

# Illinois Health Survey

IHS Adult Supplement  
(BRFSS Supplement)

Age 18+

Version 8

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Child Health Data Lab  
Children's Memorial Hospital  
Chicago, IL



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## Section A-Health Conditions

AA1 Has a doctor ever told you that you had a cancer of any kind?  
1 Yes  
2 No [GO TO AB1]  
7 Don't know [GO TO AB1]  
9 Refused [GO TO AB1]

AA1A What kind of cancer was it? [Code all that apply, accept only first 6 responses.]  
**[PROBE: "Any others?"]**

01 Bladder  
02 Blood  
03 Bone  
04 Brain  
05 Breast  
06 Cervix  
07 Colon  
08 Esophagus  
09 Gall-bladder  
10 Kidney  
11 Larynx-Windpipe  
12 Leukemia  
13 Liver  
14 Lung  
15 Lymphoma  
16 Mouth, tongue, lip  
17 Ovary  
18 Pancreas  
19 Prostate  
20 Rectum  
21 Skin  
22 Soft tissue  
23 Stomach  
24 Testis  
25 Throat-Pharynx  
26 Thyroid  
27 Uterus  
28 Other, specify \_\_\_\_\_  
77 Don't know  
99 Refused

AA1B How old were you when cancer was first diagnosed? [If more than one cancer, ask for age when earliest cancer was diagnosed.]  
\_\_\_\_\_ Years  
77 Don't know  
88 Skipped  
99 Refused

## Section B-Mental Health

- AB1 About how often during the past 30 days did you feel nervous...would you say all of the time, most of the time, some of the time, a little of the time or none of the time?
- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 None of the time
  - 7 Don't know
  - 9 Refused
- AB2 During the past 30 days, about how often did you feel hopeless...would you say all of the time, most of the time, some of the time, a little of the time or none of the time?
- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 None of the time
  - 7 Don't know
  - 9 Refused
- AB3 During the past 30 days, about how often did you feel restless or fidgety... would you say all of the time, most of the time, some of the time, a little of the time or none of the time?
- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 None of the time
  - 7 Don't know
  - 9 Refused
- AB4 During the past 30 days, about how often did you feel so depressed that nothing could cheer you up... would you say all of the time, most of the time, some of the time, a little of the time or none of the time?
- 1 All of the time
  - 2 Most of the time
  - 3 Some of the time
  - 4 None of the time
  - 7 Don't know
  - 9 Refused
- AB5 During the past 12 months, did you think that problems such as feeling sad, anxious or nervous interfered with your life?
- 1 Never
  - 2 Sometimes
  - 3 Often
  - 4 Very often
  - 7 Don't know
  - 9 Refused
- AB6 In the past 12 months, have you seen a psychiatrist, psychologist, social worker or counselor for emotional or mental health problems?
- 1 Yes
  - 2 No [GO TO AB8]
  - 7 Don't know [GO TO AB8]
  - 9 Refused [GO TO AB8]

Section B-Mental Health, continued

AB7 In the past 12 months, have you visited the emergency room or stayed overnight at a hospital for emotional or mental health problems?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Skipped
- 9 Refused

AB8 In the past 12 months, have you visited the emergency room or stayed overnight at a hospital or drug treatment facility for drug or alcohol problems?

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

AB9 Have you ever been convicted of a felony?

- 1 Yes
- 2 No [GO TO AC1]
- 7 Don't know
- 9 Refused

AB9A Have you ever been incarcerated for a felony?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Skipped
- 9 Refused

## Section C-Health insurance and Utilization and Access to Care

- AC1 About how long has it been since you last saw a medical doctor (for any reason)?
- 1 One year or less
  - 2 > 1 year, but < 2 years
  - 3 > 2 years, but < 3 years
  - 4 More than 3 years
  - 5 Never
  - 7 Don't know
  - 9 Refused
- AC2 During the past 12 months, did you get medical care for yourself at a hospital emergency room instead of visiting a doctor's office or clinic?
- 1 Yes
  - 2 No [GO TO AC3]
  - 7 Don't know
  - 9 Refused
- AC2A Why did you go to the emergency room instead of visiting a doctor's office or clinic?
- 01 Problem too urgent or severe
  - 02 Doctor told me to go
  - 03 Could not get appointment with doctor
  - 04 Immediate treatment
  - 05 Do not have a doctor
  - 06 Wanted a doctor who spoke my language
  - 07 Other, specify \_\_\_\_\_
  - 77 Don't know
  - 88 Skipped
  - 99 Refused
- AC3 **[IF NO/DON'T KNOW/REFUSED TO Q3.1 IN BRFSS, GO TO AC5]** You said earlier that you have health insurance, what type of health insurance do you have?  
[Code all that apply.]  
**[PROBE: "Any others?"]**  
**[NOTE: If R gives names of private plan, the PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]**
- 01 Through current or former employer/union
  - 02 Through school, professional association, trade group, or other organization
  - 04 Purchased directly from health plan (by R or anyone else)
  - 05 Medicaid
  - 06 Medicare
  - 07 Family Care
  - 08 CHAMPUS/CHAMP-VA, Tricare, VA or some other military health care
  - 09 Indian Health Service, Tribal Health Program or Urban Indian Clinic
  - 10 All Kids
  - 11 Other government health plan, specify \_\_\_\_\_
  - 12 Other, non-government health plan, specify \_\_\_\_\_
  - 77 Don't know
  - 88 Skipped
  - 99 Refused

Section C-Health insurance and Utilization and Access to Care, continued

AC4 During the past 12 months, was there any time when you had no insurance at all?

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

AC5 **[IF NO/DON'T KNOW/REFUSED TO Q3.3 IN BRFSS, GO TO AC6]** Earlier you told us that you delayed getting health care because of the cost. What was it? {Select all that apply}

- 1 Getting Medicine
- 2 Seeing a doctor
- 3 Seeing a specialist or other health care professional recommended by doctor
- 4 Mental health services
- 5 Dental services
- 6 Other, specify \_\_\_\_\_
- 7 Don't know
- 8 Skipped
- 9 Refused

AC5A Did you have health insurance at the time that you needed these services?

- 1 Yes
- 2 No [GO TO AC6]
- 7 Don't know [GO TO AC6]
- 8 Skipped [GO TO AC6]
- 9 Refused [GO TO AC6]

ACMed **[If insurance does not equal Medicaid, GO TO AC6]** Were you able to find a provider that accepts Medicaid?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Skipped
- 9 Refused

AC6 During the last 12 months, did you delay or not get medicine, medical or dental care because it was too difficult to travel to the doctor, pharmacy or health care provider?

- 1 Yes
- 2 No [GO TO AD1]
- 7 Don't know [GO TO AD1]
- 9 Refused [GO TO AD1]

AC6A What was delayed? {Select all that apply}

- 1 Getting Medicine
- 2 Seeing a doctor
- 3 Seeing a specialist or other health care professional recommended by doctor
- 4 Mental health services
- 5 Dental services
- 6 Other, specify \_\_\_\_\_
- 7 Don't know
- 8 Skipped
- 9 Refused

## Section D-Employment, Household income and program participation

- AD1 Earlier you told me that you had a total household income of \$XXXXX [INSERT VALUE FROM BRFSS Q11.9]. Including yourself, how many people in your household are supported by your total household income?  
\_\_\_\_\_ Number people  
77 Don't know  
99 Refused
- AD2 Are you now receiving TANF? **[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families."]**  
1 Yes  
2 No  
7 Don't know  
9 Refused
- AD3 Are you receiving food stamp benefits? **[IF NEEDED, SAY: "You may receive benefits as stamps or though an EBT card." "EBT stands fro Electronic Benefit Transfer card."]**  
1 Yes  
2 No  
7 Don't know  
9 Refused
- AD4 [IF NO TO BRFSS Q11.8, GO TO AD5] Are you on WIC? **[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and Children."]**  
1 Yes  
2 No  
7 Don't know  
9 Refused
- AD5 [IF AGE  $\geq$  62] Are you now receiving Social Security for retirees?  
1 Yes  
2 No  
7 Don't know  
9 Refused
- AD6 Are you receiving SSI? **[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security."]**  
1 Yes  
2 No  
7 Don't know  
9 Refused

## Section E-Health Behaviors

- AE1            Would you say you are underweight, slightly underweight, about the right weight, slightly overweight or overweight?
- 1            Underweight
  - 2            Slightly underweight
  - 3            About the right weight
  - 4            Slightly overweight
  - 5            Overweight
  - 7            Don't know
  - 9            Refused
- AE2            Are you trying to lose weight, stay the same weight, gain weight or not do anything about your weight?
- 1            Lose weight
  - 2            Stay the same weight
  - 3            Gain weight
  - 4            Not do anything
  - 7            Don't know
  - 9            Refused
- AE3            The next questions are about physical activities or exercises you may do in your free time for at least 10 minutes. First, think about activities that take moderate physical effort, such as walking bicycling, swimming, dancing, and gardening. During the last 7 days, did you do any moderate physical activities in your free time for at least 10 minutes? [IF NEEDED, SAY: **"Moderate physical activities make you breathe somewhat harder than normal."**] [IF NEEDED, SAY: **"Think about only those physical activities that you did for at least 10 minutes at a time."**]
- 1            Yes
  - 2            No
  - 7            Don't know
  - 9            Refused
- AE4            Now think about vigorous activities you did in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming. During the last 7 days, did you do any vigorous activities in your free time? [IF NEEDED, SAY: **"Vigorous activities make you breathe much harder than normal."**] [IF NEEDED, SAY: **"Think about only those vigorous physical activities that you did for at least 10 minutes at a time."**]
- 1            Yes
  - 2            No
  - 7            Don't know
  - 9            Refused
- AE5            Now think about all the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. During the past month, how many times per day, week or month did you eat fruit? [IF NEEDED, SAY: **"Your best guess is fine."**] **"Include fruit mixed with other food, such as cereal or yogurt."**] [If R gives a number without a time frame, ASK: **"Was that per day, week or month?"**]
- \_\_\_\_\_ Times a day
  - \_\_\_\_\_ Times a week
  - \_\_\_\_\_ Times a month
  - 77          Don't know
  - 88          Skipped
  - 99          Refused

Section E-Health Behaviors, continued

- AE6 During the past month, how many times per day, week or month did you eat any vegetable?  
**[IF NEEDED, SAY: "Such as salad greens, tomatoes, carrots, onions, bell peppers, zucchini or broccoli."]** **[IF STRONGLY NEEDED, SAY: "Rice is not a vegetable."]**
- \_\_\_\_\_ Times a day
  - \_\_\_\_\_ Times a week
  - \_\_\_\_\_ Times a month
  - 77 Don't know
  - 88 Skipped
  - 99 Refused
- AE7 During the past month, how many times a day, week or month did you eat fast food?  
Include fast food meals eaten at work, at home, at fast food restaurants, carryout or drive-thru.
- \_\_\_\_\_ Times a day
  - \_\_\_\_\_ Times a week
  - \_\_\_\_\_ Times a month
  - 77 Don't know
  - 88 Skipped
  - 99 Refused
- AE8 During the past month, how many times a day, week or month did you eat cake, pie, brownies, ice cream or other frozen desserts. Include low-fat kinds. **[IF NEEDED, SAY: "Include ANY sweet pastries." "Do not include sugar-free kinds."]**
- \_\_\_\_\_ Times a day
  - \_\_\_\_\_ Times a week
  - \_\_\_\_\_ Times a month
  - 77 Don't know
  - 88 Skipped
  - 99 Refused
- AE9 During the past month how many days, if any, did you use marijuana?
- 01 None
  - 02 1 or 2 days
  - 03 3 to 5 days
  - 04 6 to 9 days
  - 05 10 to 19 days
  - 06 20 to 29 days
  - 07 30 days
  - 77 Don't know
  - 88 Skipped
  - 99 Refused
- AE10 During the past month how many days, if any, did you use cocaine?
- 01 None
  - 02 1 or 2 days
  - 03 3 to 5 days
  - 04 6 to 9 days
  - 05 10 to 19 days
  - 06 20 to 29 days
  - 07 30 days
  - 77 Don't know
  - 88 Skipped
  - 99 Refused

Section E-Health Behaviors, continued

AE11 During the past month how many days, if any, did you use methamphetamine?

- 01 None
- 02 1 or 2 days
- 03 3 to 5 days
- 04 6 to 9 days
- 05 10 to 19 days
- 06 20 to 29 days
- 07 30 days
- 77 Don't know
- 88 Skipped
- 99 Refused

AE12 During the past month how many days, if any, did you use any other drug not mentioned earlier? (eg inhalants, prescription drugs to get high)

- 01 None
- 02 1 or 2 days
- 03 3 to 5 days
- 04 6 to 9 days
- 05 10 to 19 days
- 06 20 to 29 days
- 07 30 days
- 77 Don't know
- 88 Skipped
- 99 Refused

## Section F-Injury Prevention

AF1 About how often do you wear a helmet when riding a bicycle? Would you say...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Never
- 5 I never ride a bicycle
- 7 Don't know
- 8 Skipped
- 9 Refused

AF2 Do you or anyone you live with currently have any guns in your home or motor vehicles?

- 1 Yes
- 2 No [END OF SURVEY]
- 7 Don't know [END OF SURVEY]
- 9 Refused [END OF SURVEY]

AF2A Are any of these guns in your home or motor vehicles are handguns, such as pistols or revolvers?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Skipped
- 9 Refused

AF2B Are the guns currently stored in a locked place, like a cabinet or safe?

- 1 Yes
- 2 No
- 7 Don't know
- 8 Skipped
- 9 Refused