

**2000 North Carolina
Behavioral Risk Factor
Surveillance System Questionnaire
N= _____ Respondents**

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HELLO, I'm _____ calling for the _____ and the Centers for Disease Control and Prevention. We're gathering information on the health practices of _____ residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this _____ ? **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**

We 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? (62-63)

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 3

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 _____ (64)

Number of women _____ (65)

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.
If "you," go to page 2

To correct respondent HELLO, I'm _____ calling for the _____ and the Centers for Disease Control and Prevention. We're gathering information on the health practices of _____ residents to guide state health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health.

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes _____ minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

1.1.	Would you say that in general your health is:	(66)
	Please Read	
	a. Excellent	1
	b. Very good	2
	c. Good	3
	d. Fair	4
	or	
	e. Poor	5
Do not read these responses	Don't know/Not Sure	7
	Refused	9
1.2.	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	(67-68)
	a. Number of days	— —
	b. None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

- 1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
(69-70)
- | | |
|---|-----|
| a. Number of days | — — |
| b. None If Q1.2 also "None," go to Q2.1 (p. 4) | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
- 1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
(71-72)
- | | |
|---------------------|-----|
| a. Number of days | — — |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

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)
- a. Yes 1
 - b. No **Go to Q2.3a (p. 6)** 2
 - Don't know/Not sure **Go to Q2.6 (p. 7)** 7
 - Refused **Go to Q2.6 (p. 7)** 9
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (74)
- a. Yes **Go to Q2.6 (p.7)** 1
 - b. No 2
 - Don't know/not sure 7
 - Refused 9

2.3. What type of health care coverage do you use to pay for most of your medical care?
(75-76)

Is it coverage through: Coverage Code — —

Please Read

a. Your employer Go to Q2.4 (p.7)	0 1
b. Someone else's employer Go to Q2.4 (p.7)	0 2
c. A plan that you or someone else buys on your own Go to Q2.4 (p.7)	0 3
d. Medicare Go to Q2.6 (p.7)	0 4
e. Medicaid or Medical Assistance [or substitute state program name] Go to Q2.4 (p.7)	0 5
f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] Go to Q2.4 (p.7)	0 6
g. The Indian Health Service [or the Alaska Native Health Service] Go to Q2.4 (p.7) or	0 7
h. Some other source Go to Q2.4 (p.7)	0 8
Do not read these responses None Go to Q2.5 (p.7)	8 8
on't know/Not sure Go to Q2.4 (p.7)	7 7
Refused Go to Q2.4 (p.7)	9 9

- 2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (77-78)

Coverage through: Coverage Code — —

Please Read

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare Go to Q2.6 (p. 7)	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	0 7
	h. Some other source	0 8
Do not read these responses	None Go to Q2.5 (p.7)	8 8
	Don't know/Not sure Go to Q2.6 (p.7)	7 7
	Refused Go to Q2.6 (p.7)	9 9

- 2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (79)

a. Yes Go to Q2.6	1
b. No Go to Q2.6	2
Don't know/Not sure Go to Q2.6	7
Refused Go to Q2.6	9

- 2.5. About how long has it been since you had health care coverage? (80)

Read Only if Necessary

a. Within the past 6 months (1 to 6 months ago)	1
b. Within the past year (6 to 12 months ago)	2

- | | | |
|------|--|------|
| | c. Within the past 2 years (1 to 2 years ago) | 3 |
| | d. Within the past 5 years (2 to 5 years ago) | 4 |
| | e. 5 or more years ago | 5 |
| | Don't know/Not sure | 7 |
| | Never | 8 |
| | Refused | 9 |
| 2.6. | Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? | (81) |
| | a. Yes | 1 |
| | b. No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
| 2.7. | About how long has it been since you last visited a doctor for a routine checkup? | (82) |

Read Only if Necessary

- | | | |
|---|---|---|
| A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition | . Within the past year (1 to 12 months ago) | 1 |
| | b. Within the past 2 years (1 to 2 years ago) | 2 |
| | . Within the past 5 years (2 to 5 years ago) | 3 |
| | 5 or more years ago | 4 |
| | Don't know/Not sure | 7 |
| | Never | 8 |
| | Refused | 9 |

Section 3: Asthma

3.1	Did a doctor ever tell you that you had asthma?	(83)
	a. Yes	1
	b. No Go to Q4.1 (p. 10)	2
	Don't know/Not sure Go to Q4.1 (p. 10)	7
	Refused Go to Q4.1 (p. 10)	9
3.2	Do you still have asthma?	(84)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

Section 4: Diabetes

4.1. Have you ever been told by a doctor that you have diabetes? (85)

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

Section 5: Care Giving

- 5.1. 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? (86)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |
- 5.2. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves? (87-88)

Read Only if Necessary

- | | |
|------------------------------|-----|
| a. Relative or friend | 0 1 |
| b. Would provide care myself | 0 2 |
| c. Nursing home | 0 3 |
| d. Home health service | 0 4 |
| e. Personal physician | 0 5 |
| f. Area Agency on Aging | 0 6 |
| g. Hospice | 0 7 |
| h. Hospital nurse | 0 8 |
| i. Minister/priest/rabbi | 0 9 |
| j. Other | 1 0 |
| k. Don't know who to call | 1 1 |
| Refused | 9 9 |

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

- 6.1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (89)
 - a. Yes 1
 - b. No **Go to Q7.1 (p. 15)** 2
 - Don't know/Not sure **Go to Q7.1 (p. 15)** 7
 - Refused **Go to Q7.1 (p. 15)** 9

- 6.2. What type of physical activity or exercise did you spend the most time doing during the past month? (90-91)
 - Activity [specify]: _____
See coding list A — —
 - Refused **Go to Q6.6 (p. 13)** 9 9

Ask Q6.3 only if answer to Q6.2 is running, jogging, walking, or swimming. All others, go to Q6.4.

- 6.3. How far did you usually walk/run/jog/swim? (92-94)
 - See coding list B if response is not in miles and tenths** Miles and tenths — — . —
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

- 6.4. How many times per week or per month did you take part in this activity during the past month? (95-97)
 - a. Times per week 1 — —
 - b. Times per month 2 — —
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

6.5. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (98-100)

Hours and minutes	—:— —
Don't know/Not sure	7 7 7
Refused	9 9 9

6.6. Was there another physical activity or exercise that you participated in during the last month? (101)

a. Yes	1
b. No Go to Q7.1 (p. 15)	2
Don't know/Not sure Go to Q7.1 (p. 15)	7
Refused Go to Q7.1 (p. 15)	9

6.7. What other type of physical activity gave you the next most exercise during the past month? (102-103)

Activity [specify]: _____	— —
See coding list A	
Refused Go to Q7.1 (p. 15)	9 9

Ask Q6.8 only if answer to Q6.7 is running, jogging, walking, or swimming. All others go to Q6.9 (p.14).

6.8. How far did you usually walk/run/jog/swim? (104-106)

See coding list B if response is not in miles and tenths	Miles and tenths	— —. —
	Don't know/Not sure	7 7 7
	Refused	9 9 9

6.9. How many times per week or per month did you take part in this activity? (107-109)

- a. Times per week 1 _ _
- b. Times per month 2 _ _
- Don't know/Not sure 7 7 7
- Refused 9 9 9

6.10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (110-112)

- Hours and minutes _ : _ _
- Don't know/Not sure 7 7 7
- Refused 9 9 9

Section 7: Tobacco Use

7.1.	Have you smoked at least 100 cigarettes in your entire life?	(113)
5 packs = 100 cigarettes	a. Yes	1
	b. No Go to Q8.1 (p. 17)	2
	Don't know/Not sure Go to Q8.1 (p. 17)	7
	Refused Go to Q8.1 (p. 17)	9
7.2.	Do you now smoke cigarettes everyday, some days, or not at all?	(114)
	a. Everyday	1
	b. Some days Go to Q7.3a	2
	c. Not at all Go to Q7.5 (p. 16)	3
	Refused Go to Q8.1 (p. 17)	9
7.3.	On the average, about how many cigarettes a day do you now smoke?	(115-116)
1 pack = 20 cigarettes	Number of cigarettes [76 = 76 or more] Go to Q7.4 (p. 16)	— —
	Don't know/Not sure Go to Q7.4 (p. 16)	7 7
	Refused Go to Q7.4 (p. 16)	9 9
7.3a.	On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?	(117-118)
1 pack = 20 cigarettes	Number of cigarettes [76 = 76 or more] Go to Q8.1 (p. 17)	— —
	Don't know/Not sure Go to Q8.1 (p. 17)	7 7
	Refused Go to Q8.1 (p. 17)	9 9

7.4.	During the past 12 months, have you quit smoking for 1 day or longer?	(119)
	a. Yes Go to Q8.1 (p. 17)	1
	b. No Go to Q8.1 (p. 17)	2
	Don't know/Not sure Go to Q8.1 (p. 17)	7
	Refused Go to Q8.1 (p. 17)	9
7.5.	About how long has it been since you last smoked cigarettes regularly, that is, daily?	(120-121)
	Time code	— —
	Read Only if Necessary	
	a. Within the past month (0 to 1 month ago)	0 1
	b. Within the past 3 months (1 to 3 months ago)	0 2
	c. Within the past 6 months (3 to 6 months ago)	0 3
	d. Within the past year (6 to 12 months ago)	0 4
	e. Within the past 5 years (1 to 5 years ago)	0 5
	f. Within the past 15 years (5 to 15 years ago)	0 6
	g. 15 or more years ago	0 7
	Don't know/Not sure	7 7
	Never smoked regularly	8 8
	Refused	9 9

Section 8: 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.

- | | | |
|------|--|-----------|
| 8.1. | How often do you drink fruit juices such as orange, grapefruit, or tomato? | (122-124) |
| | a. Per day | 1 __ __ |
| | b. Per week | 2 __ __ |
| | c. Per month | 3 __ __ |
| | d. Per year | 4 __ __ |
| | e. Never | 5 5 5 |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |
| 8.2. | Not counting juice, how often do you eat fruit? | (125-127) |
| | a. Per day | 1 __ __ |
| | b. Per week | 2 __ __ |
| | c. Per month | 3 __ __ |
| | d. Per year | 4 __ __ |
| | e. Never | 5 5 5 |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |

8.3.	How often do you eat green salad?	(128-130)
	a. Per day	1 __ __
	b. Per week	2 __ __
	c. Per month	3 __ __
	d. Per year	4 __ __
	e. Never	5 5 5
	Don't know/Not sure	7 7 7
	Refused	9 9 9

8.4.	How often do you eat potatoes not including french fries, fried potatoes, or potato chips?	(131-133)
	a. Per day	1 __ __
	b. Per week	2 __ __
	c. Per month	3 __ __
	d. Per year	4 __ __
	e. Never	5 5 5
	Don't know/Not sure	7 7 7
	Refused	9 9 9

8.5.	How often do you eat carrots?	(134-136)
	a. Per day	1 __ __
	b. Per week	2 __ __
	c. Per month	3 __ __
	d. Per year	4 __ __
	e. Never	5 5 5
	Don't know/Not sure	7 7 7
	Refused	9 9 9

8.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(137-139)

Example:	a. Per day	1	__	__
A serving of	b. Per week	2	__	__
vegetables at	c. Per month	3	__	__
both lunch	d. Per year	4	__	__
and dinner	e. Never	5	5	5
would be two	Don't know/Not sure	7	7	7
servings	Refused	9	9	9

Section 9: Weight Control

- 9.1. Are you now trying to lose weight? (140)
 - a. Yes **Go to Q. 9.3** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

- 9.2. Are you now trying to maintain your current weight, that is to keep from gaining weight? (141)
 - a. Yes 1
 - b. No **Go to Q. 9.5 (p. 21)** 2
 - Don't know/Not sure **Go to 9.5 (p. 21)** 7
 - Refused **Go to Q. 9.5 (p. 21)** 9

- 9.3. Are you eating either fewer calories or less fat to...
lose weight? [if "Yes" on Q. 9.1]
keep from gaining weight? [if "Yes" on Q. 9.2] (142)

**Probe
for
which**

- a. Yes, fewer calories 1
- b. Yes, less fat 2
- c. Yes, fewer calories and less fat 3
- d. No 4
 - Don't know/Not sure 7
 - Refused 9

9.4.	Are you using physical activity or exercise to... lose weight? [if "Yes" on Q. 9.1] keep from gaining weight? [if "Yes" on Q. 9.2]	(143)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
9.5.	In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?	(144)
Probe for which	a. Yes, lose weight	1
	b. Yes, gain weight	2
	c. Yes, maintain current weight	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

Section 10: Demographics

10.1.	What is your age?	(145-146)
	Code age in years	— —
	Don't know/Not sure	0 7
	Refused	0 9
10.2.	What is your race?	(147)
	Would you say: Please Read	
	a. White	1
	b. Black	2
	c. Asian, Pacific Islander	3
	d. American Indian, Alaska Native	4
	or	
	e. Other: [specify] _____	5
Do not read these responses	Don't know/Not sure	7
	Refused	9
10.3.	Are you of Spanish or Hispanic origin?	(148)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

10.4. Are you: (149)

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

10.5. How many children live in your household who are...

Please Read

- | | | |
|----------------------|-----------------------------|-----------|
| Code 1-9 | a. less than 5 years old? | ___ (150) |
| 7 = 7 or more | | |
| 8 = None | b. 5 through 12 years old? | ___ (151) |
| 9 = Refused | | |
| | c. 13 through 17 years old? | ___ (152) |

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

(153)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only attended kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

10.7. Are you currently: (154)

Please Read

- a. Employed for wages 1
- b. Self-employed 2
- c. Out of work for more than 1 year 3
- d. Out of work for less than 1 year 4
- e. Homemaker 5
- f. Student 6
- g. Retired 7
- or**
- h. Unable to work 8
- Refused 9

10.8. Is your annual household income from all sources: (155-156)

Read as Appropriate

**If res-
pondent
refuses
at any
income
level,
code
refused**

- a. Less than \$25,000 **If "no," ask e; if "yes," ask b**
(\$20,000 to less than \$25,000) 0 4
- b. Less than \$20,000 **If "no," code a; if "yes," ask c**
(\$15,000 to less than \$20,000) 0 3
- c. Less than \$15,000 **If "no," code b; if "yes," ask d**
(\$10,000 to less than \$15,000) 0 2
- d. Less than \$10,000 **If "no," code c** 0 1
- e. Less than \$35,000 **If "no," ask f**
(\$25,000 to less than \$35,000) 0 5
- f. Less than \$50,000 **If "no," ask g**
(\$35,000 to less than \$50,000) 0 6
- g. Less than \$75,000 **If "no," code h**
(\$50,000 to \$75,000) 0 7
- h. \$75,000 or more 0 8

**Do not
read these
responses**

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

10.9.	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	(157)
	a. Yes	1
	b. No Go to Q10.12	2
	Don't know/Not sure Go to Q10.12	7
	Refused Go to Q10.12	9
10.10.	Which of the following best describes your current military status?	(158)
	Are you: Please Read	
	a. Currently on active duty Go to Q10.12	1
	b. Currently in reserves Go to Q10.12	2
	c. No longer in military service	3
Do not read these responses	Don't know/Not sure Go to Q10.12	7
	Refused Go to Q10.12	9
10.11.	In the past 12 months have you received some or all of your health care from VA facilities?	(159)
Probe for which	a. Yes, all of my health care	1
	b. Yes, some of my health care	2
	c. No, no VA health care received	3
	Don't know/not sure	7
	Refused	9
10.12.	About how much do you weigh without shoes?	(160-162)
Round fractions up	Weight	<u> </u> pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

10.13. How much would you like to weigh? (163-165)

Weight ____
pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

10.14. About how tall are you without shoes? (166-168)

**Round
fractions
down**

Height ____/____
ft/inches

Don't know/Not sure 7 7 7

Refused 9 9 9

10.15. What county do you live in? (169-171)

FIPS county code ____

Don't know/not sure 7 7 7

Refused 9 9 9

10.15a What is your zip code? (400-404)

Zip Code _____

Don't know/not sure 77777 -

Refused 99999

10.16. Do you have more than one telephone number in your household? (172)

- a. Yes 1
- b. No **Go to Q10.18 (p. 27)** 2
- Refused **Go to Q10.18 (p. 27)** 9

10.17. How many residential telephone numbers do you have? (173)

Exclude dedicated fax and computer lines	Total telephone numbers [8 = 8 or more]	—
	Refused	9

10.18. Indicate sex of respondent. **Ask Only if Necessary** (174)

Male **Go to Section 12: HIV/AIDS (p. 32)** 1

Female 2

Now I have some questions about other health services you may have received.

Section 11: Women's Health

- 11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (175)
- a. Yes 1
 - b. No **Go to Q11.4 (p. 29)** 2
 - Don't know/Not sure **Go to Q11.4 (p. 29)** 7
 - Refused **Go to Q11.4 (p. 29)** 9
- 11.2. How long has it been since you had your last mammogram? (176)
- Read only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9

- 11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (177)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
- 11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (178)
- a. Yes 1
 - b. No **Go to Q11.7 (p. 30)** 2
 - Don't know/Not sure **Go to Q11.7 (p. 30)** 7
 - Refused **Go to Q11.7 (p. 30)** 9
- 11.5. How long has it been since your last breast exam? (179)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9

11.6.	Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?	(180)
	a. Routine Checkup	1
	b. Breast problem other than cancer	2
	c. Had breast cancer	3
	Don't know/Not sure	7
	Refused	9
11.7.	A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?	(181)
	a. Yes	1
	b. No Go to Q11.10 (p. 31)	2
	Don't know/Not sure Go to Q11.10 (p. 31)	7
	Refused Go to Q11.10 (p. 31)	9
11.8.	How long has it been since you had your last Pap smear?	(182)
	Read Only if Necessary	
	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 3 years (2 to 3 years ago)	3
	d. Within the past 5 years (3 to 5 years ago)	4
	e. 5 or more years ago	5
	Don't know/Not sure	7
	Refused	9

- 11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (183)
- a. Routine exam 1
 - b. Check current or previous problem 2
 - Other 3
 - Don't know/Not sure 7
 - Refused 9

- 11.10. Have you had a hysterectomy? (184)
- a. Yes **Go to Section 12: HIV/AIDS (p. 32)** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

A hysterectomy is an operation to remove the uterus (womb)

If respondent 45 years old or older, go to Section 12: HIV/AIDS (p. 32)

- 11.11 To your knowledge, are you now pregnant? (185)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 12: HIV/AIDS

If respondent is 65 years old or older, go to Closing Statement (p. 37).

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.

12.1.	If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?	(186-187)
Code 01 through 12	a. Grade	— —
	b. Kindergarten	5 5
	c. Never	8 8
	Don't know/Not sure	7 7
	Refused	9 9
12.2.	If you had a teenager who was sexually active, would you encourage him or her to use a condom?	(188)
	a. Yes	1
	b. No	2
	Would give other advice	3
	Don't know/Not sure	7
	Refused	9

12.3.	What are your chances of getting infected with HIV, the virus that causes AIDS?	(189)
	Would you say: Please Read	
	a. High	1
	b. Medium	2
	c. Low	3
	or	
	d. None	4
	Not applicable Go to Q12.7a (p. 34)	5
Do not read these responses	Don't know/Not sure	7
	Refused	9
12.4.	Have you donated blood since March 1985?	(190)
	a. Yes	1
	b. No Go to Q12.6a (p. 34)	2
	Don't know/Not sure Go to Q12.6a (p. 34)	7
	Refused Go to Q12.6a (p. 34)	9
12.5.	Have you donated blood in the past 12 months?	(191)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
12.6.	Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (192)	
Include saliva tests	a. Yes Go to Q12.7 (p. 34)	1
	b. No Go to Closing Statement (p. 37)	2
	Don't know/Not sure Go to Closing Statement (p. 37)	7
	Refused Go to Closing Statement (p. 37)	9

12.6a.	Have you ever been tested for HIV?	(193)
Include saliva tests	a. Yes Go to Q12.7a	1
	b. No Go to Closing Statement (p. 37)	2
	Don't know/Not sure Go to Closing Statement (p. 37)	7
	Refused Go to Closing Statement (p. 37)	9
12.7.	Not including your blood donations, have you been tested for HIV in the past 12 months?	(194)
Include saliva tests	a. Yes Go to Q12.8 (p. 35)	1
	b. No Go to Closing Statement (p. 37)	2
	Don't know/Not sure Go to Closing Statement (p. 37)	7
	Refused Go to Closing Statement (p. 37)	9
12.7a.	Have you been tested for HIV in the past 12 months?	(195)
Include saliva tests	a. Yes	1
	b. No Go to Closing Statement (p. 37)	2
	Don't know/Not sure Go to Closing Statement (p. 37)	7
	Refused Go to Closing Statement (p. 37)	9

12.8.	What was the main reason you had your last test for HIV?	(196-197)
	Reason code	— —
	Read Only if Necessary	
	a. For hospitalization or surgical procedure	0 1
	b. To apply for health insurance	0 2
	c. To apply for life insurance	0 3
	d. For employment	0 4
	e. To apply for a marriage license	0 5
	f. For military induction or military service	0 6
	g. For immigration	0 7
	h. Just to find out if you were infected	0 8
	i. Because of referral by a doctor	0 9
	j. Because of pregnancy	1 0
	k. Referred by your sex partner	1 1
	l. Because it was part of a blood donation process	
	Go to Closing Statement (p. 37)	1 2
	m. For routine check-up	1 3
	n. Because of occupational exposure	1 4
	o. Because of illness	1 5
	p. Because I am at risk for HIV	1 6
	q. Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

12.9.	Where did you have your last test for HIV?	(198-199)
	Facility Code	— —
	Read Only if Necessary	
	a. Private doctor, HMO	0 1
	b. Blood bank, plasma center, Red Cross	0 2
	c. Health department	0 3
	d. AIDS clinic, counseling, testing site	0 4
	e. Hospital, emergency room, outpatient clinic	0 5
	f. Family planning clinic	0 6
	g. Prenatal clinic, obstetrician's office	0 7
	h. Tuberculosis clinic	0 8
	i. STD clinic	0 9
	j. Community health clinic	1 0
	k. Clinic run by employer	1 1
	l. Insurance company clinic	1 2
	m. Other public clinic	1 3
	n. Drug treatment facility	1 4
	o. Military induction or military service site	1 5
	p. Immigration site	1 6
	q. At home, home visit by nurse or health worker	1 7
	r. At home using self-sampling kit	1 8
	s. In jail or prison	1 9
	t. Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

- 12.10. Did you receive the results of your last test? (200)
 - a. Yes 1
 - b. No **Go to Closing Statement** 2
 - Don't know/Not sure **Go to Closing Statement** 7
 - Refused **Go to Closing Statement** 9

- 12.11. Did you receive counseling or talk with a health care professional about the results of your test? (201)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

OR

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

**Activity List for Common Leisure Activities
Coding List A**

Code Description

- | | |
|--|--------------------------------|
| 01. Aerobics class | 28. Racketball |
| 02. Backpacking | 29. Raking lawn |
| 03. Badminton | 30. Running |
| 04. Basketball | 31. Rope skipping |
| 05. Bicycling for pleasure | 32. Scuba diving |
| 06. Boating (canoeing, rowing, sailing for
pleasure or camping) | 33. Skating - ice or roller |
| 07. Bowling | 34. Sledding, tobogganing |
| 08. Boxing | 35. Snorkeling |
| 09. Calisthenics | 36. Snowshoeing |
| 10. Canoeing/rowing - in competition | 37. Snow shoveling by hand |
| 11. Carpentry | 38. Snow blowing |
| 12. Dancing-aerobics/ballet | 39. Snow skiing |
| 13. Fishing from river bank or boat | 40. Soccer |
| 14. Gardening (spading, weeding,
digging, filling) | 41. Softball |
| 15. Golf | 42. Squash |
| 16. Handball | 43. Stair climbing |
| 17. Health club exercise | 44. Stream fishing in waders |
| 18. Hiking - cross-country | 45. Surfing |
| 19. Home exercise | 46. Swimming laps |
| 20. Horseback riding | 47. Table tennis |
| 21. Hunting large game - deer, elk | 48. Tennis |
| 22. Jogging | 49. Touch football |
| 23. Judo/karate | 50. Volleyball |
| 24. Mountain climbing | 51. Walking |
| 25. Mowing lawn | 52. Waterskiing |
| 26. Paddleball | 53. Weight lifting |
| 27. Painting/papering house | 54. Other _____ |
| | 55. Bicycling machine exercise |
| | 56. Rowing machine exercise |

Coding List B

Lap Swimming

**Size pool/Laps
(1 lap = 2 lengths)**

50 ft. pool

5 laps (10 lengths) = .1 mile

100 ft. pool

2½ laps (5 lengths) = .1 mile

50 meter pool

1½ laps (3 lengths) = .1 mile

Running/Jogging/Walking

1/2 mile = .5 mile

1/4 mile = .3 mile

1/8 mile = .1 mile

1 block = .1 mile

Module 1: Diabetes

1.	How old were you when you were told you have diabetes?	(202-203)
	Code age in years [97 = 97 and older]	— —
	Don't know/Not sure	9 8
	Refused	9 9
2.	Are you now taking insulin?	(204)
	a. Yes	1
	b. No	2
	Refused	9
3.	Are you now taking diabetes pills?	(205)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
4.	About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.	(206-208)
	a. Times per day	1 — —
	b. Times per week	2 — —
	c. Times per month	3 — —
	d. Times per year	4 — —
	e. Never	8 8 8
	Don't know/Not sure	7 7 7
	Refused	9 9 9

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (209-211)
- | | |
|---------------------|---------|
| a. Times per day | 1 __ __ |
| b. Times per week | 2 __ __ |
| c. Times per month | 3 __ __ |
| d. Times per year | 4 __ __ |
| e. Never | 8 8 8 |
| f. No feet | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |
6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (212)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (213-214)
- | | |
|---------------------|-------|
| a. Number of times | __ __ |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (215-216)
- | | |
|---|-----|
| a. Number of times [76 = 76 or more] | — — |
| b. None | 8 8 |
| c. Never heard of hemoglobin "A one C" test | 9 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (217-218)
- | | |
|---------------------|-----|
| a. Number of times | — — |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (219)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past year (1 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. 2 or more years ago | 4 |
| e. Never | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (220)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
12. Have you ever taken a course or class in how to manage your diabetes yourself? (221)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Module 3: Family Planning

If respondent is male or age 45 years old or older, go to next module.

The next few questions ask about pregnancy and ways to prevent pregnancy.

If pregnant now ("Yes" to core Q10.11), go to Q2a.

- | | | |
|--------------------|---|-------|
| 1. | Have you been pregnant in the last 5 years? | (236) |
| | a. Yes | 1 |
| | b. No Go to Q3 | 2 |
| | Don't know/Not sure Go to Q3 | 7 |
| | Refused Go to Q3 | 9 |
| 2. | Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? | (237) |
| | Would you say: Please Read | |
| | a. You wanted to be pregnant sooner Go to Q3 | 1 |
| | b. You wanted to be pregnant later Go to Q3 | 2 |
| | c. You wanted to be pregnant then Go to Q3 | 3 |
| | d. You didn't want to be pregnant then or at anytime in the future
Go to Q3 | 4 |
| | or | |
| | e. You don't know Go to Q3 | 7 |
| Do not read | Refused Go to Q3 | 9 |

2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (238)

Would you say: **Please Read**

- a. You wanted to be pregnant sooner 1
- b. You wanted to be pregnant later 2
- c. You wanted to be pregnant then 3
- d. You didn't want to be pregnant then or at any time in the future
or 4
- e. You don't know 7
- Do not read** Refused 9

**If respondent had hysterectomy ("Yes" to core Q11.10) or is pregnant now ("Yes" to core Q11.11), go to Q6.
If respondent has no sex partners ("None" to Q1 in Sexual Behavior module), go to Q6.**

3. Are you or your **[fill in (husband/partner) from core Q10.4]** using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (239)

- a. Yes 1
- b. No **Go to Q5** 2
- c. Not sexually active **Go to Q6** 3
- Don't know/Not sure **Go to Q6** 7
- Refused **Go to Q6** 9

4. What kinds of birth control are you or your **[fill in (husband/partner) from core Q10.4]** using now? (240-241)

Kind Code — —

Read Only if Necessary

- a. Tubes tied (sterilization) **Go to Q6** 0 1
- b. Vasectomy (sterilization) **Go to Q6** 0 2
- If more than one, code other and specify each method code** c. Pill **Go to Q6** 0 3
- d. Condoms **Go to Q6** 0 4
- e. Foam, jelly, cream **Go to Q6** 0 5
- f. Diaphragm **Go to Q6** 0 6
- g. Norplant **Go to Q6** 0 7
- h. Shots (Depo-Provera) **Go to Q6** 0 8
- i. Withdrawal **Go to Q6** 0 9
- j. Other **[specify]_____ Go to Q6** 8 7
- Don't know/Not sure **Go to Q6** 7 7
- Refused **Go to Q6** 9 9

5. What are your reasons for not using any birth control now? (242-243)

Reason Code — —

Read Only if Necessary

If more than one, code other and specify each method code	a. I am not having sex	0 1
	b. I want to get pregnant	0 2
	c. I don't want to use birth control	0 3
	d. My husband or partner doesn't want to use birth control	0 4
	e. I don't think I can get pregnant	0 5
	f. I can't pay for birth control	0 6
	g. Other [specify]_____	8 7
	Don't know/Not sure	7 7
	Refused	9 9

6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns? (244)

Would you say: **Please Read**

Do not read these responses	a. A family planning clinic [Example: a Planned Parenthood clinic] Go to Q8	1
	b. A health department clinic	2
	c. A community health center	3
	d. A private gynecologist	4
	e. A general or family physician	5
	or	
	f. Some other kind of place	8
	Don't know/not sure	7
	Refused	9

7.	Have you ever used the services at a family planning clinic?	(245)
Example:	a. Yes	1
a Planned	b. No Go to Next Module	2
Parenthood	Don't know/not sure Go to Next Module	7
clinic	Refused Go to Next Module	9
8.	How long has it been since you used the services at a family planning clinic?	(246)
	Read Only if Necessary	
	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 3 years (2 to 3 years ago)	3
	d. Within the past 5 years (3 to 5 years ago)	4
	e. 5 or more years ago	5
	Don't know/Not sure	7
	Refused	9

Module 10: Immunization

- | | | |
|----|---|-------|
| 1. | During the past 12 months, have you had a flu shot? | (279) |
| | a. Yes | 1 |
| | b. No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
| 2. | Have you ever had a pneumonia vaccination? | (280) |
| | a. Yes | 1 |
| | b. No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Module 14: Arthritis

1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (314)
 - a. Yes 1
 - b. No **Go to Q4** 2
 - Don't know/Not sure **Go to Q4** 7
 - Refused **Go to Q4** 9

2. Were these symptoms present on most days for at least one month? (315)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

3. Are you now limited in any way in any activities because of joint symptoms? (316)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

4.	Have you ever been told by a doctor that you have arthritis?	(317)
	a. Yes	1
	b. No Go to Next Module	2
	Don't know/Not sure Go to Next Module	7
	Refused Go to Next Module	9
5.	What type of arthritis did the doctor say you have?	(318-319)
	Type Code	— —
	Read Only if Necessary	
	a. Osteoarthritis/degenerative arthritis	0 1
	b. Rheumatism	0 2
	c. Rheumatoid Arthritis	0 3
	d. Lyme disease	0 4
	e. Other [specify] _____	0 7
	f. Never saw a doctor	8 8
	Don't know/Not sure	7 7
	Refused	9 9
6.	Are you currently being treated by a doctor for arthritis?	(320)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

Module 16: Folic Acid

1.	Do you currently take any vitamin pills or supplements?	(345)
Include liquid supplements	a. Yes	1
	b. No Go to Q5	2
	Don't know/Not sure Go to Q5	7
	Refused Go to Q5	9
2.	Are any of these a multivitamin?	(346)
	a. Yes Go to Q4	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
3.	Do any of the vitamin pills or supplements you take contain folic acid?	(347)
	a. Yes	1
	b. No Go to Q5	2
	Don't know/Not sure Go to Q5	7
	Refused Go to Q5	9
4.	How often do you take this vitamin pill or supplement?	(348-350)
	a. Times per day	1 __ _
	b. Times per week	2 __ _
	c. Times per month	3 __ _
	Don't know/Not sure	7 7 7
	Refused	9 9 9

If respondent 45 years old or older, go to next module.
--

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (351)

Please Read

- | | |
|--|---|
| a. To make strong bones | 1 |
| b. To prevent birth defects | 2 |
| c. To prevent high blood pressure
or | 3 |
| d. Some other reason | 4 |

- | | | |
|------------------------------------|---------------------|---|
| Do not read these responses | Don't know/Not sure | 7 |
| | Refused | 9 |

Module 18: Tobacco Use Prevention

1. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (360)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If "Employed," or "Self-employed" to core Q10.7 continue. Otherwise, go to Q5.

2. While working at your job, are you indoors most of the time? (361)
- | | |
|------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q5 | 2 |
| Don't know/Not sure Go to Q5 | 7 |
| Refused Go to Q5 | 9 |
3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (362)

Please Read

- | | | |
|---|------------------------------------|---|
| For workers who visit clients, "place of work" means their base location | a. Not allowed in any public areas | 1 |
| | b. Allowed in some public areas | 2 |
| | c. Allowed in all public areas | 3 |
| | d. No official policy | 4 |
| Do not read these responses | Don't know/Not sure | 7 |
| | Refused | 9 |

4. Which of the following best describes your place of work’s official smoking policy for work areas?

(363)

Please Read

For workers who visit clients, "place of work" means their base location	a. Not allowed in any work areas	1
	b. Allowed in some work areas, or	2
	c. Allowed in all work areas	3
	d. No official policy	4
Do not read these responses	Don't know/Not sure	7
	Refused	9

5. In the following locations, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

Please Read	<u>All Areas</u>	<u>Some Areas</u>	<u>Not Allowed</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Restaurants	1	2	3	7	9	(364)
b. Schools	1	2	3	7	9	(365)
c. Day care centers	1	2	3	7	9	(366)
d. Indoor work areas	1	2	3	7	9	(367)

If "No" to core Q7.1 or "Not at all" to core Q7.2, go to Next Module

6. Has a doctor or other health professional ever advised you to quit smoking? (368)

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

Module 19: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?
(369)

Probe for chewing tobacco, snuff, or both	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither Go to Closing Statement	4
	Don't know/Not sure Go to Closing Statement	7
	Refused Go to Closing Statement	9

2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?
(370)

"Yes" includes occa- sional use	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

MODULE NC-1 CHILDHOOD ASTHMA**IF THERE ARE NO CHILDREN IN THE HOUSEHOLD (10.5a-c=8), GO TO NEXT SECTION.****If there are no children aged <5 in household (Q10.5a=8), then Go to Q4.**

1. You said earlier there {was one child / were children} (**Cati fill in from 10.5a**) under age five in your household. Has a doctor ever said that any of these (**Cati fill in from 10.5a**) children had asthma?

(405-406)

Enter Count	--
None Go to Q4	88
Don't know/not sure Go to Q4	77
Refused Go to Q4	99

IF YES, ASK:

How many ever had asthma? [**The number of children who ever had asthma cannot be more than the number of children under age 5 in the household (Q10.5a).**]

Ask Q2 if only one child in household is under age 5: (407)

2. Does this child still have asthma?

Yes Go to Q4	1
No Go to Q4	2
Don't know/Not sure Go to Q4	7
Refused Go to Q4	9

Ask Q3 if more than one child under age 5 in household:

3. Of the [CATI fill in from Q1] children under age five in your household who ever had asthma, how many still have asthma? [The number of children who still have asthma cannot be more than the number of children under age 5 who ever had asthma (Q1).]

(408-409)

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

If there are no children aged 5-12 in household (Q10.5 b = 8), then Go to Q7.

4. [Also,] you said earlier there {was one child / were [CATI fill in from 10.5b] children} aged 5 through 12 years old in your household. Has a doctor ever said that {this child/any of these children} had asthma?

(410-411)

Enter count	--
None Go to Q7	88
Don't know/Not sure Go to Q7	77
Refused Go to Q7	99

IF YES, ASK:

How many ever had asthma? [The number of children who ever had asthma cannot be more than the number of children age 5-12 (Q10.5b).]

Ask Q5 if only one child in household age 5-12:

5. Does this child still have asthma? (412)
- | | |
|-------------------------------------|---|
| Yes Go to Q7 | 1 |
| No Go to Q7 | 2 |
| Don't know/Not sure Go to Q7 | 7 |
| Refused Go to Q7 | 9 |

Ask Q6 if more than one child age 5-12 in household:

6. Of the [CATI fill in from Q4] children aged 5 through 12 in your household who ever had asthma, how many still have asthma? [The number of children who still have asthma cannot be more than the number of children age 5-12 who ever had asthma (Q4).] (413-414)
- | | |
|---------------------|----|
| Enter count | -- |
| None | 88 |
| Don't know/Not sure | 77 |
| Refused | 99 |

If there are no children aged 13-17 in household (Q10.5 c = 8), then go to next section.

7. [Also,] You said earlier there {was one child /were [CATI fill in from 10.5c] children} aged 13-17 years old in your household. Has a doctor ever said that {this child/any of these children} had asthma? (415-416)
- | | |
|---------------------|------------------------------|
| Enter count | -- |
| None | Go to next section 88 |
| Don't know/Not sure | Go to next section 77 |
| Refused | Go to next section 99 |

IF YES, ASK:

How many ever had asthma? [The number of children who ever had asthma cannot be more than the number of children age 13-17.]

Ask Q8 if only one child in household aged 13-17:

8. Does this child still have asthma? (417)
- | | |
|---------------------|-----------------------------|
| Yes | Go to next section 1 |
| No | Go to next section 2 |
| Don't know/Not sure | Go to next section 7 |
| Refused | Go to next section 9 |

Ask Q9 if more than one child age 13-17 in household:

9. Of the **[CATI fill in from Q7]** children aged 13 through 17 in your household who ever had asthma, how many still have asthma? **[The number of children who still have asthma cannot be more than the number of children age 13-17 who ever had asthma (Q7).]**

(418-419)

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

MODULE NC-2: DISABILITY, QUALITY OF LIFE AND CARE GIVING

1. How often do you get the social and emotional support that you need? Would you say: (371)
- Please Read**
- | | |
|----------------------|---|
| Always | 1 |
| Usually | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| OR | |
| Never | 5 |
| Don' t know/Not sure | 7 |
| Refused | 9 |
2. In general, how satisfied are you with your life? Would you say: (372)
- Please Read**
- | | |
|----------------------|---|
| Very satisfied | 1 |
| Satisfied | 2 |
| Dissatisfied | 3 |
| OR | |
| Very dissatisfied | 4 |
| Don' t know/Not sure | 7 |
| Refused | 9 |

These next questions are about limitations you might have in your daily life.

3a. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? (420)

Margin note: If YES, ask ,Would you say your disability is mild, moderate, or severe”?

- Yes, mild 1
- Yes, moderate 2
- Yes, severe 3
- No **Go to Q3** 4
- Don' t know/Not sure **Go to Q3** 7
- Refused **Go to Q3** 9

3b. When did your disability begin? (421)

- Have had disability since birth (congenital; includes birth defects) 1
- Ages 0-11 (infancy/childhood) 2
- Ages 12-19 (adolescence) 3
- Ages 20-39 (young adulthood) 4
- Ages 40-55 (middle adulthood) 5
- Ages 56 or older (older adulthood) 6
- Don't know/Not sure 7
- Refused 9

3. Are you limited in the kind or amount of work you can do because of any impairment or health problem? (373)

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

4. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (374)
- | | |
|-----------------------|---|
| 1=Yes | 1 |
| 2=No | 2 |
| 7=Don't know/Not sure | 7 |
| 9=Refused | 9 |
5. If you use special equipment or help from others **to get around**, what type do you use? (375-380)
- Code up to three responses**
- | | |
|---|----|
| No special equipment or help used Go to Q8 | 01 |
| Other people | 02 |
| Cane or walking stick | 03 |
| Walker | 04 |
| Crutch or crutches | 05 |
| Manual wheelchair | 06 |
| Motorized wheelchair | 07 |
| Electric mobility scooter | 08 |
| Artificial leg | 09 |
| Brace | 10 |
| Service animal [Margin note: i.e., guide dog or other animal specifically trained to provide assistance] | 11 |
| Oxygen/special breathing equipment | 12 |
| Other (specify): _____ | 13 |
| Don't know/Not sure | 77 |
| No added equipment or help for 2 nd and 3 rd responses | 87 |
| Refused | 99 |
6. Using special equipment or help, what is the farthest distance that you can go? Would you say: (381)
- Please read**
- | | |
|-------------------------------------|---|
| Across a small room | 1 |
| About the length of a typical house | 2 |
| About one or two city blocks | 3 |
| About one mile | 4 |
| OR | |
| More than one mile | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

7. What is the farthest distance you can walk by yourself, without any special equipment or help from others? (382)
- Please read**
- Not any 1
 - Across a small room 2
 - About the length of a typical house 3
 - About one or two city blocks 4
 - About one mile 5
 - OR**
 - More than one mile 6
 - Don' t know/Not sure 7
 - Refused 9
8. Are you limited in any way in any activities because of any impairment or health problem? (321)
- Yes 1
 - No 2
 - If 'YES' to Q3a, 3, 4, 5 (b-m), or 8, continue. Otherwise, go to Q13.**
 - Don' t know/Not sure 7
 - If 'YES' to Q3a, 3, 4, 5 (b-m), or 8, continue. Otherwise, go to Q13.**
 - Refused 9
 - If 'YES' to Q3a, 3, 4, 5 (b-m) or 8, continue. Otherwise, go to Q13.**

9. What is the MAJOR impairment or health problem that limits your activities? (322-323)

If respondent says, “I’m not limited,” say, “I’m referring to the impairment you indicated on an earlier question.”

Reason Code

Read only if necessary

Arthritis / rheumatism	01
Back or neck problem	02
Fractures, bone / joint injury	03
Walking problem	04
Lung / breathing problem	05
Hearing problem	06
Eye / vision problem	07
Heart problem	08
Stroke problem	09
Hypertension / high blood pressure	10
Diabetes	11
Cancer	12
Depression / anxiety / emotional problem	13
Other impairment / problem	14
Don't know/Not sure	77
Refused	99

10. For HOW LONG have your activities been limited because of your major impairment or health problem? (324-326)

Days	1__
Weeks	2__
Months	3__
Years	4__
Don't know/Not sure	777
Refused	999

11. Because of any impairment or health problem, do you need the help of other persons with your **PERSONAL CARE** needs, such as eating, bathing, dressing, or getting around the house? (327)

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

12. Because of any impairment or health problem, do you need the help of other persons in handling your **ROUTINE** needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (328)
- | | |
|---------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
13. 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? (329-330)
- | | |
|---------------------|----|
| Number of days | -- |
| None | 88 |
| Don't know/Not sure | 77 |
| Refused | 99 |
14. During the past 30 days, for about how many days have you felt **SAD, BLUE, or DEPRESSED?** (331-332)
- | | |
|---------------------|----|
| Number of days | -- |
| None | 88 |
| Don't know/Not sure | 77 |
| Refused | 99 |
15. During the past 30 days, for about how many days have you felt **WORRIED, TENSE, or ANXIOUS?** (333-334)
- | | |
|---------------------|----|
| Number of days | -- |
| None | 88 |
| Don't know/Not sure | 77 |
| Refused | 99 |

16.	During the past 30 days, for about how many days have you felt that you did not get <u>ENOUGH REST</u> or <u>SLEEP?</u>	(335-336)
	Number of days	--
	None	88
	Don't know/Not sure	77
	Refused	99
17.	During the past 30 days, for about how many days have you felt <u>VERY HEALTHY</u> and <u>FULL OF ENERGY?</u>	(337-338)
	Number of days	--
	None	88
	Don't know/Not sure	77
	Refused	99

If 'YES' to Q11, continue. Otherwise, go to Q20.

18.	Earlier you reported that due to your impairment you need some assistance from another person with your <u>PERSONAL CARE</u> needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house?	(339-340)
	Read only if necessary	
	Husband or wife	01
	Son or daughter	02
	Other relative	03
	Unpaid volunteer	04
	Paid employee	05
	Friend or neighbor	06
	Combination of family and friends	07
	Other	08
	No one helps me Go to Q20	09
	Don't know/Not Sure	77
	Refused	99

19. Is the assistance you receive to meet your personal care needs: (341)
- Please Read:**
- Usually adequate 1
 - Sometimes adequate 2
 - OR**
 - Rarely adequate 3
 - Don't know/Not sure 7
 - Refused 9

If 'YES' to Q12, continue. Otherwise, go to Q22

20. Earlier you reported that due to your impairment you need some assistance from another person with your **ROUTINE** needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? (342-343)
- Read only if necessary**
- Husband or wife 01
 - Son or daughter 02
 - Other relative 03
 - Unpaid volunteer 04
 - Paid employee 05
 - Friend or neighbor 06
 - Combination of family and friends 07
 - Other (specify _____) 08
 - No one helps me **Go to Q22** 09
 - Don't know/Not Sure 77
 - Refused 99

21. Is the assistance you receive to meet your routine needs: (344)
- Please Read**
- Adequate 1
 - Sometimes adequate 2
 - OR**
 - Rarely adequate 3
 - Don't know/Not sure 7
 - 9=Refused 9

If number of adults in household equals 1 and core Q10.5a, Q10.5b, and Q10.5c are all 'none' (all=8), go to next section.

22. Is there anyone [fill in 'else' if 'yes' to Q3a, 3, 4, 5 (b-m), or 8] in your household who is limited in any way in any activities because of any impairment, or health problem? (383)
- | | |
|---|---|
| Yes | 1 |
| No Go to next section | 2 |
| Don't know/Not sure Go to next section | 7 |
| Refused Go to next section | 9 |
- 23a. How old are these people? (384-385)
- Code Ages:**
- | | |
|-----------------------|----|
| 97 or older | 97 |
| Don't know / Not sure | 98 |
| Refused | 99 |
| Person 1 | -- |
- 23b. How old are these people? (386-387)
- | | |
|----------|----|
| Person 2 | -- |
|----------|----|
- 23c. How old are these people? (388-389)
- | | |
|----------|----|
| Person 3 | -- |
|----------|----|
- 23d. How old are these people? (390-391)
- | | |
|----------|----|
| Person 4 | -- |
|----------|----|
- 23e. How old are these people? (392-393)
- | | |
|----------|----|
| Person 5 | -- |
|----------|----|

MODULE NC-3: SEXUAL ASSAULT/ PHYSICAL VIOLENCE

These questions may be hard for you to answer, but the information is very important and will be kept strictly confidential. These questions are about things that might or might not have happened to you since you were 18 years old.

1. Has a stranger ever forced you to have sex or to do sexual things? (422)

Margin note: If YES, ask “Has this happened to you in the past 12 months?”

Yes, within the past 12 months	1
Yes, more than 12 months ago	2
No	3
Don' t know/Not sure	7
Refused	9

2. Has a partner or ex-partner ever forced you to have sex or to do sexual things? (423)
By partner, I mean your current or ex-(husband/wife) or (boyfriend/girlfriend).

Margin note: If YES, ask “Has this happened to you in the past 12 months?”

Yes, within the past 12 months	1
Yes, more than 12 months ago	2
No	3
Don' t know/Not sure	7
Refused	9

3. Has someone you knew, **not including** a partner or ex-partner, ever forced you to have sex or to do sexual things? (424)

Margin note: If YES, ask “Has this happened to you in the past 12 months?”

Yes, within the past 12 months	1
Yes, more than 12 months ago	2
No	3
Don' t know/Not sure	7
Refused	9

4. Has a stranger ever pushed, hit, slapped, kicked, or physically hurt you in any other way? (425)

Margin note: If YES, ask: “Has this happened to you in the past 12 months?”

Yes, within the past 12 months	1
Yes, more than 12 months ago	2
No	3
Don't know/Not sure	7
Refused	9

5. Has a partner or ex-partner ever pushed, hit, slapped, kicked, or physically hurt you in any other way? By partner, I mean your current or ex-(husband/wife) or (boyfriend/girlfriend). (426)

Margin note: If YES, ask: “Has this happened to you in the past 12 months?”

Yes, within the past 12 months	1
Yes, more than 12 months ago	2
No	3
Don't know/Not sure	7
Refused	9

6. Has someone you knew, **not including** a partner or ex-partner, ever pushed, hit, slapped, kicked, or physically hurt you in any other way? (427)

Margin note: If YES, ask: “Has this happened to you in the past 12 months?”

- Yes, within the past 12 months 1
- Yes, more than 12 months ago 2
- No 3
- Don't know/Not sure 7
- Refused 9

MODULE NC-4 - PHYSICAL ACTIVITY

These last questions are about physical activity.

- 1. Are you seriously **thinking about** being more physically active in the next six months? (428)
 - Yes 1
 - No **Go to Q 3** 2
 - Don't know/Not sure **Go to Q3** 7
 - Refused **Go to Q3** 9

- 2. Would you say that you are actually **planning** to be more physically active in the next month? (429)
 - Yes 1
 - No 2
 - Don't know/Not sure 7
 - Refused 9

3. Some people say they are unable to be more active because of their community or neighborhood. Some reasons included not enough sidewalks or bike lanes, not enough recreation facilities, crime, or unattended dogs. Thinking about your community or neighborhood, please tell me the reasons that keep you from being more active.

(430-435)

Code up to 3 responses

Not enough sidewalks	01
Not enough bike lanes	02
Not enough recreation facilities	03
Not enough physical activity programs	04
High crime	05
No street lights	06
Unattended dogs	07
Too many hills	08
Bad weather	09
Heavy traffic	10
Foul air from cars	11
Poor scenery	12
Rural environment	13
Other reason	14
No reason	55
Don't know/Not sure	77
Refused Go to Q4	99

4. In the past week, how much time did you walk or bicycle for transportation, such as to and from work or shopping? (436-438)

minutes	--
hours	--
Don't know/Not sure	777
Refused	999