



2011

**Behavioral Risk Factor Surveillance Survey
Questionnaire**

Erie County

Behavioral Risk Factor Surveillance Survey

2011 Questionnaire

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Core Sections

Section 1: Health Status

1.1 Would you say that in general your health is —

- | | |
|---|-----------------------|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
| 5 | Poor |
| 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 |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

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

- | | | |
|---|---|-----------------------|
| — | — | 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 or Indian Health Services?

- | | |
|---|-----|
| 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?

- 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: Hypertension Awareness

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

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

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

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

Section 5: Cholesterol Awareness

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

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

5.2 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
- 7 Don't know / Not sure
- 9 Refused

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

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

Section 6: Chronic Health Conditions

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."

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?

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

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

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

6.3 (Ever told) you had a stroke?

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

6.4 (Ever told) you had asthma?

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

6.5 Do you still have asthma?

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

6.6 (Ever told) you had skin cancer?

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

6.7 (Ever told) you had any other types of cancer?

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

6.8 (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?

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

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

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

INTERVIEWER NOTE: Arthritis diagnoses include:

- **rheumatism, polymyalgia rheumatica**
- **osteoarthritis (not osteoporosis)**
- **tendonitis, bursitis, bunion, tennis elbow**
- **carpal tunnel syndrome, tarsal tunnel syndrome**

- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

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

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

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

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

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

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

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don't know / Not sure
- 9 Refused

6.13 (Ever told) you have diabetes?

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 7: Tobacco Use

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

NOTE: 5 packs = 100 cigarettes

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

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

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

7.3 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

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

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months(1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years(1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 77 Don't know/Not sure
- 99 Refused

7.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

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

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

Section 8: Demographics

8.1 What is your age?

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

8.2 Are you Hispanic or Latino?

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

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

(Check all that apply)

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

8.4 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] _____
- 7 Don't know / Not sure
- 9 Refuse

8.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

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

8.6 Are you...?

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated

- 5 Never married
- 6 A member of an unmarried couple
- 9 Refused

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

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

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

- 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)
- 9 Refused

8.9 Are you currently...?

- 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
- 9 Refused

8.10 Is your annual household income from all sources —

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

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)

- 08 \$75,000 or more
- 77 Don't know / Not sure
- 99 Refused

8.11 About how much do you weigh without shoes?

**Note: If respondent answers in metrics, put "9" in column 126.
Round fractions up**

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

8.12 About how tall are you without shoes?

**Note: If respondent answers in metrics, put "9" in column 130.
Round fractions down**

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

8.13 What is your ZIP Code where you live?

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

8.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

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

8.15 How many of these telephone numbers are residential numbers?

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

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

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

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

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

8.18 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

8.19 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 (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8.20 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.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

8.21 Indicate sex of respondent. Ask only if necessary.

- 1 Male
- 2 Female

8.22 To your knowledge, are you now pregnant?

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

Section 9: Fruits and Vegetables

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.

- 9.1 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.

Read only if necessary: “Your best guess is fine.

See Appendix B for list of fruits to include or exclude

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

- 9.2 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.

Read only if necessary: “Your best guess is fine.

See Appendix C for list of cooked or canned beans to include or exclude

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

- 9.3 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, collard greens or spinach?

Read only if necessary: “Your best guess is fine.

See Appendix D for list of green vegetables to include or exclude

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

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

- 9.4 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?

Read only if necessary: “Your best guess is fine.

See Appendix D for list of orange vegetables to include or exclude

- 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

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

9.5 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.

- 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

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

Do not include rice or other grains.

Section 10: Exercise (Physical Activity)

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.

10.1 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

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

- __ (Specify)
- 7 7 Don't know / Not sure
- 9 9 Refused

Housework may be included as a physical activity or exercise spent and can be coded as "Other".

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

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

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

10.5 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.

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 11: Disability

The following question is about health problems or impairments you may have.

11.1 Do you now have any health problems 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 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

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

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

Section 13: Seatbelt Use

13.1 How often do use seat belts when you drive or ride in a car? Would you say ---?

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 14: Immunization

14.1 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?

- 1 Yes
- 2 No **[Go to Q14.4]**
- 7 Don't know / Not sure **[Go to Q14.4]**
- 9 Refused **[Go to Q14.4]**

14.2 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?

- __ / __ Month/Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

14.3 At what kind of place did you get your last flu shot/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
- 9 9 Refused

14.4 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

15.1 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
- 2 _ _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

15.2 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.

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

15.3 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
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

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

Section 16: HIV/AIDS

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

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

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

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

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

Do any of these situations apply to you?

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

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.13 (Diabetes awareness question).

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

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

Module 7: Inadequate Sleep

I would like to ask you a question about your sleep patterns.

1. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

— —	Number of hours [01-24]
7 7	Don't know / Not sure
9 9	Refused

Module Erie: Health Care Provider

1. When you are sick, to which one of the following places do you usually go?

Note: Mark only one

1. A doctor's office
2. A public health clinic or community health center
3. A hospital outpatient department
4. A hospital emergency room
5. Urgent care center
6. Some other kind of place
8. No usual place
7. Don't know/Not sure
9. Refused

2. In the past 12 months, where did you go for health care when you were sick?

Note: Mark all that apply

1. A doctor's office
2. A public health clinic or community health center
3. A hospital outpatient department
5. A hospital emergency room
5. Urgent care center
6. Some other kind of place
9. No usual place
7. Don't know/Not sure
9. Refused

Module 12: Women's Health (Modified)

If respondent is male, go to the next module.

The next questions are about breast and cervical cancer.

1. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram?

- 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
- 6 Never had one
- 7 Don't know / Not sure
- 9 Refused

2. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. How long has it been since your last breast exam?

- 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
- 6 Never had one
- 7 Don't know / Not sure
- 9 Refused

3. A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?

- 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
- 6 Never had one
- 7 Don't know / Not sure
- 9 Refused

Module 13: Prostate Cancer Screening (Modified)

If respondent is <40 years of age, or is female, go to next module.

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

1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. How long has it been since you had your last PSA test?

- 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
- 6 Never had one
- 7 Don't know
- 9 Refused

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

- 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
- 6 Never had one
- 7 Don't know / Not sure
- 9 Refused

3. 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

Module 14: Colorectal Cancer Screening (Modified)

If respondent is <50 years of age, go to next module.

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test using a home kit?

- 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
- 6 Never had one
- 7 Don't know / Not sure
- 8 Refused

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

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

Module 23: General Preparedness

The next question asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

1. How prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say....

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all
- 7 Don't know / Not sure
- 9 Refused

Module 28: Social Context

Now, I am going to ask you about factors that can affect a person's health.

1. In the past 12 months would you say you were worried or stressed about having enough money to ----

Note: Mark all that apply.

- 1 Pay your rent or mortgage
- 2 Buy nutritious meals
- 3 Buy needed medication
- 4 None of the above
- 7 Don't know / Not sure
- 9 Refused

2. In the past 12 months was there a time when you needed prescribed medication but did not get it due to cost?

- 1 Yes
- 2 No
- 3 Don't know/Not sure
- 4 Refused

Module Erie: Tobacco Use

If response to Core Q7.2 = 3 (Not at all), 7 (Don't know/Not sure) or 9 (Refused), go to next module.

1. On the average, about how many cigarettes a day do you now smoke?

—	Number of cigarettes
77	Don't know/Not sure
99	Refused

Module 16: Secondhand Smoke

1. Not counting decks, porches, or garages, inside your home, is smoking...

1	Always allowed
2	Allowed only at some times or in some places
3	Never allowed
6	Family does not have a smoking policy
7	Don't know / Not sure
10	Refused

Module 26: Anxiety and Mental Health

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

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

Module Erie: Alcohol Consumption

1. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

—	Number of days
88	None
77	Don't know/Not sure
99	Refused

Module Erie: Nutrition

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

1. How many servings do you eat of milk or dairy foods that are made from milk, such as cheese, cottage cheese, ice cream, milk shakes, or yogurt?

_ _ _ 101-199 Per day
 _ _ _ 201-299 Per week
 _ _ _ 301-399 Per month
 _ _ _ 401-499 Per year
 8 8 8 Never
 7 7 7 Don't know/Not sure
 9 9 9 Refused

2. How many servings do you eat of foods that are made from whole grains such as whole grain breads, whole grain cereals, whole grain pasta, whole grain rice, or whole grain tortillas?

Note: See attached list of whole grain and non-whole grain foods.

_ _ _ 101-199 Per day
 _ _ _ 201-299 Per week
 _ _ _ 301-399 Per month
 _ _ _ 401-499 Per year
 8 8 8 Never
 7 7 7 Don't know/Not sure
 9 9 9 Refused

Module 24: Sugar Sweetened Beverages

About how often do you drink beverages sweetened with sugar such as regular soda or pop and fruit drinks, such as Kool-aid, cranberry, and lemonade? Include fruit drinks you made at home and added sugar to. Do not include diet soda or pop.

1 _ _ Times per day
 2 _ _ Times per week
 3 _ _ Times per month
 8 8 8 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Module Erie: Oral Health

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.

- 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
- 8 Never visited a dentist
- 7 Don't know
- 9 Refused

Module Erie: Childhood Immunization and Asthma Prevalence

If response to Core Q8.7 = 88 (None) or 99 (Refused), the survey is completed.

1. (Fill in "Has this child" or "How many of these children have" from Q1) EVER been diagnosed with asthma by a doctor, nurse, or other health professional?

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

2. (Fill in "Does this child" or "How many of these children" from Q1) still have asthma?

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

3. Now thinking about only your children who are 6 months or older, during the past 12 months, (Fill in "Has this child" or "How many of these children have" from Q1) 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

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



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)

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 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused
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	

Appendix B - List of Fruits for Section 9, Fruits and Vegetables

FRUITS

Include

Apples
Applesauce
Bananas
Berries
Canned fruit
Cantaloupe
Cran-raisins
Dried fruit
Fresh fruit
Frozen fruit
Fruit Salad
Grafefruit
Grapes
Mango
Musk Melon
Oranges
Papaya
Pomegranates
Raisins
Star fruit
Watermelon

Do Not Include

Dried fruit in cereal
Jam
Jelly
Preserves

Fruit (fresh, frozen, or canned; cut up or whole) added to cereal, jello, yogurt, and other meal items

Culturally and geographically appropriate fruits not mentioned above, such as:

Akee
Bread fruit
Carambola
Figs
Genip
Longans
Lychees
Rambutan
Sea grapes
Soursop
Sugar apple
Tamarind

Appendix C - List of Cooked or Canned Beans for Section 9, Fruits and Vegetables

Legumes

Include

Bean burgers
 Garden burgers
 Veggie burgers
Beans and Peas - Round or oval
Black beans
Black-eyed peas
Cow peas
Cow peas
Edamame
Falafel
Hummus
Kidney beans
Lentils
Lima beans
Navy beans
Pinto beans
Soy beans
Split peas
Tempeh
Tofu (Bean curd made from soybeans)
White beans

Do Not Include

Long green beans
String bean
Broad bean
Winged beans
Pole beans

Appendix D - List of Vegetables for Section 9, Fruits and Vegetables

VEGETABLES - Include all forms - Raw, Cooked, Canned, Frozen

Include

Green Vegetables

Leafy Greens - All Types - Raw and Cooked

Arugula
Bok choy
Choys
Collard greens
Dandelions
Dark green leafy lettuce
Kale
Komatsuna
Mesclum
Mustard greens
Romaine lettuce
Spinach
Turnip greens
Watercress

Do Not Include

Catsup
Chutney
French fried white potatoes
Iceberg lettuce (Head lettuce)
Ketchup
Other veg products used as condiments
Relish
Salsa
Pumpkin bars
Pumpkin cake
Pumpkin bread
Zucchini bars
Zucchini bread
Zucchini cake
Other grain-based desert-type food
containing vegetables

Orange Vegetables

Carrots - All forms

Carrot slaw (Shredded carrots with or without other vegetables or fruit)

Pumpkin Pie

Pumpkin Soup

Squash - Hard winter type - All forms including soup

Acorn
Autumn cup
Banana
Blue kuri
Buttercup
Butternut
Delica
Delicaate
Ebisu
Hoka
Hokkaido
Hubbard
Japanese pumpkin

Kabocha
Spaghetti
Sweet potatoes - All types
Baked
Casserole
Fries
Mashed
Pie

Other Vegetables

Avocado
Bean Sprouts
Beets
Broad Beans
Cabbage - All - Including cole slaw
Cauliflower
Corn
Cucumber
Green Beans
Mushrooms
Okra
Onions
Peas
Peppers
Pole Beans
Snap Peas
Snow Peas
String Beans
Tomatoes
V-8 Juice
Wax Beans
White Potatoes - Baked
White Potatoes - Mashed
White Potatoes - Boiled

Culturally and geographically appropriate vegetables, such as:

Daikon
Jicama
Oriental cucumber

Appendix E - List of Whole Grains and Whole Grain Products for Optional Module Erie, Nutrition

Legumes

Include

Amaranth
Barley-Hulled and Dehulled (not Pearl)
Brown rice
Buckwheat
Bulgur (Cracked wheat)
Cracked wheat
Crushed wheat
Durum - Only Whole durum flour
Einkorn
Emmer
Farro
Kamut
Maize
Millet
Oat groats
Popcorn
Quinoa
Rolled oats
Rye
Sorghum
Spelt
Sprouted grains
Teff flour
Teff flour
Triticale flour
Triticale flour
Wheatberries
Whole oats
Whole wheat bread
Whole wheat flour
Whole wheat pasta
Wild rice

Do Not Include

White rice
White flour
White bread and rolls
Hominy
Pasta (Non-whole wheat varieties)