

Appendix F: Secondary Analysis BRFSS Categories

SELF-REPORTED HEALTH STATUS:

1.1 Would you say that in general your health is...?

FACTORS:

DEMOGRAPHICS:

13.1 What is your age?

13.2 Are you Hispanic or Latino?

CC3. What is your primary language?

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

13.4 Which one of these groups would you say best represents your race? (13.3 and 13.4 were re-coded and included in text).

13.5 Are you married,...?

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

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

13.8 Are you currently employed...?

13.9 Is your annual household income from all sources – (Poor <\$35,000; Adequate>\$35,000)

13.16 Gender of respondent:

HEALTH RELATED QUALITY OF LIFE – HEALTHY DAYS

2.1 How many days during the past 30 days was your physical health not good?

2.2 How many days during the past 30 days was your mental health not good?

2.3 How many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

CC.1. Do you physically care for another person (i.e. fulfill role as caregiver for someone who is physically or mentally disabled)?

CC12. Do you ever go without food to pay other bills?

Exercise

4.1 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?

BMI Calculations (calculation based on response to weight 13.10 and height 13.11) [poor = overweight or obese]

Module 5: Healthy Days (Symptoms)

M5.1 During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

M5.2 During the past 30 days, for about how many days have you felt sad, blue, or depressed?

M5.3 During the past 30 days, for about how many days have you felt worried, tense, or anxious?

Section 19: Disability

19.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

19.2 Do you have any health problem that requires you to use special equipment, such as a cane, a wheelchair, special bed, or special telephone (includes occasional use or use in certain circumstances).

Module 7: Home Environment

M7.2 Which of the following best describes the water that you drink at home most often?

CC If drinking water is from private well, have you had it sampled by a state certified laboratory in the last 2 years?

Module 6: Indoor Air Quality

M6.1 Is your home heated with a furnace or boiler that burns oil, gas, coal, or other fuel?

M6.2 Does your home have any of the following appliances powered by natural gas: a stove, an oven, a water heater, or a clothes dryer?

M6.3 During the past 12 months, on how many days have you used a wood or coal stove, fireplace, or kerosene heater inside your home?

M6.4 Do you have a CO detector in your home?

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M6.5 Do you currently have mold in your home on an area greater than the size of a dollar bill?

M6.6 Does your home have asbestos wrapped on water pipes or heating pipes?

Section 10: Diabetes

Have you ever been told by a doctor that you have diabetes?

Module 10: Childhood Asthma

M10.1 Earlier you said there were children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

CC4Q During the past 12 months, how many times did you visit an emergency room or urgent care center because of your child's asthma?

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?

CC1. What are your sources of health insurance?

Medicaid

Medicare

HMO/PPO

Long-term insurance

Other (specify)

CC2. Have you ever gone without a needed prescription because of the cost?

3.2 Do you have one person you think of as your personal doctor or health care provider?

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

CC.5. What is your primary source of transportation?

CC.6. If you do not have your own means of transportation, do you think public transportation is accessible?

SUBSTANCE USE:

Tobacco Use

Module 16 – Which statement best describes the rules about smoking inside your home?

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

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

7.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Module 15.2 In the past 12 months, how many visits were you advised to quit smoking by a doctor, or other health provider?

Module 14 – other tobacco products (not analyzed).

Alcohol consumption:

8.1 How many days per week/month did you have at least one drink of any alcoholic beverage?

8.2 On the days when you drank, about how many drinks, did you drink on average?

8.3 How many times did you have 5 or more drinks on an occasion?

8.4 How many times have you driven when you've had perhaps too much to drink?

Module 19 – Binge Drinking – results not included, preliminary results indicated not significantly different, limited number of responses.

ORAL HEALTH

11.1 How long has it been since you last visited a dentist or dental clinic for any reason?

11.2 How many of your permanent teeth have been removed because of tooth decay or gum disease?

11.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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PREVENTIVE HEALTH:

Immunization

12.1 During the past 12 months, have you had a flu shot?

M8.1 At what kind of place did you get your last flu shot? (did not include in analysis)

12.3 Have you ever had a pneumonia shot (pneumococcal vaccine)?

Women's Health (Total of 699 female respondents [218 Camden City; 481 remainder of County])

15.1 Have you ever had a mammogram?

15.2 How long has it been since you had your last mammogram (positive respondents from Q15.1)?

15.3 Have you ever had a clinical breast exam?

15.4 How long has it been since your last breast exam?

15.5 Have you ever had a Pap test?

15.6 How long has it been since you had your last Pap test?

Prostate Cancer Screening (If respondent is 39 yrs old or younger or female skip this section.)

[321 potential respondents – 77 city; 244 County]

16.1 Have you ever had a PSA test?

16.2 How long has it been since you had your last PSA test? (positive respondents to Q16.1)

16.3 Have you ever had a digital rectal exam?

16.4 How long has it been since your last digital rectal exam? (If answered positively to Q16.3)

16.5 Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer?

Colorectal Cancer Screening (Respondents age \geq 50 yrs: 633 respondents – 162 City; 471 County)

17.1 Have you ever had a blood stool test using a home kit?

17.2 How long has it been since you had your last blood stool test using a home kit? (If answered positively to 17.1)

17.3 Have you ever had either a sigmoidoscopy or colonoscopy exam?

17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (If answered positively to 17.3)

FAMILY PLANNING (Skip if female \geq 45 yrs., had hysterectomy, pregnant or male \geq 60 yrs)

18.1 Are you or your partner doing anything to keep from getting pregnant?

18.2 What are you or your partner doing now to keep from getting pregnant? (if answered yes to 18.1)

18.3 What is your main reason for not doing anything to keep from getting pregnant?

18.4 How do you feel about having a child now or sometime in the future?

13.17 To your knowledge, are you now pregnant?

HIV/AIDS (skip section if respondent is \geq 65 yrs.)

20.1 A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

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

20.4 In the past 12 months, how many times have you been tested for HIV, including times you did not get your results?

20.6 What was the MAIN reason for your last HIV test?

20.7 Where did you have your last HIV test? (if answered yes to 20.3)

20.8 What type of clinic did you go to for your last HIV test?

20.9 Was this test done by a nurse or other health worker, or with a home testing kit?

20.10 Do any of these situations apply to you? (list of risk factors for HIV)

20.11 In the past 12 months has a health care professional talked to you about preventing sexually transmitted diseases through condom use?

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FIREARMS AND SAFETY

21.1 Are any firearms kept in or around your home?

21.2 Are any of these firearms now loaded?

CC.3. In the past five years, have you been a victim of a violent crime?

CC.4. In the past five years, have you been a victim of property crime?

CARDIOVASCULAR HEALTH:

Cholesterol Awareness

M4.1 have you ever had your blood cholesterol checked?

M4.2 Have you ever been told by a health professional that your blood cholesterol is high?

Hypertension Awareness

M3.1 Have you ever been told by a health professional that you have high blood pressure?

M3.2 Are you currently taking medicine for your high blood pressure?

Cardiovascular Disease

To lower your risk of developing heart disease or stroke, are you...

M12.1a. Eating fewer high fat or high cholesterol foods?

M12.1b. Eating more fruit and vegetables?

M12.1c. More physically active?

Within the past 12 months, has a health professional told you to...?

M12.2a. Eat fewer high-fat or high-cholesterol foods?

M12.2b. Eat more fruits and vegetables?

M12.2c. Be more physically active?

Has a health professional ever told you that you had any of the following?

M12.3a. A heart attack, also called a myocardial infarction.

M12.3b. Angina or coronary heart disease

M12.3c. A stroke

M12.4 At what age did you have your first heart attack?

M12.5. At what age did you have your first stroke?

M12.6. After leaving hospital following heart attack/stroke, did you go to any kind of outpatient rehabilitation?

Sections/Questions not included in secondary analysis:

Section 6: Excess Sun Exposure

Module 14: Other tobacco products

Module 19: Binge Drinking

Childcare and daycare for children

Emergency preparedness

ADL's directed to respondents 60 years of age and older