<table>
<thead>
<tr>
<th>CORE SECTIONS</th>
<th># of Questions</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1: Health Status</td>
<td>(1)</td>
<td>3</td>
</tr>
<tr>
<td>Section 2: Health Care Access</td>
<td>(4)</td>
<td>4</td>
</tr>
<tr>
<td>Section 3: Exercise</td>
<td>(1)</td>
<td>6</td>
</tr>
<tr>
<td>Section 4: Fruits and Vegetables</td>
<td>(6)</td>
<td>7</td>
</tr>
<tr>
<td>Section 5: Asthma</td>
<td>(2)</td>
<td>9</td>
</tr>
<tr>
<td>Section 6: Diabetes</td>
<td>(1)</td>
<td>10</td>
</tr>
<tr>
<td>Section 7: Oral Health</td>
<td>(3)</td>
<td>11</td>
</tr>
<tr>
<td>Section 8: Immunization</td>
<td>(3)</td>
<td>12</td>
</tr>
<tr>
<td>Section 9: Tobacco Use</td>
<td>(3)</td>
<td>13</td>
</tr>
<tr>
<td>Section 10: Alcohol Consumption</td>
<td>(4)</td>
<td>14</td>
</tr>
<tr>
<td>Section 11: Seat Belts</td>
<td>(1)</td>
<td>15</td>
</tr>
<tr>
<td>Section 12: Demographics</td>
<td>(16)</td>
<td>16</td>
</tr>
<tr>
<td>Section 13: Family Planning</td>
<td>(4)</td>
<td>20</td>
</tr>
<tr>
<td>Section 14: Women's Health</td>
<td>(7)</td>
<td>22</td>
</tr>
<tr>
<td>Section 15: Prostate Cancer Screening</td>
<td>(5)</td>
<td>24</td>
</tr>
<tr>
<td>Section 16: Colorectal Cancer Screening</td>
<td>(4)</td>
<td>25</td>
</tr>
<tr>
<td>Section 17: HIV/AIDS</td>
<td>(9)</td>
<td>26</td>
</tr>
<tr>
<td>Section 18: Firearms</td>
<td>(3)</td>
<td>29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTIONAL MODULES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1: Diabetes</td>
<td>(12)</td>
<td>30</td>
</tr>
<tr>
<td>Module 5: Healthy Days</td>
<td>(3)</td>
<td>34</td>
</tr>
<tr>
<td>Module 8: Adult Asthma History</td>
<td>(9)</td>
<td>35</td>
</tr>
<tr>
<td>Module 9: Childhood Asthma</td>
<td>(2)</td>
<td>38</td>
</tr>
<tr>
<td>Module 16: Arthritis</td>
<td>(6)</td>
<td>39</td>
</tr>
<tr>
<td>Module 4: Physical Activity</td>
<td>(7)</td>
<td>41</td>
</tr>
<tr>
<td>Module 12: Weight Control</td>
<td>(6)</td>
<td>45</td>
</tr>
<tr>
<td>Module 14: Tobacco Indicators</td>
<td>(9)</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td></td>
<td>54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STATE ADDED QUESTIONS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NC-Module 1: Diabetes Counseling</td>
<td>(2)</td>
<td>33</td>
</tr>
<tr>
<td>NC-Module 2: Physical Activity</td>
<td>(5)</td>
<td>43</td>
</tr>
<tr>
<td>NC-Module 3: Cancer</td>
<td>(2)</td>
<td>50</td>
</tr>
<tr>
<td>NC-Module 4: Disability, Quality of Life and Checkup</td>
<td>(7)</td>
<td>51</td>
</tr>
<tr>
<td>NC-Module 5: Sexual Assault/Physical Violence</td>
<td>(6)</td>
<td>55</td>
</tr>
<tr>
<td>NC-Module 6: Reaction to Race</td>
<td>(6)</td>
<td>55</td>
</tr>
</tbody>
</table>

U:\2002\NC2002Draftnew.doc
9/21/01
HELLO, I'm calling for the (health department) and the Centers for Disease Control and Prevention. My name is (name). We're gathering information on the health of (state) 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

Is this a private residence? If "no" Thank you very much, but we are only interviewing private residences. 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 of (state) residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices. I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. If you have any questions about this survey, I will provide a 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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Please Read Excellent</td>
</tr>
<tr>
<td>2</td>
<td>Very good</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Fair</td>
</tr>
<tr>
<td>5</td>
<td>Poor</td>
</tr>
</tbody>
</table>

**Do not read**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>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? (73)

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

2.2. Do you have one person you think of as your personal doctor or health care provider? (74)

If "no," ask

1 Yes, only one
2 More than one
3 No
7 Don’t know/Not sure
9 Refused

2.3 When you are sick or need advice about your health, to which one of the following places do you usually go? (75)

Would you say: [Please read]

1 A doctor's office
2 A public health clinic or community health center
3 A hospital outpatient department
4 A hospital emergency room
5 Urgent care center
6 Some other kind of place
8 No usual place
7 Don’t know
9 Refused

2.4. Was there a time in the past 12 months when you needed medical care, but could not get it? (76)

1 Yes Go to 2.5
2 No Go to next section
7 Don’t know Go to next section
9 Refused Go to next section
2.5. What is the main reason you did not get medical care? (77-78)

**Note: if more than one instance ask about the most recent.**

Would you say: Please read

01 Cost [Include no insurance]
02 Distance
03 Office wasn’t open when I could get there.
04 Too long a wait for an appointment
05 Too long a wait in waiting room
06 No child care
07 No transportation
08 No access for people with disabilities
09 The medical provider didn’t speak my language.
10 Other

**Do not read.**

77 Don’t know/Not sure
99 Refused
Section 3: Exercise

3.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1. Yes
2. No
7. Don’t know/Not sure
9. Refused
Section 4: 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.

4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

1 __ __ Per day
2 __ __ Per week
3 __ __ Per month
4 __ __ Per year
5 5 5 Never
7 7 7 Don't know/Not sure
9 9 9 Refused

4.2. Not counting juice, how often do you eat fruit? (83-85)

1 __ __ Per day
2 __ __ Per week
3 __ __ Per month
4 __ __ Per year
5 5 5 Never
7 7 7 Don't know/Not sure
9 9 9 Refused

4.3. How often do you eat green salad? (86-88)

1 __ __ Per day
2 __ __ Per week
3 __ __ Per month
4 __ __ Per year
5 5 5 Never
7 7 7 Don't know/Not sure
9 9 9 Refused
4.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (89-91)

1  __  __ Per day
2  __  __ Per week
3  __  __ Per month
4  __  __ Per year
5  5  5 Never
7  7  7 Don't know/Not sure
9  9  9 Refused

4.5. How often do you eat carrots? (92-94)

1  __  __ Per day
2  __  __ Per week
3  __  __ Per month
4  __  __ Per year
5  5  5 Never
7  7  7 Don't know/Not sure
9  9  9 Refused

4.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

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

5.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma? 

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. Do you still have asthma?

1 Yes  
2 No  
7 Don’t know/Not sure  
9 Refused
Section 6: Diabetes

6.1. Have you ever been told by a doctor that you have diabetes? (100)

| If "Yes" and         | 1   | Yes               |
| female, ask         | 2   | Yes, but female told only during pregnancy |
| "Was this           | 3   | No                |
| only when           | 7   | Don’t know/Not sure |
| you were pregnant   | 9   | Refused           |
Section 7: Oral Health

7.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (101)

Read Only if Necessary

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

7.2. 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. (102)

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 Q7.1 = 8/NEVER OR Q7.2 = 3/ALL, SKIP TO NEXT SECTION

7.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (103)

Read Only if Necessary

| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 5 years (2 years but less than 5 years ago) |
| 4 | 5 or more years ago |
| 7 | Don’t know/Not sure |
| 8 | Never |
| 9 | Refused |
Section 8: Immunization

8.1. During the past 12 months, have you had a flu shot? (104)

1 Yes
2 No Go to Q8.3
7 Don’t know/Not sure Go to Q8.3
9 Refused Go to Q8.3

8.2. At what kind of place did you get your last flu shot? (105-106)

[READ ONLY IF NECESSARY]

01 A doctor’s office or health maintenance organization
02 A health department
03 Another type of clinic or health center
[Example: a community health center]
04 A senior, recreation, or community center
05 A store [Examples: supermarket, drug store]
06 A hospital or emergency room
07 Workplace
or
08 Some other kind of place
77 Don’t know
99 Refused

8.3. 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. (107)

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

9.1. Have you smoked at least 100 cigarettes in your entire life? (108)

<table>
<thead>
<tr>
<th>Packs</th>
<th>Response</th>
<th>Go to Q10.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>= 100</td>
<td>No</td>
<td>Q10.1</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>Don’t know/Not sure</td>
<td>Q10.1</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td>Q10.1</td>
</tr>
</tbody>
</table>

9.2. Do you now smoke cigarettes every day, some days, or not at all? (109)

<table>
<thead>
<tr>
<th>Response</th>
<th>Go to Q10.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>Q10.1</td>
</tr>
<tr>
<td>Some days</td>
<td>Q10.1</td>
</tr>
<tr>
<td>Not at all</td>
<td>Go to Q10.1</td>
</tr>
<tr>
<td>Refused</td>
<td>Q10.1</td>
</tr>
</tbody>
</table>

9.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)

<table>
<thead>
<tr>
<th>Response</th>
<th>Go to Q10.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>Q10.1</td>
</tr>
<tr>
<td>Refused</td>
<td>Q10.1</td>
</tr>
</tbody>
</table>
Section 10: Alcohol Consumption

10.1. 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 many days per week or per month did you have at least 1 drink of any alcoholic beverage? (111-113)

   1 __ __ Days per week
   2 __ __ Days in past 30
   8  8  8 No drinks in past 30 days Go to Q11.1
   7  7  7 Don't know/Not sure
   9  9  9 Refused Go to 11.1

10.2. On the days when you drank, about how many drinks did you drink on the average? (114-115)

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

10.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)

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

10.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (118-119)

   ___ ___ Number of times
   88 None
   77 Don't know/Not sure
   99 Refused
Section 11: Use of Seatbelts

11.1 How often do you use seatbelts when you drive or ride in a car? (120)

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

Do not read
7 Don’t know/Not sure
8 Never drive or ride in a car
9 Refused
Section 12: Demographics

12.1. What is your age? (121-122)

___ ___ Code age in years
0 7 Don’t know/Not sure
0 9 Refused

12.2. Are you Hispanic or Latino? (123)

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

12.3. Which one or more of the following would you say is your race? (124-129)

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
   or
6 Other [specify] __________________________
8 No additional choices

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

If more than one response to Q12.3, continue. Otherwise, go to Q12.5
12.4. Which one of these groups would you say best represents your race? (130)

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

12.5. Are you: (131)

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

12.6. How many children less than 18 years of age live in your household? (132-133)

__ __ Number of children
8 8 None
9 9 Refused

12.7. What is the highest grade or year of school you completed? (134)

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

12.8. Are you currently: (135)

Please Read
1 Employed for wages
2 Self-employed
3 Out of work for more than 1 year
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired
or
8 Unable to work
9 Refused
12.9. Is your annual household income from all sources: (136-137)

Read as Appropriate

If respondent refuses at any income level, code refused

- If respondent refuses at any income level, code refused
  - 04 Less than $25,000 If "no," ask 05; if "yes," ask 03 ($20,000 to less than $25,000)
  - 03 Less than $20,000 If "no," code 04; if "yes," ask 02 ($15,000 to less than $20,000)
  - 02 Less than $15,000 If "no," code 03; if "yes," ask 01 ($10,000 to less than $15,000)
  - 01 Less than $10,000 If "no," code 02
  - 05 Less than $35,000 If "no," ask 06 ($25,000 to less than $35,000)
  - 06 Less than $50,000 If "no," ask 07 ($35,000 to less than $50,000)
  - 07 Less than $75,000 If "no," code 08 ($50,000 to less than $75,000)
  - 08 $75,000 or more

Do not read
- 77 Don’t know/Not sure
- 99 Refused

12.10. About how much do you weigh without shoes? (138-140)

Round fractions up __ __ __ Weight

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

12.11. About how tall are you without shoes? (141-143)

Round fractions down __/__/__ Height

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

12.12. What county do you live in? (144-146)

__ __ __ FIPS county code

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

12.13. 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. (147)

- 1 Yes
- 2 No Go to Q12.15
- 7 Don’t know/Not sure Go to Q12.15
- 9 Refused Go to Q12.15
12.14. How many of these are residential numbers? (148)

___ Residential telephone numbers [6=6 or more]
7 Don’t know/Not sure
9 Refused

12.15. Indicate sex of respondent. Ask only if necessary (149)

1 Male Go to Q13.1
2 Female

**If respondent 45 years old or older, go to Q13.1.** (150)

12.16. To your knowledge, are you now pregnant?

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

If respondent is female and 45 years of age or older, or pregnant, or male 60 years or older, go to next section.

Questions are asked of females 18-44 years of age and males 18-59 years of age

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

13.1. Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert “you”; insert “her” if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

(If multiple partners, consider usual method.)

13.2. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert “you”; insert “her” if male] from getting pregnant?

(INTERVIEWER: Record respondent’s condition if both have had sterilization procedures)

Read Only if Necessary

* * *
13.3. What method are you also using to prevent pregnancy? (154-155) Read only if necessary

01 Tubes tied (sterilization) Go to 14.1
02 Vasectomy (sterilization) Go to 14.1
03 Pill Go to 14.1
04 Condoms Go to 14.1
05 Foam, jelly, cream Go to 14.1
06 Diaphragm Go to 14.1
07 Norplant Go to 14.1
08 IUD Go to 14.1
09 Shots (Depo-Provera) Go to 14.1
10 Withdrawal Go to 14.1
11 Not having sex at certain times (rhythm) Go to 14.1
12 No partner/Not sexually active Go to 14.1
13 Other methods(s) Go to 14.1

87 NO other method(s) Go to 14.1
77 Don’t know/not sure Go to 14.1
99 Refused Go to 14.1

Go to next section

13.4. [FEMALES] What is your main reason for not doing anything to keep you from getting pregnant?
[Males] What is your main reason for not doing anything to keep your partner from getting pregnant? (156-157) Read Only if Necessary

01 Not sexually active/no partner
02 Didn’t think was going to have sex/no regular partner
03 You want a pregnancy
04 You or your partner don’t want to use birth control
05 You or your partner don’t like birth control/fear side effects
06 You can’t pay for birth control
07 Lapse in use of a method
08 Don’t think you or your partner can get pregnant
09 You or your partner had tubes tied (sterilization)
10 You or your partner had a vasectomy (sterilization)
11 You or your partner had a hysterectomy
12 You or your partner are too old
13 You or your partner are currently breast-feeding
14 You or your partner just had a baby/postpartum
15 Other reason
16 Don’t care if get pregnant
18 Partner is pregnant now

77 Don’t know/not sure
99 Refused
If respondent is male, go to next section.

Section 14: Women’s Health

14.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (158)

1. Yes
2. No Go to Q14.3
7. Don't know/Not sure Go to Q14.3
9. Refused Go to Q14.3

14.2. How long has it been since you had your last mammogram? (159)

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 5 years ago)
5. 5 or more years ago
7. Don't know/Not sure
9. Refused

14.3. A clinical breast exam is when a doctor, nurse or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (160)

1. Yes
2. No Go to Q14.5
7. Don't know/Not sure Go to Q14.5
9. Refused Go to Q14.5

14.4. How long has it been since your last breast exam? (161)

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 5 years ago)
5. 5 or more years ago
7. Don't know/Not sure
9. Refused

14.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (162)
1. **Yes**  
2. **No** Go to Q14.7  
7. **Don't know/Not sure** Go to Q14.7  
9. **Refused** Go to Q14.7

---

14.6. **How long has it been since you had your last Pap smear?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the past year (anytime less than 12 months ago)</td>
</tr>
<tr>
<td>2</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>3</td>
<td>Within the past 3 years (2 years but less than 3 years ago)</td>
</tr>
<tr>
<td>4</td>
<td>Within the past 5 years (3 years but less than 5 years ago)</td>
</tr>
<tr>
<td>5</td>
<td>5 or more years ago</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

If response to Q 13.4 is 11 (had hysterectomy) or Q 12.16 is 1 (is pregnant) then go to next section.

14.7. **Have you had a hysterectomy?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Yes</strong></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>

A hysterectomy is an operation to remove the uterus (womb).
Section 15: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q16.1

15.1. 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?

1. Yes
2. No Go to Q15.3
7. Don’t Know/not Sure Go to Q15.3
9. Refused Go to Q15.3

15.2. How long has it been since you had your last PSA test?

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)
3. Within the past 3 years (2 years but less than 3 years)
4. Within the past 5 years (3 years but less than 5 years)
5. 5 or more years ago
7. Don’t know
9. Refused

15.3. 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?

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

15.4. How long has it been since your last digital rectal exam?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years)
3. Within the past 3 years (2 years but less than 3 years)
4. Within the past 5 years (3 years but less than 5 years)
5. 5 or more years ago
7. Don’t know/Not sure
9. Refused

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

1. Yes
2. No
7. Don’t know/Not sure
9. Refused
Section 16: Colorectal Cancer Screening

If respondent 49 years old or younger, go to Q17.1

16.1. 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? (170)

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 blood stool test using a home kit? (171)

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

16.3. 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? (172)

1   Yes
2   No  Go to 17.1
7   Don't know/Not sure  Go to 17.1
9   Refused  Go to 17.1

16.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (173)

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 17: HIV/AIDS

**If respondent is 65 years old or older, go to next section**

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.

17.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (174)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>True</td>
</tr>
<tr>
<td>2</td>
<td>False</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not Sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

17.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (176)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>True</td>
</tr>
<tr>
<td>2</td>
<td>False</td>
</tr>
<tr>
<td>7</td>
<td>Don't know/Not Sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

17.3. How important do you think it is for people to know their HIV status by getting tested? (176)

Would you say:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very important</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat important</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td>3</td>
<td>Not at all important</td>
</tr>
</tbody>
</table>

**Please Read**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**Do not read**
17.4. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

<table>
<thead>
<tr>
<th>Include saliva tests</th>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>No</td>
<td>Go to Q17.8</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
<td>Go to Q17.8</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td>Go to Q17.8</td>
</tr>
</tbody>
</table>

17.5. Not including blood donations, in what month and year was your last HIV test? (178-183)

interviewer note: If response is before January 1985 code "don't know".

<table>
<thead>
<tr>
<th>Include saliva tests</th>
<th>Code month and year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 7 7 7 7 7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9 9 9 9 9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

17.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which one...

Please Read

<table>
<thead>
<tr>
<th>Reason code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>It was required</td>
</tr>
<tr>
<td>02</td>
<td>Someone suggested you should be tested</td>
</tr>
<tr>
<td>03</td>
<td>You thought you may have gotten HIV through sex or drug use</td>
</tr>
<tr>
<td>04</td>
<td>You just wanted to find out whether you had HIV</td>
</tr>
<tr>
<td>05</td>
<td>You were worried that you could give HIV to someone</td>
</tr>
<tr>
<td>06</td>
<td>IF FEMALE: You were pregnant</td>
</tr>
<tr>
<td>07</td>
<td>It was done as part of a routine medical check-up</td>
</tr>
<tr>
<td>08</td>
<td>Or you were tested for some other reason</td>
</tr>
</tbody>
</table>

Do not read

| 7 7 | Don’t Know/Not Sure |
| 9 9 | Refused |
17.7. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (186-187)

___  ___ Facility code
01  Private doctor or HMO
02  Counseling and testing site
03  Hospital
04  Clinic
05  In a jail or prison (or other correctional facility)
06  Home
07  Somewhere else

Do not read  7 7  Don't Know/Not Sure
9 9  Refused

17.8 I’m going to read you a list. When I’m done, please tell me if any of the situations apply to you. You don’t need to tell me which ones you think I don’t need to know.

You have used intravenous drugs in the past year
You have been treated for a sexually transmitted or venereal disease in the past year
You have given or received money or drugs in exchange for sex in the past year
You had anal sex without a condom in the past year

Do any of these situations apply to you?
1  Yes
2  No
7  Don't Know/Not Sure
9  Refused

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

17.9. In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (189)

1  Yes
2  No
7  Don't know/Not sure
9  Refused
Section 18: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries.

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

18.1. Are any firearms kept in or around your home? (190)

1 Yes
2 No Go closing statement
7 Don’t know/Not sure Go to closing statement
9 Refused Go to closing statement

18.2. Are any of these firearms now loaded? (191)

1 Yes
2 No Go to closing statement
7 Don’t know/Not sure Go to closing statement
9 Refused Go to closing statement

18.3 Are any of these loaded firearms also unlocked? By “unlocked” we mean you do not need a key or combination to get the gun or to fire it. We don’t count a safety as a lock. (192)

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
<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How old were you when you were told you have diabetes?</td>
<td>9 8</td>
</tr>
<tr>
<td>Code age in years [97 = 97 and older]</td>
<td>9 9</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>2. Are you now taking insulin?</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>3. Are you now taking diabetes pills?</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>4. About how often do you check your blood for glucose or sugar?</td>
<td>1</td>
</tr>
<tr>
<td>Include times when checked by a family member or friend, but do not</td>
<td>2</td>
</tr>
<tr>
<td>include times when checked by a health professional.</td>
<td>3</td>
</tr>
<tr>
<td>4(internal)</td>
<td>8</td>
</tr>
<tr>
<td>8 (Never)</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>5. About how often do you check your feet for any sores or irritations?</td>
<td>1</td>
</tr>
<tr>
<td>Include times when checked by a family member or friend, but do not</td>
<td>2</td>
</tr>
<tr>
<td>include times when checked by a health professional.</td>
<td>3</td>
</tr>
<tr>
<td>4(internal)</td>
<td>8</td>
</tr>
<tr>
<td>8 (Never)</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had any sores or irritations on your feet that</td>
<td>1</td>
</tr>
<tr>
<td>took more than four weeks to heal?</td>
<td>2</td>
</tr>
<tr>
<td>Yes</td>
<td>7</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
</tr>
<tr>
<td>Don’t know/Not sure</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? (204-205)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Number of times [76 = 76 or more]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<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"? (206-207)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Number of times [76 = 76 or more]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>9</td>
<td>8</td>
<td>Never heard of hemoglobin &quot;A one C&quot; test</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (208-209)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Number of times [76 = 76 or more]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>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.  

**Read Only if Necessary**

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

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

<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>

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

<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 1: Diabetes Counseling

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 1. In the last 12 months, did a doctor, nurse or other health professional give you advice about your weight to control your diabetes? | 1. Yes, lose weight  
2. Yes, gain weight  
3. Yes, maintain weight  
4. No  
7. Don’t know/Not sure  
9. Refused |

If yes, ask “Lose, gain maintain weights?”

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 2. Has a doctor, nurse or other health professional talked with you about exercise or physical activity to control your diabetes? | 1. Yes  
2. No  
7. Don’t know/Not sure  
9. Refused |
Module 5: Healthy Days - Health-Related Quality of Life

Earlier, I asked you to rate your general health as excellent, very good, good, fair, or poor.

1. 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? (231-232)

   - Number of days
   - 8 8 None
   - 7 7 Don’t know/Not sure
   - 9 9 Refused

2. 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? (233-234)

   - Number of days
   - 8 8 None **If Q1 also "None", skip to next module**
   - 7 7 Don’t know/Not sure
   - 9 9 Refused

3. 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? (235-236)

   - Number of days
   - 8 8 None
   - 7 7 Don’t know/Not sure
   - 9 9 Refused
Module 8: Adult Asthma History

If "yes" to core Q5.1, continue . .

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse or other health professional that you had asthma?  
   Age in years 11 or older [96 = 96 and older]  
   9 7 Age 10 or younger  
   9 8 Don’t know/Not sure  
   9 9 Refused  

If "yes" to core Q5.2, continue . .

2. During the past 12 months, have you had an episode of asthma or an asthma attack?  
   1 Yes  
   2 No  
   7 Don’t know/Not sure  
   9 Refused  

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?  
   Number of visits [87 = 87 or more]  
   8 8 None  
   9 8 Don’t know/Not sure  
   9 9 Refused  

4. During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?  
   Number of visits [87 = 87 or more]  
   8 8 None  
   9 8 Don’t know/Not sure  
   9 9 Refused  

5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?  
   Number of visits [87 = 87 or more]  
   8 8 None  
   9 8 Don’t know/Not sure  
   9 9 Refused
6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (269-271)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don’t have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? (272)

Would you say: **Please Read**

8 Not at any time Go to Q9
1 Less than once a week
2 Once or twice a week
3 More than 2 times a week, but not every day
4 Every day, but not all the time
   or
5 Every day, all the time

Do not read

7 Don’t know/Not sure
9 Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? (273)

Would you say: **Please Read**

8 None
1 One or two
2 Three to four
3 Five
4 Six to ten
   or
5 More than ten

Do not read

7 Don’t know/Not sure
9 Refused
9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler.

(274)

Would you say: **Please Read**

| 8 | Didn’t take any |
| 1 | Less than once a week |
| 2 | Once or twice a week |
| 3 | More than 2 times a week, but not every day |
| 4 | Once every day |
| or |
| 5 | 2 or more times every day |

**Do not read**

| 7 | Don’t know/Not sure |
| 9 | Refused |
Module 9: Childhood Asthma

If "no children" to core Q12.6, go to next module

1. Earlier you said there were [fill in number from core Q12.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (275-276)

<table>
<thead>
<tr>
<th>Number of children</th>
<th>8   8</th>
<th>None Go to Next Module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7   7</td>
<td>Don’t know Go to Next Module</td>
</tr>
<tr>
<td></td>
<td>9   9</td>
<td>Refused Go to Next Module</td>
</tr>
</tbody>
</table>

2. [Fill in (Does this child/How many of these children) from Q1] still have asthma? (277-278)

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

If only one child from Q1 and response is "yes" to Q2 code '01'. If response is "no' code '88'.

Module 16: Arthritis Module

1. The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint? (346)

   1. Yes
   2. No Go to Q4
   7. Don't Know/Not Sure Go to Q4
   9. Refused Go to Q4

2. Did your joint symptoms FIRST begin more than 3 months ago? (347)

   1. Yes
   2. No
   7. Don't Know/Not Sure
   9. Refused

3. Have you ever seen a doctor or other health professional for these joint symptoms? (348)

   1. Yes
   2. No
   7. Don't Know/Not Sure
   9. Refused

4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (349)

   1. Yes
   2. No
   7. Don't Know/Not Sure
   9. Refused

Interviewer note: Arthritis diagnoses include
- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunions, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter’s syndrome
- ankylosing spondylitis; spondylitis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis, polyarteritis nodosa)
IF EITHER Q1 = 1 OR Q4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION.

5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
   (350)
   1   Yes
   2   No
   7   Don't Know/Not Sure
   9   Refused

Note: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

If age is between 18-64 continue, otherwise go to next section.

6. In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?
   (351)
   1   Yes
   2   No
   7   Don't Know/Not Sure
   9   Refused
Module 4: Physical Activity

The next few questions are about physical activity.

If "employed" or "self-employed" to core Q12.8, continue. Otherwise go to Q2.

1. When you are at work, which of the following best describes what you do? (218)

Would you say: Please Read

If respondent has multiple jobs, or include all jobs

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.

2. Now, thinking about the moderate physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to core Q12.8] 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? (219)

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

3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (220-221)

Days per week
8 8 Do not do any moderate physical activity for at least 10 minutes at a time Go to Q5
7 7 Don’t know/Not sure
9 9 Refused
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? (222-224)

- Hours and minutes per day
  - 7 7 7 Don’t know/Not sure
  - 9 9 9 Refused

5. Now thinking about the vigorous physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to core Q12.8] 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? (225)

- 1 Yes
- 2 No Go to next module
- 7 Don’t know/Not sure Go to next module
- 9 Refused Go to next module

6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- Days per week
  - 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time Go to next module
  - 7 7 Don’t know/Not sure Go to next module
  - 9 9 Refused Go to next module

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? (228-230)

- Hours and minutes per day
  - 7 7 7 Don’t know/Not sure
  - 9 9 9 Refused
NC-Module 2: Physical Activity

The next few questions are about the types of physical activity or exercise that you do, such as running, calisthenics, golf, gardening, or walking for exercise, other than your regular job duties.

[If “No” to Q3.1 on Core Questionnaire, go to Q3]

1. What type of physical activity or exercise did you spend the most time doing during the past month? (407-408)
   [See coding list A.]
   
   Activity [specify]: ____________________ ............................................................... __ __  

   No Activity .............................................................. Go to Q3 ..................... 8 8

   Refused ................................................................. Go to Q3 ..................... 9 9

2. What other type of physical activity gave you the next most exercise during the past month? (409-410)
   [See coding list A.]
   
   Activity [specify]: ____________________ ............................................................... __ __  

   No other activity .......................................................... 8 8

   Refused ................................................................................. 9 9

3. In the past week, how much time did you spend walking or bicycling for transportation, such as to and from work or shopping? (411-413)
   [Total time during the past week.]
   
   Hours and minutes per week ................................................................. __: __ __

   None .............................................................................................. 0 0 0

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

   Refused ......................................................................................... 9 9 9
4. Please indicate which of the following apply to your neighborhood. Do you have…

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Dk/Ns</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sidewalks</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>b. Walking, jogging, or biking trail</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>c. Heavy traffic</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>d. Unattended dogs</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

5. How safe from crime do you consider your neighborhood to be? Would you say:

<table>
<thead>
<tr>
<th></th>
<th>Extremely safe</th>
<th>Quite safe</th>
<th>Slightly safe</th>
<th>Not at all safe</th>
<th>Don’t know/Not sure</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Do not read these responses.]

Don’t know/Not sure | Refused
-------------------|-------------------
7                  | 9
Module 12: Weight Control

The next few questions are about weight control.

1. Are you now trying to lose weight?
   - 1 Yes Go to Q3
   - 2 No
   - 7 Don't know/Not sure
   - 9 Refused

2. Are you now trying to maintain your current weight, that is to keep from gaining weight?
   - 1 Yes
   - 2 No Go to Q6
   - 7 Don't know/Not sure Go to Q6
   - 9 Refused Go to Q6

3. Are you eating either fewer calories or less fat to...
   - [if "Yes" on Q1]
   - lose weight? [if "Yes" on Q1]
   - keep from gaining weight? [if "Yes" on Q2]

   Probe for which
   - 1 Yes, fewer calories
   - 2 Yes, less fat
   - 3 Yes, fewer calories and less fat
   - 4 No
   - 7 Don't know/Not sure
   - 9 Refused

4. Are you using physical activity or exercise to...
   - [if "Yes" on Q1]
   - lose weight? [if "Yes" on Q1]
   - keep from gaining weight? [if "Yes" on Q2]

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

5. How much would you like to weigh?
   - 315-317
   - __ __ Weight pounds
   - 7 7 7 Don't know/Not sure
   - 9 9 9 Refused
6. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

<table>
<thead>
<tr>
<th>Probe</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, lose weight</td>
</tr>
<tr>
<td>2</td>
<td>Yes, gain weight</td>
</tr>
<tr>
<td>3</td>
<td>Yes, maintain current weight</td>
</tr>
<tr>
<td>4</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 14: Tobacco Indicators

If "yes" to core Q9.1, 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? (326-327)
   
   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? (328-329)
   
   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 Q9.2, go to Q6

If “not at all” to core Q9.2, continue. Otherwise, go to Q4.

3. About how long has it been since you last smoked cigarettes regularly? (330-331)
   
   Read Only if Necessary
   0  1 Within the past month (anytime less than 1 month ago) Continue to Q4
   0  2 Within the past 3 months (1 month but less than 3 months ago) Continue to Q4
   0  3 Within the past 6 months (3 months but less than 6 months ago) Continue to Q4
   0  4 Within the past year (6 months but less than 1 year ago) Continue to Q4
   0  5 Within the past 5 years (1 year but less than 5 years ago) Go to Q6
   0  6 Within the past 10 years (5 years but less than 10 years ago) Go to Q6
   0  7 10 or more years ago Go to Q6
   7  7 Don’t know/Not sure Go to Q6
   9  9 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? (332)
   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? (333)
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

6. Which statement best describes the rules about smoking inside your home? (334)
   **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
   **Do not read**
   7. Don’t know/Not sure
   9. Refused

7. While working at your job, are you indoors most of the time? (335)
   1. Yes
   2. No Go to Next Module
   7. Don’t Know/Not Sure Go to Next Module
   9. Refused Go to Next Module

If "employed" or "self-employed" to core Q12.8, continue. Otherwise, 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?

**Please Read**

<table>
<thead>
<tr>
<th></th>
<th>For workers who visit clients, “place of work” means their base location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not allowed in any public areas</td>
</tr>
<tr>
<td>2</td>
<td>Allowed in some public areas</td>
</tr>
<tr>
<td>3</td>
<td>Allowed in all public areas</td>
</tr>
</tbody>
</table>

or

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>No official policy</td>
</tr>
</tbody>
</table>

**Do not read**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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

**Please Read**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not allowed in any work areas</td>
</tr>
<tr>
<td>2</td>
<td>Allowed in some work areas</td>
</tr>
<tr>
<td>3</td>
<td>Allowed in all work areas</td>
</tr>
</tbody>
</table>

or

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>No official policy</td>
</tr>
</tbody>
</table>

**Do not read**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
NC Module - 3: Cancer

Next two questions are about cancer.

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

   [IF “YES” to Core Q15.5, 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 – 4: Disability, Quality of life and Routine Checkup

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

1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (426)

<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. 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? (427)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Include occasional use or use in certain circumstances</td>
<td></td>
</tr>
<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>

3. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? (428)

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, mild</td>
</tr>
<tr>
<td>2</td>
<td>Yes, moderate</td>
</tr>
<tr>
<td>3</td>
<td>Yes, severe</td>
</tr>
<tr>
<td>4</td>
<td>No   <strong>Go to Q.3</strong></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

4. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (429)

<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>
5. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, or getting around the house? (430)
   1 Yes
   2 No
   7 Don't know/Not sure
   9 Refused

6. Because of any impairment or health problem, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (431)
   1 Yes
   2 No
   7 Don’t know/not sure
   9 Refused

7. About how long has it been since you last visited a doctor for a routine checkup? (432)

   Read Only if Necessary

   A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition

   1 Within the past year (anytime less than 12 months ago)
   2 Within the past 2 years (1 year but less than 2 years ago)
   3 Within the past 5 years (2 years but less than 5 years ago)
   4 5 or more years ago
   7 Don't know/Not sure
   8 Never
   9 Refused
NC Module – 5: 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?
   (442)

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?
   (443)

   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?
   (444)

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?
   (445)

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). (446)

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? (447)

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
NC-Module 6: Pilot Module: Reactions to Race

Earlier you told me about your race. Now I will ask some questions about reactions to your race.

1. How do OTHER PEOPLE usually classify you in this country. Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, multiracial or some other group? (602-603)

   01 White
   02 Black or African American
   03 Hispanic or Latino
   04 Asian
   05 Native Hawaiian or other Pacific Islander
   06 American Indian or Alaska Native
   07 Multi-racial
   08 Other
   77 Don’t know/not sure
   99 Refused

2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly? (604-605)

   01 Never
   02 Once a year
   03 Once a month
   04 Once a week
   05 Once a day
   06 Once an hour
   07 Constantly
   77 Don’t know/not sure
   99 Refused

[Instruction to interviewer: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.]
3. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? (606)

1. Worse than other races
2. The same as other races
3. Better than other races
4. Worse than some races, better than others
5. Only encountered people of the same race

7. Don’t know/know sure
9. Refused

4. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (607)

1. Worse than other races
2. The same as other races
3. Better than other races
4. Worse than some races, better than others
5. Only encountered people of the same race
6. Did not seek health care in past 12 months

7. Don’t know/know sure
9. Refused

Interviewer instruction: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

5. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race? (608)

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

6. Within the past 30 days, have you experienced any physical symptoms, for example headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? (609)

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