

2005 North Carolina Behavioral Risk Factor Surveillance System Questionnaire

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Interviewer's Script

Hello, I'm calling for the North Carolina Department of Health. My name is _____. We are gathering information about the health of North Carolina residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would 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 is possible that your number may be called at a later time. **STOP**

Is this a **cellular telephone**? If "Yes", thank you very much, but we are only interviewing land line telephones and private residences. **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 4**

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" on next 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 4**

To Correct Respondent: My name is (name) calling from the North Carolina Department of Health. We are conducting a survey to gather information about the health of North Carolina residents. The survey is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not 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.

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

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

NOTE: If Q2.1 and Q2.2=88 (None), ⇒Go to [Core Section 3](#) Health Care Access.

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
- 88 None
- 77 Don't know / Not sure
- 99 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? (81)

If "No," ask: "Is there more than one or is there no person who you think of as your personal doctor or health care provider?"

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

3.3. 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

3.4. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within past yr (anytime less than 12 months ago)
- 2 Within past 2 yrs (1 year but less than 2 years ago)
- 3 Within past 5 yrs (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 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? (84)

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

Section 5: Diabetes

5.1. Have you EVER been told by a doctor that you have diabetes? (85)

NOTE: If “Yes” and respondent is **female**, ask: “Was this only when you were pregnant?”

NOTE: If respondent says “pre-diabetes or borderline diabetes,” use response **Code 4**.

- 1 Yes ⇒ Go to [Optional Module 1 Diabetes](#).
- 2 Yes, but female told only during pregnancy ⇒ Go to [Core Section 6 Hypertension Awareness](#).
- 3 No ⇒ Go to [NC Module 5 Diabetes Screening](#).
- 4 No, pre-diabetes or borderline diabetes ⇒ Go to [NC Module 7 Diabetes Control Q7.4. DO NOT READ](#)
- 7 Don't know / Not sure ⇒ Go to [Core Section 6](#).
- 9 Refused ⇒ Go to [Core Section 6](#).

Section 6: Hypertension Awareness

6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

NOTE: 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 [NC Module 6 Hypertension](#).
- 3 No ⇒ Go to [NC Module 6](#)
- 4 Told borderline high or pre-hypertensive ⇒ Go to [NC Module 6](#).
- 7 Don't know / Not sure ⇒ Go to [NC Module 6](#).
- 9 Refused ⇒ Go to [NC Module 6](#).

6.2. Are you currently taking medicine for your high blood pressure? (87)

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

Go to [NC Module 6: Hypertension](#).

Section 7: Cholesterol Awareness

7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes
- 2 No ⇒ Go to [Core Section 8 Cardiovascular Disease Prevalence](#).
- 7 Don't know / Not sure ⇒ Go to [Core Section 8](#).
- 9 Refused ⇒ Go to [Core Section 8](#).

7.2. About how long has it been since you last had your blood cholesterol checked? (89)

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

7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

8.1. A heart attack, also called a myocardial infarction? (91)

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

8.2. Angina or coronary heart disease? (92)

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

8.3. A stroke? (93)

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

Section 9: Asthma

9.1. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma? (94)

- 1 Yes
- 2 No ⇒ [Go to Core Section 10.](#)
- 7 Don't know / Not sure ⇒ [Go to Core Section 10.](#)
- 9 Refused ⇒ [Go to Core Section 10.](#)

9.2. Do you still have asthma? (95)

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

Go to [Optional Module 9](#) Adult Asthma History.

Section 10: Immunization (Mar-Dec 2005)

10.1. A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot? (96)

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

10.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™. (97)

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

10.3. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (98)

- 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? (99)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No ⇒ Go to [Core Section 12 Alcohol Consumption](#).
- 7 Don't know / Not sure ⇒ Go to [Core Section 12](#).
- 9 Refused ⇒ Go to [Core Section 12](#).

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

- 1 Every day
- 2 Some days
- 3 Not at all ⇒ Go to [Core Section 12 Alcohol Consumption](#).
- 7 Don't know / Not sure ⇒ Go to [Core Section 12](#).
- 9 Refused ⇒ Go to [Core Section 12](#).

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

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

Section 12: Alcohol Consumption

12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (102)

- 1 Yes
- 2 No ⇒ Go to [Core Section 13 Demographics](#).
- 7 Don't know / Not sure ⇒ Go to [Core Section 13](#).
- 9 Refused ⇒ Go to [Core Section 13](#).

12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)

- 1__ Days per week
- 2__ Days in past 30 days
- 888 No drinks in past 30 days ⇒ Go to [Core Section 13](#).
- 777 Don't know / Not sure
- 999 Refused

12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (106-107)

-- Number of drinks
77 Don't know / Not sure
99 Refused

12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)

-- Number of times
88 None
77 Don't know / Not sure
99 Refused

12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)

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

Section 13: Demographics

13.1. What is your age? (112-113)

-- Code age in years
07 Don't know / Not sure
09 Refused

13.2. Are you Hispanic or Latino? (114)

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? (115-120)

[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

- 7 Don't know / Not sure
- 8 No additional choices [Not a valid response by itself]
- 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? (121)

- 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...? (122)

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? (123-124)

- __ Number of children
- 88 None
- 99 Refused

13.7. What is the highest grade or year of school you completed? (125)

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... ? (126)

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... ? (127-128)

NOTE: If respondent refuses at ANY income level, code 99 (Refused).

Read only if necessary:

- 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? (129-132)

NOTE: If respondent's answer is metric, put "9" in the first position. See example below.

[Round fractions up]

---- Weight [Enter weight in whole pounds (Ex. 220lbs = 220) or whole kilograms
(65kg=9065)]
7777 Don't know / Not sure
9999 Refused

13.11. About how tall are you without shoes? (133-136)

NOTE: If respondent's answer is metric, put "9" in the first position. See example below.

[Round fractions down]

---- Height [Enter height in feet and inches (Ex. 5 feet 9 inches = 509) or meters and
centimeters (Ex. 1 meter 75 centimeters = 9175)]
7777 Don't know / Not sure
9999 Refused

13.12. What county do you live in? (137-139)

--- FIPS county code
777 Don't know / Not sure
999 Refused

13.13. What is your ZIP Code where you live? (140-144)

----- ZIP Code
77777 Don't know / Not sure
99999 Refused

13.14. 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. (145)

1 Yes
2 No ⇒Go to Q13.16
7 Don't know / Not sure ⇒Go to Q13.16
9 Refused ⇒Go to Q13.16

13.15. How many of these phone numbers are residential numbers? (146)

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

13.16. During the past 12 months, has your household been without telephone service for 1 week or more? (147)

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

13.17. Indicate sex of respondent. [Ask only if necessary]. (148)

- 1 Male ⇒ Go to [Core Section 14](#) Veteran's Status.
- 2 Female If respondent is less than age 45, go to Q13.18; otherwise go to [Core Section 14](#).

13.18. To your knowledge, are you now pregnant? (149)

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

Section 14: Veteran's Status

The next question relates to military service.

14.1. 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? (150)

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

Section 15: Disability

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

15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)

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

15.2. 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? (152)

NOTE: Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No

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

Section 16: Arthritis Burden

The next questions refer to the joints in your body. Please do NOT include the back or neck.

16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

- 1 Yes
- 2 No ⇒Go to Q16.4
- 7 Don't know / Not sure⇒Go to Q16.4
- 9 Refused ⇒Go to Q16.4

16.2. Did your joint symptoms FIRST begin more than 3 months ago? (154)

- 1 Yes
- 2 No ⇒Go to Q16.4
- 7 Don't know / Not sure ⇒Go to Q16.4
- 9 Refused ⇒Go to Q16.4

16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

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

16.4. 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? (156)

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

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 Q16.2 or Q16.4 is "Yes," ask Q16.5. Otherwise, ⇒Go [Core Section 17](#) Fruits & Vegetables.

16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (157)

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

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

Section 17: Fruits & 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.

17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

17.2. Not counting juice, how often do you eat fruit? (161-163)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

17.3. How often do you eat green salad? (164-166)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

17.5. How often do you eat carrots? (170-172)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat ? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (173-175)

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

Section 18: Physical Activity

If Core Q13.8=1 (employed for wages) or =2 (self-employed), 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...? (176)

NOTE If respondent has multiple jobs, include all jobs.

Please read

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

DO NOT READ

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

Please read

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 [**CATI fill in:** "when you are not working" if **employed or self-employed**] 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? (177)

- 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 at a time? (178-179)

- Days per week
- 88 Do not do any moderate physical activity for at least 10 minutes at a time ⇒Go to Q18.5
- 77 Don't know / Not sure ⇒Go to Q18.5
- 99 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? (180-181)

- __ Hours and minutes per day [Ex. 30 minutes is coded as 30, 60 minutes is coded as 100, 2 hours and 30 minutes is coded as 230]
- 777 Don't know / Not sure
- 999 Refused

18.5. Now, thinking about the vigorous activities [CATI fill in: “when you are not working” if “employed” or self-employed] 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? (182)

- 1 Yes
- 2 No ⇒Go to [Core Section 19](#) HIV/AIDS.
- 7 Don’t know / Not sure ⇒Go to [Core Section 19](#).
- 9 Refused ⇒ Go to [Core Section 19](#).

18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (183-184)

- __ Days per week
- 88 Do not do any vigorous physical activity for at least 10 minutes at a time ⇒Go to [Core Section 19](#) HIV/AIDS.
- 77 Don’t know / Not sure ⇒Go to [Core Section 19](#).
- 99 Refused ⇒ Go to [Core Section 19](#).

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? (185-187)

- __ Hours and minutes per day [Ex. 30 minutes is coded as 30, 60 minutes is coded as 100, 2 hours and 30 minutes is coded as 230]
- 777 Don’t know / Not sure
- 999 Refused

Section 19: HIV/AIDS

If respondent is 65 years 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 do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth. (188)

- 1 Yes
- 2 No ⇒Go to Q19.4
- 7 Don’t know / Not Sure ⇒Go to Q19.4
- 9 Refused ⇒Go to Q19.4

19.2. Not including blood donations, in what month and year was your last HIV test? (189-194)

NOTE: if response is before January 1985, code “Don’t know.”

NOTE: If month is unknown, enter 77 for month and then the given year, ex. 771999]

- ____ Code month and year [Ex. June of 2004 = 062004]
- 777777 Don’t know / Not sure
- 999999 Refused

19.3. 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, drug treatment facility, or somewhere else? (197-198)

- 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 At home
- 07 Somewhere else
- 08 Drug treatment facility
- 77 Don't know / Not sure
- 99 Refused

19.4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You don't need to tell me which one.

Please read

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? (199)

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

Section 20: Emotional Support & Life Satisfaction

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

20.1 How often do you get the social and emotional support you need? Would you say...? (200)

Please read

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ

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

20.2 In general, how satisfied are you with your life? Would you say...?

(201)

Please read

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

DO NOT READ

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

If Core Section Q13.6 \neq 88 or 99, go to [NC Module 2](#) Random Child Selection, otherwise go to [Optional Module 5](#) Cardiovascular Health.

Transition to Modules and/or State-Added Questions

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

Optional Modules

Module 1: Diabetes

Ask following Core Q5.1, if response is “Yes”

1.1. How old were you when you were told you have diabetes? (202-203)

-- Code age in years [97=97 and older]

DO NOT READ

98 Don't know / Not sure

99 Refused

1.2. Are you now taking insulin? (204)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

1.3. Are you now taking diabetes pills? (205)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

1.4. 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. (206-208)

1 __ Times per day

2 __ Times per week

3 __ Times per month

4 __ Times per year

888 Never

DO NOT READ

777 Don't know / Not sure

999 Refused

1.5. 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. (209-211)

1 __ Times per day

2 __ Times per week

3 __ Times per month

4 __ Times per year

888 Never

555 No feet

DO NOT READ

777 Don't know / Not sure

999 Refused

1.6. Have you EVER had any sores or irritations on your feet that took more than four weeks to heal? (212)

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

1.7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (213-214)

-- Number of times [76=76 or more]

88 None

DO NOT READ

77 Don't know / Not sure

99 Refused

1.8. 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"? (215-216)

-- Number of times [76=76 or more]

88 None

DO NOT READ

77 Don't know / Not sure

99 Refused

If Q1.5=555 (No Feet), ⇒ Go to Q1.10.

1.9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (217-218)

-- Number of times [76=76 or more]

88 None

DO NOT READ

77 Don't know / Not sure

99 Refused

1.10. 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. (219)

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

DO NOT READ

7 Don't know / Not sure

9 Refused

1.11. Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy? (220)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

1.12. Have you EVER taken a course or class in how to manage your diabetes yourself? (221)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

Go to [NC Module 7](#) Diabetes Control.

Module 5: Cardiovascular Health

I would like to ask you a few more questions about cardiovascular or heart health.

NOTE: If Core Q8.1=1(Yes); ask Q5.1. If Core Q8.1=2, 7, 9 (No, Don't know, Refused); Skip Q5.1.

5.1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (249)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

NOTE: If Core Q8.3=1(Yes); ask Q5.2. If Core Q8.3=2, 7, 9 (No, Don't know, Refused); Skip Q5.2.

5.2. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (248)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

[Q5.3 is asked of all respondents.]

5.3. Do you take aspirin daily or every other day? (249)

1 Yes ⇒ Skip Q5.4

2 No

7 Don't know / Not sure

9 Refused

5.4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (250)

INTERVIEWER: If "Yes," ask, "Is this a stomach condition?" **Code upset stomach as stomach problems.**

1 Yes, not stomach related

2 Yes, stomach problems

3 No

DO NOT READ

7 Don't know / Not sure

9 Refused

Go to [Optional Module 7 Heart Attack and Stroke](#).

Module 6: Actions to Control High Blood Pressure

Are you now doing any of the following to help lower or control your high blood pressure:

6.1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (251)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

6.2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (252)

1 Yes

2 No

3 Do not use salt

DO NOT READ

7 Don't know / Not sure

9 Refused

6.3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (253)

1 Yes

2 No

3 Do not drink

DO NOT READ

7 Don't know / Not sure

9 Refused

6.4. (Are you) exercising (to help lower or control your high blood pressure)? (254)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

Please Read

Has a doctor or other health professional EVER advised you to do any of the following to help lower or control your high blood pressure:

6.5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (255)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

6.6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (256)

1 Yes

2 No

3 Do not use salt

DO NOT READ

7 Don't know / Not sure

9 Refused

6.7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (257)

1 Yes

2 No

3 Do not drink

DO NOT READ

7 Don't know / Not sure

9 Refused

6.8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (258)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

6.9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (259)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

- 6.10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (260)

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
- 4 Told borderline or pre-hypertensive

DO NOT READ

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

Module 7: Heart Attack & Stroke

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

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”:

- 7.1. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (261)

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

- 7.2. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (262)

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

- 7.3. Do you think chest pain or discomfort are symptoms of a heart attack? (263)

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

- 7.4. Do you think sudden trouble seeing in one or both eyes is a symptom of a heart attack? (264)

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

7.5. Do you think pain or discomfort in the arms or shoulder are symptoms of a heart attack? (265)

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

7.6. Do you think shortness of breath is a symptom of a heart attack? (266)

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

Please Read

Which of the following do you think is a symptom of a stroke? For each, tell me “Yes”, “No”, or you’re “Not sure”:

7.7. Do you think sudden confusion or trouble speaking are symptoms of a stroke? (267)

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

7.8. Do you think sudden numbness or weakness of face, arm, leg, especially on one side, are symptoms of a stroke? (268)

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

7.9. Do you think sudden trouble seeing in one or both eyes is a symptom of a stroke? (269)

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

7.10. Do you think sudden chest pain or discomfort are symptoms of a stroke? (270)

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

7.11. Do you think sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke)? (271)

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

7.12. Do you think severe headaches with no known cause (are symptoms of a stroke)? (272)

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

7.13. If you thought someone was having a heart attack or stroke, what is the first thing you would do? (273)

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 8: Influenza (March - December 2005)

If Core Q10.1 or Q10.2 is “Yes”, ask Q8.1

8.1. Where did you go to get your most recent [CATI: If Q10.1=1, fill: “flu shot” or if Q10.2=1, fill: “vaccine that was sprayed in your nose”] vaccination? (274-275)

Read only if necessary

- 01 A doctor's office or health maintenance organization (HMO)
- 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 [**Example:** in-patient]
- 07 An emergency room
- 08 Workplace
or
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico (Volunteered-**DO NOT READ**)

DO NOT READ

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

Go to [Optional Module 16 Osteoporosis](#).

Module 9: Adult Asthma History

NOTE: If “Yes” to Core Q9.1; continue. Otherwise, ⇨Go to next module.

9.1. How old were you when you were first told by a doctor or other health professional that you had asthma? (278-279)

- _ _ Age in years 11 or older [**96=96 and older**]
- 97 Age 10 or younger
- 98 Don't know / Not sure
- 99 Refused

NOTE: If “Yes” to Core Q9.2; continue. Otherwise, ⇨Go to [Core Section 10](#) Immunization.

9.2. During the past 12 months, have you had an episode of asthma or an asthma attack? (280)

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

9.3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (281-282)

- _ _ Number of visits [**87=87 or more**]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

9.4. [**If one or more visits to Q9.3, fill in (Besides those emergency room visits)**], During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (283-284)

- _ _ Number of visits [**87=87 or more**]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

9.5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma? (285-286)

- _ _ Number of visits [**87=87 or more**]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

9.6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (287-289)

- _ _ _ Number of days
- 888 None
- 777 Don't know / Not sure
- 999 Refused

- 9.7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness, and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say...? (290)

Please read

- 8 Not at any time ⇒Go to Q9.9
1 Less than once a week
2 Once or twice a week
3 More than 2 times a week, but not every day
4 Every day, but not all the time
or
5 Every day, all the time

DO NOT READ

- 7 Don't know / Not sure
9 Refused

- 9.8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say...? (291)

Please read

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

DO NOT READ

- 7 Don't know / Not sure
9 Refused

- 9.9. During the past 30 days, how often did you take a prescription asthma medication to prevent an asthma attack from occurring? (292)

Please read

- 8 Never
1 1 to 14 days
2 15 to 24 days
3 25 to 30 days

DO NOT READ

- 7 Don't know / Not sure
9 Refused

- 9.10. During the past 30 days, how often did you use a prescription asthma inhaler during an asthma attack to stop it? (293)

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

- 8 Never (include no attack in past 30 days)
1 One to four times (in the past 30 days)
2 Five to fourteen times (in the past 30 days)
3 Fifteen to twenty-nine time (in the past 30 days)
4 Thirty to fifty-nine times (in the past 30 days)

- 5 Sixty to ninety-nine times (in the past 30 days)
- 6 More than 100 times (in the past 30 days)
- DO NOT READ**
- 7 Don't know / Not sure
- 9 Refused

Go to [Core Section 10](#) Immunization.

Module 16: Osteoporosis

Please Read

Osteoporosis (**os-tee-oh-por-o-sis**) is a condition where bones become brittle and break (fracture) more easily. It is *not* the same condition as osteoarthritis, a joint disease.

- 16.1. Have you EVER been told by a doctor, nurse, or other health professional that you have osteoporosis? (328)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 21: Smoking Cessation

NOTE: If Core Q11.2= 3(Not at all); continue. If Core Q11.2= 1(every day) or 2(some days); ⇒Go to Q2. If Core Q11.2= 7, 9 (Don't know, Refused); ⇒Go to next module.

Previously you said you have smoked cigarettes:

- 21.1. About how long has it been since you last smoked cigarettes? (355-356)

Read only if necessary:

- 01 Within the past month (anytime less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago) ⇒ Go to [Optional Module 22](#)
Secondhand Smoke Policy.
- 06 Within the past 10 years (5 years but less than 10 years ago) ⇒ Go to [Optional Module 22.](#)
- 07 10 or more years ago ⇒ Go to [Optional Module 22.](#)
- DO NOT READ**
- 77 Don't know / Not sure ⇒ Go to [Optional Module 22.](#)
- 99 Refused ⇒ Go to [Optional Module 22.](#)

NOTE: If response to Q21.1= 01, 02, 03, or 04; or if Core Q11.2= 1 or 2; continue.

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

21.2. 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? (357-358)

- Number of times [01-76]
- 88 None ⇒Go to [Optional Module 22](#) Secondhand Smoke Policy.
- 77 Don't know / Not sure
- 99 Refused

21.3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (359-360)

- Number of visits [01-76]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

21.4. 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? (361-362)

(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)

- Number of visits [01-76]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

21.5. 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? (363-364)

- Number of visits [01-76]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Module 22: Secondhand Smoke Policy

22.1. Which statement best describes the rules about smoking inside your home? (365)

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

NOTE: If response to Core Q13.8= 1 (employed) or 2 (self-employed); continue. Otherwise, ⇒Go to next module.

22.2. While working at your job, are you indoors most of the time? (366)

- 1 Yes
- 2 No ⇒ **Go to [NC Module 1](#) Type of Insurance.**
- 7 Don't know / Not sure ⇒ **Go to [NC Module 1](#).**
- 9 Refused ⇒ **Go to [NC Module 1](#).**

22.3. 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? (367)

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

22.4. Which of the following best describes your place of work's official smoking policy for work areas? (368)

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

Go to [NC Module 1](#) Type of Insurance.

Special Section 1: CDC Flu Questions (Jan-Feb 2005)

10.1. During the past 12 months, have you had a flu shot? (96)

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

10.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™. (97)

- 1 Yes ⇒Go to Q10.4
- 2 No If Q10.1 is “Yes” go to Q10.4, otherwise go to Q10.6
- 7 Don’t know / Not sure If Q10.1 is “Yes” go to Q10.4; if Q10.1 is “No” go to Q10.6, otherwise go to Q10.7
- 9 Refused If Q10.1 is “Yes” go to Q10.4; if Q10.1 is “No” go to Q10.6, otherwise go to Q10.7

10.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (98)

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

10.4 During what month and year did you receive your most recent flu vaccination?

If “Yes” to both Q10.1 and Q10.2, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”

If uncertain of date of vaccination, probe: “Was it before or after September 2004?” and code approximate month and year.

----- Code month and year.
777777 Don’t know/Not Sure
999999 Refused

10.5 Where did you go to get your most recent [Fill: “flu shot” / “flu vaccine that was sprayed in your nose”]?

Read only if necessary:

- 01 A doctor’s office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center [Ex: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Ex: supermarket, drug store]
- 06 A hospital [Ex: inpatient]
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 Received vaccination in Canada or Mexico (volunteered)
- 77 Don’t know/Not sure (**Probe: How would you describe the place where you went to get your most recent flu vaccine?**)
- 99 Refused

If Q10.4 is before 9/2004 go to Q10.6, otherwise go to Q10.7

10.6 What is the MAIN reason you have NOT received a flu vaccination for this current flu season?

Do not read answer choices below. Select choice that best matches response.

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated

- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/ can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
- 77 Don't know/Not sure (Probe: What was the main reason?)
- 99 Refused

10.7 **If Q10.4 is 04/2004 to present, ask Q10.7, otherwise go to Q10.3.** Did you get a flu vaccination during the “last flu season” in other words during the months of September 2003 through March 2004?

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

10.8 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

Read each problem listed below

- Asthma
- Lung problems, other than asthma
- Heart problems
- Diabetes
- Kidney problems
- Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
- Sickle cell anemia or other anemia

- 1 Yes ⇒Go to Q10.9
- 2 No ⇒Go to Q10.10
- 7 Don't know / Not sure (Probe by repeating question) ⇒Go to Q10.10
- 9 Refused ⇒Go to Q10.10

10.9 Do you still have this (any of these) problem(s)?

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

10.10 Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?
If necessary say: This includes part-time and volunteer work.

- 1 Yes ⇒Go to Q10.11
- 2 No ⇒Go to next section
- 7 Don't know/Not sure ⇒Go to next section
- 9 Refused ⇒Go to next section

10.11 Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

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

Special Section 2: Child Flu Questions (January – February 2005)

21.20 Has a doctor, nurse, or other medical professional ever said that he/she has any of the following health problems?

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

Must take aspirin every day

Sickle cell anemia or other anemia

- 1 Yes ⇒Go to Q21.21
- 2 No ⇒Go to Q21.22
- 7 Don't know/Not sure (**Probe by repeating the question**) ⇒Go to Q21.22
- 9 Refused ⇒Go to Q21.22

21.21 Does he/she still have this (any of these) problem(s)?

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

21.22 **If child is less than 6 months old, go [NC Module 3](#), otherwise ask:** During the past 12 months, has he/she had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

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

21.23. During the past 12 months, has he/she had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™ .

- 1 Yes ⇒Go to Q21.24
- 2 No If Q21.22 is “Yes” go to Q21.24, otherwise go to Q21.25
- 7 Don’t know/Not sure (Do not probe) If Q21.22 is “Yes” go to Q21.24. If Q21.22 is “No” go to Q21.25; otherwise go to Q21.26
- 9 Refused If Q21.22 is “Yes” go to Q21.24. If Q21.22 is “No” go to Q21.25; otherwise go to Q21.26

21.24 During what month and year did he/she receive the most recent flu vaccination?

If “Yes” to **both** Q21.22 and Q21.23, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”

____ Month / Year If Q21.24 is before 09/2004 go to Q21.25, otherwise go to Q21.26
77/7777 Don’t know/Not Sure (Probe: “Was it before or after September 2004?” Code
approximate month and year)
99/9999 Refused

21.25. What is the **MAIN** reason he/she has not received a flu vaccination for this current flu season?

Do not read answer choices below. Select category that best matches response.

- 01 Child does not need it
- 02 Doctor did not recommend it
- 03 Did not know that child should be vaccinated
- 04 Flu is not that serious
- 05 Concern about vaccine: side effects/can cause flu
- 06 Concern about vaccine: does not work
- 07 Child had the flu already this flu season
- 08 Plan to get child vaccinated later this flu season
- 09 Flu vaccination costs too much
- 10 Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
- 77 Don’t know/Not sure (Probe: “What was the **main** reason?”)
- 99 Refused

21.26. If NC Module 2 Q2.2 date is 06/2003 to present, go to [NC Module 3](#). If Q21.24 is 04/2004 to present, ask Q21.26; otherwise, go to [NC Module 3](#). Did he/she get the flu vaccine during the “last flu season” in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
- 7 Don’t know/Not sure (Do not probe)
- 9 Refused

Go to [NC Module 3](#) Child Health Insurance.

State Added Questions

NC Module 1: Adult - Type of Insurance

These next few questions are about health insurance coverage.

- 1.1a. If respondent HAS health insurance coverage (S03Q01 =1 “Yes”), fill: “What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?” (450-451)

INTERVIEWER NOTES: The State Employee Health Plan is also called the “North Carolina Teacher’s and Employee Health Plan (This is not Blue Cross and Blue Shield). Medicare is a federal health insurance program for people 65 and older or some younger people with disabilities. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.

Please Read

- 01 The State Employee Health Plan ⇒Go to [NC Module 8 Disability](#).
- 02 Blue Cross Blue Shield of North Carolina ⇒Go to [Q1.2](#)
- 03 Other private health insurance plan purchased from employer or workplace ⇒Go to [NC Module 8](#).
- 04 Other private health insurance plan purchased directly from an insurance company ⇒Go to [NC Module 8](#).
- 05 Medicare ⇒Go to [Q1.3](#)
- 06 Medicaid or Carolina ACCESS or Health Choice ⇒Go to [NC Module 8](#).
- 07 The military, CHAMPUS, or the VA ⇒Go to [NC Module 8](#).
- 08 The Indian Health Service ⇒Go to [NC Module 8](#).
- 09 Other (government plan) ⇒Go to [Q1.4](#)
- or
- 10 No health plan of any kind ⇒Go to [Q1.4](#)

DO NOT READ

- 77 Don't know/Not sure ⇒Go to [Q1.4](#)
- 99 Refused ⇒Go to [NC Module 8](#).

- 1.1b. If respondent has NO health insurance coverage (S03Q01=2) fill: “There are some types of health plans or insurance that you may not have considered. Please tell me if you have any of the following.” (452-453)

INTERVIEWER NOTES: The State Employee Health Plan is also called the “North Carolina Teacher’s and Employee Health Plan. A private health insurance plan is usually obtained through employment or may be purchased directly. Medicare is a federal health insurance program for people 65 and older and some younger people with disabilities. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.

Please Read

- 01 The State Employee Health Plan ⇒Go to [NC Module 8 Disability](#).
- 02 Blue Cross Blue Shield of North Carolina ⇒Go to [Q1.2](#)
- 03 Other private health insurance plan purchased from employer or workplace ⇒Go to [NC Module 8](#).
- 04 Other private health insurance plan purchased directly from an insurance company ⇒Go to [NC Module 8](#).
- 05 Medicare ⇒Go to [Q1.3](#)
- 06 Medicaid or Carolina ACCESS or Health Choice ⇒Go to [NC Module 8](#).

- 07 The military, CHAMPUS, or the VA ⇒Go to [NC Module 8](#).
 - 08 The Indian Health Service ⇒Go to [NC Module 8](#).
 - 09 Other (government plan) ⇒Go to Q1.4
or
 - 10 No health plan of any kind ⇒Go to Q1.4
- DO NOT READ**
- 77 Don't know/Not sure ⇒Go to Q1.4
 - 99 Refused ⇒Go to [NC Module 8](#).

1.2. What type of NC Blue Cross/Blue Shield coverage do you have? (454-455)

INTERVIEWER: If more than one type, ask “Which type do you use to pay for most of your medical care.”

Read if necessary

- 01 Blue Care – an HMO (health maintenance organization)
- 02 Blue Choice – a POS (point of service plans)
- 03 Blue Options – a PPO (preferred provider organization)
- 04 Blue Advantage – purchased directly for self or family
- 05 Federal Employee Health Plan – PPO plan through federal employment
- 06 Other Blue Cross coverage
- 07 The State Employee Health Plan

DO NOT READ

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

Skip to [NC Module 8](#).

1.3. Some people have supplemental policies or health plans that cover medical costs not covered by Medicare alone. Do you have any supplemental coverage through: (456)

Please read (Check all that apply)

- 1 Medicare Part B (physician services)
- 2 A Blue Cross Blue Shield policy
- 3 A Medicare managed care plan (like United HealthCare)
- 4 A Medigap Plan (Plans A through J)
- 5 Other

DO NOT READ

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

1.4. Do you currently receive Supplemental Security Income (known as “SSI”) or federal assistance for any kind of disability? (457)

- 1 Yes
- 2 No

DO NOT READ

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

Skip to [NC Module 8](#).

NC Module 2: Random Child Selection

If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), ⇒ Go next section.

If Core Q13.6 = 1; INTERVIEWER: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” ⇒ Go to Q1

If Core Q13.6 is > 1 and Core Q13.6 does not equal 88 or 99; INTERVIEWER: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [second/third/fourth, etc.] child.”

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. (460)

- 1=1st child
- 2=2nd child
- 3=3rd child
- 4=4th child
- 5=5th child
- 6=6th child
- 7=7th child
- 8=8th child
- 9=9th child

INTERVIEWER: “I have some additional questions about one specific child. The child I will be referring to is the [Fill: random number with format, e.g., 1st child]. All of the following questions about children will be about that child.”

NOTE: If there are two children with the same birth date, randomly select one.

2.1. Is the child a boy or a girl? (461)

- 1 Boy
- 2 Girl
- 9 Refused

2.2. In what month and year was he/she born? (462-467)

- Month / Year
- 777777 Don't know/Not sure (Probe by repeating the question)
- 999999 Refused

If sample month is Jan – Feb 2005, go to [Special Section 2](#) Child Flu questions, otherwise continue to NC Module 3.

NC Module 3: Child Health Insurance

3.1. Does he/she have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (470)

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

NC Module 4: CHAMP Follow-up

Please read

“We are conducting a study to learn more about the health of children in North Carolina. The information we collect will help us improve child health services in our state. We would like to call you back in two weeks to ask some additional questions about this child.” **If needed** say, “the one we’ve just been talking about.”

4.1. All of the information we collect will be kept confidential. Would this be OK with you? (480)

- 1 Yes
- 2 No ⇒ **Go to [Optional Module 5](#) Cardiovascular Health.**

4.2. Who in the household knows most about the about the health and health practices of this child?
(481-482)

INTERVIEWER: If respondent says “me,” then ask, “and what is your relationship to this child?”

Check one

- 01 Mother
- 02 Father
- 03 Grandmother
- 04 Grandfather
- 05 Uncle
- 06 Aunt
- 07 Other (please record) _____
- 77 Don't know/Not sure
- 99 Refused

4.3. Just to make sure that we are talking about the same child when we call you back, please tell me the first name of this child. (483)

_____ Child's name

If Parent refuses name - just ask for a **proxy name, for example Cutie Pie or Jane or John**

INTERVIEWER: “In our follow-up survey, we will be asking about the **child’s height and weight**. It would be helpful to have him/her weighed and measured before we call you back. Thank you very much for your cooperation.”

Go to [Optional Module 5](#).

NC Module 5: Diabetes Screening

Ask if Core Section 5 Q5.1=3 (no diabetes).

5.1. Have you ever had a blood test for high sugar or diabetes? (490)

- 1 Yes
 - 2 No ⇒ **Go to [Core Section 6](#): Hypertension Awareness.**
- DO NOT READ**
- 7 Don't know / Not sure ⇒ **Go to [Core Section 6](#).**
 - 9 Refused ⇒ **Go to [Core Section 6](#).**

5.2. How long has it been since you had your last blood test for high sugar or diabetes? (491)

- 1 In the past three years
- 2 More than 3 years to 5 years
- 3 More than 5 years

DO NOT READ

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

Go to [Core Section 6: Hypertension Awareness](#).

NC Module 6: Hypertension

6.1 About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (500)

Read only if necessary

- 1 Within the past 6 months (1 to 6 months ago)
- 2 Within the past year (6 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 Within the past 5 years (2 to 5 years ago)
- 5 5 or more years ago

DO NOT READ

- 7 Don't know/Not sure
- 8 Never
- 9 Refused

Go to [Core Section 7 Cholesterol Awareness](#).

NC Module 7: Diabetes Control

If Core 5.1 is “1” (has diabetes), continue. Otherwise, if Core 5.1 is “4” (pre-diabetes or borderline), ask Q7.4 and Q7.5 only.

7.1. A special urine test is used to detect protein or albumin and tells if your kidneys are working properly. When was the last time that you received this kind of urine test? (510)

Read only if necessary

- 1 Within the last 12 months
- 2 Within the past two years (1 year but less than two years ago)
- 3 Two or more years

DO NOT READ

- 7 Don't Know/Not sure
- 8 Never
- 9 Refused

7.2. During the past 12 months, was there any time that you did not have testing supplies (strips, lancets, and meter) due to lack of money? (511)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

7.3a. In the last year, have you had a hospitalization or emergency visit due to the following: Hypoglycemia or low blood sugar? (512)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

7.3b. In the last year, have you had a hospitalization or emergency visit due to the following: Other diabetes complications? (513)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

If Core 5.1 is "4" (pre-diabetes or borderline), ask

7.4. In the last 12 months, did a doctor, nurse or other health professional give you advice about your weight to control your diabetes or pre-diabetes? (514)

1 Yes, lose weight

2 Yes, gain weight

3 Yes maintain weight

4 No

DO NOT READ

7 Don't know/ Not sure

9 Refused

7.5. In the last 12 months, has a doctor, nurse or other health professional talked with you about exercise or physical activity to control your diabetes or pre-diabetes? (515)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

Go to [Core Section 6](#).

NC Module 8: Disability

The next two questions are about disability.

- 8.1. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability? (520)

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
- DO NOT READ**
- 7 Don't know/Not sure
 - 9 Refused

- 8.2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (521)

- 1 Yes
 - 2 No
- DO NOT READ**
- 7 Don't know/Not sure
 - 9 Refused

NC Module 9: Arthritis Management

If Core 16.2=1 (joint symptoms > 3 mos. ago) or Core 16.4=1 (has arthritis), continue.

- 9.1. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (530)

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

- 9.2. Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms? (531)

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

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

If respondent is ≤ 39 years of age or female, go to [NC Module 12 Tobacco Prevention](#).

NC Module 10: Prostate Cancer Screening

10.1. 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? (540)

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

10.2. How would you rate your understanding of the advantages and disadvantages of PSA tests? (541)

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

If respondent is ≤ 49 years of age, go to [NC Module 12](#) Tobacco Prevention.

NC Module 11: Colorectal Cancer Screening

11.1. Do you think people your age or older who don't have symptoms should be tested for colon or rectal cancer? (550)

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

11.2. On a scale of 1 to 10, where 1 means not important at all and 10 means extremely important, how important do you believe it is for you personally to be screened or tested for colon or rectal cancer? (551-552)

- Scale
- 77 Don't know/Not Sure
- 99 Refused

11.3. Has a health professional ever recommended that you be tested for colon or rectal cancer? (553)

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

NC Module 12: Tobacco Prevention

- 12.1. States add a special tax to cigarettes in addition to any sales tax to those purchasing. The national average is 84 cents and the NC tax is 5 cents. 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?

(560)

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 Don't know/Not Sure
- 9 Refused

- 12.2. 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?

(561)

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

Ask Q12.3 only if there is more than one adult in the household.

- 12.3. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes?

(562)

- Number of adults
- 00 None

DO NOT READ

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

If Core 11.2 is “1” (every day smokers) or “2” (occasional smokers), continue to [NC Module 13](#) NC Quit Now, otherwise go to [NC Module 19](#) Caregiving.

NC Module 13: NC Quit Now

- 13.1. On the average, about how many cigarettes a day do you now smoke?

(570-571)

NOTE: 1 pack = 20 cigarettes.

- Number of cigarettes
- DO NOT READ**
- 07 Don't know/Not sure
- 09 Refused

13.2. Are you aware of Quit Now NC cessation phone lines or Quit Now websites? (572)

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

If answer to Q13.2 is "Yes," continue to Q13.3, otherwise go to [NC Module 15](#) Nutrition and PA Policy if sample month is July-August or to [NC Module 19](#) Caregiving if sample month is September-December.

13.3. How did you hear of the NC Quit Now cessation service? (573)

1 Prompt from doctor

2 Other health care provider

3 Worksite

4 School

5 Media

6 Other

DO NOT READ

7 Don't know/Not sure

9 Refused

Go to [NC Module 15](#) Nutrition and PA Policy if sample month is July-August or to [NC Module 19](#) Caregiving if sample month is September-December.

NC Module 14: Arthritis, Pain, Aching (Jan-March 2005)

If Core 16.2 =1 (joint symptoms > 3 mos. ago) or Core 16.4=1 (has arthritis) and sample month is January – March 2005, continue.

Please Read

Earlier you indicated that you have had pain, aching, or stiffness, in or around a joint. We have a few additional questions about your joints.

Arth01. How many months or years ago did those joint symptoms first begin? (580-581)

-- Months (1 - 11)

-- Years

DO NOT READ

77 Don't know/Not sure

88 None

99 Refused

Arth02. Were those symptoms present on most days for at least one month? (582)

1 Yes

2 No

7 Don't know

9 Refused

Arth03. Over the past 7 days, how many days have you had pain, aching, or stiffness from arthritis or joint symptoms? (583-584)

__ Number of days (1 - 7)

DO NOT READ

77 Don't know/Not sure

88 None

99 Refused

Arth04. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it could be, over the past 7 days, how bad was your joint pain or aching ON AVERAGE. (585-586)

__ Pain Scale (1-10)

0 No Pain

DO NOT READ

77 Don't know/Not sure

99 Refused

NOTE: If a decimal value is given then round any part equal to or larger than .5 up to the next integer value. So for 2.5 put in 3. A few more examples, for 4.25 put in 4, for 7.75 put in 8. If in doubt right down the value and speak to your supervisor.

Arth05. Tell me which joints are affected? (587-612)

NOTE: Notice that the list of joints below goes from top of body to bottom.

Check all that apply

DO NOT READ

01 Neck

02 Shoulder

03 Elbow

04 Wrist

05 Hand

06 Fingers/thumb

07 Back

08 Hip

09 Knee

10 Ankle

11 Foot

12 Toes

13 Other Joint (specify) _____ (record verbatim)

77 Don't know

99 Refused

Arth06. Have you taken any prescription or non-prescription medication for these joint symptoms in the past 7 days? (613)

1 Yes

2 No

DO NOT READ

7 Don't know

9 Refused

Arth07a. Earlier you said you had never seen a doctor about your joint symptoms. Please tell me why you did not see a doctor about your joint symptoms? (614-615)

NOTE: If the words or concept used by the respondent **DO NOT** match the categories below exactly, please code **OTHER SPECIFY** and record the respondent's words verbatim.

- 01 Not that bad/ not serious/ not important
- 02 Costs too much/ no insurance
- 03 Don't like doctors/ didn't want to go
- 04 Self treatment works
- 05 Just occurred/ going to doctor soon
- 06 No transportation/ too far
- 07 Other specify _____

DO NOT READ

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

Arth07b. Earlier you said you had seen a doctor for your joint symptoms. What did the doctor say was the cause of your joint symptoms? (616-618)

NOTE: If the words or concept used by the respondent **DO NOT** match the categories below exactly, please code **OTHER SPECIFY** and record the respondent's words verbatim.

- 01 Injury/ work-related
- 02 Bursitis/ tendonitis/ tennis elbow/ carpal tunnel
- 03 Bone spurs
- 04 Doctor didn't say/ doctor didn't know
- 05 Cartilage
- 06 Body weight
- 07 Age
- 08 Other specify _____ (record verbatim)

DO NOT READ

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

NC Module 15: Nutrition & Physical Activity Policy (July-August 2005)

15.1. Do you believe that you would eat healthy foods and beverages more often if they were more available in places where you eat out? (620)

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

15.2. Do you believe you would increase your physical activity if your community had safer more accessible sidewalks or trails for walking or bicycling? (621)

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

NC Module 16: Genomics (July-August 2005)

I have a couple questions about genetics.

- 16.1. Genetic testing will lead to improved prevention of chronic diseases, such as cancer, heart disease and stroke. Do you...? (630)

Please read

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

DO NOT READ

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

- 16.2. A person's genes can make them more likely to get chronic diseases such as cancer, heart disease, or diabetes. Do you...? (631)

Please read

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

DO NOT READ

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

NC Module 19: Care Giving

The next few questions are about care giving.

- 19.1. People may provide regular care or assistance to someone 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? (660)

- 1 Yes
- 2 No ⇒ go to the [closing](#)
- 7 Don't know / Not sure ⇒ go to the [closing](#)
- 9 Refused ⇒ go to the [closing](#)

- 19.2. What age is the person whom you are giving care? (661-662)

- ___ Code age in years [0-115]
- 777 Don't know/Not sure ⇒ skip 19.3
- 999 Refused ⇒ skip 19.3

Ask 19.3, if age of the person (NC19.2) is 60 or older.

19.3. Did that person have a problem with memory loss or confusion or a disorder like Alzheimer's Disease?
(663)

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

Go to [NC Module 21](#) Health Care Access if sample month is January – April 2005.

Go to [NC Module 20](#) Care Giving Supplement if sample month is May – August 2005 and NC Q19.1 is 'Yes' (provide care to older adult), otherwise go to the [closing](#).

NC Module 20: Care Giving Supplement (May-August 2005)

20.1. What is the gender of the person you are caring for?

- 1 Male
- 2 Female
- 7 Don't Know or Not Sure
- 9 Refused

20.2. What is your relationship to him/her? For example, are you his/her (mother/father)? (Probe for relationship – if more than one, ask “Which is the person you take care of the most often?”)

- | | | | |
|----|--------------------|----|--------------------------|
| 01 | Aunt | 16 | Neighbor |
| 02 | Brother | 17 | Nephew |
| 03 | Daughter | 18 | Niece |
| 04 | Daughter-in-law | 19 | Other Relative |
| 05 | Father | 20 | Paid caregiver/assistant |
| 06 | Father-in-law | 21 | Partner |
| 07 | Friend | 22 | Sister |
| 08 | Granddaughter | 23 | Son |
| 09 | Grandfather | 24 | Son-in-law |
| 10 | Grandmother | 25 | Uncle |
| 11 | Grandparent-in-law | 26 | Wife |
| 12 | Grandson | 77 | Don't Know or Not Sure |
| 13 | Husband | 99 | Refused |
| 14 | Mother | | |
| 15 | Mother-in-law | | |

NOTE: If person says he's my father you need to put son (or daughter).

20.3. What do you think or what has a doctor said is the major health problem that he/she has?
CHECK ONE CONDITION ONLY

- | | | | |
|---|---|----|--|
| 1 | Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder (ADD/ADHD) | 8 | Dementia |
| 2 | AIDS/HIV | 9 | Depression |
| 3 | Arthritis/rheumatism | 10 | Down's syndrome |
| 4 | Asthma | 11 | Anxiety and/or other emotional problem |
| 5 | Cancer | 12 | Developmental delays |
| 6 | Cerebral Palsy | 13 | Diabetes |
| 7 | Chromosomal anomaly | 14 | Eye/vision problem (blindness) |
| | | 15 | Hearing problems (deafness) |

16	Heart disease	24	Stroke
17	Hypertension/high blood pressure	25	Traumatic Brain Injury (TBI)
18	Lung disease/emphysema	26	Other (_____)
19	Multiple Sclerosis		
20	Muscular Dystrophy	DO NOT READ	
21	Osteoporosis	77	Don't know/Not sure
22	Parkinson's	99	Refused
23	Spinal Cord Injury (SCI)		

20.4. Given this condition, with which TWO of the following areas does he/she most need your help?

CHECK UP TO TWO

- 1 Learning, remembering, and confusion;
- 2 Seeing or hearing;
- 3 Taking care of oneself, such as eating, dressing, bathing, or toileting;
- 4 Communicating with others;
- 5 Moving around;
- 6 Getting along with people; or
- 7 Feeling anxious or depressed
- 9 Don't Know
- 10 Refused

20.5. For HOW LONG have you provided care for him/her? (672-674)

DO NOT READ; Code using respondent's unit of time

- 1__ Days
- 2__ Weeks
- 3__ Months
- 4__ Years
- 777 Don't know/Not sure
- 999 Refused

20.6. In an average week, how many hours do you provide care for him/her because of his/her long-term illness or disability?

- __ Hours per week (1-154 hours)
- 555 None
- 777 Don't know/ Not sure
- 999 Refused

20.7. I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which TWO of the following is the greatest difficulty you have faced in your caregiving:

CHECK UP TO TWO

- 1 Caregiving creates a financial burden;
- 2 Caregiving doesn't leave enough time for yourself;
- 3 Caregiving doesn't leave enough time for your family;
- 4 Caregiving interferes with your work;
- 5 Caregiving creates or aggravates health problems;
- 6 Caregiving affects your family relationships;
- 7 Caregiving creates stress; or
- 8 Another difficulty (TEXT FIELD)
- 9 No difficulty
- 77 Don't know/Not sure
- 99 Refused

20.8. In the past 12 months, have you sustained an injury while helping him/her?

- 1 Yes
- 2 No
- 77 Don't know/Not sure
- 99 Refused

20.9. How far away do you live from him/her? Do you live...?

- 1 In the same house
- 2 Less than 20 minutes away
- 3 Between 20 and 60 minutes away
- 4 Between 1 and 2 hours away, or
- 5 More than two hours away?
- 7 Don't know/Not sure
- 9 Refused

20.10. We are conducting a study to assess the amount of care-giving in North Carolina. Can we call you back in two weeks to ask some additional questions? (679)

- 1 Yes Go to Q5
- 2 No Go to [Closing](#) Statement

20.11. When we call you back, just so we're talking to the right person, please tell the first name of the person to whom you are giving care. (680)

- _____ Caregiver (export field)
- 9 Refused - use proxy name (e.g. Jane or John) if respondent refuses name

Go to [closing](#).

NC Module 21: Health Care Access (January-April 2005)

The next questions are about health insurance.

Ask Q21.1 only if Core Section 3 Q3.1 is "Yes," otherwise go to Q21.2. [error in skips during Jan 05]

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

- 1 Yes
- 2 No ⇒ Go to Q21.4.
- 7 Don't know/Not sure ⇒ Go to Q21.4.
- 9 Refused ⇒ Go to Q21.4.

21.2. What is the main reason you do not (currently) or did not (in past 12 months) have health insurance?

Read if necessary

- 01 Too expensive
- 02 Job doesn't offer benefits
- 03 Between jobs/unemployed

- 04 Unable to get or was refused coverage because of preexisting conditions
- 05 No spouse/dependent coverage purchased
- 06 Don't know how to get coverage
- 07 Don't need insurance
- 08 Doubt it would be sold to them
- 77 Refused ⇒ Go to Q21.4
- 99 Don't know/not sure ⇒ Go to Q21.4

21.3. What is the secondary reason you do not (currently) or did not (in past 12 months) have health insurance?

Read if necessary

- 01 Too expensive
- 02 Job doesn't offer benefits
- 03 Between jobs/unemployed
- 04 Unable to get or was refused coverage because of preexisting conditions
- 05 No spouse/dependent coverage purchased
- 06 Don't know how to get coverage
- 07 Don't need insurance
- 08 Doubt it would be sold to them
- 77 Refused
- 99 Don't know/not sure

21.4. In the past 12 months, was there any time that you DID NOT get the medical attention that you needed?

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

21.5. In the past 12 months, was there any time that you DELAYED getting the medical care you needed?

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

Ask if answered "Yes" to either Q21.4 or Q21.5, otherwise skip to Q21.7. [error in skips in Jan 05]

21.6. What is the main problem that caused you to delay or not get the medical care you needed?

- 01 Cost or insurance issues
- 02 Couldn't get an appointment soon enough
- 03 No transportation available
- 04 Takes too long or it is too far to the doctor's office
- 05 Couldn't get there when the doctor's office was open
- 06 Language problems
- 07 Couldn't get through on the telephone
- 08 Couldn't get a referral from a doctor
- 09 Didn't know where to go
- 10 Don't like/trust/believe in doctors
- 11 Other
- DO NOT READ**
- 77 Don't know/not sure
- 99 Refused

21.7. In the past 12 months, was there any time that you did not get the prescription drugs that you needed?

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

21.8 In the past 12 months, was there any time when you DELAYED getting the prescription drugs you needed?

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

Ask Q21.9 if answered "Yes" to either Q21.7 or Q21.8, otherwise skip to Q21.10.

21.9 What is the main reason that you delayed or did not get needed prescription drugs?

- 01 Cost or insurance issues
- 02 Transportation problems
- 03 Takes too long or it is too far to the pharmacy
- 04 Couldn't get there when the pharmacy was open
- 05 Language problems
- 06 Couldn't get through on the telephone
- 07 Couldn't get a prescription from a doctor
- 08 Didn't know where to go
- 09 Don't like/trust/believe in prescription drugs
- 10 Other

DO NOT READ

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

21.10 Excluding yourself, is anyone in your household uninsured?

Select all that apply

- 1 Spouse
- 2 All children
- 3 Some, but not all children
- 4 Other
- 8 None
- 7 Don't know/not sure
- 9 Refused

Ask 21.11 and 21.12 only if respondent is employed for wages (Core Q13.8=1)

21.11. Does your employer offer health insurance to any of its employees?

- 1 Yes
- 2 No ⇒ Skip to [closing](#).
- 7 Don't know/Not sure ⇒ Skip to [closing](#).
- 9 Refused ⇒ Skip to [closing](#).

21.12. Could you be in this plan if you wanted to?

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

NC Module 22: Gambling Behaviors (December 2005)

Finally, our last questions:

22.1 Have you ever played games for money, such as casino gambling, scratch card games, video poker, or the lottery?

Interviewer NOTE: This also includes riverboat gambling, sports betting, bingo, horse or dog racing, slot machines, and internet gambling.

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

22.2 In the past 6 months, how often have you played any games for money?

Interviewer NOTE: If more than one type of game played, Say: "Consider all the games you've played in the last 6 months."

___ Enter value

- 601 Times in last 6 months-if less than once/month
(ex: 601=once in last 6 months)
- 101 Times per Day (ex: 101= once a day)
- 201 Times per Week (ex: 201= once a week)
- 301 Times per Month (ex: 301= once a month)
- 777 Don't know/Not sure [[Go to Closing](#)]
- 888 Never [[Go to Closing](#)]
- 999 Refused [[Go to Closing](#)]

22.3 How much money do you usually wager on a day when you play for money?

_____ Dollars (for \$1 or less enter 0001)

- 6 6 6 6 If more than \$5000
- 7 7 7 7 Don't know/Not sure
- 8 8 8 8 None
- 9 9 9 9 Refused

22.4 Do you sometimes gamble (*or play for money*) more than you think you should?

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

END OF MODULE

Closing Statement

That is 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.