

Attachment 4: Questionnaire Content of the BRFSS Feasibility Experiment

Modules:

- Healthcare Access (from 2018 questionnaire) [3 questions]
- Diabetes (with screening question from the core) [10 questions total]
- Sodium and Salt-related Behavior [2 questions]
- Home/ Self-measured Blood Pressure [4 questions]
- Excess Sun Exposure [4 questions]
- E-cigarettes (from 2018 questionnaire) [2 questions]
- Marijuana (from 2018 questionnaire) [3 questions]

Note: This will be converted to a self-administered version when programmed; interviewer notes, etc. will be adjusted as needed for the change in format.

Form Approved
OMB No. (OMB #0920-1154)

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Voluntary Recruitment Text:

Participation in this survey is voluntary. You do not have to answer any question you do not want to, and you can end the survey at any time. Any information you provide will not be connected to any personal information. Your responses will be used to assess the health status and health risk behaviors of people who reside in your state. If you have any questions about the survey, please call [XXX].

Healthcare Access (Module 3*)

M03.01

MEDICARE

Do you have Medicare?

Read if necessary: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

1 Yes

2 No

7 Don't know/ not sure

9 Refused

M03.02 HLTHCVR1

What is the primary source of your health care coverage?

Interviewer note: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

Read if necessary:

01 A plan purchased through an employer or union (including plans purchased through another person's employer)

02 A plan that you or another family member buys on your own

03 Medicare

04 Medicaid or other state program

05 TRICARE (formerly CHAMPUS), VA, or Military

06 Alaska Native, Indian Health Service, Tribal Health Services

Or

07 Some other source

08 None (no coverage)

Do not read:

77 Don't know/Not sure

99 Refused

Other than cost, have you delayed getting medical care for one of the following reasons in the past 12 months? Was it because...

Interviewer note: If respondent provides more than one reason, say: "Which was the most important reason you delayed getting care?"

Read:

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The clinic or doctor's office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other _____ (specify) **DLYOTHER**
- 7 Don't know/Not sure
- 8 No, I did not delay getting medical care/did not need medical care
- 9 Refused

Diabetes (Module 2)

(First question is screening question from Core, Section 6. The subsequent questions are from Module 2)

Has a doctor, nurse, or other health professional ever told you that you had 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 (Go to next module)

3 No (Go to next module)

4 No, pre-diabetes or borderline diabetes (Go to next module)

7 Don't know / Not sure (Go to next module)

9 Refused Go to next module)

M02.01

INSULIN

To be asked if response to Q06.11 is Yes (code 1)

Are you now taking insulin?

Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

Interviewer note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

1 Yes

2 No

7 Don't know/ not sure

9 Refused

M02.02

BLDSUGAR

About how often do you check your blood for glucose or sugar?

Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

1 _ _ Times per day

2 _ _ Times per week

3 _ _ Times per month

4 _ _ Times per year

888 Never

777 Don't know / Not sure

999 Refused

M02.03

FEETCHK3

Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

1 _ _ Times per day

2 _ _ Times per week

3 _ _ Times per month

4 _ _ Times per year

555 No feet

888 Never

777 Don't know / Not sure

M02.04

DOCTDIAB

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]

88 None

77 Don't know / Not sure

99 Refused

M02.05

CHKHEMO3

About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.

_ _ Number of times [76 = 76 or more]

- 88 None
- 98 Never heard of A-one-C test
- 77 Don't know / Not sure
- 99 Refused

M02.06 FEETCHK

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

__ Number of times [76 = 76 or more]

- 88 None
- 77 Don't know / Not sure
- 99 Refused

If M02.03 = 555 (No feet), go to M02.07

M02.07 EYEEXAM1

When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

Read if necessary:

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

Do not read:

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

M02.08 DIABEYE

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes

2 No

7 Don't know/ not sure

9 Refused

M02.09

DIABEDU

Have you ever taken a course or class in how to manage your diabetes yourself?

1 Yes

2 No

7 Don't know/ not sure

9 Refused

Sodium or Salt-Related Behavior (Module 17)

M17.01

WTCHSALT

Are you currently watching or reducing your sodium or salt intake?

1 Yes

2 No

7 Don't know/ Not sure

9 Refused

M17.02

DRADVISE

Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

1 Yes

2 No

7 Don't know/ Not sure

9 Refused

Home/ Self-measured Blood Pressure (Module 16)

M16.01

HOMBPCCHK

Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?

Interviewer note: By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 Yes

2 No

7 Don't know / Not sure

9 Refused

M16.02

HOMRGCHK

Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

1 Yes

2 No (Go to next section)

7 Don't know / Not sure (Go to next section)

9 Refused (Go to next section)

M16.03

WHEREBP

Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

1 At home

2 On a machine at a pharmacy, grocery or similar location

3 Do not check it

7 Don't know / Not sure

9 Refused

M16.04

SHAREBP

How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

Do not read:

- 1 Telephone
- 2 Other methods such as email, internet portal, or fax, or
- 3 In person

Do not read:

- 4 Do not share information
- 7 Don't know / Not sure
- 9 Refused

Excess Sun Exposure (Module 19)

M19.01

NUMBURN3

During the past 12 months, how many times have you had a sunburn?

___ Number (0-365)

777 Don't know/ Not sure

999 Refused

M19.02

SUNPRTCT

When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that....

Interviewer note: Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt.

Read:

- 1 Always
- 2 Most of the time

3 Sometimes

4 Rarely

5 Never

Do not read:

6 Don't stay outside for more than one hour on warm sunny days

8 Don't go outside at all on warm sunny days

7 Don't know/ Not sure

9 Refused

M19.03

WKDAYOUT

On weekdays, in the summer, how long are you outside per day between 10am and 4pm?

Interviewer note: Friday is a weekday. If respondent says never, code 01.

01 Less than half an hour

02 (More than half an hour) up to 1 hour

03 (More than 1 hour) up to 2 hours

04 (More than 2 hours) up to 3 hours

05 (More than 3 hours) up to 4 hours

06 (More than 4 hours) up to 5 hours

07 (More than 5) up to 6 hours

77 Don't know/ Not sure

99 Refused

M19.04

WKENDOUT

On weekends in the summer, how long are you outside each day between 10am and 4pm?

Interviewer note: Friday is a weekday. If respondent says never, code 01.

01 Less than half an hour

02 (More than half an hour) up to 1 hour

03 (More than 1 hour) up to 2 hours

04 (More than 2 hours) up to 3 hours

05 (More than 3 hours) up to 4 hours

06 (More than 4 hours) up to 5 hours

07 (More than 5) up to 6 hours

77 Don't know/ Not sure

99 Refused

E-Cigarettes (Module 6*)

M06.01

ECIGARET

Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

1 Yes

2 No (Go to next module)

7 Don't know/Not sure (Go to next module)

9 Refused (Go to next module)

M06.02

ECIGNOW

Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

1 Every day

2 Some days

3 Not at all

7 Don't know / Not sure

9 Refused

Marijuana Use (Module 7*)

M07.01

MARIJAN1

During the past 30 days, on how many days did you use marijuana or cannabis?

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01-30 Number of days

88 None (Go to end)

77 Don't know/not sure (Go to end)

99 Refused (Go to end)

M07.02

USEMRJN2

During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

Interviewer note: Select one. If respondent provides more than one, say: which way did you use it most often.

Read:

1 Smoke it (for example, in a joint, bong, pipe, or blunt).

2 Eat it (for example, in brownies, cakes, cookies, or candy)

3 Drink it (for example, in tea, cola, or alcohol)

4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)

5 Dab it (for example, using waxes or concentrates), or

6 Use it some other way.

Do not read:

7 Don't know/not sure

9 Refused

When you used marijuana or cannabis during the past 30 days, was it usually:

Read:

- 1 For medical reasons (like to treat or decrease symptoms of a health condition);
- 2 For non-medical reasons (like to have fun or fit in), or
- 3 For both medical and non-medical reasons.

Do not read:

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