

North Carolina - 2001

Behavioral Risk Factor Surveillance System Questionnaire

CDC - CORE SECTIONS	# of Questions	Page
Section 1: Health Status	4	4
Section 2: Health Care Access	3	5
Section 3: Exercise	1	6
Section 4: Hypertension Awareness	2	7
Section 5: Cholesterol Awareness	3	8
Section 6: Asthma	2	9
Section 7: Diabetes	1	10
Section 8: Arthritis	6	11
Section 9: Immunization	2	13
Section 10: Tobacco Use	3	14
Section 11: Alcohol Consumption	3	15
Section 12: Firearms	1	16
Section 13: Demographics	17	17
Section 14: Disability	2	22
Section 15: Physical Activity	7	23
Section 16: Prostate Cancer Screening	6	25
Section 17: Colorectal Cancer Screening	4	27
Section 18: HIV/AIDS	9	28
Total	76	

Questionnaire A

Module CDC-6 : Oral Health **	5	33
Module CDC-13: Tobacco Indicators	9	35
Module CDC-14: Other Tobacco Products	8	38
Module NC-1: Other Tobacco Counseling	2	40
Module NC-2: Substance Abuse **	3	41
Module NC-3: Health Care Coverage and Utilization **	3	42
Module NC-4: Cancer **	2	43
Module NC-5: Skin Cancer	7	44
Module NC-6: NC-CVD-Cardiovascular Disease	5	46
Module NC-7: Hypertension Screening **	1	47
Module NC-9: Osteoporosis Prevention **	2	48
Module NC-10: Alternative Medicine	5	49
Module NC-11: Disability	23	51
Module NC 12: Family Planning	9	57
Module NC-14: Sexual Assault/Physical Violence **	6	61
Total	91	

Questionnaire B

Module CDC-1: Diabetes	12	63
Module CDC-6: Oral Health **	5	66
Module CDC-8: Heart Attack and Stroke	13	68
Module CDC-9: Cardiovascular Disease	17	71
Module CDC-10: Fruits and Vegetables	6	75
Module CDC-12: Folic Acid	5	77
Module NC-2: Substance Abuse **	3	78
Module NC-3: Health Care Coverage and Utilization **	3	79
Module NC-4: Cancer **	2	80
Module NC-7: Hypertension Screening **	1	81
Module NC-8: Physical Activity	2	82
Module NC-9: Osteoporosis Prevention **	2	83
Module NC-11A Disability (2 questions from NC-11)	2	84
Module NC 12: Family Planning **	9	85
Module NC-13: Sexual Behavior	4	89
Module NC-14: Sexual Assault/Physical Violence **	6	90
Total	92	

** Questions from these modules are in both Questionnaire A and Questionnaire B

HELLO, I'm calling for the North Carolina Department of Health and the Centers for Disease Control and Prevention. My name is . We're gathering information on the health of North Carolina residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

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**

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'm (name) calling for the (health department) and the Centers for Disease Control and Prevention. We're gathering information on the health habits of (state) 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: (72)

		Please Read
	1	Excellent
	2	Very good
	3	Good
	4	Fair
		or
	5	Poor
Do not read	7	Don't know/Not sure
these responses	9	Refused

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?

(73-74)

—	—	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

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?

(75-76)

—	—	Number of days
8	8	None If Q1.2 also "None," go to Q2.1
7	7	Don't know/Not sure
9	9	Refused

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?

(77-78)

—	—	Number of days
8	8	None
7	7	Don't know/Not sure
9	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? (79)

- | | |
|---|---------------------------------------|
| 1 | Yes |
| 2 | No Go to Q2.3 |
| 7 | Don't know/Not sure Go to Q2.3 |
| 9 | Refused Go to Q2.3 |

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)

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

2.3. Do you have one person you think of as your personal doctor or health care provider? (81)

- | | | |
|-------------------------------|---|---------------------|
| 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 |

Section 3: Exercise

- 3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)

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

Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

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

4.2. Are you currently taking medicine for your high blood pressure? (84)

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

Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

- 1 Yes
- 2 No **Go to Q6.1**
- 7 Don't know/Not sure **Go to Q6.1**
- 9 Refused **Go to Q6.1**

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

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

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

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

Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (88)

- 1 Yes
- 2 No **Go to Q7.1**
- 7 Don't know/Not sure **Go to Q7.1**
- 9 Refused **Go to Q7.1**

6.2. Do you still have asthma? (89)

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

Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

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	9	Refused
pregnant?"		

Section 8: Arthritis

8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (91)

- 1 Yes
- 2 No **Go to Q8.5**
- 7 Don't know/Not sure **Go to Q8.5**
- 9 Refused **Go to Q8.5**

8.2. Were these symptoms present on most days for at least one month? (92)

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

8.3. Are you now limited in any way in any activities because of joint symptoms? (93)

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

8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)

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

If response is 1 to Q8.5, continue, otherwise go to next module

8.5. Have you ever been told by a doctor that you have arthritis? (95)

- 1 Yes
- 2 No **Go to 9.1**
- 7 Don't know/Not sure **Go to 9.1**
- 9 Refused **Go to 9.1**

8.6. Are you currently being treated by a doctor for arthritis?

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

Section 9: Immunization

9.1. During the past 12 months, have you had a flu shot? (97)

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

9.2. 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. (98)

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

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

5 packs = 100 cigarettes	1	Yes
	2	No Go to Q11.1
	7	Don't know/Not sure Go to Q11.1
	9	Refused Go to Q11.1

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

1	Every day
2	Some days
3	Not at all Go to Q11.1
9	Refused Go to Q11.1

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

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

Section 11: Alcohol Consumption

- 11.1. 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? (102-104)

1 ___ ___ Days per week
 2 ___ ___ Days in past 30
 8 8 8 No drinks in past 30 days **Go to Q12.1**
 7 7 7 Don't know/Not sure **Go to Q12.1**
 9 9 9 Refused **Go to Q12.1**

- 11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

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

- 11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

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

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

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

Section 13: Demographics

13.1. What is your age? (110-111)

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

13.2. Are you Hispanic or Latino? (112)

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? (113-118)

		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
these responses	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? (119)

- | | |
|---|---|
| 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: (120)

Please Read

- | | |
|---|---------------------------------|
| 1 | Married |
| 2 | Divorced |
| 3 | Widowed |
| 4 | Separated |
| 5 | Never married |
| | or |
| 6 | A member of an unmarried couple |
| 9 | Refused |

Do not read

13.6. How many children less than 18 years of age live in your household? (121-122)

- | | |
|-----|--------------------|
| ___ | Number of children |
| 8 8 | None |
| 9 9 | Refused |

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

(123)

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 |

13.8. Are you currently:

(124)

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 |
| 9 | Refused |

Do not read

13.9. Is your annual household income from all sources:

(125-126)

Read as Appropriate

- | | | |
|---|-----|--|
| If respondent
refuses at
any income
level, code
refused | 0 4 | Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000) |
| | 0 3 | Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000) |
| | 0 2 | Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000) |
| | 0 1 | Less than \$10,000 If "no," code 02 |
| | 0 5 | Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000) |
| | 0 6 | Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000) |
| | 0 7 | Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000) |
| | 0 8 | \$75,000 or more |
| Do not read
these responses | 7 7 | Don't know/Not sure |
| | 9 9 | Refused |

13.10. About how much do you weigh without shoes? (127-129)

Round	<u> </u>	Weight (pounds)
fractions up	<u>7</u> <u>7</u> <u>7</u>	Don't know/Not sure
	9 9 9	Refused

13.11. About how tall are you without shoes? (130-132)

Round	<u> </u> / <u> </u> <u> </u>	Height (ft/inches)
Fractions down	<u>7</u> <u>7</u> <u>7</u>	Don't know/Not sure
	9 9 9	Refused

13.12. What county do you live in? (133-135)

	<u> </u> <u> </u> <u> </u>	FIPS county code
	<u>7</u> <u>7</u> <u>7</u>	Don't know/Not sure
	9 9 9	Refused

13.13. 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. (136)

1	Yes
2	No Go to Q13.15
7	Don't know/Not sure Go to Q13.15
9	Refused Go to Q13.15

13.14. How many of these are residential numbers? (137)

<u> </u>	Residential telephone numbers [6=6 or more]
<u>7</u>	Don't know/Not sure
9	Refused

13.15. How many adult members of your household currently use a cell phone for any purpose? (138)

<u> </u>	Number of adults
8	None
7	Don't know/Not sure
9	Refused

13.16. Indicate sex of respondent. **Ask only if necessary** (139)

1	Male Go to Q14.1
2	Female

If respondent 45 years old or older, go to Q14.1

13.17. To your knowledge, are you now pregnant? (140)

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

Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

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

14.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (142)

- | | | |
|---|---|---------------------|
| Include occasional use or use in certain circumstances | 1 | Yes |
| | 2 | No |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

Section 15: Physical Activity

If "employed" or "self-employed" to core Q13.8, continue. Otherwise go to Q15.2.

- 15.1. When you are at work, which of the following best describes what you do? (143)
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 these responses	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 Q13.8]** 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? (144)

1	Yes	
2	No Go to Q15.5	
7	Don't know/Not sure Go to Q15.5	
9	Refused Go to Q15.5	

- 15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (145-146)

—	—	Days per week	If answer = <8 Go to Q15.5
7	7	Don't know/Not sure	Go to Q. 15.5
8	8	Does not exercise 10 minutes weekly	Go to Q. 15.5
9	9	Refused	Go to Q. 15.5

- 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? (147-149)

—	:	—	—	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 Q13.8]** 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? (150)

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

- 15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)

___ ___ Days per week
 7 7 Don't know/Not sure
 8 8 Does not exercise 10 minutes weekly **Go to 16.1**
 9 9 Refused

- 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? (153-155)

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

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q17.1

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

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

16.2. How long has it been since you had your last PSA test? (157)

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

16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

- 1 Yes
- 2 No **Go to Q16.5**
- 7 Don't know/Not sure **Go to Q16.5**
- 9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (159)

- 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

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)

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

16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)

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

Section 17: Colorectal Cancer Screening

If respondent 49 years old or younger, go to HIV/AIDS Section

17.1. 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? (162)

- 1 Yes
- 2 No **Go to Q17.3**
- 7 Don't know/Not sure **Go to Q17.3**
- 9 Refused **Go to Q17.3**

17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 years 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

17.3. 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? (164)

- 1 Yes
- 2 No **Go to HIV/AIDS Section**
- 7 Don't know/Not sure **Go to HIV/AIDS Section**
- 9 Refused **Go to HIV/AIDS Section**

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165)

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 18: HIV/AIDS

If respondent is 65 years old or older, go to Closing Statement

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.

18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

- 1 True
- 2 False
- 7 Don't know/Not Sure
- 9 Refused

18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

- 1 True
- 2 False **Go to Q18.4**
- 7 Don't know/Not Sure **Go to Q18.4**
- 9 Refused **Go to Q18.4**

18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

- Please Read**
- 1 Very effective
 - 2 Somewhat effective
 - or
 - 3 Not at all effective
 - 7 Don't know/Not sure
 - 9 Refused

**Do not read
these responses**

- 18.4. How important do you think it is for people to know their HIV status by getting tested?
(169)

Would you say:

		Please Read
	1	Very important
	2	Somewhat important
		or
	3	Not at all important
Do not read	7	Don't know/Not sure
these responses	9	Refused

- 18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (170)

Include	1	Yes
saliva tests	2	No Go to Q18.9
	7	Don't know/Not sure Go to Q18.9
	9	Refused Go to Q18.9

- 18.6. Not including blood donations, in what month and year was your last HIV test?
(171-174)

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

18.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]?
(175-176)

— —	Reason code
	Read Only if Necessary
0 1	For hospitalization or surgical procedure
0 2	To apply for health insurance
0 3	To apply for life insurance
0 4	For employment
0 5	To apply for a marriage license
0 6	For military induction-or military service
0 7	For immigration
0 8	Just to find out if you were infected
0 9	Because of referral by a doctor
1 0	Because of pregnancy
1 1	Referred by your sex partner
1 3	For routine check-up
1 4	Because of occupational exposure
1 5	Because of illness
1 6	Because I am at risk for HIV
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

18.8. Where did you have the HIV test in [fill in date from Q18.6]?

(177-178)

— —	Facility code
	Read Only if Necessary
0 1	Private doctor, HMO
0 2	Blood bank, plasma center, Red Cross
0 3	Health department
0 4	AIDS clinic, counseling, testing site
0 5	Hospital, emergency room, outpatient clinic
0 6	Family planning clinic
0 7	Prenatal clinic, obstetrician's office
0 8	Tuberculosis clinic
0 9	STD clinic
1 0	Community health clinic
1 1	Clinic run by employer
1 2	Insurance company clinic
1 3	Other public clinic
1 4	Drug treatment facility
1 5	Military induction or military service site
1 6	Immigration site
1 7	At home, home visit by nurse or health worker
1 8	At home using self-sampling kit
1 9	In jail or prison
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

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

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.

CDC - OPTIONAL MODULES**Module CDC-6: Oral Health**

1. How long has it been since you last visited a dentist or a dental clinic for any reason?
(257)

Read Only if Necessary

Include visits to dental specialists, such as orthodontists	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

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.
(258)

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

If "never" to Q1 or "all" to Q2, go to Q4.

3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
(259)

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

If "within the past year," to Q1 or Q3, go to Q5.

4. What is the main reason you have not visited the dentist in the past year? (260-261)

— — Reason code

Read Only if Necessary

- 0 1 Fear, apprehension, nervousness, pain, dislike going
- 0 2 Cost
- 0 3 Do not have/know a dentist
- 0 4 Cannot get to the office/clinic (too far away, no transportation,
no appointments available)
- 0 5 No reason to go (no problems, no teeth)
- 0 6 Other priorities
- 0 7 Have not thought of it
- 0 8 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (262)

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

Module CDC-13: Tobacco Indicators

If "yes" to core Q10.1, continue. Otherwise, go to Q6.

Previously you said you have smoked cigarettes.

1. How old were you the first time you smoked a cigarette, even one or two puffs? (478-479)

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

2. How old were you when you first started smoking cigarettes regularly? (480-481)

— —	Code age in years
8 8	Never smoked regularly Go to Q6
7 7	Don't know/Not sure
9 9	Refused

If "refused" to core Q10.2, go to Q6

If answer is "not at all" to core Q10.2, continue. Otherwise, go to Q4.

3. About how long has it been since you last smoked cigarettes regularly? (482-483)

Read Only if Necessary

01	Within the past month (anytime less than 1 month ago)
02	Within the past 3 months (1 month but less than 3 months ago)
03	Within the past 6 months (3 months but less than 6 months ago)
04	Within the past year (6 months but less than 1 year)
05	Within the past 5 years (1 year but less than 5 years) Go to Q6
06	Within the past 10 years (5 years but less than 10 year) Go to Q6
07	10 or more years ago Go to Q6
77	Don't know/Not sure Go to Q6
99	Refused Go to Q6

4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? (484)

- 1 Yes
- 2 No **Go to Q6**
- 7 Don't know/Not sure **Go to Q6**
- 9 Refused **Go to Q6**

5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? (485)

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

6. Which statement best describes the rules about smoking inside your home? (486)

Please Read

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home
or
- 4 There are no rules about smoking inside the home
- 7 Don't know/Not sure
- 9 Refused

**Do not read
these responses**

If "employed" or "self-employed" to core Q13.8, continue. Otherwise, go to next module.

7. While working at your job, are you indoors most of the time? (487)

- 1 Yes
- 2 No **Go to Next Module**
- 7 Don't Know/Not Sure **Go to Next Module**
- 9 Refused **Go to Next Module**

8. Which of the following best describes your place of works' official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (488)

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

9. Which of the following best describes your place of works' official smoking policy for work areas? (489)

		Please Read
	1	Not allowed in any work areas
	2	Allowed in some work areas
	3	Allowed in all work areas
		or
	4	No official policy
Do not read these responses	7	Don't know/Not sure
	9	Refused

Module CDC-14: Other Tobacco Products

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (490)
 - 1 Yes
 - 2 No **Go to Q3**
 - 7 Don't know/Not sure **Go to Q3**
 - 9 Refused **Go to Q3**

2. Do you currently use chewing tobacco or snuff every day, some days, or not at all? (491)
 - 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/Not sure
 - 9 Refused

3. Have you ever smoked a cigar, even one or two puffs? (492)
 - 1 Yes
 - 2 No **Go to Q5**
 - 7 Don't know/Not sure **Go to Q5**
 - 9 Refused **Go to Q5**

4. Do you now smoke cigars every day, some days, or not at all? (493)
 - 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/Not sure
 - 9 Refused

5. Have you ever smoked tobacco in a pipe, even one or two puffs? (494)
 - 1 Yes
 - 2 No **Go to Q7**
 - 7 Don't know/Not sure **Go to Q7**
 - 9 Refused **Go to Q7**

6. Do you now smoke a pipe every day, some days, or not at all?

(495)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

7. A bidi is a flavored cigarette from India.. Have you ever smoked a bidi, even one or two puffs?

(496)

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

8. Do you now smoke bidis every day, some days, or not at all?

(497)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

NC Modules (State added questions)**NC Module - 1: Other Tobacco Counseling**

If 'Everyday' or 'Some days' to 14.2 or 14.4 or 14.6 or 14.8 then continue. Otherwise go to next module.

1. During the past 12 months, have you stopped using tobacco products (i.e. chewing tobacco or snuff, cigars, or a pipe) for one day or longer because you were trying to quit? (498)

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

2. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit using tobacco products (i.e. chewing tobacco or snuff, cigars, or a pipe)? (499)

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

NC Module – 2: Substance Abuse

- | | | | |
|----|---|---|-------|
| 1. | Have you ever received counseling or treatment for a substance abuse problem including alcohol? | | (500) |
| | Yes | 1 | |
| | No | 2 | |
| | Don't know/Not sure | 7 | |
| | Refused | 9 | |
| 2. | In the past five years, have you ever been arrested for driving while impaired? | | (501) |
| | Yes | 1 | |
| | No | 2 | |
| | Don't know/Not sure | 7 | |
| | Refused | 9 | |
| 3. | Has any close family member received treatment for a substance abuse problem? | | (502) |
| | Yes | 1 | |
| | No | 2 | |
| | Don't know/Not sure | 7 | |
| | Refused | 9 | |

NC Module - 3: Health Care Coverage and Utilization

The next questions are about health care.

1. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (503)

- 1 Yes
- 2 No **Go to Q3**
- 7 Don't know/Not sure **Go to Q3**
- 9 Refused **Go to Q3**

2. What kind of place is it? (504)
Would you say:

Please Read

- 1 A doctor's office or HMO
- 2 A clinic or health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 An urgent care center
- 6 A Health Department
- or
- 8 Some other kind of place
- 7 Don't know/Not sure
- 9 Refused

**Do not read
these responses**

3. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost? (505)

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

NC Module - 4: Cancer

1. Have you ever been told by a doctor, nurse, or other health professional that you had cancer-
[IF “YES” to Core Q16.5, add “excluding your prostate cancer”] (506)
- | | |
|--|---|
| Yes | 1 |
| No Go to next module | 2 |
| Don't know/not sure Go to next module | 7 |
| Refused Go to next module | 9 |
2. What type of cancer was/is it? (507-510)
- [CHECK ALL THAT APPLY]**
- | | |
|---------------------|---|
| Breast | 1 |
| Colorectal | 2 |
| Skin Cancer | 3 |
| Other | 4 |
| Don't know/not sure | 7 |
| Refused | 9 |

NC Module - 5: Skin Cancer

Now I am going to ask you some other questions about sun-tanning and outdoor exposures to the sun.

1. In the past 12 months, have you tried to get a tan using a tanning lamp or tanning machine, whether it was at a tanning salon, at your home, or elsewhere? (511)

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

2. In the past 12 months, have you tried to get a tan from the sun? (512)

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

3. When you're outdoors during the summer for at least half an hour, how often do you protect your skin from the sun, such as by using sunscreens or sunblock or wearing hats or protective clothing? (513)

Would you say: **Please Read**

a. Always..... 1
 b. Nearly always..... 2
 c. Sometimes..... 3
 d. Seldom..... 4

or

e. Never..... 5

Don't know/Not sure..... 7

Refused..... 9

Do not read
 these responses

4. Earlier you said you had [cati fill in from Q13.6] ___ child/children under age 18. Are any of the child/children under age 13? (514)

Yes	1
No Go to Q6	2
Don't know/not sure Go to Q6	7
Refused Go to Q6	9

5. When the youngest child in your household is outdoors during the summer for at least half an hour, how often is his or her skin protected from the sun, such as by using sunscreens or sunblock or wearing hats or protective clothing? (515)

Would you say: **Please Read**

a. Always.....	1
b. Nearly always.....	2
c. Sometimes.....	3
d. Seldom.....	4
or	
e. Never.....	5
Don't know/Not sure.....	7
Refused.....	9

Do not read
these responses

6. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? (516)

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

7. Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (517)

a. One.....	1
b. Two.....	2
c. Three.....	3
d. Four.....	4
e. Five.....	5
f. Six or more.....	6
Don't know/Not sure.....	7
Refused.....	9

NC-Module – 6: CVD (Cardiovascular Disease)

Next few questions are about cardiovascular diseases and osteoporosis.

1. Has a doctor, nurse, or other health professional ever told you that you had any of the following? (518)
- a. A heart attack, also called a myocardial infarction
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- b. Angina or coronary heart disease (519)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- c. A stroke (520)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

If "yes" to Q1a continue. Otherwise, go to Q3.

2. At what age did you have your first heart attack? (521-522)
- | | |
|-------|---------------------|
| __ __ | Code age in years |
| 0 7 | Don't know/Not sure |
| 0 9 | Refused |

If "yes" to Q1c, continue. Otherwise, go to next module.

3. At what age did you have your first stroke? (523-524)
- | | |
|-------|---------------------|
| __ __ | Code age in years |
| 0 7 | Don't know/Not sure |
| 0 9 | Refused |

NC Module - 7: Hypertension Screening

1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

[Read only if necessary.] (525)

- | | | |
|----|---|---|
| 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 |

NC Module – 9: Osteoporosis Prevention

(Ask only women age 45 and older)

1. Has a doctor or other health professional ever talked with you about preventing osteoporosis or its complications through lifestyle changes, such as diet and exercise? (526-527)

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 2 years (1 to 2 years ago).....	2
If needed for explanation, say: “Osteoporosis is a bone disease that can lead to fractures and other bone problems.”	c.	Yes, within the past 3 years (2 to 3 years ago).....	3
	d.	Yes, 3 or more years ago	4
		No	5
		Don’t know/Not sure.....	7
		Refused.....	9

2. Are you taking any vitamin pills or supplements that contain calcium, to lower your risk of osteoporosis or weak bones? (528-529)

a.	Yes.....	1
b.	No.....	2
	Don’t know/Not sure	7
	Refused.....	9

NC Module – 10: Alternative Medicine

The next few questions are about the use of medicinal herbs and nutritional supplements.

Thinking back over the past 12 months:

1. Have you ever used any kind of medicinal herbs, such as Ginseng, St. John's wort, or Echinacea? (532)
 - 1 Yes
 - 2 No **Go to Q5**
 - 7 Don't know/Not sure **Go to Q5**
 - 9 Refused **Go to Q5**

2. Did you use these medicinal herbs to: (532-535)

CHECK ALL THAT APPLY

 - 1 Treat illness
 - 2 Prevent illness
 - 3 Maintain health
 - 7 Don't know/Not sure
 - 9 Refused

3. Do you currently use any medicinal herb? **If "YES", ask, "How often?":** (536)
 - 1 Yes, daily
 - 2 Yes, weekly
 - 3 Yes, monthly
 - 4 Yes, less than once a month
 - 5 No
 - 7 Don't know/Not sure
 - 9 Refused

4. Have you ever discussed your use of medicinal herbs with your primary care doctor or health care provider? (537)
 - 1 Yes
 - 2 No
 - 3 Do not have a doctor
 - 7 Don't know/Not sure
 - 9 Refused

If Q13.6 > 0 then continue, otherwise go to next module

5. Have you ever given your children any medicinal herb products **in the past 12 months?**

(538)

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

NC Module – 11: Disability

DISABILITY-RELATED SUPPLEMENTAL ITEMS

"These next questions are about limitations and support needs you may have in your daily life."

1. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? (539)

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 Q.3 | 4 |
| Don't know/not sure | 7 |
| Refused | 9 |
2. When did your disability begin? (540)
- | | |
|--|---|
| 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 adult) | 4 |
| Ages 40-55 (middle adulthood) | 5 |
| Ages 56 or older (older adulthood) | 6 |
| Don't know/not sure | 7 |
| Refused | 9 |

The next two questions are about your support needs and life satisfaction.

3. How often do you get the social and emotional support you need? (541)

Would you say:

Please Read

- | | |
|---------------------|---|
| a. Always | 1 |
| b. Usually | 2 |
| c. Sometimes | 3 |
| d. Rarely | 4 |
| or | |
| e. Never | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Do not read
these responses

4. In general, how satisfied are you with your life?
Would you say: (542)

Please Read

- | | | |
|----|---------------------|---|
| a. | Very satisfied | 1 |
| b. | Satisfied | 2 |
| c. | Dissatisfied | 3 |
| | or | |
| d. | Very dissatisfied | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Do not read
These responses

5. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (543)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

6. What is the farthest distance you can walk by yourself, without any special equipment or help from others? (544)

Please Read

- | | | |
|----|-------------------------------------|---|
| a. | Not any distance | 1 |
| b. | Across a small room | 2 |
| c. | About the length of a typical house | 3 |
| d. | About one or two city blocks | 4 |
| e. | About one mile | 5 |
| | or | |
| f. | More than one mile | 6 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Do not read
these responses

IF "YES" TO Q. 14.1 OR 14.2 IN THE CORE, OR "YES-mild, YES-moderate, or YES-severe" to Q1 or "YES" to Q5, ask Q-7, Q-8, Q-9, and Q-10. OTHERWISE, GO TO Q11.

7. What is your **MAJOR** impairment or health problem? (545-546)

		Reason Codes - Read only if necessary	--
If respondent says	a.	Circulatory (heart)	01
"I'm not limited," say	b.	Respiratory (lung)	02
"I'm referring to the health problem or use of special equipment when I asked earlier about limitations in your daily life."	c.	Musculoskeletal (arthritis)	03
	d.	Central nervous system	04
	e.	Immunological	05
	f.	Metabolic/digestive (diabetes)	06
	g.	Skin	07
	h.	Endurance	08
	i.	Unspecified pain	09
	j.	Cancer	10
	k.	Mental/emotional	11
	l.	Moving from place to place	12
	m.	Bodily movement	13
	n.	Seeing	14
	o.	Hearing	15
	p.	Learning	16
	q.	Communicating	17
	r.	Personal care	18
	s.	Routine activities	19
	t.	Other impairment / problem	20
		Don't know/Not sure	77
		No impairment or health problem reported	88
		Refused	99

8. For **HOW LONG** have your activities been limited because of your major impairment or health problem? (547-549)

a.	Days	1 --
b.	Weeks	2 --
c.	Months	3 --
d.	Years	4 --
	Don't know/Not sure	7 7 7
	Refused	9 9 9

9. 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? (550)
- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
10. 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? (551)
- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
11. 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? (552-553)
- | | | |
|----|---------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |
12. During the past 30 days, for about how many days have you felt **SAD, BLUE, or DEPRESSED?** (554-555)
- | | | |
|----|---------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |
13. During the past 30 days, for about how many days have you felt **WORRIED, TENSE, or ANXIOUS?** (556-557)
- | | | |
|----|---------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

14. During the past 30 days, for about how many days have you felt that you did not get **ENOUGH REST** or **SLEEP**? (558-559)
- | | | |
|----|---------------------|-----|
| a. | Number of days | — — |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |
15. During the past 30 days, for about how many days have you felt **VERY HEALTHY** and **FULL OF ENERGY**? (560-561)
- | | | |
|----|---------------------|-----|
| a. | Number of days | — — |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

If number of adults equals 1 and core Q13.6 is "none," go to next section.

16. Is there anyone [fill in 'else' if "YES" TO Q. 14.1 OR 14.2 in the core, OR "YES-mild, YES-moderate, or YES-severe" to Q1 or "YES" to Q5] in your household who is **limited** in any way in any activities because of any physical, mental, or emotional problem or who uses special equipment? (562)
- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| | Don't know/Not sure Go to next section | 7 |
| | Refused Go to next section | 9 |

How old are these people?

Code ages	17.	person 1	— —	(563-564)
97 = 97 and older	18.	person 2	— —	(565-566)
98 = DK/NS	19.	person 3	— —	(567-568)
99 = Refused	20.	person 4	— —	(569-570)
	21.	person 5	— —	(571-572)

IF Q7 equals missing (skipped), go to next module, otherwise ask Q22 and Q23

22. How much does your disability, impairment, or health problem limit the amount or type of work you can do at a job, at school, or around the house? (573)

Would you say:

Please Read

Not at all	1
Slightly	2
Moderately	3
Severely	4
Don't know/not sure	9

23. How much does your disability, impairment, or health problem limit you in other activities, such as sports, social and community life, or family life? (574)

Would you say:

Please Read

Not at all	1
Slightly	2
Moderately	3
Severely	4
Don't know/not sure	7
Refused	9

NC-Module 12: Family Planning

If respondent is male, OR Female 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 Q13.17), go to Q2a.

1. Have you been pregnant in the last 5 years? (577)
 - a. Yes..... 1
 - b. No **Go to Q3a** 2
 - Don't know/Not sure **Go to Q3a** 7
 - Refused **Go to Q3a** 9

2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (578)

Would you say: **Please Read**

- a. You wanted to be pregnant sooner **Go to Q3a**..... 1
- b. You wanted to be pregnant later **Go to Q3a**..... 2
- c. You wanted to be pregnant then **Go to Q3a** 3
- d. You didn't want to be pregnant then or
at anytime in the future **Go to Q3a** 4

or

- e. You don't know **Go to Q3a** 7
- Refused **Go to Q3a** 9

Do not read

- 2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (579)

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 4

or

- e. You don't know..... 7
- Refused..... 9

Do not read

3a. Have you had a hysterectomy?	(580)
A hysterectomy	Yes Go to Q6
is an operation	No Go to Q3b
to remove the	Don't know/Not sure Go to Q6
uterus (womb)	Refused Go to Q6
method code	

If respondent had hysterectomy ("Yes" to Q3a) or is pregnant now ("Yes" to core Q13.17), go to Q6.

3b. 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.(581)

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 Q13.5] using now? (582-583)

Kind Code..... _ _

Read Only if Necessary

If more than one, ask "which one is most often" and select that one	a. Tubes tied (sterilization) Go to Q6	0 1
	b. Vasectomy (sterilization) Go to Q6	0 2
	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 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?..... (584-585)

Reason Code..... _ _

Read Only if Necessary

If more than one reason choose the first reason	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.....	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? (586)

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? (587)

Example: a Planned Parenthood Clinic	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

8. How long has it been since you used the services at a family planning clinic?.....(588)

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 |

NC Module – 14: Sexual Assault/Physical Violence

These next questions may be hard for you to answer, but the information is very important and, again, 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? (481)

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? (482)
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? (483)

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? (484)

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).

(485)

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?

(486)

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

CDC - OPTIONAL MODULES**Module CDC-1: Diabetes****To be asked following core Q7.1 if response is "yes"**

1. How old were you when you were told you have diabetes? (401-402)

	Code age in years [97 = 97 and older]
9 8	Don't know/Not sure
9 9	Refused

2. Are you now taking insulin? (403)

1	Yes
2	No
9	Refused

3. Are you now taking diabetes pills? (404)

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

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. (405-407)

1	__ __	Times per day
2	__ __	Times per week
3	__ __	Times per month
4	__ __	Times per year
8	8 8	Never
7	7 7	Don't know/Not sure
9	9 9	Refused

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. (408-410)

1 ___ ___ Times per day
 2 ___ ___ Times per week
 3 ___ ___ Times per month
 4 ___ ___ Times per year
 8 8 8 Never
 5 5 5 No feet
 7 7 7 Don't know/Not sure
 9 9 9 Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (411)

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (413-413)

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

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"? (414-415)

___ ___ Number of times [**76 = 76 or more**]
 8 8 None
 9 8 Never heard of hemoglobin "A one C" test
 7 7 Don't know/Not sure
 9 9 Refused

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? (416-417)

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

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. (418)

Read Only if Necessary

1	Within the past month (anytime less than 1 month ago)
2	Within the past year (1 month but less than 12 months ago)
3	Within the past 2 years (1 years but less than 2 years ago)
4	2 or more years ago
8	Never
7	Don't know/Not sure
9	Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (419)

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

12. Have you ever taken a course or class in how to manage your diabetes yourself? (420)

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

Module CDC-6: Oral Health

1. How long has it been since you last visited a dentist or a dental clinic for any reason?
(257)

Read Only if Necessary

Include visits to dental specialists, such as orthodontists	1	Within the past year (1 to 12 months ago)
	2	Within the past 2 years (1 to 2 years ago)
	3	Within the past 5 years (2 to 5 years ago)
	4	5 or more years ago
	7	Don't know/Not sure
	8	Never
	9	Refused

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.
(258)

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

If "never" to Q1 or "all" to Q2, go to Q4.

3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
(259)

Read Only if Necessary

1	Within the past year (1 to 12 months ago)
2	Within the past 2 years (1 to 2 years ago)
3	Within the past 5 years (2 to 5 years ago)
4	5 or more years ago
7	Don't know/Not sure
8	Never
9	Refused

If "within the past year," to Q1 or Q3, go to Q5.

4. What is the main reason you have not visited the dentist in the past year? (260-261)

— — Reason code

Read Only if Necessary

- 0 1 Fear, apprehension, nervousness, pain, dislike going
- 0 2 Cost
- 0 3 Do not have/know a dentist
- 0 4 Cannot get to the office/clinic (too far away, no transportation,
no appointments available)
- 0 5 No reason to go (no problems, no teeth)
- 0 6 Other priorities
- 0 7 Have not thought of it
- 0 8 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (262)

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

Module CDC-8: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

1. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.
 - a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (421)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (422)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - c. Do you think chest pain or discomfort are symptoms of a heart attack? (423)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - d. Do you think sudden trouble seeing in one or both eyes is a symptom of a heart attack? (424)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - e. Do you think pain or discomfort in the arms or shoulder are symptoms of a heart attack? (425)

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

9 Refused

f. Do you think shortness of breath is a symptom of a heart attack? (426)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure. (427)

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (428)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

c. Do you think sudden trouble seeing in one or both eyes is a symptom of a stroke? (429)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

d. Do you think sudden chest pain or discomfort are symptoms of a stroke? (430)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

e. Do you think sudden trouble walking, dizziness, or loss of balance are symptoms of a stroke? (431)

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

f. Do you think severe headache with no known cause is a symptom of a stroke? (432)

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

3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (433)

Please Read

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member
or
- 5 Do something else
- 7 Don't know/Not sure
- 9 Refused

**Do not read
these responses**

Module CDC-9: Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, are you...
 - a. Eating fewer high fat or high cholesterol foods? (434)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
 - b. Eating more fruits and vegetables? (435)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
 - c. More physically active? (436)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
2. Within the past 12 months, has a doctor, nurse, or other health professional told you to... (437)
 - a. Eat fewer high fat or high cholesterol foods?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
 - b. Eat more fruits and vegetables? (438)
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

- c. Be more physically active? (439)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
3. Has a doctor, nurse, or other health professional ever told you that you had any of the following? (440)
- a. A heart attack, also called a myocardial infarction
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- b. Angina or coronary heart disease (441)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |
- c. A stroke (442)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

If "yes" to Q3a continue. Otherwise, go to Q 5.

4. At what age did you have your first heart attack? (443-444)
- | | |
|-----|---------------------|
| ___ | Code age in years |
| 0 7 | Don't know/Not sure |
| 0 9 | Refused |

If "yes" to Q3c, continue. Otherwise, go to Q6.

5. At what age did you have your first stroke? (445-446)

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

If yes to question 3a or 3c, continue, Otherwise, go to Q7.

6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "yes" to Q3c and "no" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (447)

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

If respondent is aged 35 years or older continue with Q7, otherwise go to next module.

7. Do you take aspirin daily or every other day? (448)

1	Yes Go to Q9
2	No
7	Don't know/Not sure
9	Refused

8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (449)

If "yes," ask "Is this a stomach condition?" Code	1	Yes, not stomach related Go to Next Module
upset stomachs as	2	Yes, stomach problems Go to Next Module
stomach problems	3	No Go to Next Module
	7	Don't know/Not sure Go to Next Module
	9	Refused Go to Next Module

9. Why do you take aspirin... (450)

- a. To relieve pain?

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

b. To reduce the chance of a heart attack?

(451)

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

c. To reduce the chance of a stroke?

(452)

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

Module CDC-10: 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.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (453-455)

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

2. Not counting juice, how often do you eat fruit? (456-458)

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

3. How often do you eat green salad? (459-461)

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. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?
(462-464)

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

5. How often do you eat carrots? (465-467)

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

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(468-470)

Example:
A serving of
vegetables at
both lunch
and dinner
would be two
servings

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

Module CDC-12: Folic Acid

1. Do you currently take any vitamin pills or supplements? (471)

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

2. Are any of these a multivitamin? (472)

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

3. Do any of the vitamin pills or supplements you take contain folic acid? (473)

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

4. How often do you take this vitamin pill or supplement? (474-476)

1	__ __	Times per day
2	__ __	Times per week
3	__ __	Times per month
7	7 7 7	Don't know/Not sure
9	9 9 9	Refused

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... (477)

		Please Read
	1	To make strong bones
	2	To prevent birth defects
	3	To prevent high blood pressure
		or
	4	Some other reason
Do not read these responses	7	Don't know/Not sure
	9	Refused

NC Modules (State added questions)**NC Module – 2: Substance Abuse**

- | | | | |
|----|---|---|-------|
| 1. | Have you ever received counseling or treatment for a substance abuse problem including alcohol? | | (404) |
| | Yes | 1 | |
| | No | 2 | |
| | Don't know/Not sure | 7 | |
| | Refused | 9 | |
| 2. | In the past five years, have you ever been arrested for driving while impaired? | | (405) |
| | Yes | 1 | |
| | No | 2 | |
| | Don't know/Not sure | 7 | |
| | Refused | 9 | |
| 3. | Has any close family member received treatment for a substance abuse problem? | | (406) |
| | Yes | 1 | |
| | No | 2 | |
| | Don't know/Not sure | 7 | |
| | Refused | 9 | |

NC Module - 3: Health Care Coverage and Utilization

The next questions are about health care and cancer.

1. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (409)

- 1 Yes
- 2 No **Go to Q3**
- 7 Don't know/Not sure **Go to Q3**
- 9 Refused **Go to Q3**

2. What kind of place is it? (410)
Would you say:

Please Read

- 1 A doctor's office or HMO
- 2 A clinic or health center
- 6 A hospital outpatient department
- 7 A hospital emergency room
- 8 An urgent care center
- 6 A Health Department
- or
- 8 Some other kind of place
- 7 Don't know/Not sure
- 9 Refused

**Do not read
these responses**

3. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost? (411)

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

NC Module - 4: Cancer

2. Have you ever been told by a doctor, nurse, or other health professional that you had cancer-

[IF “YES” to Core Q16.5, add “excluding your prostate cancer”] (414)

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

3. What type of cancer was/is it? (415-418)

[CHECK ALL THAT APPLY]

Breast	1
Colorectal	2
Skin Cancer	3
Other	4
Don't know/not sure	7
Refused	9

NC Module - 7: Hypertension Screening

The next 3 questions are about hypertension and physical activity.

1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

[Read only if necessary.] (435)

- 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

NC Module - 8: Physical Activity Questions

1. What type of physical activity or exercise did you spend the most time doing during the past month? (526-527)

[See coding list A.]

Activity [specify]: _____

No Activity 8 8

Refused 9 9

2. What other type of physical activity gave you the next most exercise during the past month? (528-529)

[See coding list A.]

Activity [specify]: _____

No other activity 8 8

Refused 9 9

NC Module – 9: Osteoporosis Prevention

(Ask only women age 45 and older)

1. Has a doctor or other health professional ever talked with you about preventing osteoporosis or its complications through lifestyle changes, such as diet and exercise? (530)

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 2 years (1 to 2 years ago).....	2
If needed for explanation, say: “Osteoporosis is a bone disease that can lead to fractures and other bone problems.”	c.	Yes, within the past 3 years (2 to 3 years ago).....	3
	d.	Yes, 3 or more years ago	4
		No	5
		Don’t know/Not sure.....	7
		Refused.....	9

2. Are you taking any vitamin pills or supplements that contain calcium, to lower your risk of osteoporosis or weak bones? (531)

a.	Yes.....	1
b.	No.....	2
	Don’t know/Not sure	7
	Refused.....	9

NC Module-11A Disability (2 questions on Questionnaire B)

1. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? (459)

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	4
Don't know/Not sure	7
Refused	9

2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (460)

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

NC-Module 12: Family Planning

If respondent is male, OR Female 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 Q13.17), go to Q2a.

1. Have you been pregnant in the last 5 years? (577)
 - a. Yes..... 1
 - b. No **Go to Q3a** 2
 - Don't know/Not sure **Go to Q3a** 7
 - Refused **Go to Q3a** 9

2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (578)

Would you say: **Please Read**

- a. You wanted to be pregnant sooner **Go to Q3a**..... 1
- b. You wanted to be pregnant later **Go to Q3a**..... 2
- c. You wanted to be pregnant then **Go to Q3a** 3
- d. You didn't want to be pregnant then or
at anytime in the future **Go to Q3a** 4

or

- e. You don't know **Go to Q3a** 7
- Refused **Go to Q3a** 9

Do not read

- 2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (579)

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 4

or

- e. You don't know..... 7
- Refused..... 9

Do not read

3a. Have you had a hysterectomy?	(580)
A hysterectomy is an operation to remove the uterus (womb) method code	
Yes Go to Q6	1
No Go to Q3b	2
Don't know/Not sure Go to Q6	7
Refused Go to Q6	9

If respondent had hysterectomy ("Yes" to Q3a) or is pregnant now ("Yes" to core Q13.17), go to Q6.

3b. 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. (581)

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 Q13.5] using now? (582-583)

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, ask "which one is most often" and select that one	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 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?..... (584-585)

Reason Code..... _ _

Read Only if Necessary

**If more than
one reasons, choose
the first reason**

- | | |
|--|-----|
| 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..... | 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? (586)

Would you say: **Please Read**

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

7. Have you ever used the services at a family planning clinic? (587)

- | | | |
|---|--|---|
| Example:
a Planned
Parenthood
Clinic | 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 |

8. How long has it been since you used the services at a family planning clinic?.....(588)

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 |

NC Module - 13: Sexual Behavior

If respondent 65 years old or older, go to next module.

Next few questions concerning sexual behavior are strictly confidential and asked to help **NC HIV/AIDS Prevention Program**. They are very sensitive in nature and you can always refuse if you prefer.

1. During the past 12 months, with how many people have you had sexual intercourse? (589-590)

— —	Number [11 = 11 or more]
8 8	None Go to Next Module
7 7	Don't know/Not sure
9 9	Refused

2. Was a condom used the last time you had sexual intercourse? (591)

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

3. The last time you had sexual intercourse, was the condom used ... (592)

	Please Read
1	To prevent pregnancy
2	To prevent diseases like syphilis, gonorrhea, and AIDS
3	For both of these reasons
	or
4	For some other reason
7	Don't know/Not sure
9	Refused

**Do not read
these responses**

4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say: (593)

	Please Read
1	Very effective
2	Somewhat effective
	or
3	Not at all effective
4	Don't know how effective
5	Don't know method
9	Refused

**Do not read
these responses**

NC Module – 14: Sexual Assault/Physical Violence

These next questions may be hard for you to answer, but the information is very important and, again, 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? (594)

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? (595)
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? (596)

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? (597)

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). (598)

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? (599)

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