- 2 Almost every time
- 3 Sometimes
- 4 Rarely (Hardly Ever)
- 5 Never
- 8 N/A (Haven't had a regular check-up)

Do not read:

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

- 24.3** Nationally, 1 in 4 teens, and half of adults will get a sexually transmitted infection or STD in their lifetime.

How acceptable is it to you to see and hear public discussion about STD risks in your local media (like TV, radio, newspaper) and other public forums in your county?

Read:

- 1 Not Acceptable
- 2 Rarely Acceptable
- 3 Somewhat Acceptable

- 4 Acceptable
- 5 Very Acceptable

Do not read:

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

Closing Statement

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