

Community Health Behavior Survey 2001 Questions

1. Would you say that in general your overall health is: Excellent, Very Good, Good, Fair, Poor?*
2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?*
3. Do you have one person you think of as your personal doctor or health care provider?*
4. Did a doctor ever tell you that you had asthma?*
5. Do you still have asthma?*
6. Have you ever been told by a doctor that you have diabetes?*
7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?*
8. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?*
9. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?*
10. To lower your risk of developing heart disease or stroke, has a doctor advised you to
 - a. Eat fewer high fat or high cholesterol foods?***
 - b. Exercise more?***
11. Indicate sex of respondent.*
12. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?*
13. How long has it been since you had your last mammogram?*
14. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?*
15. How long has it been since you had your last Pap smear?*
16. \To your knowledge, are you now pregnant?*
17. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for prostate cancer and other health problems. Have you ever had this exam?*

18. Have you ever had a blood test for prostate specific antigen, also known as a PSA test? **
19. About how tall are you without shoes? *
20. About how much do you weigh without shoes? *
21. During the past 12 months, have you had a flu shot? *
22. Have you ever had a pneumonia vaccination? **
23. Have you ever smoked at least 100 cigarettes in your entire life? ***
- a. Do you now smoke cigarettes everyday, some days, or not at all? *
 - b. On the average, about how many cigarettes a day do you now smoke? ****
 - c. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? ****
 - d. Has a doctor or other health professional ever advised you to quit smoking? **
 - e. During the past 12 months, have you quit smoking for 1 day or longer? **
 - f. Do you plan to quit smoking? *****
 - g. Do you intend to in the next 6 months? *****
 - h. Do you intend to in the next 30 days? *****
24. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? **
25. During the past 30 days, have you been exposed to second hand smoke? *****
- a. Have you been exposed to second hand smoke at work? *****
 - b. Have you been exposed to second hand smoke at home? *****
 - c. Have you been exposed to second hand smoke at a restaurant? *****
 - d. Have you been exposed to second hand smoke in any other places? *****
26. What is your age in years? **
27. Are you of Spanish or Hispanic origin? **
28. Would you describe yourself as ... (White; Black, African American; Asian, Pacific Islander; American Indian, Alaska Native; Some other race _____) **

29. What is your marital status?***
30. How many children live in your household who are less than 18 years old?***
31. What is the highest grade or year of school you completed?***
32. Are you currently ... (Employed for wages; Self-employed; Out or work for more than 1 year; Out of work for less than 1 year; Homemaker; Student; Retired; Unable to work)?**
33. Is your annual household income from all sources...*
- a. Less than \$25,000
 - b. Less than \$20,000
 - c. Less than \$15,000
 - d. Less than \$10,000
 - e. Less than \$35,000
 - f. Less than \$50,000
 - g. Less than \$75,000
34. The health department is interested in addressing health concerns through efforts targeting entire neighborhoods. So that we can determine in what neighborhood you live, would you please tell me either the name of your city council representative, the number of the council district you are in, or the closest street intersection to you?*****
35. What is your zip code?*****
36. During the past month, how many times did you participate in any physical activities or exercises such as running, calisthenics, or walking for exercise?***
- a. Have you been participating in any physical activities or exercises for more than 6 months or less than 6 months?*****
 - b. Do you intend to start participating in physical activities or exercises in the next 6 months?*****
 - c. Do you intend to start participating in physical activities or exercises in the next 30 days?*****
37. Do you almost always eat five or more servings of fruits and vegetables each day? For example 1 serving is equal to 1 cup fresh vegetables, 1 cup cooked vegetables, 1 medium size fruit or $\frac{3}{4}$ cup juice.**

- a. Have you been eating five or more servings of fruits and vegetables for more than 6 months or less than 6 months?*****
 - b. Do you plan to begin eating five or more servings of fruits and vegetables in the next 6 months?*****
 - c. Do you intend to begin eating five or more servings of fruits and vegetables in the next thirty days?*****
38. Do you try to avoid eating high fat foods (for example, butter, margarine, oil, salad dressing, fatty meat, fried food, and ice cream)?*****
- a. Have you been avoiding eating high fat foods for more than 6 months or less than 6 months?*****
 - b. Do you intend to avoid eating high fat foods in the next 6 months?*****
 - c. Do you intend to avoid eating high fat foods in the next thirty days?*****
39. Are you now trying to lose weight?*
40. Are you eating either fewer calories or less fat to lose weight?***
41. Are you using physical activity or exercise to lose weight?***
42. Do you currently take any multivitamins?***
43. 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. During the past month, how many alcoholic drinks did you have in an average week?***
44. During the past month did you have 5 or more drinks on an occasion?***
45. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older?***
- a. Have you assisted with personal care needs such as eating or bathing?***
 - b. Have you assisted with activities such as transportation, shopping or housekeeping?***
46. In the last 12 months, how many sexual partners have you had?***
47. Do you now always use condoms for protection?*

48. During the last 4 weeks, to what extent have you accomplished less than you would like in your work or other daily activities as a result of emotional problems such as feeling depressed or anxious?*****
49. Do you have friends or family with whom you can share problems or get help when needed?*****
50. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life. During the past 12 months, did you ever seriously consider attempting suicide?*****
51. During the past 12 months, have you been emotionally or physically abused by your partner or someone important in your life?*****
52. How safe from crime do you consider your neighborhood to be?*****
53. Spirituality may be defined in a variety of ways including connection to a higher power or a sense of being religious. How would you rate your spirituality?*****
54. Do you have enough money to buy essentials including food, clothing, or housing?*****
55. Do you use the internet to access health information?*****

* From CDC BRFSS questionnaire

**Adapted from CDC Behavioral Risk Factor Surveillance System questionnaire

*** From CDC National Health Information Survey

****Added by Metro Nashville Public Health Department