

**North Carolina 2007 QUESTIONNAIRE  
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM  
(214 Total Questions)**

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**Questionnaire A: 188 Total Qs**

**Questionnaire B: 192 Total Qs**

## Interviewer's Script

HELLO, I am calling for the North Carolina Department of Health and Human Services. My name is (name). 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'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**

Is this a cellular telephone?

**Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".**

**If "yes,"**

Thank you very much, but we are only interviewing land line telephones and 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 5.**

**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 the 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 the correct respondent:**

HELLO, I am calling for the North Carolina Department of Health and Human Services. My name is **(name)** \_\_\_\_\_. 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.

I will not ask for your last 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, 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
  - 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 and Q2.2 = 88 (None), go to next section]  
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 as your personal doctor or health care provider?”** (81)

- 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 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 year (anytime less than 12 months ago)
  - 2 Within past 2 years (1 year but less than 2 years ago)
  - 3 Within 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 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)
- 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
  - 2 Yes, but female told only during pregnancy
  - 3 No
  - 4 No, pre-diabetes or borderline diabetes
  - 7 Don't know / Not sure
  - 9 Refused

## 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)

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

- |   |  |                             |
|---|--|-----------------------------|
| 1 | Yes  |                             |
| 2 | Yes, but female told only during pregnancy | <b>[Go to next section]</b> |
| 3 | No   | <b>[Go to next section]</b> |
| 4 | Told borderline high or pre-hypertensive   | <b>[Go to next section]</b> |
| 7 | Don't know / Not sure                      | <b>[Go to next section]</b> |
| 9 | Refused                                    | <b>[Go to next section]</b> |

- 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               |

## 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                    | <b>[Go to next section]</b> |
| 7 | Don't know / Not sure | <b>[Go to next section]</b> |
| 9 | Refused               | <b>[Go to next section]</b> |

- 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   |

**Do not read:**

- |   |                       |
|---|-----------------------|
| 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? For each, tell me "Yes", "No", or you're "Not sure."

**8.1** (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

**8.2** (Ever told) you had angina or coronary heart disease? (92)

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

**8.3** (Ever told) you had 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 next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

**9.2** Do you still have asthma? (95)

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

## Section 10: Immunization

---

**10.1** A flu shot is an influenza vaccine injected into 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 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

10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

(99)

**INTERVIEWER NOTE: Response is "Yes" only if respondent has received the entire series of three shots.**

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

The next question is about behaviors related to Hepatitis B.

10.5 Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You have had sex with a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you?

(100)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 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?

(101)

**NOTE: 5 packs = 100 cigarettes**

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

- 11.2** Do you now smoke cigarettes every day, some days, or not at all? (102)
- 1 Every day
  - 2 Some days
  - 3 Not at all [Go to next section]
  - 7 Don't know/Not sure [Go to next section]
  - 9 Refused [Go to next section]

- 11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 12: Demographics

---

- 12.1** What is your age? (104-105)
- – Code age in years
  - 0 7 Don't know / Not sure
  - 0 9 Refused

- 12.2** Are you Hispanic or Latino? (106)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 12.3** Which one or more of the following would you say is your race? (107-112)

**(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 or Alaska Native

Or

6 Other [specify] \_\_\_\_\_

**Do not read:**

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

**CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.**

**12.4** Which one of these groups would you say best represents your race? (113)

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] \_\_\_\_\_

**Do not read:**

7 Don't know / Not sure  
9 Refused

**12.5** 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? **Note: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.** (114)

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

**12.6** Are you...? (115)

**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

**12.7** How many children less than 18 years of age live in your household? (116-117)

– – Number of children  
8 8 None  
9 9 Refused

**12.8** What is the highest grade or year of school you completed? (118)

**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)

**Do not read:**

9 Refused

**12.9** Are you currently...? (119)

**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

12.10

Is your annual household income from all sources—

(120-121)

**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

12.11

About how much do you weigh without shoes?

(122-125)

**Note: If respondent answers in metrics, put "9" in column 122.**

**Round fractions up**

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

12.12 About how tall are you without shoes? (126-129)

**Note: If respondent answers in metrics, put "9" in column 126.**

**Round fractions down**

— / — — Height  
(f t / inches/meters/centimeters)  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

12.13 What county do you live in? (130-132)

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

12.14 What is your ZIP Code where you live? (133-137)

— — — — ZIP Code  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

12.15 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. (138)

1 Yes  
2 No [Go to Q12.17]  
7 Don't know / Not sure [Go to Q12.17]  
9 Refused [Go to Q12.17]

12.16 How many of these telephone numbers are residential numbers? (139)

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

12.17 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (140)

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



**12.18**      **Indicate sex of respondent. Ask only if necessary.** (141)

1	Male	<b>[Go to next section]</b>
2	Female	<b>[If respondent is 45 years old or older, go to next section]</b>

**12.19**      To your knowledge, are you now pregnant? (142)

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

### Section 13: Alcohol Consumption

---

**13.1**      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? (143)

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

**13.2**      During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (144-146)

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

**13.3**      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? (147-148)

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

**13.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion?  
(149-150)

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

**13.5** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(151-152)

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

## Section 14: Disability

---

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

**14.1** Are you limited in any way in any activities because of physical, mental, or emotional problems?  
(153)

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

**14.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?  
(154)

**Include occasional use or use in certain circumstances.**

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

## Section 15: Arthritis Burden

---

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

**15.1** During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (155)

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

**15.2** Did your joint symptoms first begin more than 3 months ago? (156)

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

**15.3** Have you ever seen a doctor or other health professional for these joint symptoms? (157)

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

**15.4** Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (158)

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

**INTERVIEWER NOTE: Arthritis diagnoses include:**

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**CATI Note: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes), Ask Q15.5. Otherwise, Go to next section.**

- 15.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (159)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

## Section 16: Fruits and Vegetables

---

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

- 16.1** How often do you drink fruit juices such as orange, grapefruit, or tomato? (160-162)
- 1 \_ \_ Per day
  - 2 \_ \_ Per week
  - 3 \_ \_ Per month
  - 4 \_ \_ Per year
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

- 16.2** Not counting juice, how often do you eat fruit? (163-165)
- 1 \_ \_ Per day
  - 2 \_ \_ Per week
  - 3 \_ \_ Per month
  - 4 \_ \_ Per year
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

- 16.3** How often do you eat green salad? (166-168)
- 1 \_ \_ Per day
  - 2 \_ \_ Per week
  - 3 \_ \_ Per month
  - 4 \_ \_ Per year

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

**16.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips?  
(169-171)

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

**16.5** How often do you eat carrots?  
(172-174)

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

**16.6** 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.)  
(175-177)

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

## Section 17: Physical Activity

---

**CATI note: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.**

**17.1** When you are at work, which of the following best describes what you do? Would you say—  
(178)

**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.

**17.2** Now, thinking about the moderate activities you do [fill in "when you are not working" if "employed" or self-employed"] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

(179)

1 Yes

2 No [Go to Q17.5]

7 Don't know / Not sure [Go to Q17.5]

9 Refused [Go to Q17.5]

**17.3** How many days per week do you do these moderate activities for at least 10 minutes at a time?

(180-181)

-- Days per week

8 8 Do not do any moderate physical activity for at least 10 minutes at a time? [Go to Q17.5]

7 7 Don't know / Not sure [Go to Q17.5]

9 9 Refused [Go to Q17.5]

**17.4** 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?

(182-184)

\_: \_ Hours and minutes per day

7 7 7 Don't know / Not sure

9 9 9 Refused

**17.5** Now, thinking about the vigorous activities you do [fill in "when you are not working" if "employed" or "self-employed"] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

(185)

1 Yes

2 No [Go to next section]

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

**17.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time? (186-187)

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

**17.7** 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? (188-190)

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

## Section 18: HIV/AIDS

---

**CATI note: If respondent is 65 years old or older, go to next section.**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you 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.

**18.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (191)

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

**18.2** Not including blood donations, in what month and year was your last HIV test? (192-197)

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

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

**18.3** 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 a drug treatment facility, at home, or somewhere else? (198-199)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

**CATI note: Ask Q.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.**

**18.4** Was it a rapid test where you could get your results within a couple of hours? (200)

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

## Section 19: Emotional Support and Life Satisfaction

---

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

**19.1** How often do you get the social and emotional support you need?

**INTERVIEWER NOTE: If asked, say “please include support from any source”.** (201)

**Please read:**

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

**Do not read:**

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



**19.2** In general, how satisfied are you with your life?

(202)

**Please read:**

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

**Do not read:**

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

## **Closing Statement or Transition to Modules and/or State-Added Questions**

### **Closing statement**

**Please read:**

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.

**Or**

### **Transition to modules and/or state-added questions**

**Please read:**

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

# Optional Modules

## Module 3: Diabetes

---

To be asked following Core Q5.1; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (221-222)

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

2. Are you now taking insulin? (223)

1 Yes  
2 No  
9 Refused

3. Are you now taking diabetes pills? (224)

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. (225-227)

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.

(228-230)

1	--	Times per day
2	--	Times per week
3	--	Times per month
4	--	Times per year
5	5 5	No feet
8	8 8	Never
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?

(231)

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?

(232-233)

--	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"?

(234-235)

--	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

**CATI Note: If Q5 = 555 (No feet), go to Q10.**

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (236-237)

— — 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. (238)

**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

**Do not read:**

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (239)

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? (240)

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

## Module 6: Cardiovascular Health

---

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

**CATI note: If Core Q8.1 = 1 (Yes), ask Q1. If Core Q8.1 = 2, 7, or 9, skip Q1.**

1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (262)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI note: If Core Q8.3 = 1 (Yes), ask Q2. If Core Q8.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.**

2. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (263)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**[Question 3 is asked of all respondents.]**

3. Do you take aspirin daily or every other day? (264)
- 1 Yes **[Go to next module]**
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (265)

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

## Module 7: Actions to Control High Blood Pressure

---

**CATI note: If Core Q6.1 = 1 (Yes); continue. Otherwise, go to next module.**

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

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (266)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (267)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (268)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (269)

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

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?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (270)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (271)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (272)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (273)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (274)

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

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (275)

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

## Module 8: Heart Attack and Stroke

---

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

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."

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (276)

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

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (277)

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

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (278)

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

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (279)

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



5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (280)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (281)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (282)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (283)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (284)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (285)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (286)

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

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (287)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (288)

**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 12: Adult Asthma History

---

**CATI note: If Core Q9.1 = 1 (Yes), continue. Otherwise, go to next module.**

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

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma? (306-307)

– – Age in years 11 or older [**96 = 96 and older**]  
9 7 Age 10 or younger  
9 8 Don't know / Not sure  
9 9 Refused

**CATI note: If Core Q9.2 = 1(Yes), continue; Otherwise, Go to NC Module 2 (Random Child).**

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (308)

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

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (309-310)

– – Number of visits [**87 = 87 or more**]  
8 8 None  
9 8 Don't know / Not sure  
9 9 Refused

4. **[If one or more visits to Q3, 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? (311-312)

– – Number of visits [**87 = 87 or more**]  
8 8 None  
9 8 Don't know / Not sure  
9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma? (313-314)

– – Number of visits [**87 = 87 or more**]

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

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (315-317)

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

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 — (318)

**Please read:**

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

**Or**

- 5 Every day, all the time

**Do not read:**

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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say — (319)

**Please read:**

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

**Or**

- 5 More than ten

**Do not read:**

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

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring? (320)

**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

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? (321)

**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 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

**Do not read:**

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

**[CATI Note: if Core Q9.2 = 1 (still has asthma), Go To NC Module 1 (Asthma Management); Otherwise Go To NC Module 2 (Random Child)]**

## Questionnaire A & B – State Added (Asked of all respondents)

### NC Module 1: Asthma Management

---

**CATI Ask if Core Q9.2=1; Otherwise go to NC Module 2**

1. An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional ever given you an asthma management plan?

**[READ IF NECESSARY: Include nurses and asthma educators]**

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

### NC Module 2: Random Child Selection

---

**CATI: If Core Q12.7= 88, or 99 (no children under age 18 in the household, or refused), Go to NC Module 4 (Folic Acid).**

**If Core Q12.7= 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 Q12.7 is > 1 and Core Q12.7 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)**

**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., 1<sup>st</sup> 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.**

1. 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

**CATI: COMPUTE CHILD AGE (see 2005 Questionnaire).**

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

1 Boy

2 Girl

9 Refused

3. 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 3: 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."

1. All of the information we collect will be kept confidential. Would this be OK with you?

- 1 Yes
- 2 No **Go to NC Module 4 (Folic Acid)**

2. Are YOU the person in the household who knows the most about the about the health and health practices of this child?

- 1 Yes **Go to Q3a.**
- 2 No (or don't know) **Go to Q3b**

3a. And what is your relationship to this child?

**INTERVIEWER: IF respondent says "Mother" or "Father" PROBE: 'Are you his/her biological mother/father?'**

### Check one

- 01 Biological mother
- 02 Biological father
- 03 Step/adoptive mother
- 04 Step/adoptive father
- 05 Grandmother
- 06 Grandfather
- 07 Uncle
- 08 Aunt

**CATI: insert blank line (space) here**

- 09 Sister or Brother (Step/foster/half/adoptive)
- 10 Respondent's partner or Boy/Girlfriend
- 11 Relative of any type
- 12 In-law of any type
- 13 Female Guardian
- 14 Male Guardian
- 15 Other Non-relative
- 16 Other Relationship Unknown
- 77 Don't know
- 99 Refused

**[CATI note: If Q2=2, Ask Q3b and Q3c; Otherwise Go to NC Module 4]**

3b. Who would that person be in your household (the person who knows most about the health of the child)?

**INTERVIEWER: IF respondent says "Mother" or "Father" PROBE: 'Would this be his/her biological (real) mother/father?'**

### Check one

- 01 Biological mother

- 02 Biological father
- 03 Step/adoptive mother
- 04 Step/adoptive father
- 05 Grandmother
- 06 Grandfather
- 07 Uncle
- 08 Aunt

**CATI: insert blank line (space) here**

- 09 Sister or Brother (Step/foster/half/adoptive)
- 10 Respondent's partner or Boy/Girlfriend
- 11 Relative of any type
- 12 In-law of any type
- 13 Female Guardian
- 14 Male Guardian
- 15 Other Non-relative
- 16 Other Relationship Unknown
- 77 Don't know
- 99 Refused

**3c. And what is YOUR relationship to this child?**

**[CATI note: If Q3a or Q3b = 01 (biological mother) then Q3c can not = 01; Else if Q3a or Q3b = 02 (biological father) then Q3c can not = 02.]**

**Check one**

- 01 Biological mother
- 02 Biological father
- 03 Step/adoptive mother
- 04 Step/adoptive father
- 05 Grandmother
- 06 Grandfather
- 07 Uncle
- 08 Aunt

**CATI: insert blank line (space) here**

- 09 Sister or Brother (Step/foster/half/adoptive)
- 10 Respondent's partner or Boy/Girlfriend
- 11 Relative of any type
- 12 In-law of any type
- 13 Female Guardian
- 14 Male Guardian
- 15 Other Non-relative
- 16 Other Relationship Unknown
- 77 Don't know
- 99 Refused

**4. 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.**

\_\_\_\_\_ Child's name

If Parent refuses name - just ask for a **nick name, or initials.**

**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



## NC Module 4: Folic Acid

---

1. A multivitamin is a supplement containing several vitamins including Folic Acid. Have you taken a multivitamin sometime during the past six months? **[If necessary: “Examples of multivitamins include One-a-day, Centrum, Theragra, Vi-Daylin, and Geritol.”]**
  - 1.Yes
  - 2.No **Go to NC Module 5**
  - 7.Don't know/Unsure **Go to NC Module 5**
  - 9.Refused **Go to NC Module 5**
2. How would you describe how often you have taken multivitamins over the past six months?

### Read

1. Always take every day
2. Always take at least 5 days a week
3. Was taking every day or almost every day, but not currently taking regularly
4. Was not taking regularly, but now take every day or almost every day
5. Have not taken regularly
- 7 Don't know/Not sure
- 9 Refused

## NC Module 5: COPD

---

“These next questions are about lung or breathing problems. “

1. Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?
  1. Yes
  2. No **Go to NC Module 6 (Disability)**
  - 7.Don't Know/Unsure **Go to NC Module 6 (Disability)**
  9. Refused **Go to NC Module 6 (Disability)**
2. Have you ever been given breathing test to diagnose your COPD, chronic bronchitis, or emphysema?
  1. Yes
  2. No
  - 7.Don't know/Unsure
  - 9.Refused
3. Would you say that shortness of breath affects the quality of your life?
  1. Yes
  2. Now
  7. Don't know/Unsure

9.Refused

4. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare?
  - 1.Yes
  - 2.No
  - 7.Don't know/Unsure
  - 9.Refused
  
5. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema?
  - 1.Yes
  - 2.No
  - 7.Don't know/Unsure
  - 9.Refused
  
6. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema?

\_ \_ \_ Enter number  
7 7 7 Don't Know  
9 9 9 Refused

## NC Module 6: Disability

---

"These next questions are about disability and care giving. "

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

**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
  
2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (521)
  - 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

## NC Module 7: Care Giving

---

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 NC Module 8**  
7 Don't know / Not sure **Go to NC Module 8**  
9 Refused **Go to NC Module 8**
  
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 **Go to Q3**  
999 Refused **Go to Q3**  
  
**CATI: Ask Q3, if age of person (Q2) is 60 or older.**
  
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

## NC Module 8: Smoking Cessation

---

**CATI: Ask Q1 if response to Core Q11.2 = 3 (now smoke 'Not at all'); Otherwise, Go to Q2 if response to Core Q11.2 = 1 or = 2 (now smoke 'Every day' or 'Some days').**

Previously you said you have smoked cigarettes:

1. About how long has it been since you last smoked cigarettes?  
**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 NC Module 10**  
06 Within the past 10 years (5 years but less than 10 years ago) **Go to NC Module 10**  
07 10 or more years ago **Go to NC Module 10**  
**Do not read**  
77 Don't know / Not sure **Go to NC Module 10**  
99 Refused **Go to NC Module 10**

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?  
 \_\_ Number of times (01-76)  
 88 None **Go to NC Module 9**  
 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?  
 \_\_ 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?  
**(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
  
5. On how many visits did your doctor health care provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?  
 \_\_ Number of visits (01-76)  
 88 None  
 77 Don't know / Not sure  
 99 Refused

## NC Module 9: Quit Now NC

---

**CATI: Ask Q1 if response to Core Q11.1 = 1 ('Yes') AND response to Core Q11.2 = 1 or = 2 (now smoke '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?  
**NOTE: 1 pack=20 cigarettes**  
 \_\_\_ Number of cigarettes  
 777 Don't know/Not sure  
 999 Refused
  
2. Do you usually smoke regular, lights, or ultra lights?  
 1 Regular  
 2 Lights  
 3 Ultra lights  
 7 Don't know/Not sure  
 9 Refused

3. Are you aware of Quit Now NC smoking cessation phone lines or Quit Now websites?

- 1 Yes
- 2 No **Go to NC Module 10**
- 7 DK/NS **Go to NC Module 10**
- 9 Refused **Go to NC Module 10**

4. If yes, how did you hear of the Quit Now NC smoking cessation service?

**Please read:**

- 1 Prompt from doctor
- 2 Other health care provider
- 3 Worksite
- 4 School
- 7 Don't know/Not sure
- 9 Refused

## NC Module 10: Gambling Behavior

---

"These next questions are about gambling."

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 NC Module 11**
  
- 7. Don't know/Not sure **Go to NC Module 11**
- 9. Refused [**Go to NC Module 11**

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 next section]
- 888 Never [Go to next section]
- 999 Refused [Go to next section]

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

- 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
5. Have you purchased a lottery ticket or scratch card since the establishment and operation of the North Carolina State Lottery?
- 1 Yes
  - 2 No
  - 7 Don't know / not sure
  - 9 Refused

## NC Module 11: Adult Insurance

---

**CATI: if Core Section 3, Q3.1 = 2 (No), or = 7, 9 (Don't know/Refused), Go to NC Module 12**

"These next questions are about health insurance coverage."

1. 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
  - 02 Blue Cross Blue Shield of North Carolina **Go to Q2**
  - 03 Other private health insurance plan purchased from employer or workplace
  - 04 Other private health insurance plan purchased directly from an insurance company
  - 05 Medicare
  - 06 Medicaid or Carolina ACCESS or Health Choice
  - 07 The military, CHAMPUS, or the VA
  - 08 The Indian Health Service
  - 09 Other (government plan)
  - OR
  - 10 No health plan of any kind
- Do not read:**
- 77 Don't know/Not sure
  - 99 Refused

**[CATI note: If response to Q1 does NOT = 2 (BC/BS of North Carolina), Go to NC Module 12]**

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 Options – a PPO (preferred provider organization) **"Blue Choice" dropped from list in 2007**

03 Blue Advantage – purchased directly for self or family

04 Federal Employee Health Plan – PPO plan through federal employment

05 Other Blue Cross coverage

06 The State Employee Health Plan

**Do not read:**

77 Don't know/Not sure

99 Refused

**CATI: Transition to Questionnaire A or B**

# Questionnaire A – State Added

## NC Module 12: Kidney Disease

---

**CATI: If QSTPATH = 1 then Continue; Otherwise if QSTPATH=2 then Go to NC Module 17**

1. Have you ever been told by a doctor, nurse, or other health professional that you have some form of kidney disease?

NOTE: Kidney disease includes chronic kidney disease, nephritis, nephrosis, renal disease, and end-stage renal disease.

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

## NC Module 13: Environmental Policy

---

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?

- 1 Yes
- 2 No

**Do not read:**

- 3 Never eat out
- 7 Don't know/Not sure
- 9 Refused

2. Do you believe you would increase your physical activity if your community had more accessible sidewalks or trails for walking or bicycling?

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

## NC Module 14: Anxiety and Depression

---

**INTERVIEWER:** "Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks."

1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

- \_\_\_ 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused



2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

\_\_\_ \_\_\_ 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

\_\_\_ \_\_\_ 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

4. Over the last 2 weeks, how many days have you felt tired or had little energy?

\_\_\_ \_\_\_ 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

5. Over the last 2 weeks, how many days have you had a poor appetite or ate too much?

\_\_\_ \_\_\_ 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

6. Over the last 2 weeks, how many days have you felt bad about yourself – **or** that you were a failure or had let yourself or your family down?

\_\_\_ \_\_\_ 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching TV?

\_\_\_ \_\_\_ 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

\_\_\_ \_\_\_ 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

9. Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic attacks, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?
- 1 Yes
  - 2 No
  - 7 Don't know / not sure
  - 9 Refused
10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?
- 1 Yes
  - 2 No
  - 7 Don't know / not sure
  - 9 Refused

## NC Module 15: Family Planning

---

**CATI: If respondent is female and  $\geq 51$  years of age, or is pregnant (Core Q12.19 = 1), or is MALE  $\geq 60$  years of age, Go to NC Module 16**

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.

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 **[CATI: If female, insert husband/partner, if male, insert "wife/partner"]** doing anything now to keep **[CATI: If female, insert "you", if male, insert "her"]** from getting pregnant? (286)  
**NOTE: If more than one partner, consider usual partner.**
- 1 Yes
  - 2 No **[Go to Q3]**
  - 3 No partner/not sexually active **Go to NC Module 16**
  - 4 Same sex partner **Go to NC Module 16**
  - 7 Don't know / Not sure **Go to NC Module 16**
  - 9 Refused **Go to NC Module 16**
2. What are you or your **[CATI: If female, insert "husband/partner," if male, insert wife/partner"]** doing now to keep **[CATI: If female, insert "you", if male, insert "her"]** from getting pregnant? (287-288)  
**Read only if necessary:**
- 01 Tubes tied **Go to NC Module 16**
  - 02 Hysterectomy (female sterilization) **Go to NC Module 16**
  - 03 Vasectomy (male sterilization) **Go to NC Module 16**
  - 04 Pill, all kinds (Seasonale, etc.) **Go to NC Module 16**
  - 05 Condoms (male or female) **Go to NC Module 16**
  - 06 Contraceptive implants (Jadelle or Implants) **Go to NC Module 16**
  - 07 Shots (Depo-Provera) **Go to NC Module 16**
  - 08 Shots (Lunelle) **Go to NC Module 16**
  - 09 Contraceptive Patch **Go to NC Module 16**

10 Diaphragm, cervical ring, or cap (Nuvaring or others) **Go to NC Module 16**

11 IUD (including Mirena) **Go to NC Module 16**

12 Emergency contraception (EC) **Go to NC Module 16**

13 Withdrawal **Go to NC Module 16**

14 Not having sex at certain times (rhythm) **Go to NC Module 16**

15 Other method (foam, jelly, cream, etc.) **Go to NC Module 16**

**Do not read:**

77 Don't know / Not sure **Go to NC Module 16**

99 Refused **Go to NC Module 16**

3. What is your main reason for not doing anything to keep [CATI: If female, insert "you", if male, insert "her"] from getting pregnant? (289-290)

**Read only if necessary:**

01 Didn't think you were 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)

09 You or your partner had a vasectomy (sterilization)

10 You or your partner had a hysterectomy

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 you get pregnant

16 You or your partner are pregnant now

**Do not read:**

77 Don't know / Not sure

99 Refused

## NC Module 16: Sexual and Physical Violence

---

These next questions may be hard for you to answer, but the information is very important and, again, will be kept strictly confidential. These questions are about things that might or might not have happened to you since you were 18 years old.

1. Has a stranger ever forced you to have sex or to do sexual things?  
**Margin note: If "YES", ask, "Has this happened to you in the past 12 months?"**
  1. Yes, within the past 12 months
  2. Yes, more than 12 months ago
  3. No
  7. Don't know/Not sure
  9. Refused
2. Has a partner or ex-partner ever forced you to have sex or to do sexual things?  
By partner, I mean your current or ex-(husband/wife) or (boyfriend/girlfriend).  
**Margin note: If "YES", ask, "Has this happened to you in the past 12 months?"**

1. Yes, within the past 12 months
  2. Yes, more than 12 months ago
  3. No
  7. Don't know/Not sure
  9. Refused
3. Has someone you knew, **not including** a partner or ex-partner, ever forced you to have sex or to do sexual things?  
**Margin note: If "YES", ask, "Has this happened to you in the past 12 months?"**
1. Yes, within the past 12 months
  2. Yes, more than 12 months ago
  3. No
  7. Don't know/Not sure
  9. Refused
4. Has a stranger ever pushed, hit, slapped, kicked, or physically hurt you in any other way?  
**Margin note: If "YES", ask, "Has this happened to you in the past 12 months?"**
1. Yes, within the past 12 months
  2. Yes, more than 12 months ago
  3. No
  7. Don't know/Not sure
  9. Refused
5. Has a partner or ex-partner ever pushed, hit, slapped, kicked, or physically hurt you in any other way? By partner, I mean your current or ex-(husband/wife) or (boyfriend/girlfriend).  
**Margin note: If "YES", ask, "Has this happened to you in the past 12 months?"**
1. Yes, within the past 12 months
  2. Yes, more than 12 months ago
  3. No
  7. Don't know/Not sure
  9. Refused
6. Has someone you knew, not including a partner or ex-partner, ever pushed, hit, slapped, kicked, or physically hurt you in any other way? (447)  
**Margin note: If "YES", ask, "Has this happened to you in the past 12 months?"**
1. Yes, within the past 12 months
  2. Yes, more than 12 months ago
  3. No
  7. Don't know/Not sure
  9. Refused

**INTERVIEWER:** "We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat the number?"

**CATI: Go to BRFS Closing Statement**

\*\*\*\*\* **END OF INTERVIEW**\*\*\*\*\*

## Questionnaire B – State Added (QSTPATH=2)

### NC Module 17: Arthritis Management

---

**CATI: If Core Q15.2 = 1 or Q15.4 = 1 (Yes-has arthritis), Continue. Otherwise, go to NC Module 18.**

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (322)

**Please read:**

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

**Do not read:**

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (323)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (324)

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

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (325)

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

## NC Module 18: Cancer

---

1. Has a doctor, nurse, or other or other health care provider ever asked you about your family history of illnesses or health problems? This would include a health care provider asking you to fill out a form or personally asking you about your family history of certain illnesses or health problems.
  1. Yes
  2. No **Go to NC Module 19**
  7. Don't know **Go to NC Module 19**
  9. Refused **Go to NC Module 19**
  
2. Did the doctor or health care provider then discuss with you your risk for certain diseases or health problems based on your family history?
  1. Yes
  2. No **Go to NC Module 19**
  7. Don't know **Go to NC Module 19**
  9. Refused **Go to NC Module 19**
  
3. Which of the following diseases were discussed?
  - a. **Cancer**
    1. Yes
    2. No
    7. Don't know
    9. Refused
  
  - b. **Diabetes**
    1. Yes
    2. No
    7. Don't know
    9. Refused
  
  - c. **Coronary heart disease or stroke**
    1. Yes
    2. No
    7. Don't know
    9. Refused
  
  - d. **Asthma**
    1. Yes
    2. No
    7. Don't Know
    9. Refused

## NC Module 19: Home Meals

---

"Now I will ask you a few questions about your eating habits."

1. On how many days per week do you usually eat a main meal that is prepared at home?

\_\_ Number of days  
88 None  
77 Don't know/Not sure  
99 Refused

## NC Module 20: Diet

---

1. Are you consuming smaller amounts of foods and beverages to reach or maintain a healthier weight?

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

## NC Module 21: Short Depression (Q2 and Q10 on A) Asked Jan-Apr ONLY

---

"Now, I am going to ask you a few questions about your mood."

**Please read**

1. Over the last **2 weeks**, how many days have you felt down, depressed or hopeless?

\_\_ \_\_ 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

2. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, or minor depression)?

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

## NC Module 22: NC Tobacco Use Prevention

---

**INTERVIEWER:** "These next few questions are about smoking prevention."

1. States add a special tax to cigarettes in addition to any sales tax to those purchasing. The national average is 91 cents and the NC tax is 35 cents. How much additional tax on a pack of cigarettes, above the current 35 cents, 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?

**Please read:**

- 1 More than \$1.00
- 2 \$0.75 - \$1.00
- 3 \$0.50 - \$0.74
- 4 \$0.26 - \$0.49
- 5 \$0.01 - \$0.25
- 6 No new (or additional) tax

**Do not read:**

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

2. 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?

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

**Do not read:**

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

**(Note: NC22Q03a--c were asked in January and February ONLY)**

3. 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]?

**a. Public Buildings (such as courts, city buildings, etc)**

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all
- 7 No opinion/Don't know
- 9 Refused

**b. 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

**c. 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

4. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes?  
\_\_\_\_\_ # of adults  
88 None  
77 Don't know/Not sure  
99 Refused

## NC Module 23: Tobacco Opinion

1. To what degree do you support a statewide policy that would prohibit all students, teachers, staff, and visitors from smoking or using tobacco products in K-12 public schools at all times?

**Please read**

1 Strongly support  
2 Moderately support or  
3 Do not support

**Do not read**

7 Don't know/Not sure  
9 Refused

2. In the last 12 months, have you heard about or seen the North Carolina TRU (or Tobacco. Reality. Unfiltered.) media campaign directed at preventing tobacco use among youth?

**Note: If respondent says yes, ask, "Have you seen or heard about the campaign more than once?"**

1. Yes, more than once  
2. Yes, only once  
3. No  
7 Don't know/Not sure  
9 Refused

3. In the last 12 months, have you heard about or seen a television campaign to promote 100% Tobacco Free School policies in North Carolina?

**Note: If respondent says yes, ask, "Have you seen or heard about the campaign more than once?"**

1. Yes, more than once  
2. Yes, only once  
3. No  
7. Don't know/Not sure  
9. Refused

4. To what degree do you support a statewide law that would eliminate smoking in all public enclosed areas, such as restaurants, bowling alleys, shopping centers, and indoor stadiums?

**Please read**

- 1 Strongly support
- 2 Moderately support or
- 3 Do not support

**Do not read**

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

## NC Module 24: Second-Hand Smoke

---

1. Is smoking allowed inside your home? **(Question changed in 2007)**

**Interviewer note:** if no choose "1," if yes Read: "Which statement best describes the rules about smoking inside your home?" and read responses 2 through 4:

**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

**[CATI Note: If response to Core Q12.9 = 1 (Employed) or = 2 (Self-employed), Continue. Otherwise, go to Closing]**

2. While working at your job, are you indoors most of the time? (301)

- 1 Yes
- 2 No **Go to Closing**
- 7 Don't Know / Not Sure **Go to Closing**
- 9 Refused **Go to Closing**

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? (302)

**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?

**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

**CATI: Go to BRFSS Closing Statement**

**\*\*\*\*\* END OF INTERVIEW\*\*\*\*\***