

North Carolina - 2003

Behavioral Risk Factor Surveillance System Questionnaire

CDC - CORE SECTIONS	# of Questions	Page
Section 1: Health Status	4	3
Section 2: Health Care Access	3	4
Section 3: Exercise	1	4
Section 4: Diabetes	1	5
Section 5: Hypertension Awareness	2	5
Section 6: Cholesterol Awareness	3	5
Section 7: Fruits and Vegetables	6	6
Section 8: Weight Control	6	7
Section 9: Asthma	2	9
Section 10: Immunization	2	9
Section 11: Tobacco Use	3	9
Section 12: Alcohol Consumption	3	10
Section 13: Excess Sun Exposure	2	11
Section 14: Demographics	17	11
Section 15: Arthritis	6	15
Section 16: Falls	2	17
Section 17: Disability	2	17
Section 18: Physical Activity	6	18
Section 19: Veteran's Status	3	19
Section 19: HIV/AIDS	9	20
Total	83	

Optional Modules

Module CDC-1: Diabetes	12	24
Module CDC-4 : Influenza	1	26
Module CDC-8: Heart Attack and Stroke	13	27
Module CDC-9: Cardiovascular Disease	17	29
Module CDC-11: Tobacco Indicators	9	32
Module CDC-12: Other Tobacco Products	8	35
Module CDC-16: Binge Drinking	6	37
Total	66	

State Added Questions

NC Module 1: Arthritis	2	39
NC Module 2: Disability and Aging	4	40
NC Module 3: Tobacco Tax	1	41
NC Module 4: Diabetes Screening	3	42
NC Module 5: Weight Loss Products	11	43
NC Module 6: Family Planning and Folic Acid	6	47
NC Module 7: Violence	3	49
Total	30	

TOTAL Number of Question..... 179

County Added Questions

NC Module 1: Mammogram Screening	2	50
NC Module 2: Health Care Coverage and Utilization **	2	51

Interviewer's Script

Interviewer's Script from Field Test

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 7

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 7

To the 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. You have 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 provide 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.

Core Sections

Section 1:

Health Status

1.1 Would you say that in general your health is: (73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 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? (74-75)

__ __ Number of days

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

__ __ Number of days

- 8 8 None **If Q1.2 also "None," go to Q2.1**
- 7 7 Don't know / Not sure
- 9 9 Refused

1.4 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

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

Section 2:

Health Care Access

2.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

- 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? (81)
(If "No," ask: "Is there more than one or is there no person who you think of?")

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

2.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? (82)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 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? (83)

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

Section 4:

Diabetes

4.1 Have you ever been told by a doctor that you have diabetes?

(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

(84)

Section 5:

Hypertension Awareness

5.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to next section]**
- 3 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

(85)

5.2 Are you currently taking medicine for your high blood pressure?

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

(86)

Section 6:

Cholesterol Awareness

6.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

(87)

6.2 About how long has it been since you last had your blood cholesterol checked? (88)

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

6.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (89)

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

Section 7:

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.

7.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- 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

7.2 Not counting juice, how often do you eat fruit? (93-95)

- 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

- 7.3** How often do you eat green salad? (96-98)
- 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
- 7.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (99-101)
- 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
- 7.5** How often do you eat carrots? (102-104)
- 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
- 7.6** Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (105-107)
 (Example: A serving of vegetables at both lunch and dinner would be two servings.)
- 1__ __ Per day
 2__ __ Per week
 3__ __ Per month
 4__ __ Per year
 5 5 5 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Section 8:

Weight Control

- 8.1** Are you now trying to lose weight? (108)
- 1 Yes [**Go to Q8.3**]
 2 No
 7 Don't know / Not sure
 9 Refused

- 8.2** Are you now trying to maintain your current weight that is to keep from gaining weight? (109)
- 1 Yes
 - 2 No [**Go to Q8.5**]
 - 7 Don't know / Not sure [**Go to Q8.5**]
 - 9 Refused [**Go to Q8.5**]

- 8.3** Are you eating either fewer calories or less fat to... (110)
- lose weight? [**if "Yes" to Q8.1**]
- keep from gaining weight? [**If "Yes", to Q8.2**]

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

- 8.4** Are you using physical activity or exercise to (111)
- lose weight? [**If "Yes" to Q8.1**]
- keep from gaining weight? [**If "Yes" to Q8.2**]

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

- 8.5** In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

(112)

Section 9:

Asthma

- 9.1** Have you ever been told by a doctor, nurse or other health professional that you had asthma? (113)
- 1 Yes
 - 2 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**
- 9.2** Do you still have asthma? (114)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10:

Immunization

- 10.1** During the past 12 months, have you had a flu shot? (115)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 10.2** 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. (116)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 11:

Tobacco Use

- 11.1** Have you smoked at least 100 cigarettes in your entire life? (117)
- NOTE: 5 packs = 100 cigarettes**
- 1 Yes
 - 2 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**

- 11.2** Do you now smoke cigarettes every day, some days, or not at all? (118)
- 1 Everyday
 - 2 Some days
 - 3 Not at all **[Go to next section]**
 - 9 Refused **[Go to next section]**

- 11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (119)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 12:

Alcohol Consumption

- 12.1** 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 one drink of any alcoholic beverage? (120-122)

- 1__ __ Days per week
- 2__ __ Days in past 30
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused **[Go to next section]**

- 12.2** On the days when you drank, about how many drinks did you drink on the average? (123-124)
- __ __ Number of drinks
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- 12.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (125-126)
- __ __ Number of times
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Section 13:

Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

(127)

13.1 Have you had a sunburn within the past 12 months?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not Sure **[Go to next section]**
- 9 Refused **[Go to next section]**

13.2 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?

(128)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 14:

Demographics

14.1 What is your age?

(129-130)

__ __ Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

14.2 Are you Hispanic or Latino?

(131)

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

14.3 Which one or more of the following would you say is your race?
(Check all that apply)

(132-137)

Please read:

- 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]_____

Do not read:

- 8 No Additional choices
- 7 Don't know / Not sure
- 9 Refused

If more than one response to Q14.3, continue. Otherwise, go to Q14.5

14.4 Which one of these groups would you say best represents your race? (138)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify]_____
- 7 Don't know / Not sure
- 9 Refused

14.5 Are you? (139)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

14.6 How many children less than 18 years of age live in your household? (140-141)

- _____ Number of children
- 8 8 None
- 9 9 Refused

14.7 What is the highest grade or year of school you completed? (142)

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

14.8 Are you currently? (143)

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

Do not read:

- 9 Refused

14.9 Is your annual household income from all sources? (144-145)

If respondent refuses at ANY income level, code '99 Refused'

Read as appropriate:

- 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

14.10 About how much do you weigh without shoes?

(146-148)

Round fractions up

___ ___ ___ Weight

pounds

7 7 7 Don't know / Not sure

9 9 9 Refused

14.11 How much would you like to weigh?

(149-151)

___ ___ ___ Weight

pounds

7 7 7 Don't know / Not sure

9 9 9 Refused

14.12 About how tall are you without shoes?

(152-154)

Round fractions down

___ / ___ ___ Height

ft / inches

7 7 7 Don't know / Not sure

9 9 9 Refused

14.13 What county do you live in?

(155-157)

___ ___ ___ FIPS county code

7 7 7 Don't know / Not sure

9 9 9 Refused

14.14 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.

(158)

1 Yes

2 No [**Go to Q14.16**]

7 Don't know / Not sure [**Go to Q14.16**]

9 Refused [**Go to Q14.16**]

14.15 How many of these phone numbers are residential numbers? (159)

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

14.16 During the past 12 months, has your household been without telephone service for 1 week or more?

Note: Do not include interruptions of phone service due to weather or natural disasters. (160)

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

14.17 Indicate sex of respondent. Ask only if necessary. (161)

- 1 Male [**Go to next section**]
2 Female

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

14.18 To your knowledge, are you now pregnant? (162)

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

Section 15:

Arthritis

15.1 "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? (163)

- 1 Yes
2 No [**Go to Q15.4**]
7 Don't Know / Not Sure [**Go to Q15.4**]
9 Refused [**Go to Q15.4**]

15.2 Did your joint symptoms **FIRST** begin more than 3 months ago? (164)

- 1 Yes
2 No [**Go to Q15.4**]
7 Don't Know / Not Sure [**Go to Q15.4**]
9 Refused [**Go to Q15.4**]

- 15.3** Have you **EVER** seen a doctor or other health professional for these joint symptoms? (165)
- 1 Yes
 - 2 No
 - 7 Don't Know / Not Sure
 - 9 Refused

- 15.4** 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? (166)
- 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, bunion, tennis elbow**
- **carpal tunnel syndrome, tarsal tunnel syndrome**
- **joint infection, Reiter's syndrome**
- **ankylosing spondylitis; spondylosis**
- **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 Q15.2= 1 OR Q15.4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION

- 15.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (167)
- 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**

- 15.6** "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? (168)

NOTE: If respondent says he\she is retired or out-of-work, reply: "Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"

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

Section 16:

Falls

To be asked only of people 45 years or older.

"The next question asks about a recent fall. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level."

16.1 In the past 3 months, have you had a fall? (169)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

16.2 Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (170)

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

Section 17:

Disability

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

17.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (171)

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

17.2 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? (172)

Include occasional use or use in certain circumstances

- 1 Yes
- 2 No
- 7 Don't know / Not Sure

Section 18:

Physical Activity

If "employed" or "self-employed" to core Q14.8 continue, otherwise go to Q18.2.

- 18.1** When you are at work, which of the following best describes what you do?
Would you say? (173)

If respondent has multiple jobs, include all jobs

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- or
- 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.

- 18.2** Now, thinking about the moderate activities you do [**fill in** (when you are not working,) **if "employed" or self-employed**] 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 some increase in breathing or heart rate? (174)
- 1 Yes
 - 2 No [**Go to Q18.5**]
 - 7 Don't know / Not sure [**Go to Q18.5**]
 - 9 Refused [**Go to Q18.5**]

- 18.3** How many days per week do you do these moderate activities for at least 10 minutes? (175-176)

- ___ ___ Days per week
- 7 7 Don't know / Not sure [**Go to Q18.5**]
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time [**Go to Q18.5**]
- 9 9 Refused [**Go to Q18.5**]

- 18.4** 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? (177-179)

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

18.5 Now, thinking about the vigorous activities you do [**fill in** (when you are not working) if "**employed**" or "**self-employed**"] 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?

(180)

- 1 Yes
- 2 No [**Go to next section**]
- 7 Don't know / Not sure [**Go to next section**]
- 9 Refused [**Go to next section**]

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

(181-182)

- ___ ___ Days per week
- 7 7 Don't know / Not sure [**Go to next section**]
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [**Go to next section**]
- 9 9 Refused [**Go to next section**]

18.7 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?

(183-185)

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

Section 19:

Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

19.1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

(186)

- 1 Yes
- 2 No [**Go to next section**]
- 7 Don't know / Not sure [**Go to next section**]
- 9 Refused [**Go to next section**]

19.2 Which of the following best describes your service in the United States military?

(187)

Please read:

- 1 Currently on active duty **[Go to next section]**
- 2 Currently in a National Guard or Reserve unit
[Go to next section]
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

Do not read:

- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

19.3 In the last 12 months have you received some or all of your health care from VA facilities?

(188)

If "yes" probe for "all" or "some" of the health care.

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

Section 20:

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.

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

(189)

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

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

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

20.3 How important do you think it is for people to know their HIV status by getting tested? (191)

Please read:

Would you say?

- 1 Very important
- 2 Somewhat important
- Or**
- 3 Not at all important

Do not read:

- 8 Depends on risk
- 7 Don't know / Not sure
- 9 Refused

20.4 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (192)

[Include saliva tests]

- 1 Yes
- 2 No **[Go to Q20.8]**
- 7 Don't know / Not Sure **[Go to Q20.8]**
- 9 Refused **[Go to 20.8]**

20.5 Not including blood donations, in what month and year was your last HIV test?

[include saliva tests]

(193-198)

NOTE: If response is before January 1985, code "Don't know".

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

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (199-200)

Please read:

___ ___ Reason code

- 01 It was required

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

Do not read:

- 77 Don't know / Not sure
- 99 Refused

20.7 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? (201-202)

- __ __ 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
 - 77 Don't know / Not sure
 - 99 Refused

20.8 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 one. (203)

- 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.

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

(204)

- 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.

OPTIONAL MODULES

Module 1:

Diabetes

To be asked following core Q4.1 if response is "Yes"

- 1.** How old were you when you were told you have diabetes? (205-206)

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

- 2.** Are you now taking insulin? (207)

1 Yes
2 No
9 Refused

- 3.** Are you now taking diabetes pills? (208)

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

- 4.** About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (209-211)

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

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (212-214)

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

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (215)

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (216-217)

___ ___ Number of times [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (218-219)

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

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (220-221)

___ ___ Number of times [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (222)

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 year 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? (223)

- 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? (224)

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

Module 4:

Influenza

Note: If Core Q10.1 = 1 continue; otherwise go to next module

1. At what kind of place did you get your last flu shot? (237-238)

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

Do not read:

- 77 Don't know
- 99 Refused

Module 8:

Heart Attack & 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? (263)

- 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? (264)

- 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?) (265)

- 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?) (266)

- 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?)** (267)

- 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?)** (268)

- 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.

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke? (269)

- 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? (270)

- 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?)** (271)

- 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?)** (272)

- 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?)** (273)

- 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?)** (274)

- 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? (275)

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

Do not read:

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

Module 9:

Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, are you.... (276)

a. Eating fewer high fat or high cholesterol foods?

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

b. Eating more fruits and vegetables? (277)

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

c. More physically active?

- 1 Yes (278)
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... (279)

a. Eat fewer high fat or high cholesterol foods?

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

b. Eat more fruits and vegetables?

- 1 Yes (280)
2 No
7 Don't know / Not sure
9 Refused

c. Be more physically active?

- 1 Yes (281)
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? (282)

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 (283)
2 No
7 Don't know / Not sure
9 Refused

c. A stroke

- 1 Yes (284)
2 No
7 Don't know / Not sure
9 Refused

If "Yes" to Q3a continue. Otherwise, go to Q5.

4. At what age did you have your first heart attack? (285-286)

___ ___ 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? (287-288)

1 0 Code ages 10 years or less
___ ___ Code age in years
0 7 Don't know / Not sure
0 9 Refused

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

6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "Yes" to Q3c and "No" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (289)

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

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

7. Do you take aspirin daily or every other day? (290)

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

8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (291)

If "Yes," ask "Is this a stomach condition?" Code upset stomachs as stomach problems

1 Yes, not stomach related [Go to next module]
2 Yes, stomach problems [Go to next module]
3 No [Go to next module]
7 Don't know / Not sure [Go to next module]
9 Refused [Go to next module]

- 9.** Why do you take aspirin...
- a.** To relieve pain? (292)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- b.** To reduce the chance of a heart attack? (293)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- c.** To reduce the chance of a stroke? (294)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

Module 11:

Tobacco Indicators

If "Yes" to core Q11.1, 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? (302-303)
- __ __ 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? (304-305)
- __ __ Code age in years
- 8 8 Never smoked regularly [**Go to Q6**]
7 7 Don't know/Not sure
9 9 Refused

If core Q11.2 is coded '9', go to Q6

If core Q11.2 is coded '3', continue, otherwise, go to Q4.

- 3.** About how long has it been since you last smoked cigarettes regularly?

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? (308)

- 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? (309)

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

6. Which statement best describes the rules about smoking inside your home? (310)

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

If "employed" or "self-employed" to core Q14.8, continue. Otherwise, go to next module.

7. While working at your job, are you indoors most of the time? (311)

- 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? (312)

For workers who visit clients, "place of work" means their base location

Please read:

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

Or

- 4 No official policy

Do not read:

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

9. Which of the following best describes your place of work=s official smoking policy for work areas? (313)

Please read:

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

Or

- 4 No official policy

Do not read:

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

Module 12:

Other Tobacco Products

- 1.** Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (314)
- 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? (315)
- 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? (316)
- 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? (317)
- 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? (318)
- 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? (319)
- 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? (320)

- 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? (321)

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

Module 16:

Binge Drinking

Note: Ask if Core Q12.3 = 1-30 (or does not equal 77,88,99)

The next questions are about the most recent occasion when you had 5 or more alcoholic beverages. One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor.

Interviewer read only if necessary:

NOTE: "Occasion means, 'in a row' or 'within a few hours'."

NOTE: **If the respondent asks about how to count an over-sized drink (e.g., a 40-ounce bottle of malt liquor), then repeat: "One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor".**

1. During the most recent occasion when you had 5 or more alcoholic beverages, about **how many beers**, including malt liquor, did you drink?

(335-336)

(Round up)

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

2. During the same occasion, about **how many glasses of wine**, including wine coolers, hard lemonade, or hard cider, did you drink?

(337-338)

NOTE: Flavored malt beverages other than hard lemonade or hard cider (e.g., Smirnoff Ice and Zima, etc.) should be counted as wine.

(Round up)

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

3. During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

(339-340)

(Round up)

- __ __ Number
- 8 8 None

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

4. During this most recent occasion, **where were you** when you did **most** of your drinking? (341)

Please read:

- 1 At your home, for example, your house, apartment, condominium, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event
- 6 Other

Do not read:

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

5. During this most recent occasion, **how did you get most** of the alcohol? (342)

Please read 1-3:

- 1 Someone else bought it for me or gave it to me
- 2 I bought it at a store, such as a liquor store, convenience store, or grocery store
- 3 I bought it at a restaurant, bar or public place
- 4 Other

Do not read:

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

6. Did you drive a motor vehicle, such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion? (343)

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

NC Module 1:

Arthritis

NOTE: Only asked to respondents with chronic joint symptoms or doctor diagnosed arthritis (Core Q15.2=1 OR Core Q15.4=1)

Interviewer please read:

Earlier you indicated that you had arthritis or joint symptoms.

1. Has a doctor or other health professional **EVER** suggested losing weight to help your arthritis or joint symptoms?

(401)

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

2. Has a doctor or other health professional **EVER** suggested physical activity or exercise to help your arthritis or joint symptoms?

(402)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

NC Module 2:

Disability and Aging

1. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? (403)

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

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

2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (404)

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

3. People may provide regular care or assistance to an older adult who has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older? (405)

- 1 = Yes
- 2 = No **(Go to NC Module 3)**
- 7 = Don't know/Not sure **(Go to NC Module 3)**
- 9 = Refused **(Go to NC Module 3)**

4. Did that person have a problem with memory loss or confusion or a disorder like Alzheimer's Disease? (406)

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

NC Module 3:

Tobacco Tax

Ask after the Tobacco Product Module Last question (M12Q08)

States add a special tax to cigarettes in addition to any sales tax. The national average is currently \$0.59 and the North Carolina tax is 5 cents.

1. How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund smoking prevention programs for our youth? (407)
 - 1 Less than \$0.25
 - 2 \$0.25 – \$0.49
 - 3 \$0.50- \$0.75
 - 4 \$0.75 - \$1.00
 - 5 More than \$1.00
 - 6 No Tax
 - 7 Don't know/not sure
 - 9 Refused

NC Module 4:

Diabetes Screening

NCQ.4.1a and NCQ4.1b to be asked to all persons that answered NO to diabetes awareness question (Core Q4.1=No)
(410)

- 1 Have you ever had a blood test for high sugar or diabetes?
 - 1 Yes
 - 2 No (Go to next section)
 - 7 Don't know/Not sure (Go to next section)
 - 9 Refused (Go to next section)

- 2 How long has it been since you had your last blood test for high sugar or diabetes? (411)
 - 1 Within the past 3 years
 - 2 Within the past 5 years (3 to 5 years ago)
 - 3 5 or more years ago
 - 7 Don't know/not sure
 - 9 Refused

This question should be asked after the Diabetes Module, if Q4.1 is "YES".

- 3 During the past 12 months, was there any time that you did not have testing supplies (strips, lancets, meter) or diabetes medicines due to lack of money? (412)

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

- 1 Yes, only testing supplies
- 2 Yes, only medicines
- 3 Yes, testing supplies and medicines
- 4 No
- 7 Don't know / Not Sure
- 9 Refused

Weight Loss Products

The next few questions are about weight and weight loss. For some people, this is a sensitive topic and you do not have to answer any question that you do not want to. However, we would appreciate you answering them to the best of your ability.

1. Have you ever tried to lose weight? (420)

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

2. We would now like you to think about your most **recent** weight loss attempt. If you are currently trying to lose weight, please answer about your weight loss so far.
[For **Females, say:** Do not include weight loss due to pregnancy.]

(421-423)

How much weight did you intentionally lose?

- ___ ___ ___ Weight loss
pounds
- 8 8 8 None [Go to Q4]
 - 7 7 7 Don't know / Not sure [Go to Q5]
 - 9 9 9 Refused [Go to Q5]

3. How much weight have you gained back?

(424-426)

- ___ ___ ___ Weight gained
pounds
- 8 8 8 None / Still losing
 - 7 7 7 Don't know / Not sure [Go to Q5]
 - 9 9 9 Refused [Go to Q5]

4. How long have you been at your current weight?

(427-429)

- 1 ___ ___ Days
- 2 ___ ___ Weeks
- 3 ___ ___ Months
- 4 ___ ___ Years
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

The next few questions are about prescription weight loss pills, those pills prescribed by a doctor whose primary purpose is weight control. By weight control we mean either trying to lose weight or to maintain your weight.

5. In the past 2 years, that is in the past 24 months, have you taken any weight loss pills prescribed by a doctor to control your weight? Do not include water pills or thyroid medications. Would you say ... (430)

- 1 Yes, you are currently taking them,
- 2 Yes, you've taken them in the past 2 years, but are not currently taking them, or
- 3 No, you have not taken them? [Go to Q8]

- 7 Don't know / Not sure [Go to Q8]
- 9 Refused [Go to Q8]

6. What is the name of the prescription weight loss pill you used MOST OFTEN during the past 2 years? (431-432)

- ___ ___ Pill code
- 7 7 Don't know / Not sure
- 9 9 Refused [Go to Q8]

7. What is the total number of months or years that you have taken this pill? Do not count any time you were not taking this pill. (433-435)

- 1 ___ ___ Months
- 2 ___ ___ Years
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8. In the past 2 years, that is in the past 24 months, have you taken any over-the-counter weight loss products to control your weight? This includes dietary supplements and natural or herbal weight loss products. Would you say...
[Interviewer note: Over-the-counter products are those NOT prescribed by a doctor] (436)

- 1 Yes, you are currently taking them,
- 2 Yes, you've taken them in the past 2 years, but are not currently taking them, or
- 3 No, you have not taken them? [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

9. What is the name of the over-the-counter weight control product you used most often during the past 2 years? (437-438)

- ___ ___ Product Code
- 7 7 Don't know / Not sure
- 9 9 Refused [Go to Q11]

10. If you have taken another over-the-counter weight control product in the past 2 years, what is the name of the second product you took? (439-440)

- ___ ___ Product Code
- 8 8 Didn't take another product
- 7 7 Don't know / Not sure
- 9 9 Refused

11. Did any of the over-the-counter weight control products you told me about contain ma huang or ephedra?
[Interviewer note: pronounced (ma-whong) and (ah-fed-rah)] (441)

- 1 Yes, I think so
- 2 No, I don't think so
- 7 I don't know / I'm not sure
- 9 Refused

CODING LIST Q. 6 Prescription weight loss pill

CODING LIST
Alphabetized Trade Name

Code	Trade Name	Generic Name
01	Adipex-P	Phentermine hydrochloride
02	Biphetamine	Amphetamine
04	Bontril	Phendimetrazine tartrate
05	Desoxyn	Methamphetaminehydrochloride
06	Dexedrine	Dextroamphetamine sulfate
07	Didrex	Benzphetamine hydrochloride
08	Effexor	Venlafaxine hydrochloride
09	Fastin	Phentermine hydrochloride
10	Bupropion	Wellbutrin
11	Ionamin	Phentermine resin
12	Mazanor	Mazindol hydrochloride
13	Meridia	Sibutramine
14	Obenix	Phentermine hydrochloride
15	Oby-trim	Phentermine hydrochloride
16	Oby-cap	Phentermine hydrochloride
18	Plegine	Phendimetrazine tartrate
19	Preludin	Phenmetrazine hydrochloride
20	Prelu-2	Phendimetrazine tartrate
21	Prozac	Fluoxetine hydrochloride
22	Reductil	Sibutramine
23	Tenuate	Diethylpropion hydrochloride
24	Sanorex	Mazindol hydrochloride
25	X-Trozone	Phendimetrazine tartrate
26	Xenical	Orlistat
27	Zantryl	Phentermine hydrochloride
28	Zoloft	Sertraline hydrochloride
88	Other	

CODING LIST
Alphabetized Generic Name

Code	Trade Name	Generic Name
02	Biphetamine	Amphetamine
07	Didrex	Benzphetamine hydrochloride
06	Dexedrine	Dextroamphetamine sulfate
23	Tenuate	Diethylpropion hydrochloride
21	Prozac	Fluoxetine hydrochloride
12	Mazanor	Mazindol hydrochloride
24	Sanorex	Mazindol hydrochloride
05	Desoxyn	Methamphetamine hydrochloride
26	Xenical	Orlistat
04	Bontril	Phendimetrazine tartrate
18	Plegine	Phendimetrazine tartrate
20	Prelu-2	Phendimetrazine tartrate
25	X-Trozone	Phendimetrazine tartrate
19	Preludin	Phenmetrazine hydrochloride
01	Adipex-P	Phentermine hydrochloride
09	Fastin	Phentermine hydrochloride
14	Obenix	Phentermine hydrochloride
15	Oby-trim	Phentermine hydrochloride
16	Oby-cap	Phentermine hydrochloride
27	Zantryl	Phentermine hydrochloride
11	Ionamin	Phentermine resin
28	Zoloft	Sertraline hydrochloride
13	Meridia	Sibutramine
22	Reductil	Sibutramine
08	Effexor	Venlafaxine hydrochloride
10	Bupropion	Wellbutrin
88	Other	

NOTES:

1. If generic name is provided, select the first code number listed.
2. If only the first word of a two word generic name is provided, select the first code number listed. Specifically, the words hydrochloride, tartrate, resin and sulfate are not necessary.

Coding List
Over-the-counter (OTC) weight loss products

Questions 9 and 10
Alphabetized Name

- 01 Advocare
- 02 Apple Cider Vinegar Pills
- 02 Body Solutions
- 04 Chromium / Chromium Picolinate
- 05 Dexatrim
- 06 Dexatrim Natural / Dexatrim Herbal
- 07 Ephedra / Ephedrine / Ma Huang (ma-whong)
- 08 Fat Burner
- 09 Herbalife
- 10 HydroxyCut**
- 11 MetaboLIFE / MetaboLIFE356 / MetaboLITE / MetaboLIFT**
- 12 MetaboLIFE Evening Formula
- 13 MetaboLIFT Mahuang Free (ma-whong)
- 14 Ripped Fuel or Twin Labs Ripped Fuel
- 15 Ripped Fuel No Mahuang (ma-whong)
- 16 Stacker2
- 17 Stacker3
- 18 Xenadrine (pronounced 'Zen-A-Dreen' or 'Zen-A-Drin')
- 19 Xenadrine-EFX ephedra free formula ('Zen-A-Dreen Ah-fed-rah' free)
- 20 Vitamins
- 21 Meal Replacement Shakes, such as SlimFast Shakes, Nestle's Sweet Success
- 22 Meal Replacement Bars, such as SlimFast Bars, Atkins Bars, Balance Bars, ZonePerfect bars
- 23 Other

NC Module 6:

Family Planning and Folic Acid

Ask if respondent is male, OR Female age 45 years old or older, go to next module.

Ask if respondent is said "YES" to Q14.18, go to next question.

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

- 1. Have you been pregnant in the last 5 years? (450)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Ask if respondent said "YES" to Q14.18 or NC-Module 5.1.

- 2. Thinking back to your last pregnancy, just before you got pregnant or (CATI fill: If pregnant now "Yes" to core Q14.18 Thinking back to just before you got pregnant with your current pregnancy) , how did you feel about becoming pregnant? (451)

.....

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 anytime in the future 4
- or
- e. You don't know 7
- Refused..... 9

Do not read

If "is pregnant now" ("Yes" to core Q14.18), go to Q5.

Ask if respondent is male, OR Female age 45 years old or older, go to next module.

- 3. Are you or your [fill in (husband/partner) from core Q14.5] 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..... (452)
 - a. Yes 1
 - b. No **Go to Q5** 2
 - c. No, had hysterectomy **Go to Q5**..... 3
 - d. Not sexually active **Go to Q5**..... 4
 - Don't know/Not sure **Go to Q5** 7
 - Refused **Go to Q5** 9

- 4. What kinds of birth control are you or your [fill in (husband/partner) from core Q14.5] using now? (453-454)

.....

Kind Code.....

Read Only if Necessary

- a. Tubes tied (sterilization)..... 0 1

If more than one, ask “which one is most often” and select that one

b. Vasectomy (sterilization).....	0 2
c. Pill.....	0 3
d. Condoms.....	0 4
e. Foam, jelly, cream.....	0 5
f. Diaphragm.....	0 6
g. Norplant.....	0 7
h. Shots (Depo-Provera).....	0 8
i. Withdrawal.....	0 9
j. Other.....	8 7
Don't know/Not sure.....	7 7
Refused.....	9 9

5. Have you ever used the services at a family planning clinic?..... (455)

Example:	1	Yes
a Planned	2	No
Parenthood	7	Don't know/not sure.....
Clinic	9	Refused

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

6. Do you currently take any multivitamins or supplements that contain folic acid? (456)

Include liquid supplements

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

7. Do you take this multivitamin pill or supplement daily? (457)

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

NC Module 6:

Violence

These next questions may be hard for you to answer, but the information is very important and will be kept strictly confidential.

1. Since you've been 18 years old, has anyone (including a relative, current or ex-husband/wife, current or ex-boyfriend/ girlfriend, acquaintance, stranger, etc) ever pushed, hit, slapped, kicked, or physically hurt you in any other way? (460)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

2. I'd like you to think about the most recent time this violence occurred. Who was the person who did this to you most recently? *[If prompting is required, read all response categories. Check only one response.]* (461-462)

- 01 Current husband/wife
- 02 Current partner (boyfriend/girlfriend)
- 03 Ex-husband/wife
- 04 Ex-partner (boyfriend/girlfriend)
- 05 Some relative other than a husband/wife
- 06 Acquaintance
- 07 Stranger
- 77 Don't know/Not Sure
- 99 Refused

3. Who were all the persons you told about this most recent violence? (463-480)

- “READ ALL CATEGORIES” “CHECK ALL THAT APPLY”**
- 01 No one
 - 02 Friends/family members
 - 03 Police/law enforcement officer
 - 04 Lawyer/attorney/legal aid
 - 05 Health care provider/doctor/nurse/social worker/counselor
 - 06 Someone working in a rape crisis center/sexual assault program
 - 07 Someone working in a domestic violence program
 - 08 Someone else
 - 77 Don't know/not sure
 - 99 Refused

If county is not Buncombe or Mecklenburg or Guilford, then **Go to End**

County Module 1: (Mecklenburg & Guilford Only)

Mammogram Screening

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (500)
- 1 Yes
 - 2 No **[Go to End]**
 - 7 Don't know/Not sure **[Go to End]**
 - 9 Refused **[Go to End]**
2. How long has it been since you had your last mammogram? (501)

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

County Module 1: (Buncombe Only)

Health Care 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? (502)

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

2. What kind of place is it? (503)
Would you say:

Please Read

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

Do not read
these responses