

North Carolina 2004 QUESTIONNAIRE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

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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 woman below. (Ask gender if necessary.) Go to page 2**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 woman 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. 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: (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

Section 2: Healthy Days - Health-related Quality of Life

2.1. 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?
(74-75)

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

2.2. 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?
(76-77)

- ____ Number of days
8 8 None **If Q2.1 also “None”, go to next Section – Health Care Access**
7 7 Don’t know / Not sure
9 9 Refused

2.3. 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?
(78-79)

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

Section 3: Health Care Access

3.1. 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

3.2. Do you have one person you think of as your personal doctor or health care provider?
(If “No,” ask: “Is there more than one or is there no person who you think of?”
(81)

- 1 Yes, only one
2 More than one
3 No
7 Don’t know / Not sure
9 Refused
- If “no,” ask “is there more than one or is there no person who you think of?”**

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

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

Section 4: Exercise

- 4.1. 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 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

- 5.1. Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building?
(84)

Read if necessary:

If you are experiencing an illness or symptom within the past 12 months that was caused by something in the air you encountered over 12 months ago, the answer is "Yes".

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

- 5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors? (85)

Read if necessary:

This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is “Yes”.

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

Section 6: 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.

- 6.1. Have you had a sunburn within the past 12 months? (86)

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

- 6.2. 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? (87)

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

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life? (88)

- | | | |
|-------------------|---|---|
| 5 packs | 1 | Yes |
| = 100 | 2 | No [Go to next Section – Alcohol Consumption] |
| cigarettes | 7 | Don't know / Not sure [Go to next Section – Alcohol Consumption] |
| | 9 | Refused [Go to next Section – Alcohol Consumption] |

7.2. Do you now smoke cigarettes every day, some days, or not at all? (89)

- | | |
|---|--|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all [Go to next Section – Alcohol Consumption] |
| 9 | Refused [Go to next Section – Alcohol Consumption] |

7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (90)

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

Section 8: Alcohol Consumption

8.1. 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?
(91-93)

- | | | |
|---|-----|--|
| 1 | ___ | Days per week |
| 2 | ___ | Days in past 30 |
| 8 | 8 | 8 No drinks in past 30 days [Go to next Section – Asthma] |
| 7 | 7 | 7 Don't know / Not sure |
| 9 | 9 | 9 Refused [Go to next Section – Asthma] |

8.2. On the days when you drank, about how many drinks did you drink on the average?
(94-95)

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

8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (96-97)

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

8.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (98-99)

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

Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (100)

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

9.2. Do you still have asthma? (101)

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

Section 10: Diabetes

10.1. Have you ever been told by a doctor that you have diabetes? (102)
(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")
(If Respondent says pre-diabetes or borderline diabetes, use response code 4.)

- 1 Yes [Go to Optional Module 1 - Diabetes, Q1.1]
2 Yes, but female told only during pregnancy [Go to next Section – Oral Health]
3 No [Go to NC Module 2 – Diabetes Screening & Counseling, Q2.1]
4 No, pre-diabetes or borderline diabetes [Go to NC Module 2 – D. S. & C., Q2. 1]
7 Don't know / Not sure [Go to next Section – Oral Health]
9 Refused [Go to next Section – Oral Health]

Section 11: Oral Health

11.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (103)

Read Only if Necessary

Include	1	Within the past year (anytime less than 12 months ago)
visits to	2	Within the past 2 years (1 year but less than 2 years ago)
dental spec-	3	Within the past 5 years (2 years but less than 5 years ago)
ialists, such	4	5 or more years ago
as ortho-	7	Don't know / Not sure
dentists	8	Never
	9	Refused

11.2. 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.

(104)

Include teeth	1	1 to 5
lost due to	2	6 or more but not all
“infection”	3	All [Go to next Section – Immunization]
	8	None
	7	Don't know / Not sure
	9	Refused

If Q11.1 is ‘Never’ skip Q11.3 and go to next Section – Immunization.

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

(105)

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 12: Immunization

- 12.1. During the past 12 months, have you had a flu shot? (106)
Read if necessary: We want to know if you had a flu shot injected in your arm.

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

- 12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
(107)

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

If "Yes" to Q12.1, go to NC Module 8 - Influenza. If "No" to Q12.1, go to next question – Q12.3

- 12.3. 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.
(108)

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

Section 13: Demographics

13.1. What is your age? (109-110)

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

13.2. Are you Hispanic or Latino? (111)

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

13.3. Which one or more of the following would you say is your race? (112-117)
(Check all that apply)

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 Q13.3, continue; otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (118)

- 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

13.5. Are you?

(119)

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

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

(120-121)

____ Number of children

8 8 None

9 9 Refused

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

(122)

Read only if necessary

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

13.8. Are you currently?

(123)

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

13.9. Is your annual household income from all sources? (124-125)

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

13.10. About how much do you weigh without shoes? (126-129)

Note: If respondent answers in metrics, put “9” in column 126.

Round fractions up

- Weight
pounds/kilograms
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

13.11. About how tall are you without shoes? (130-133)

Note: If respondent answers in metrics, put “9” in column 130.

Round fractions down

- / Height
ft / inches/meters/centimeters
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

13.12. What county do you live in? (134-136)

- FIPS county code
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

13.12b. What is your zip code? (570-574)

____	Zip Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (137)

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

13.14. How many of these phone numbers are residential numbers? (138)

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

13.15. During the past 12 months, has your household been without telephone service for 1 week or more? (139)

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

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

13.16. Indicate sex of respondent. Ask only if necessary. (140)

1	Male Go to next section
2	Female

If respondent is MALE or FEMALE age 45 and older, go to next Section – Veteran's Status.

13.17. To your knowledge, are you now pregnant? (141)

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

Section 14: Veteran's Status

- 14.1. The next question relates to military service. 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?
(142)

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

**If respondent is MALE and answers 2,7, or 9 go to NC Module 4 – Prostate Cancer Counseling.
If respondent is FEMALE and answers 2,7, or 9 go to next Section – Women's Health.**

- 14.2. Which of the following best describes your service in the United States Military?
(143)

Please read:

- 1 Currently on active duty
- 2 Currently in a National Guard or Reserve unit
- 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
- 9 Refused

**If respondent is MALE and answers 1,2,7, or 9 go to NC Module 4 – Prostate Cancer Counseling.
If respondent is FEMALE and answers 1,2,7, or 9 go to next Section – Women's Health.**

- 14.3. In the last 12 months have you received some or all of your health care from VA facilities?
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
- 4 Don't know/Not sure
- 9 Refused

Section 15: Women's Health

If respondent is male go to next NC Module 4 – Prostate Cancer Counseling

15.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (145)

- 1 Yes
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refuse [Go to Q15.3]

15.2. How long has it been since you had your last mammogram? (146)

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

15.3. A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you ever had a clinical breasts exam? (147)

- 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 breast exam? (148)

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

15.5. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (149)

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

15.6. How long has it been since you had your last Pap test? (150)

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

If response to Q13.17 = 1 (pregnant) go to next Section 17 – Colorectal Cancer Screening

15.7. Have you had a hysterectomy? (151)

- | | | |
|---|-----------------------|------------------------|
| 1 | Yes | A hysterectomy |
| 2 | No | is an operation |
| 7 | Don't know / Not sure | to remove the |
| 9 | Refused | uterus (womb) |

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is FEMALE, go to next Section - Colorectal Cancer Screening. If respondent is MALE and age 40+ go to NC Module 4 – Q1, then go to Q16.1

16.1. A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (152)

- 1 Yes
- 2 No **[Go to Q16.3]**
- 7 Don't know / Not sure **[Go to Q 16.3]**
- 9 Refused **[Go to Q16.3]**

16.2. How long has it been since you had your last PSA test? (153)

Read only if necessary

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

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

(154)

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

16.4. How long has it been since your last digital rectal exam? (155)

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

- 16.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer?
(156)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 17: Colorectal Cancer Screening

If respondent is less than age 50, go to next Section – Family Planning

- 17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (157)

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

- 17.2. How long has it been since you had your last blood stool test using a home kit?
(158)

Read only if necessary

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

- 17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view colon for signs of cancer or other health problems. Have you ever had either of these exams?
(159)

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

- 17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy?
(160)

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Section 18: Family Planning

If respondent is FEMALE and 45 years of age or older, or has had a hysterectomy, or is pregnant go to next Section – Disability. If respondent is MALE age 60+, go to next Section – Disability.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

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

(161)

NOTE: If more than one partner, consider usual partner.

- 1 Yes
- 2 No **(Go to Q18.3)**
- 3 No partner/not sexually active **[Go to next section]**
- 4 Same sex partner **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 18.2. What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert you, if male, insert her] from getting pregnant?
(162-163)

Read only if necessary

- 01 Tubes tied [**Go to next Section – Disability**]
- 02 Hysterectomy (female sterilization) [**Go to next section**]
- 03 Vasectomy (male sterilization) [**Go to next section**]
- 04 Pill, all kinds (Seasonale, etc.) [**Go to Q18.4**]
- 05 Condoms (male or female) [**Go to Q18.4**]
- 06 Contraceptive implants (Jadelle or Implants) [**Go to Q18.4**]
- 07 Shots (Depo-Provera) [**Go to Q18.4**]
- 08 Shots (Lunelle) [**Go to Q18.4**]
- 09 Contraceptive Patch [**Go to Q18.4**]
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) [**Go to Q18.4**]
- 11 IUD (including Mirena) [**Go to Q18.4**]
- 12 Emergency contraception (EC) [**Go to Q18.4**]
- 13 Withdrawal [**Go to Q18.4**]
- 14 Not having sex at certain times (rhythm) [**Go to Q18.4**]
- 15 Other method (foam, jelly, cream, etc.) [**Go to Q18.4**]
- 77 Don't know / Not sure [**Go to Q18.4**]
- 99 Refused [**Go to Q18.4**]

- 18.3. What is the main reason for not doing anything to keep [if female, insert “you,” if male, insert “your wife/partner”] from getting pregnant? (164-165)

Read only if necessary

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

Do not read

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

18.4. How do you feel about having a child now or sometime in the future? Would you say: (166)

Please read

- 1 You don't want to have one [Go to next section]
- 2 You do want to have one [Go to Q18.5]
- 3 You're not sure if you do or don't [Go to next section]

Do not read

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

18.5. How soon would you want to have a child? Would you say: (167)

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 5 or more years from now

Do not read

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

Section 19: Disability

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

19.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (168)

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

19.2. 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? (169)

Include occasional use or use in certain circumstances

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

Section 20: HIV/AIDS

If respondent is 65 years old or older, go to next Section – Firearms

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. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. 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 she will pass the virus on to her baby. (170)

- 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. (171)

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

20.3. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (172)

- 1 Yes
 - 2 No **[Go to Q20.10]**
 - 7 Don't know/ Not sure **[Go to Q20.10]**
 - 9 Refused **[Go to Q20.10]**
- Interviewer note: Include saliva tests

20.4. In the past 12 months, how many times have you been tested for HIV, including times you did not get your results: (173-174)

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

20.5. Not including blood donations, in what month and year was your last HIV test?
(175-180)

Note: If response is before January 1985, code “Don’t know”

If month is unknown, code 77 for the month and the given year, e.g., 771999

Include	___/___	Code month and year
saliva tests	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?
(181-182)

___ Reason Code

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drugs
- 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 part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read

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

20.7. Where did you have your last HIV test - at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else?
(183-184)

Facility code

- 01 Private doctor or HMO [Go to Q20.10]
- 02 Counseling and testing site [Go to Q20.10]
- 03 Hospital [Go to Q20.10]
- 04 Clinic [Go to Q20.8]
- 05 Jail or prison [Go to Q20.10]
- 06 Drug treatment facility [Go to Q20.10]
- 07 At home [Go to Q20.9]
- 08 Somewhere else [Go to Q20.10]

Do not read

- 77 Don’t know / Not sure [Go to Q20.10]
- 99 Refused [Go to Q20.10]

20.8. What type of clinic did you go to for your last HIV test? (185)

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure
- 9 Refused

Q20.9 is asked only of those who answered "At Home" for Q20.7

20.9 Was this test done by a nurse or other health worker, or with a home testing kit? (186)

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know / Not sure
- 9 Refused

20.10. 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.

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? (187)

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

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

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

(188)

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

Section 21: Firearms

The next 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.

21.1. Are any firearms kept in or around your home? (189)

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

21.2. Are any of these firearms now loaded? (190)

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

21.3. 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.

(191)

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

Go to closing statement or Transition to Modules and/or State-added Questions

Closing Statement

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

OR

Transition to Modules and/or State-added Questions

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

Module 1: Diabetes

To be asked following Diabetes Core Q10.1, if response is “Yes”

1. How old were you when you were told you have diabetes? (195-196)

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

2. Are you now taking insulin? (197)

 1 Yes
 2 No
 9 Refused

3. Are you now taking diabetes pills? (198)

 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. (199 - 201)

 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. (202 - 204)

 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 **If “no feet” to Q5, go to Q10**
 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?
(205)

- 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?
(206-207)

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

8. A test for "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 "A one C"?
(208-209)

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

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (210-211)

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. (212)

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? (213)

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? (214)

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

Module 8: Influenza

1. At what kind of place did you get your last flu shot? (254-255)

Would you say: **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 emergency room
 - 07 Workplace
- or**
- 08 Some other kind of place
 - 77 Don't know
 - 99 Refused

Module 13: Folic Acid

1. Do you currently take any vitamin pills or supplements? (307)

Include liquid supplements

- 1 Yes
- 2 No **[Go to Optional Module 14 – Other Tobacco Products]**
- 7 Don't know / Not sure **[Go to Optional Module 14 – Other Tobacco Products]**
- 9 Refused **[Go to Optional Module 14 – Other Tobacco Products]**

2. Are any of these a multivitamin? (308)

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

3. Do any of the vitamin pills or supplements you take contain folic acid? (309)

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

4. How often do you take this vitamin pill or supplement? (310-311)

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

If respondent is age 45 or older, go to Optional Module 14 – Other Tobacco Products

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (313)

Please read

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure

Or

- 4 Some other reason

Do not read

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

Module 14: 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. Do you currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, or any other tobacco product? (316)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 15: Smoking Cessation

If response to Core Q7.2 is now smoke “Not at all” continue, else if response to Core Q7.2 is smoke “Every day” or “Some days” go to Q2.

Previously you said you have smoked cigarettes:

1. About how long has it been since you last smoked cigarettes? (317-318)

Read only if necessary

- 01 Within the past month (anytime less than 1 month ago) **Go to Q2**
02 Within the past 3 months (1 month but less than 3 months ago) **Go to Q2**
03 Within the past 6 months (3 months but less than 6 months ago) **Go to Q2**
04 Within the past year (6 months but less than 1 year ago) **Go to Q2**
05 Within the past 5 years (1 year but less than 5 years ago) **Go to Optional
Module 16 – Secondhand Smoke**
06 Within the past 10 years (5 years but less than 10 years ago) **Go to Optional
Module 16 – Secondhand Smoke**
07 10 or more years ago **Go to Optional Module 16 – Secondhand Smoke**
77 Don’t know / Not sure **Go to Optional Module 16 – Secondhand Smoke**
99 Refused **Go to Optional Module 16 – Secondhand Smoke**

If response to Q1 is within the past year or if Core Q7.2 is ‘1 or 2,’ (smoke every day/some days) continue.

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (319-320)

- ___ Number of times (01-76)
88 None [**Go to next module**]
77 Don’t know / Not sure
99 Refused

3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (321-322)

- ___ Number of visits (01-76)
88 None
77 Don’t know / Not sure
99 Refused

4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?
(323-324)

____ Number of visits (01-76)
88 None
77 Don't know / Not sure
99 Refused

5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking? (325-326)

____ Number of visits (01-76)
88 None
77 Don't know / Not sure
99 Refused

Module 16: Secondhand Smoke Policy

1. Which statement best describes the rules about smoking inside your home? (327)

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 your home

Or

- 4 There are no rules about smoking inside your home

Do not read

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

If “employed” or “self-employed,” continue; otherwise, go to NC Module 1 – Health Care Cost.

2. While working at your job, are you indoors most of the time? (328)

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

3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (329)

Note: For workers who visit clients or work at home, “place of work” means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.

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

4. Which of the following best describes your place of work's official smoking policy for work areas? (330)

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

NC Module 1: Health Care Cost/Under insurance

If response to Core Q3.1 is “yes” (1) continue. Else if response to Core Q3.1 is “no” or “don’t know/refused,” go to Q2.

The next few questions are about the cost of health care.

1. About how much money does your household pay monthly for health insurance premiums (this would include any amount your household pays for health insurance either directly or taken out of paychecks)? (450-454)

Monthly Amount \$-----

7777 Don’t know/Not sure
9999 Refused

2. Excluding insurance premiums, in the past year, what would you estimate your family's out-of-pocket healthcare costs have been? This would include any amount your household paid for co-payments for doctor or emergency room visits, hospital stays, prescription drugs or deductibles or anything else your health insurance did not cover. (CATI fill if Core 3.1 is “Yes” (1) not covered by your insurance). (455-460)

Interviewer: For \$100,000 or more, enter \$100,000

Total Amount \$-----

7 Don’t know/Not sure
9 Refused

3. Did your household take a tax deduction for health care expenses in the last federal tax return your household filed? (461)

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

4. What do you think your household has had to give up in the last year to pay health care costs (health insurance premiums and out-of-pocket expenses)? (462-464)

Please read: (Check all that apply)

- 1 Give up or cut back on living expenses such as utilities, food, clothing, housing, and transportation.
- 2 Give up or cut back on non-necessities such as new car, eating out, shopping, or savings.
- 3 Give up or cut back on extra activities such as entertainment, travel, recreation, or vacations.
- 8 Nothing/have not had to give up or cut back

Do not read

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

5. In the past year, did you or another family member in your household have any problems paying medical bills? (465)

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

6. In the past year, have you or anyone living in your household been contacted by a collection agency about owing money for medical bills?? (466)

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

NC Module 2: Diabetes Screening and Counseling

Q1 and Q2 are asked after Core Q10.1 of all respondents that answered “no” (3,4) to Core Q10.1

1. Have you ever had a blood test for high sugar or diabetes? (480)

- 1 Yes
- 2 No (**Go to Core Section 11**)
- 7 Don't know / Not sure (**Go to Core Section 11**)
- 9 Refused (**Go to Core Section 11**)

2. How long has it been since you had your last blood test for high sugar or diabetes? (481)

- 1 Within the past 3 years (**Go to Core Section 11**)
- 2 Within the past 5 years (3 to 5 years ago) (**Go to Core Section 11**)
- 3 5 or more years ago (**Go to Core Section 11**)
- 7 Don't know / Not sure (**Go to Core Section 11**)
- 9 Refused (**Go to Core Section 11**)

Q3, Q4, Q5, and Q6 to be asked after last question (Q12) of Module 1 - Diabetes for all respondents that answered “yes” to Core Q10.1

3. In the last 12 months, did a doctor, nurse or other health professional give you advice about your weight to control your diabetes? (482)

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

4. Has a doctor, nurse or other health professional talked with you about exercise or physical activity to control your diabetes? (483)

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

5. Urine tests for protein (microalbuminuria test) check if your kidneys are working properly. When was the last time that you received a urine test for protein? (484)

- 1 Within one year
- 2 More than a year
- 3 Two or more years
- 4 Never

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

6. 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? (485)

- 1 Yes, only testing supplies (**Go to Core Section 11 – Oral Health**)
- 2 Yes, only medicines (**Go to Core Section 11 – Oral Health**)
- 1 Yes, testing supplies and medicines (**Go to Core Section 11 – Oral Health**)
- 2 No (**Go to Core Section 11 – Oral Health**)

- 7 Don't know / Not sure (**Go to Core Section 11 – Oral Health**)
- 9 Refused (**Go to Core Section 11 – Oral Health**)

NC Module -3: Skin Cancer Prevention

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

1. In the past 12 months, have you tried to get a tan using a tanning lamp or tanning machine, whether it was at a tanning salon, at your home, or elsewhere? (490)
- a. Yes1
 - b. No2
 - Don't know/Not sure7
 - Refused9

2. In the past 12 months, have you tried to get a tan from the sun? (491)
- a. Yes1
 - b. No2
 - Don't know/Not sure7
 - Refused9

3. When you're outdoors during the summer for at least half an hour, how often do you protect your skin from the sun, such as by using sunscreens or sunblock or wearing hats or protective clothing? (492)

Would you say: **Please Read**

- a. Always1
- b. Nearly always2
- c. Sometimes.....3
- d. Seldom.....4
- or**
- e. Never.....5
- Don't know/Not sure.....7
- Refused9

Do not read these responses

4. Earlier you said you had [cati fill in from Q13.6] ___ child/children under age 18. Are any of the child/children under age 13? (493)
- Yes1
 - No [Go to Q6]2
 - Don't know/not sure [Go to Q6]7
 - Refused [Go to Q6]9

5. When the youngest child in your household is outdoors during the summer for at least half an hour, how often is his or her skin protected from the sun, such as by using sunscreens or sunblock or wearing hats or protective clothing? (494)

Would you say: **Please Read**

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

or

- e. Never..... 5
- Don't know/Not sure..... 7
- Refused..... 9

Do not read
these responses

6. When you're outdoors during the summer for at least half an hour, how often do you stay in the shade? (495)

Would you say: **Please Read**

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

or

- e. Never..... 5
- Don't know/Not sure..... 7
- Refused..... 9

Do not read
these responses

7. When the youngest child in your household is outdoors during the summer for at least half an hour, how often does s/he stay in an area protected by shade? (496)

Would you say: **Please Read**

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

or

- e. Never..... 5
- Don't know/Not sure..... 7
- Refused..... 9

Do not read
these responses

8. Has the youngest child in your household had a sunburn within the past 12 months? By sunburn, I mean reddening of the skin that lasted at least 12 hours. (497)

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

NC Module 4: Prostate Cancer Counseling

Q1 asked of all MALE respondents age 40+ before first question of Core Section 16

1. Has a doctor of other health professional ever talked with you about having any kind of screening test or exam to check for prostate cancer? (500)
- | | |
|---------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know/not sure | 7 |
| Refused | 9 |

NC Module 5: Quit Now NC

Asked if response to Core Q7.1 is “yes” and response to Q7.2 is “Every day” or “Some days”.

These next few questions are about help for quitting smoking.

1. On the average, about how many cigarettes a day do you now smoke? (510-512)

Number of cigarettes _____

(Note to interviewer: 1 pack=20 cigarettes)

Don't know/Not sure 777

Refused 999

2. How strongly do you agree or disagree with the following statement:

Smoking light cigarettes is safer than smoking regular cigarettes. (513)

Do you?

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

7 No opinion/Don't know

9 Refused

3. Do you usually smoke regular, lights, or ultra lights? (514)

1 Regular

2 Lights

3 Ultra lights

7 Don't know/Not sure

9 Refused

4. Are you aware of Quit Now NC smoking cessation phone lines or Quit Now websites? (515)

1 Yes

2 No (go to next NC Module)

7 DK/NS

9 Refused

5. If yes, how did you hear of the Quit Now NC smoking cessation service? (516)

Please read:

- 1 Prompt from doctor
- 2 Other health care provider
- 3 Worksite
- 4 School
- 5 Media
- 6 Other: _____

6. Have you called Quit Now NC or used the Quit websites? (517)

- 1 Yes
- 2 No

- 7 DK/NS
- 9 Refused

NC Module 6: Tobacco Use Prevention

These next few questions are about smoking prevention.

States add a special tax to cigarettes in addition to any sales tax to those purchasing. The national average is \$[xx] and the NC tax is 5 cents.

1. How much additional tax on a pack of cigarettes would you be willing to support if a considerable portion of the money raised was used to fund smoking prevention programs for our youth and provide treatment options for tobacco users who want to quit?

(520)

Please read:

- 1 More than \$1.00
- 2 \$0.75 - \$1.00
- 3 \$0.50 - \$0.74
- 4 \$0.25 - \$0.49
- 5 Less than \$0.25
- 6 No tax

Do not read

- 7 DK/NS
- 9 Refused

2. If someone were smoking near you in the nonsmoking area of a restaurant, you would:

(521)

Please read:

- 1 Ask them to put out their cigarettes/stop smoking
- 2 Ask to be moved to another table further from the smoke
- 3 Ask the management to expand their policy to a smokefree policy
- 4 Do nothing, but not return to the restaurant
- 5 Smoking doesn't bother me that much; I would do nothing and return to the restaurant

Do not read

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

3. In the past 12 months, have you ever asked a stranger not to smoke around you, in order to avoid exposure to their tobacco smoke?

(522)

- 1 Yes
- 2 No

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

4. How strongly do you agree or disagree with the following statement:

Tobacco use by adults should not be allowed on school grounds or at any school events.
(523)

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree
- No opinion

- 7 No opinion/Don't know
- 9 Refused

5. In the indoor dining area of restaurants, do you think that smoking should be allowed in all areas, some areas, or not allowed at all? (524)

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

- 7 No opinion/Don't know
- 9 Refused

6. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes? (525-526)

_____ # of adults

- 00 None
- 77 Don't know/Not sure
- 99 Refused

7. In the following locations, do you think that smoking should be allowed in all areas [1], some areas [2], or not allowed at all [3]? (527)

a. Public Buildings

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

- 7 No opinion/Don't know
- 9 Refused

b. Bowling Alleys

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

- 7 No opinion/Don't know
- 9 Refused

c. Grocery stores

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

- 7 No opinion/Don't know
- 9 Refused

d. Convenience Stores

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

- 7 No opinion/Don't know
- 9 Refused

e. Indoor sporting events or concerts

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

- 7 No opinion/Don't know
- 9 Refused

NC Module 7: Disability and Aging

Now, I would like to ask a few questions about disability and aging.

1. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? (530)

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? (531)

- 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? (532)

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

4. Did that person have a problem with memory loss or confusion or a disorder like Alzheimer's Disease? (533)

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

NC Module 8: Emergency Call January – February, 2004

The next two questions are about heart attack and stroke.

1. If you thought someone was having a heart attack, what is the first thing you would do? (540)

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

Or

- 5 Do something else
- 7 Don't know/Not sure
- 9 Refused

Do not read
these responses

2. If you thought someone was having a stroke, what is the first thing you would do? (541)

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

Or

- 5 Do something else
- 7 Don't know/Not sure
- 9 Refused

Do not read
these responses

March – April, 2004 (same as above, just with question order reversed)

1. If you thought someone was having a stroke, what is the first thing you would do? (542)

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

or

- 5 Do something else
- 7 Don't know/Not sure
- 9 Refused

Do not read
these responses

2. If you thought someone was having a heart attack, what is the first thing you would do? (543)

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

or

- 5 Do something else
- 7 Don't know/Not sure
- 9 Refused

Do not read
these responses

NC Module 8: Smoking Policy August, 2004—Spanish speakers got old emergency questions

The next two questions are a smoking policy in North Carolina.

1. Do you favor or oppose letting local NC communities have the option of passing their own laws to restrict smoking in public places, even if those laws may be stronger than the state law?
 - 1 Favor
 - 2 Oppose
 - 7 Don't know/Not sure
 - 9 Refused

2. Do you feel that way strongly or not so strongly?
 - 1 Strongly favor
 - 2 Not so strongly favor
 - 3 Not so strongly oppose
 - 4 Strongly oppose
 - 7 Don't know/Not sure
 - 9 Refused

NC Module 9: Winner's Circle

The next two questions are about a public health initiative in North Carolina.

1. Are you aware of the Winner's Circle Healthy Dining Program as identified with a purple star and fork logo in restaurants, schools, convenience markets, worksite, vending machines and other places that you eat away from home? (560)
 - 1 Yes
 - 2 No **(Go to Optional Module 2 – Sexual Behavior)**

 - 7 Don't know/Not sure **(Go to Optional Module 2 – Sexual Behavior)**
 - 9 Refused **(Go to Optional Module 2 – Sexual Behavior)**

2. How did you hear of the Winner's Circle Healthy Eating Program? (561)
 - 1 Restaurant
 - 2 Worksite
 - 3 School
 - 4 Television
 - 5 Radio
 - 6 Newspaper
 - 7 Billboard
 - 8 Prompt from health care provider
 - 9 Other
 - 77 Don't know/Not sure
 - 99 Refused

3. Have you used the Winner's Circle purple star and fork logo to choose a healthy meal or item when eating away from home? (563)

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

Module 2: Sexual Behavior

If respondent is 50 years old or older, go to closing statement.

These last few questions are about your personal behavior, and I want to remind you that your answers are confidential.

1. During the past twelve months, with how many people have you had sexual intercourse? (215-215)

____ Number [76 = 76 or more]
8 8 None [Go to the end.]
7 7 Don't know / Not sure
9 9 Refused

2. Was a condom used the last time you had sexual intercourse? (217)

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

3. The last time you had sexual intercourse, was the condom used... (218)

Please Read

1 To prevent pregnancy
2 To prevent diseases like syphilis, gonorrhea, and AIDS
3 For both of these reasons
or
4 For some other reason

Do Not Read

7 Don't know / Not sure
9 Refused

4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly use condom is for this purpose? (219)

Would you say: **Please read**

1 Very effective
2 Somewhat effective
or
3 Not at all effective
4 Don't know how effective

Do not read these responses

7 Don't know method
9 Refused

5. How many new sex partners did you have during the past twelve months? (220-221)

- ____ Number [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

**A new sex partner is
someone the respondent
had sex with for the first
time in the past 12 months**

6. In the past five years, have you been treated for a sexually transmitted or venereal disease?
(222)

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

7. Were you treated at a health department STD clinic? (223)

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