

**1st Round - Illinois County BRFSS Questionnaire
1996-2000**

Section 1: Health Status

1. Would you say that in general your health is:
 - 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair or
 - 5 Poor
 - 7 Don't know/Not sure
 - 9 Refused

2. 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
 - 7 Don't know/Not sure
 - 8 None
 - 9 Refused

3. 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
 - 7 Don't know/Not sure
 - 8 None
 - 9 Refused

4. 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
 - 7 Don't know/Not sure
 - 8 None
 - 9 Refused

Section 2: Health Care Access

5. 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

6. About how long has it been since you had health care coverage?
 - 1 1 to 6 months ago
 - 2 6 to 12 months ago
 - 3 1 to 2 years ago
 - 4 2 to 5 years ago
 - 5 5 or more years ago
 - 7 Don't know/Not sure
 - 8 Never
 - 9 Refused

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
8. About how long has it been since you last visited a doctor for a routine checkup?
- 1 1 to 12 months ago
 - 2 1 to 2 years ago
 - 3 2 to 5 years ago
 - 4 5 or more years ago
 - 7 Don't know/Not sure
 - 8 Never
 - 9 Refused

Section 3: Hypertension Awareness

9. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?
- 1 1 to 6 months ago
 - 2 6 to 12 months ago
 - 3 1 to 2 years ago
 - 4 2 to 5 years ago
 - 5 5 or more years ago
 - 7 Don't know/Not sure
 - 8 Never
 - 9 Refused
10. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
11. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?
- 1 More than once
 - 2 Only once
 - 7 Don't know/Not sure
 - 9 Refused

Section 4: Cholesterol Awareness

12. 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
13. About how long has it been since you last had your blood cholesterol checked?
- 1 1 to 12 months ago
 - 2 1 to 2 years ago
 - 3 2 to 5 years ago

- 4 5 or more years ago
- 7 Don't know/Not sure
- 8 Never
- 9 Refused

14. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 5: Diabetes

15. Have you ever been told by a doctor that you have diabetes?
- 1 Yes
 - 2 Yes, only when pregnant
 - 3 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 6: Weight Control

16. Are you now trying to lose weight?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

17. Are you now trying to maintain your current weight, that is to keep from gaining weight?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

18. Are you eating either fewer calories or less fat to...lose weight or keep from gaining weight?
- 1 Yes, fewer calories
 - 2 Yes, less fat
 - 3 Yes, fewer calories and less fat
 - 4 No
 - 7 Don't know/Not sure
 - 9 Refused

19. Are you using physical activity or exercise to...lose weight or keep from gaining weight?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

20. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?
- 1 Yes, lose weight
 - 2 Yes, gain weight
 - 3 Yes, maintain current weight
 - 4 No
 - 7 Don't know/Not sure
 - 9 Refused

Section 7: Exercise

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

- 21. During the past month, 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

- 22. What type of physical activity or exercise did you spend the most time doing during the past month?
Activity (specify): ___ ___

- 23. How far did you usually walk/run/jog/swim?
 - ___ ___ Miles
 - ___ ___ Tenths
 - 7 7 Don't know/Not sure
 - 9 9 Refused

- 24. 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

- 25. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
 - ___ ___ Hours
 - ___ ___ Minutes
 - 7 7 Don't know/Not sure
 - 9 9 Refused

- 26. Was there another physical activity or exercise that you participated in during the last month?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

- 27. What other type of physical activity gave you the next most exercise during the past month?
Activity (specify): _____

- 28. How far did you usually walk/run/jog/swim?
 - ___ ___ Miles
 - ___ ___ Tenths
 - 7 7 Don't know/Not sure
 - 9 9 Refused

- 29. How many times per week or per month did you take part in this activity?
 - 1 ___ ___ Times per week
 - 2 ___ ___ Times per month
 - 7 7 7 Don't know/Not sure
 - 9 9 9 Refused

30. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
- ___ ___ Hours
 - ___ ___ Minutes
 - 7 7 Don't know/Not sure
 - 9 9 Refused

Section 8: Injury Control

31. How often do you use seatbelts when you drive or ride in a car? Would you say:
- 1 Always
 - 2 Nearly always
 - 3 Sometimes
 - 4 Seldom
 - 7 Don't know/Not sure
 - 8 Never
 - 9 Refused
32. What is the age of the oldest child in your household under the age of 16?
- ___ ___ Age in years
 - 8 8 No children under age 16
33. How often does the [fill in age from Q. 32]-year-old child in your household use a... car safety seat [for child under 5] or a seatbelt [for child 5 or older]...when they ride in a car? Would you say:
- 1 Always
 - 2 Nearly always
 - 3 Sometimes
 - 4 Seldom **or**
 - 5 Never
 - 7 Don't know/Not sure
 - 8 Never rides in a car
 - 9 Refused
34. During the past year, how often has the [fill in age from Q. 32]-year-old child worn a bicycle helmet when riding a bicycle? Would you say:
- 1 Always
 - 2 Nearly Always
 - 3 Sometimes
 - 4 Seldom **or**
 - 5 Never
 - 7 Don't know/Not sure
 - 8 Never rides bike
 - 9 Refused
35. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them?
- 1 0 to 1 month ago
 - 2 1 to 6 months ago
 - 3 6 to 12 months ago
 - 4 1 or more years ago
 - 5 Never
 - 7 Don't know/Not sure
 - 8 No smoke detectors in home
 - 9 Refused

Section 9: Tobacco Use

36. Have you smoked at least 100 cigarettes in your entire life?
1 Yes
2 No
7 Don't know/Not sure
9 Refused
38. On how many of the past 30 days did you smoke cigarettes?
___ ___ Number of days
7 7 Don't know/Not sure
8 8 None
9 9 Refused
39. On the average, about how many cigarettes a day do you now smoke?
___ ___ Number of cigarettes
7 7 Don't know/Not sure
9 9 Refused
40. During the past 12 months, have you quit smoking for 1 day or longer?
1 Yes
2 No
7 Don't know/Not sure
9 Refused
41. About how long has it been since you last smoked cigarettes regularly, that is, daily?
1 0 to 1 month ago
2 1 to 3 months ago
3 3 to 6 months ago
4 6 to 12 months ago
5 1 to 5 years ago
6 5 to 15 years ago
7 15 or more years ago
77 Don't know/Not sure
88 Never smoked regularly
99 Refused

Section 10: Nutrition

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.

42. 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
7 7 7 Don't know/Not sure
8 8 8 Never
9 9 9 Refused

43. Not counting juice, how often do you eat fruit?

- 1 ___ Per day
- 2 ___ Per week
- 3 ___ Per month
- 4 ___ Per year
- 7 7 7 Don't know/Not sure
- 8 8 8 Never
- 9 9 9 Refused

44. How often do you eat green salad?

- 1 ___ Per day
- 2 ___ Per week
- 3 ___ Per month
- 4 ___ Per year
- 7 7 7 Don't know/Not sure
- 8 8 8 Never
- 9 9 9 Refused

45. 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
- 7 7 7 Don't know/Not sure
- 8 8 8 Never
- 9 9 9 Refused

46. How often do you eat carrots?

- 1 ___ Per day
- 2 ___ Per week
- 3 ___ Per month
- 4 ___ Per year
- 7 7 7 Don't know/Not sure
- 8 8 8 Never
- 9 9 9 Refused

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

- 1 ___ Per day
- 2 ___ Per week
- 3 ___ Per month
- 4 ___ Per year
- 7 7 7 Don't know/Not sure
- 8 8 8 Never
- 9 9 9 Refused

Section 11: Alcohol Consumption

48. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

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

49. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
- 1 ___ ___ Days per week
 - 2 ___ ___ Days per month
 - 7 7 7 Don't know/Not sure
 - 8 8 8 None
 - 9 9 9 Refused
50. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
- ___ ___ Number of drinks
 - 7 7 Don't know/Not sure
 - 8 8 None
 - 9 9 Refused
51. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
- ___ ___ Number of times
 - 7 7 Don't know/Not sure
 - 8 8 None
 - 9 9 Refused
52. During the past month, how many times have you driven when you've had perhaps too much to drink?
- ___ ___ Number of times
 - 7 7 Don't know/Not sure
 - 8 8 None
 - 9 9 Refused

Section 12: Demographics

53. What is your age?
- ___ ___ Age
 - 9 9 Refused
54. What is your race? Would you say:
- 1 White
 - 2 Black
 - 3 Asian, Pacific Islander
 - 4 American Indian, Alaska Native or
 - 5 Other
 - 7 Don't know/Not sure
 - 9 Refused
55. Are you of Spanish or Hispanic origin?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
56. Are you:
- 1 Married
 - 2 Divorced
 - 3 Widowed
 - 4 Separated
 - 5 Never been married or
 - 6 A member of an unmarried couple

57. How many children live in your household who are...
- a. less than 5 years old?
 ___ ___ Number of children
 8 8 None
 9 9 Refused
- b. 5 through 12 years old?
 ___ ___ Number of children
 8 8 None
 9 9 Refused
- c. 13 through 17 years old?
 ___ ___ Number of children
 8 8 None
 9 9 Refused
58. What is the highest grade or year of school you completed?
- 1 Never attended school or kindergarten only
 - 2 Grades 1 through 8
 - 3 Grades 9 through 11
 - 4 Grade 12 or GED
 - 5 College or technical school 1 year to 3 years
 - 6 College 4 years or more
 - 7 Don't know/Not sure
 - 9 Refused
59. 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 Homemaker
 - 6 Student
 - 7 Retired or
 - 8 Unable to work
 - 9 Refused
60. Is your annual household income from all sources:
- 1 Less than \$10,000
 - 2 \$10,000 to less than \$15,000
 - 3 \$15,000 to less than \$20,000
 - 4 \$20,000 to less than \$25,000
 - 5 \$25,000 to less than \$35,000
 - 6 \$35,000 to less than \$50,000
 - 7 \$50,000 to \$75,000
 - 8 \$75,000 or more
 - 77 Don't know/Not sure
 - 99 Refused
61. About how much do you weigh without shoes?
 ___ ___ ___ Weight in pounds
 7 7 7 Don't know/Not sure
 9 9 9 Refused

62. How much would you like to weigh?
 ___ ___ ___ Weight in pounds
 7 7 7 Don't know/Not sure
 9 9 9 Refused
63. About how tall are you without shoes?
 ___ / ___ ___ Height in feet/inches
 7 7 7 Don't know/Not sure
 9 9 9 Refused
64. What is your zip code?
 ___ ___ ___ ___ ___
 7 7 7 7 7 Don't know/Not sure
 9 9 9 9 9 Refused
65. Do you have more than one telephone number in your household?
 1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused
66. How many residential telephone numbers do you have?
 ___ ___ Number of phone numbers
 7 7 Don't know/Not sure
 9 9 Refused

Now I have some questions about other health services you may have received.

67. Indicate sex of respondent.
 1 Male
 2 Female

Section 13: Women's Health

68. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
 1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused
69. How long has it been since you had your last mammogram?
 1 1 to 12 months ago
 2 1 to 2 years ago
 3 2 to 3 years ago
 4 3-5 or more years ago
 5 5 or more years ago
 7 Don't know/Not sure
 9 Refused
70. About how many mammograms have you had in the last five years?
 ___ ___ Number of mammograms
 7 7 Don't know/Not sure
 8 8 None
 9 9 Refused

71. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?
- 1 Routine checkup
 - 2 Breast problem other than cancer
 - 3 Had breast cancer
 - 7 Don't know/Not sure
 - 9 Refused
72. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
73. How long has it been since your last breast exam?
- 1 1 to 12 months ago
 - 2 1 to 2 years ago
 - 3 2 to 3 years ago
 - 4 3-5 or more years ago
 - 5 5 or more years ago
 - 7 Don't know/Not sure
 - 9 Refused
74. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?
- 1 Routine Checkup
 - 2 Breast problem other than cancer
 - 3 Had breast cancer
 - 7 Don't know/Not sure
 - 9 Refused
75. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
76. How long has it been since you had your last Pap smear?
- 1 1 to 12 months ago
 - 2 1 to 2 years ago
 - 3 2 to 3 years ago
 - 4 3-5 or more years ago
 - 5 5 or more years ago
 - 7 Don't know/Not sure
 - 9 Refused
77. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?
- 1 Routine exam
 - 2 Check current or previous problem
 - 3 Other
 - 7 Don't know/Not sure
 - 9 Refused

78. Have you had a hysterectomy?
1 Yes
2 No
7 Don't know/Not sure
9 Refused
79. To your knowledge, are you now pregnant?
1 Yes
2 No
7 Don't know/Not sure
9 Refused

Section 14: Immunization

80. During the past 12 months, have you had a flu shot?
1 Yes
2 No
7 Don't know/Not sure
9 Refused
81. Have you ever had a pneumonia vaccination?
1 Yes
2 No
7 Don't know/Not sure
9 Refused

Section 15: Colorectal Cancer Screening

82. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam?
1 Yes
2 No
7 Don't know/Not sure
9 Refused
83. When did you have your last digital rectal exam?
1 1 to 12 months ago
2 1 to 2 years ago
3 2 to 5 years ago
4 5 or more years ago
7 Don't know/Not sure
9 Refused
84. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam?
1 Yes
2 No
7 Don't know/Not sure
9 Refused
85. When did you have your last proctoscopic exam?
1 1 to 12 months ago
2 1 to 2 years ago
3 2 to 5 years ago
4 5 or more years ago

- 7 Don't know/Not sure
- 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 don't want to.

86. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?

- ___ ___ Grade
- 5 5 Kindergarten
- 7 7 Don't know/Not sure
- 8 8 Never
- 9 9 Refused

87. If you had a teenager who was sexually active, would you encourage him or her to use a condom?

- 1 Yes
- 2 No
- 3 Would give other advice
- 7 Don't know/Not sure
- 9 Refused

88. What are your chances of getting infected with HIV, the virus that causes AIDS? Would you say:

- 1 High
- 2 Low -Medium
- 3 None
- 4 Not applicable
- 7 Don't know/Not sure
- 9 Refused

89. Have you ever had your blood tested for HIV?

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

90. Have you donated blood since March 1985?

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

91. When did you last donate blood?

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

92. When was your last blood test for HIV?

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

93. What was the main reason you had your last blood test for HIV?

- 1 For hospitalization or surgical procedure
- 2 To apply for health insurance
- 3 To apply for life insurance
- 4 For employment
- 5 To apply for a marriage license
- 6 For military induction or military service
- 7 For immigration
- 8 Just to find out if you were infected
- 9 Because of referral by a doctor
- 10 Because of pregnancy
- 11 Referred by your sex partner
- 12 It was part of a blood donation process
- 13 For routine check-up
- 14 Because of occupational exposure
- 15 Because of illness
- 77 Don't know/Not sure
- 87 Other
- 99 Refused

94. Where did you have your last blood test for HIV?

- 1 Private doctor, HMO
- 2 Blood bank, plasma center, Red Cross
- 3 Health department
- 4 AIDS clinic, counseling, testing site
- 5 Hospital, emergency room, outpatient clinic
- 6 Family planning clinic
- 7 Prenatal clinic
- 8 Tuberculosis clinic
- 9 STD clinic
- 10 Community health clinic
- 11 Clinic run by employer
- 12 Insurance company clinic
- 13 Other public clinic
- 14 Drug treatment facility
- 15 Military induction or military service site
- 16 Immigration site
- 17 At home, home visit by nurse/health worker
- 18 At home using self-testing kit
- 77 Don't know/Not sure
- 87 Other
- 99 Refused

95. Did you receive the results of your last test?

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

96. Did you receive counseling or talk with a health care professional about the results of your test?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
97. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say:
- 1 Very effective
 - 2 Somewhat effective or
 - 3 Not at all effective
 - 4 Don't know how effective
 - 5 Don't know method
 - 9 Refused
98. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
99. Have you:
- a. Had sexual intercourse with only one partner?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- b. Used condoms for protection?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- c. Been more careful in selecting sexual partners?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused