**Behavioral Risk Factor Surveillance System Questionnaire**

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</tr>
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<td>6</td>
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</tr>
<tr>
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<td>4</td>
<td>27</td>
</tr>
<tr>
<td>Section 18: HIV/AIDS</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td></td>
</tr>
</tbody>
</table>

**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

Don't know/Not sure
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)

<table>
<thead>
<tr>
<th>Number of days</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>None</td>
</tr>
<tr>
<td>7 7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Number of days</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>None If Q1.2 also &quot;None,&quot; go to Q2.1</td>
</tr>
<tr>
<td>7 7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Number of days</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>None</td>
</tr>
<tr>
<td>7 7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
**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?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  Go to Q2.3</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure Go to Q2.3</td>
</tr>
<tr>
<td>9</td>
<td>Refused Go to Q2.3</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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

If "no," ask  
"Is there more than one or is there no person who you think of?"  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, only one</td>
</tr>
<tr>
<td>2</td>
<td>More than one</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No Go to Q5.1</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure Go to Q5.1</td>
</tr>
<tr>
<td>9</td>
<td>Refused Go to Q5.1</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
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?  

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?  

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)

<table>
<thead>
<tr>
<th>If &quot;Yes&quot; and female, ask</th>
<th>Yes, but female told only during pregnancy</th>
<th>&quot;Was this only when you were pregnant?&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Yes, but female told only during pregnancy</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
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</table>
## Section 8: Arthritis

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

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>Go to Q8.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
<td>Go to Q8.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td>Go to Q8.5</td>
<td></td>
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</table>

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

<p>| | | | | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
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8.3. Are you now limited in any way in any activities because of joint symptoms?  

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
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</table>

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

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
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</table>

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?  

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<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>Go to 9.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
<td>Go to 9.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td>Go to 9.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8.6. Are you currently being treated by a doctor for arthritis?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

(96)
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)

<table>
<thead>
<tr>
<th>5 packs</th>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 100 cigarettes</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Don’t know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

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

| Every day | 1 |
| Some days | 2 |
| Not at all | 3 |
| Refused | 9 |

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

| Yes | 1 |
| No | 2 |
| Don’t know/Not sure | 7 |
| Refused | 9 |
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?  

<table>
<thead>
<tr>
<th>Days per week</th>
<th>Days in past 30</th>
<th>None in past 30 days</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 __ __</td>
<td>2 __ __</td>
<td>8 8 8</td>
<td>7 7 7</td>
<td>9 9 9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of drinks</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 7</td>
<td>9 9</td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Number of times</th>
<th>None</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>7 7</td>
<td>9 9</td>
<td></td>
</tr>
</tbody>
</table>
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.

1  Yes
2  No
7  Don’t know/Not sure
9  Refused
Section 13: Demographics

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Age in years</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>0</td>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

13.2. Are you Hispanic or Latino? (112)

<table>
<thead>
<tr>
<th>Code</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

13.3. Which one or more of the following would you say is your race? (113-118)

Please Read

Mark all that apply
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. No additional choices

Do not read these responses
7. Don’t know/Not sure
9. Refused
13.4. Which one of these groups would you say best represents your race?  

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:  

Please Read  

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

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

___  Number of children  
8  8  None  
9  9  Refused
13.7. What is the highest grade or year of school you completed?  

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:  

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  
8 Unable to work  
9 Refused

13.9. Is your annual household income from all sources:  

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)

<table>
<thead>
<tr>
<th>Round fractions up</th>
<th>Weight (pounds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 7 7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9 9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Round fractions down</th>
<th>Height (ft/inches)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 7 7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9 9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>___ ___</th>
<th>FIPS county code</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 7 7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9 9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>___</th>
<th>Residential telephone numbers [6=6 or more]</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know/Not sure Go to Q13.15</td>
</tr>
<tr>
<td>9</td>
<td>Refused Go to Q13.15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>___</th>
<th>Number of adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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

1  Male Go to Q14.1
2  Female
13.17. To your knowledge, are you now pregnant? (140)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
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 or

1 Mostly sitting or standing
2 Mostly walking
3 Mostly heavy labor or physically demanding work
Do not read
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)

<table>
<thead>
<tr>
<th>Days per week</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>8 8</td>
<td>Does not exercise 10 minutes weekly Go to 16.1</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Hours and minutes per day</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 7 7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9 9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
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?  

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?  

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

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?  

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?  

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

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

Do not read these responses
7 Don’t know/Not sure
9 Refused
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

saliva tests

Code month and year
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]?

<table>
<thead>
<tr>
<th>Reason code</th>
<th>Reason code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1</td>
<td>For hospitalization or surgical procedure</td>
</tr>
<tr>
<td>0 2</td>
<td>To apply for health insurance</td>
</tr>
<tr>
<td>0 3</td>
<td>To apply for life insurance</td>
</tr>
<tr>
<td>0 4</td>
<td>For employment</td>
</tr>
<tr>
<td>0 5</td>
<td>To apply for a marriage license</td>
</tr>
<tr>
<td>0 6</td>
<td>For military induction-or military service</td>
</tr>
<tr>
<td>0 7</td>
<td>For immigration</td>
</tr>
<tr>
<td>0 8</td>
<td>Just to find out if you were infected</td>
</tr>
<tr>
<td>0 9</td>
<td>Because of referral by a doctor</td>
</tr>
<tr>
<td>1 0</td>
<td>Because of pregnancy</td>
</tr>
<tr>
<td>1 1</td>
<td>Referred by your sex partner</td>
</tr>
<tr>
<td>1 3</td>
<td>For routine check-up</td>
</tr>
<tr>
<td>1 4</td>
<td>Because of occupational exposure</td>
</tr>
<tr>
<td>1 5</td>
<td>Because of illness</td>
</tr>
<tr>
<td>1 6</td>
<td>Because I am at risk for HIV</td>
</tr>
<tr>
<td>8 7</td>
<td>Other</td>
</tr>
<tr>
<td>7 7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
18.8. Where did you have the HIV test in [fill in date from Q18.6]? (177-178)

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

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.
Module CDC-6: Oral Health

1. How long has it been since you last visited a dentist or a dental clinic for any reason?
   
   **Read Only if Necessary**

<table>
<thead>
<tr>
<th>Include visits to dental specialists, such as orthodontists</th>
<th>Read Only if Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Within the past year (anytime less than 12 months ago)</td>
<td>(257)</td>
</tr>
<tr>
<td>2. Within the past 2 years (1 year but less than 2 years ago)</td>
<td></td>
</tr>
<tr>
<td>3. Within the past 5 years (2 years but less than 5 years ago)</td>
<td></td>
</tr>
<tr>
<td>4. 5 or more years ago</td>
<td></td>
</tr>
<tr>
<td>7. Don’t know/Not sure</td>
<td></td>
</tr>
<tr>
<td>8. Never</td>
<td></td>
</tr>
<tr>
<td>9. Refused</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

   **Read Only if Necessary**

<table>
<thead>
<tr>
<th>Include teeth lost due to &quot;infection&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 1 to 5</td>
</tr>
<tr>
<td>2. 6 or more but not all</td>
</tr>
<tr>
<td>3. All</td>
</tr>
<tr>
<td>8. None</td>
</tr>
<tr>
<td>7. Don’t know/Not sure</td>
</tr>
<tr>
<td>9. Refused</td>
</tr>
</tbody>
</table>

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

   **Read Only if Necessary**

<table>
<thead>
<tr>
<th>Read Only if Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Within the past year (anytime less than 12 months ago)</td>
</tr>
<tr>
<td>2. Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>3. Within the past 5 years (2 years but less than 5 years ago)</td>
</tr>
<tr>
<td>4. 5 or more years ago</td>
</tr>
<tr>
<td>7. Don’t know/Not sure</td>
</tr>
<tr>
<td>8. Never</td>
</tr>
<tr>
<td>9. Refused</td>
</tr>
</tbody>
</table>
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

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 work’s official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (488)

<table>
<thead>
<tr>
<th>Please Read</th>
</tr>
</thead>
<tbody>
<tr>
<td>For workers who visit clients, &quot;place of work&quot; means their base location</td>
</tr>
<tr>
<td>1 Not allowed in any public areas</td>
</tr>
<tr>
<td>2 Allowed in some public areas</td>
</tr>
<tr>
<td>3 Allowed in all public areas</td>
</tr>
<tr>
<td>4 No official policy</td>
</tr>
<tr>
<td>7 Don’t know/Not sure</td>
</tr>
<tr>
<td>9 Refused</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Please Read</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Not allowed in any work areas</td>
</tr>
<tr>
<td>2 Allowed in some work areas</td>
</tr>
<tr>
<td>3 Allowed in all work areas</td>
</tr>
<tr>
<td>4 No official policy</td>
</tr>
<tr>
<td>7 Don’t know/Not sure</td>
</tr>
<tr>
<td>9 Refused</td>
</tr>
</tbody>
</table>
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?  
   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?  
   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?  
   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?
   - 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?
   - 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?
   - 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

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”]

   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?

   [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

   Do not read these responses
   Don't know/Not sure ........................................................................................ 7
   Refused............................................................................................................. 9
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?  

   Yes  
   No  Go to Q6  
  Don’t know/not sure  Go to Q6  
  Refused  Go to Q6  

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?  

   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  

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?  

   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?  

   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?

<table>
<thead>
<tr>
<th>[Read only if necessary.]</th>
<th>(525)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Within the past 6 months (1 to 6 months ago)</td>
<td>1</td>
</tr>
<tr>
<td>b. Within the past year (6 to 12 months ago)</td>
<td>2</td>
</tr>
<tr>
<td>c. Within the past 2 years (1 to 2 years ago)</td>
<td>3</td>
</tr>
<tr>
<td>d. Within the past 5 years (2 to 5 years ago)</td>
<td>4</td>
</tr>
<tr>
<td>e. 5 or more years ago</td>
<td>5</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
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?

   If yes, ask: a. Yes, within the past 12 months (1 to 12 months ago)................................. 1
                   “About how long ago was it?”
   b. Yes, within the past 2 years (1 to 2 years ago)................................................. 2
   c. Yes, within the past 3 years (2 to 3 years ago)................................................. 3
   d. Yes, 3 or more years ago ............................................................................... 4
   If needed for explanation, say:
   “Osteoporosis is a bone disease that can lead to fractures and other bone problems.”
   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?

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

(526-527)
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 \textbf{in the past 12 months}? (538)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
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”?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, mild</td>
<td>1</td>
</tr>
<tr>
<td>Yes, moderate</td>
<td>2</td>
</tr>
<tr>
<td>Yes, severe</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know/not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

2. When did your disability begin? (540)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have had disability since birth</td>
<td>1</td>
</tr>
<tr>
<td>Ages 0-11 (infancy/childhood)</td>
<td>2</td>
</tr>
<tr>
<td>Ages 12-19 (adolescence)</td>
<td>3</td>
</tr>
<tr>
<td>Ages 20-39 (young adult)</td>
<td>4</td>
</tr>
<tr>
<td>Ages 40-55 (middle adulthood)</td>
<td>5</td>
</tr>
<tr>
<td>Ages 56 or older (older adulthood)</td>
<td>6</td>
</tr>
<tr>
<td>Don’t know/not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>1</td>
</tr>
<tr>
<td>Usually</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Rarely</td>
<td>4</td>
</tr>
</tbody>
</table>
| or
| Never       | 5    |

Do not read these responses:

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
4. In general, how satisfied are you with your life? (542)
   Would you say:
   Please Read
   a. Very satisfied
   b. Satisfied
   c. Dissatisfied
   or
   d. Very dissatisfied
   Do not read
   Don't know/Not sure
   Refused

5. Because of any impairment or health problem, do you have any trouble learning,
   remembering, or concentrating? (543)
   a. Yes
   b. No
   Don't know/Not sure
   Refused

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
   b. Across a small room
   c. About the length of a typical house
   d. About one or two city blocks
   e. About one mile
   or
   f. More than one mile
   Do not read
   Don't know/Not sure
   Refused
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)

<table>
<thead>
<tr>
<th>Reason Codes - Read only if necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Circulatory (heart)</td>
</tr>
<tr>
<td>02 Respiratory (lung)</td>
</tr>
<tr>
<td>03 Musculoskeletal (arthritis)</td>
</tr>
<tr>
<td>04 Central nervous system</td>
</tr>
<tr>
<td>05 Immunological</td>
</tr>
<tr>
<td>06 Metabolic/digestive (diabetes)</td>
</tr>
<tr>
<td>07 Skin</td>
</tr>
<tr>
<td>08 Endurance</td>
</tr>
<tr>
<td>09 Unspecified pain</td>
</tr>
<tr>
<td>10 Cancer</td>
</tr>
<tr>
<td>11 Mental/emotional</td>
</tr>
<tr>
<td>12 Moving from place to place</td>
</tr>
<tr>
<td>13 Bodily movement</td>
</tr>
<tr>
<td>14 Seeing</td>
</tr>
<tr>
<td>15 Hearing</td>
</tr>
<tr>
<td>16 Learning</td>
</tr>
<tr>
<td>17 Communicating</td>
</tr>
<tr>
<td>18 Personal care</td>
</tr>
<tr>
<td>19 Routine activities</td>
</tr>
<tr>
<td>20 Other impairment / problem</td>
</tr>
<tr>
<td>77 Don't know/Not sure</td>
</tr>
<tr>
<td>88 No impairment or health problem reported</td>
</tr>
<tr>
<td>99 Refused</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason Codes - Read only if necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Days</td>
</tr>
<tr>
<td>2 Weeks</td>
</tr>
<tr>
<td>3 Months</td>
</tr>
<tr>
<td>4 Years</td>
</tr>
<tr>
<td>77 Don't know/Not sure</td>
</tr>
<tr>
<td>99 Refused</td>
</tr>
</tbody>
</table>
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**?

   a. Number of days
   b. None
      - Don't know/Not sure
      - Refused

15. During the past 30 days, for about how many days have you felt **VERY HEALTHY** and **FULL OF ENERGY**?

   a. Number of days
   b. None
      - Don't know/Not sure
      - Refused

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?

   a. Yes
   b. No  **Go to next section**
      - Don't know/Not sure  **Go to next section**
      - Refused  **Go to next section**

How old are these people?

<table>
<thead>
<tr>
<th>Code ages</th>
<th>17. person 1</th>
<th>18. person 2</th>
<th>19. person 3</th>
<th>20. person 4</th>
<th>21. person 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>97 = 97 and older</td>
<td>97</td>
<td>97</td>
<td>97</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>98 = DK/NS</td>
<td>98</td>
<td>98</td>
<td>98</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>99 = Refused</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
<td>99</td>
</tr>
</tbody>
</table>
IF Q7 equals missing (skipped), go to next module, otherwise ask Q22 and Q23

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>(573)</td>
</tr>
<tr>
<td>Would you say:</td>
<td></td>
</tr>
<tr>
<td><strong>Please Read</strong></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
<tr>
<td>Slightly</td>
<td>2</td>
</tr>
<tr>
<td>Moderately</td>
<td>3</td>
</tr>
<tr>
<td>Severely</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know/not sure</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>(574)</td>
</tr>
<tr>
<td>Would you say:</td>
<td></td>
</tr>
<tr>
<td><strong>Please Read</strong></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
<tr>
<td>Slightly</td>
<td>2</td>
</tr>
<tr>
<td>Moderately</td>
<td>3</td>
</tr>
<tr>
<td>Severely</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know/not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
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

   Do not read
   Refused  Go to Q3a ............................................................................................ 9

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

   Do not read
   Refused ............................................................................................................. 9
3a. Have you had a hysterectomy? .................................................................

A hysterectomy
Yes Go to Q6 ................................................................................ 1

is an operation
No Go to Q3b .................................................................................... 2

to remove the
Don't know/Not sure Go to Q6 ......................................................... 7
uterus (womb)
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. .................................................................

   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? .............................................................................................

Kind Code............................................................................................

   Read Only if Necessary
   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

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? 

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).

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?

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**

<table>
<thead>
<tr>
<th>Question</th>
<th>Code Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How old were you when you were told you have diabetes?</td>
<td>(401-402)</td>
</tr>
<tr>
<td>Code age in years</td>
<td>[97 = 97 and older]</td>
</tr>
<tr>
<td>9 8 Don’t know/Not sure</td>
<td></td>
</tr>
<tr>
<td>9 9 Refused</td>
<td></td>
</tr>
<tr>
<td>2. Are you now taking insulin?</td>
<td>(403)</td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td>9 Refused</td>
<td></td>
</tr>
<tr>
<td>3. Are you now taking diabetes pills?</td>
<td>(404)</td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
</tr>
<tr>
<td>7 Don’t know/Not sure</td>
<td></td>
</tr>
<tr>
<td>9 Refused</td>
<td></td>
</tr>
<tr>
<td>4. About how often do you check your blood for glucose or sugar?</td>
<td>(405-407)</td>
</tr>
<tr>
<td>Include times when checked by a family member or friend, but do not</td>
<td>include times when checked by a health professional.</td>
</tr>
<tr>
<td>1 Times per day</td>
<td></td>
</tr>
<tr>
<td>2 Times per week</td>
<td></td>
</tr>
<tr>
<td>3 Times per month</td>
<td></td>
</tr>
<tr>
<td>4 Times per year</td>
<td></td>
</tr>
<tr>
<td>8 8 8 Never</td>
<td></td>
</tr>
<tr>
<td>7 7 7 Don’t know/Not sure</td>
<td></td>
</tr>
<tr>
<td>9 9 9 Refused</td>
<td></td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th></th>
<th>Times per day</th>
<th>Times per week</th>
<th>Times per month</th>
<th>Times per year</th>
<th>Never</th>
<th>No feet</th>
<th>Don’t know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>2</td>
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<td>3</td>
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<td>6</td>
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<td></td>
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<tr>
<td>7</td>
<td>9</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>Number of times</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>Number of times [76 = 76 or more]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>9</td>
<td>Never heard of hemoglobin &quot;A one C&quot; test</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (416-417)

<table>
<thead>
<tr>
<th>Number of times</th>
<th>8 8</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7 7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td></td>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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?  
   
   Read Only if Necessary
   
   Include
   
   visits to
   
   dental specialists, such as orthodontists
   
   as orthodontists
   
   dontists
   
   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.
   
   Read Only if Necessary
   
   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?  
   
   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
4. What is the main reason you have not visited the dentist in the past year? (260-261)

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

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)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
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...

   a. Eat fewer high fat or high cholesterol foods? (437)
      
      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?  

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?  

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  

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

c. A stroke  

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?  

__ __  

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)

\[
\begin{array}{ccc}
\text{Code age in years} & 0 & 7 \\
\text{Don’t know/Not sure} & 0 & 9 \\
\text{Refused} & 0 & 9
\end{array}
\]

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)

\[
\begin{array}{ccc}
1 & \text{Yes} \\
2 & \text{No} \\
7 & \text{Don’t know/Not sure} \\
9 & \text{Refused}
\end{array}
\]

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)

\[
\begin{array}{ccc}
1 & \text{Yes} & \text{Go to Q9} \\
2 & \text{No} \\
7 & \text{Don’t know/Not sure} \\
9 & \text{Refused}
\end{array}
\]

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

\[
\begin{array}{ccc}
1 & \text{Yes, not stomach related} & \text{Go to Next Module} \\
2 & \text{Yes, stomach problems} & \text{Go to Next Module} \\
3 & \text{No} & \text{Go to Next Module} \\
7 & \text{Don’t know/Not sure} & \text{Go to Next Module} \\
9 & \text{Refused} & \text{Go to Next Module}
\end{array}
\]

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

a. To relieve pain?

\[
\begin{array}{ccc}
1 & \text{Yes} \\
2 & \text{No} \\
7 & \text{Don’t know/Not sure} \\
9 & \text{Refused}
\end{array}
\]
b. To reduce the chance of a heart attack?
   1 Yes
   2 No
   7 Don’t know/Not sure
   9 Refused

(451)

c. To reduce the chance of a stroke?
   1 Yes
   2 No
   7 Don’t know/Not sure
   9 Refused

(452)
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)

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 7 9</td>
</tr>
<tr>
<td>Per day  Per week  Per month  Per year  Never  Don't know/Not sure  Refused</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 7 9</td>
</tr>
<tr>
<td>Per day  Per week  Per month  Per year  Never  Don't know/Not sure  Refused</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 7 9</td>
</tr>
<tr>
<td>Per day  Per week  Per month  Per year  Never  Don't know/Not sure  Refused</td>
</tr>
</tbody>
</table>
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:

1 ___ Per day
A serving of
vegetables at
both lunch
and dinner
would be two
servings

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 Don't know/Not sure
   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?  
   - 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?  
   - 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?  
   - 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

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”]

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?

[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.]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Within the past 6 months (1 to 6 months ago)</td>
<td>1</td>
</tr>
<tr>
<td>b. Within the past year (6 to 12 months ago)</td>
<td>2</td>
</tr>
<tr>
<td>c. Within the past 2 years (1 to 2 years ago)</td>
<td>3</td>
</tr>
<tr>
<td>d. Within the past 5 years (2 to 5 years ago)</td>
<td>4</td>
</tr>
<tr>
<td>e. 5 or more years ago</td>
<td>5</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
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:
   a. Yes, within the past 12 months (1 to 12 months ago) .................................................. 1
   “About how long ago was it?”
   b. Yes, within the past 2 years (1 to 2 years ago) ................................................................. 2
   If needed for explanation, say:
   c. Yes, within the past 3 years (2 to 3 years ago) ................................................................. 3
   d. Yes, 3 or more years ago ................................................................................................ 4
   “Osteoporosis is a bone disease that can lead to fractures and other bone problems.”
   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
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
   Do not read Refused Go to Q3a ................................................................................................... 9

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
   Do not read Refused .................................................................................................................. 9
3a. Have you had a hysterectomy?

**A hysterectomy**
- Yes  **Go to Q6**
- No  **Go to Q3b**
- Don't know/Not sure  **Go to Q6**
- Refused  **Go to Q6**

**Is an operation to remove the uterus (womb)**
- Yes  **Go to Q6**
- No  **Go to Q3b**
- Don't know/Not sure  **Go to Q6**
- Refused  **Go to Q6**

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.  

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

4. What kinds of birth control are you or your [fill in (husband/partner) from core Q13.5] using now?

Kind Code........................................................................................................... - - 

**Read Only if Necessary**

- a. Tubes tied (sterilization)  **Go to Q6**
- b. Vasectomy (sterilization)  **Go to Q6**
- c. Pill  **Go to Q6**
- d. Condoms  **Go to Q6**
- e. Foam, jelly, cream  **Go to Q6**
- f. Diaphragm  **Go to Q6**
- g. Norplant  **Go to Q6**
- h. Shots (Depo-Provera)  **Go to Q6**
- i. Withdrawal  **Go to Q6**
- j. Other  **Go to Q6**
- Don't know/Not sure  **Go to Q6**
- Refused  **Go to Q6**

If more than one, ask "which one is most often" and select that one
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 ...................................................................................0 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. 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)

<table>
<thead>
<tr>
<th>Number [11 = 11 or more]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8                     None Go to Next Module</td>
</tr>
<tr>
<td>7 7                     Don't know/Not sure</td>
</tr>
<tr>
<td>9 9                     Refused</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No Go to Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Go to Q4</td>
</tr>
<tr>
<td>9</td>
<td>Go to Q4</td>
</tr>
</tbody>
</table>

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 |
   | 4 | For some other reason |
   | 7 | Don't know/Not sure |
   | 9 | Refused |

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 |
   | 3 | Not at all effective |
   | 4 | Don't know how effective |
   | 5 | Don't know method |
   | 9 | Refused |
1. Has a stranger ever forced you to have sex or to do sexual things?

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?

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?

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?

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).

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?

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