

Florida 2002 BRFSS County Questionnaire

May 19, 2003

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HELLO. I am calling for the Florida Department of Health. My name is (name) . This is a telephone survey for health practices and health conditions. Your phone number has been chosen randomly. Your information is very important to help the Department of Health to better plan and provide health services. I won't ask for your name, address or other personal information and all your answers will be kept confidential. Your participation in this survey is entirely voluntary. You don't have to answer any question you don't want to, and the interview can be ended at any time. The interview takes about 15 minutes. If you have any questions about this survey, I will provide you a toll free number for your verification of this survey.

Would you like to have the Department of Health toll free number of this survey?

If "yes" It is 1-888-880-5782. When you call in this number, please choose "Behavioral Risk Factor Survey" from the menu.

If "no" Ok. (go to next)

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? If "no" Thank you very much, but we are only interviewing 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 women below (Ask gender if necessary). Go to page 2

If "no" Is the adult a man or a woman? Enter 1 man or 1 women below. May I speak with [fill in (him/her) from previous question]? Go to "correct respondent" at bottom of 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 _____.

If "you," go to page 2

To correct respondent HELLO. I am calling for the Florida Department of Health. My name is (name) . This is a telephone survey for health practices and health conditions. Your phone number has been chosen randomly. Your information is very important to help the Department of Health to better plan and provide health services. I won't ask for your name, address or other personal information and all your answers will be kept confidential. Your participation in this survey is entirely voluntary. You don't have to answer any question you don't want to, and the

interview can be ended at any time. The interview takes about 15 minutes. If you have any questions about this survey, I will provide you a toll free number for your verification of this survey.

Would you like to have the Department of Health toll free number for this survey?

If “yes”

It is 1888-880-5782. When you call in this number, please choose “Behavioral Risk Factor Survey” from the menu.

If “no”

Ok. (go to next)

Section 1: Health Status**1.1. Would you say that in general your health is:**

(72)

	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: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)

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

2.2. Do you have one person you think of as your personal doctor or health care provider? (74)

- | | | |
|--------------------------|---|---------------------|
| If "no," ask | 1 | Yes, only one |
| "Is there <u>more</u> | 2 | More than one |
| <u>than one</u> or is | 3 | No |
| there <u>no</u> person 7 | | Don't know/Not sure |
| who you think of?" | 9 | Refused |

2.3 When you are sick or need advice about your health, to which one of the following places do you usually go? (75)

- Would you say: [Please read]
- 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

Do not read.

- 7 Don't know
- 9 Refused

2.4. Was there a time in the past 12 months when you needed medical care, but could not get it? (76)

- 1 Yes Go to 2.5
- 2 No Go to next section
- 7 Don't know Go to next section
- 9 Refused Go to next section

2.5. What is the main reason you did not get medical care?

(77-78)

Note: if more than one instance ask about the most recent.

Would you say: Please read

- 01 Cost [Include no insurance]
- 02 Distance
- 03 Office wasn't open when I could get there.
- 04 Too long a wait for an appointment
- 05 Too long a wait in waiting room
- 06 No child care
- 07 No transportation
- 08 No access for people with disabilities
- 09 The medical provider didn't speak my language.
- 10 Other

Do not read.

- 77 Don't know/ Not sure
- 99 Refused

Section 3: Exercise

3.1. 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? (79)

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

Section 4: 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.

4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

- 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

4.2. Not counting juice, how often do you eat fruit? (83-85)

- 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

4.3. How often do you eat green salad? (86-88)

- 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

4.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (89-91)

- 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

4.5. How often do you eat carrots? (92-94)

- 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

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

- Example: 1 ___ Per day (95-97)
- A serving of 2 ___ Per week
- vegetables at 3 ___ Per month
- both lunch 4 ___ Per year
- and dinner 5 5 5 Never
- would be two 7 7 7 Don't know/Not sure
- servings 9 9 9 Refused

Section 5: Hypertension Awareness

5.1. Have you ever been told by a doctor or other health professional that you have high blood pressure? (208)

- If "Yes" and female, ask "Was this only when you were pregnant"
- 1 Yes
- 2 Yes, but female told only during pregnancy Go to next module
- 3 No Go to next module
- 7 Don't know/Not sure Go to next module
- 9 Refused Go to next module

5.2. Are you currently taking medicine for your high blood pressure? (209)

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

Section 6: Cholesterol Awareness

6.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (210)

- 1 Yes
- 2 No Go to next module
- 7 Don't know/Not sure Go to next module
- 9 Refused Go to next module

6.2. About how long has it been since you last had your blood cholesterol checked? (211)

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

6.3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (212)

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

Section 7: Asthma

7.1. Have you ever been told by a doctor or other health professional that you had asthma? (98)

- 1 Yes**
- 2 No Go to Q8.1**
- 7 Don't know/Not sure Go to Q8.1**
- 9 Refused Go to Q8.1**

7.2. Do you still have asthma? (99)

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

Section 8: Diabetes**8.1. Have you ever been told by a doctor that you have diabetes?**

(100)

If "Yes" and	1 Yes
female, ask	2 Yes, but female told only during pregnancy
"Was this	3 No
only when	7 Don't know/Not sure
you were pregnant	9 Refused

Section 9: Oral Health

9.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (101)

		Read Only if Necessary
Include	1	Within the past year (anytime less than 12 months ago)
visits to	2	Within the past 2 years (1 year but less than 2 years ago)
dental spec-	3	Within the past 5 years (2 years but less than 5 years ago)
ialists, such	4	5 or more years ago
as ortho-	7	Don't know/Not sure
dentists	8	Never
	9	Refused

9.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (102)

Include teeth	1	1 to 5
lost due to	2	6 or more but not all
"infection"	3	All
	8	None
	7	Don't know/Not sure
	9	Refused

IF Q9.1 = 8/NEVER OR Q9.2 = 3/ALL, SKIP TO NEXT SECTION

9.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (103)

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

Section 10: Immunization

10.1. During the past 12 months, have you had a flu shot? (104)

- 1 Yes
- 2 No Go to Q10.3
- 7 Don't know/Not sure Go to Q10.3
- 9 Refused Go to Q10.3

10.2. At what kind of place did you get your last flu shot? (105-106)

Would you say: [READ ONLY IF NECESSARY]

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center
[Example: a community health center]
- 04 A senior, recreation, or community center

- 05 A store [Examples: supermarket, drug store]
- 06 A hospital or emergency room
- 07 Workplace
or
- 08 Some other kind of place
- 77 Don't know
- 99 Refused

10.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (107)

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

Section 11: Tobacco Use

11.1. Have you smoked at least 100 cigarettes in your entire life? (108)

- 5 packs = 100 cigarettes
- 1 Yes
- 2 No Go to Q12.1
- 7 Don't know/Not sure Go to Q12.1
- 9 Refused Go to Q12.1

11.2. Do you now smoke cigarettes every day, some days, or not at all? (109)

- 1 Every day
- 2 Some days
- 3 Not at all Go to Q12.1
- 9 Refused Go to Q12.1

11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)

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

Section 12: Alcohol Consumption

12.1. A drink of alcohol 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. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?

(111-113)

- 1 ___ Days per week
- 2 ___ Days in past 30
- 8 8 8 No drinks in past 30 days Go to Q13.1
- 7 7 7 Don't know/Not sure Go to Q13.1
- 9 9 9 Refused Go to Q13.1

12.2. On the days when you drank, about how many drinks did you drink on the average? (114-115)

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

12.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)

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

Section 13: Demographics

13.1. What is your age? (121-122)

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

13.2. Are you Hispanic or Latino? (123)

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

13.3. Which one or more of the following would you say is your race? (124)

		Please Read
Mark all	1	White
that apply	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian, Alaska Native
		or
	6	Other [specify]
	8	No additional choices
Do not read	7	Don't know/Not sure
	9	Refused

If more than one response to Q13.3, continue. Otherwise, go to Q13.5
--

13.4. Which one of these groups would you say best represents your race? (125)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other [specify]
- 7 Don't know/Not sure
- 9 Refused

13.5. Are you: (126)

Please Read

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

Do not read 9 Refused

13.6. What is the highest grade or year of school you completed? (129)

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)
- 9 Refused

13.7. Are you currently: (130)

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

13.8. Is your annual household income from all sources: (131-132)

Read as Appropriate

If respondent refuses at any income level, code 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	
	Do not read	77	Don't know/Not sure
		99	Refused

13.9. About how much do you weigh without shoes? (133-135)

Round _____ Weight
fractions up pounds
7 7 7 Don't know/Not sure
9 9 9 Refused

13.10. About how tall are you without shoes? (136-138)

Round ____/____ Height
fractions ft/inches
down 7 7 7 Don't know/Not sure
9 9 9 Refused

13.11. What county do you live in? (139-141)

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

13.12. 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. (142)

- 1 Yes
- 2 No Go to Q12.14
- 7 Don't know/Not sure Go to Q12.14
- 9 Refused Go to Q12.14

13.13. How many of these are residential numbers? (143)

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

13.14. Indicate sex of respondent. Ask only if necessary (144)

- 1 Male Go to Q15.1
- 2 Female

13.15. To your knowledge, are you now pregnant?

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

If respondent is male, go to next section.

Section 14: Women’s Health

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

(153)

- 1 Yes
- 2 No Go to Q14.3
- 7 Don't know/Not sure Go to Q14.3
- 9 Refused Go to Q14.3

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

(154)

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 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

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

(157)

- 1 Yes
- 2 No Go to Q14.5
- 7 Don't know/Not sure Go to Q14.5
- 9 Refused Go to Q14.5

14.4. How long has it been since you had your last Pap smear?

(158)

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

If response to Q13.15 is 1 (is pregnant) then go to next section.

(159)

14.5. Have you had a hysterectomy?

A hysterec-
tomy is an
operation
to remove the
uterus (womb)

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

Module 15: Physical Activity

If "employed" or "self-employed" to core Q12.8, continue. Otherwise go to Q2.

15.1. When you are at work, which of the following best describes what you do? (213)

Would you say: Please Read

- If respondent has multiple jobs, include all jobs
 - 1 Mostly sitting or standing
 - 2 Mostly walking
 - or
 - 3 Mostly heavy labor or physically demanding work
- Do not read
 - 7 Don't know/Not sure
 - 9 Refused

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

15.2. Now, thinking about the moderate physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to core Q12.8] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (214)

- 1 Yes
- 2 No Go to Q5
- 7 Don't know/Not sure Go to Q5
- 9 Refused Go to Q5

15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (215-216)

- __ __ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time Go to Q5
- 7 7 Don't know/Not sure
- 9 9 Refused

15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (217-219)

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

15.5. Now thinking about the vigorous physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to core Q12.8] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (220)

- 1 Yes
- 2 No **Go to next module**
- 7 Don't know/Not sure **Go to next module**
- 9 Refused **Go to next module**

15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (221-222)

- __ Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **Go to next module**
- 7 7 Don't know/Not sure **Go to next module**
- 9 9 Refused **Go to next module**

15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (223-225)

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

Section 16: Weight Control

16.1. In the past 12 months, has a doctor or other health professional given you advice about your weight?
(313)

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

Section 17: Cardiovascular Disease**17.1. To lower your risk of developing heart disease or stroke, are you....**

a. Eating fewer high fat or high cholesterol foods? (287)

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

b. Eating more fruits and vegetables? (288)

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

c. More physically active? (289)

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

17.2. Within the past 12 months, has a doctor, nurse, or other health professional told you to...

a. Eat fewer high fat or high cholesterol foods? (290)

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

b. Eat more fruits and vegetables? (291)

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

c. Be more physically active?

(292)

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

Section 18: Colorectal Cancer Screening

If respondent 49 years old or younger, go to Q17.1

18.1. 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? (165)

- 1 Yes
- 2 No Go to Q16.3
- 7 Don't know/Not sure Go to Q16.3
- 9 Refused Go to Q16.3

18.2. How long has it been since you had your last blood stool test using a home kit? (166)

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

18.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (167)

- 1 Yes
- 2 No Go to 17.1
- 7 Don't know/Not sure Go to 17.1
- 9 Refused Go to 17.1

18.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (168)

- 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 Within the past 10 years (5 years but less than 10 years ago)
 - 5 10 or more years ago
 - 7 Don't know/Not sure
 - 9 Refused

Section 19: HIV/AIDS

If respondent is 65 years old or older, go to next section

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.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

19.1. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (172)

- Include saliva tests 1 Yes
- 2 No Go to Q17.8
- 7 Don't know/Not sure Go to Q17.8
- 9 Refused Go to Q17.8

19.2. Not including blood donations, in what month and year was your last HIV test? (173-178)
interviewer note: If response is before January 1985 code "don't know".

- Include __ __ / __ __ __ __ Code month and year
- saliva tests 7 7 7 7 7 7 Don't know/Not sure
- 9 9 9 9 9 9 Refused

19.3. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (179-180)

Please Read

__ __ Reason code

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as part of a routine medical check-up
- 08 Or you were tested for some other reason

- Do not read 77 Don't Know/Not Sure
- 99 Refused

19.4. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (181-182)

- ___ Facility code
- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 In a jail or prison (or other correctional facility)
- 06 Home
- 07 Somewhere else

- Do not read 77 Don't Know/Not Sure
- 99 Refused

19.5. In the past 12 months has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use? (184)

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