

**North Carolina 2008 Questionnaire  
Behavioral Risk Factor Surveillance System  
(166 Questions)**

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## Interviewer's Script

HELLO, I am calling for the  (health department) . My name is  (name) . We are gathering information about the health of  (state)  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 in  NC  ?

**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 (health department) . My name is (name) . We are gathering information about the health of (state) 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.

## Core Sections

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, please call **(give the number)**.

### 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: Sleep

---

The next question is about getting enough rest or sleep.

- 4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

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

## Section 5: Exercise

---

- 5.1** 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? (86)

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

## Section 6: Diabetes

---

- 6.1** Have you ever been told by a doctor that you have diabetes?

**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.**

(87)

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 7: Oral Health

---

- 7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (88)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read:**

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

**7.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

**NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

(89)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.**

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

(90)

**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
- 8 Never
- 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: Disability

---

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

**10.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

- 1 Yes
- 2 No

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

**10.2** 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? (97)

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

- 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? (98)

**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? (99)

- 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? (100)

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

## Section 12: Demographics

---

**12.1** What is your age? (101-102)

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

**12.2** Are you Hispanic or Latino? (103)

- 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? (104-109)

**(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? (110)

- 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? *Active duty does not include training for*

*the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

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

(111)

**12.6** Are you...?

**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

(112)

**12.7** How many children less than 18 years of age live in your household?

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

(113-114)

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

**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

(115)

**12.9** Are you currently...?

**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

(116)

- 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—

(117-118)

**If respondent refuses at ANY income level, code ‘99’ (Refused)**

**Read only if necessary:**

- 0 4 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If “no,” code 02**
- 0 5 Less than \$35,000 **If “no,” ask 06**  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read:**

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

**12.11** About how much do you weigh without shoes?

(119-122)

**NOTE: If respondent answers in metrics, put “9” in column 119.**

**Round fractions up**

- $\frac{-}{7} \frac{-}{7} \frac{-}{7} \frac{-}{7}$  Weight (*pounds/kilograms*)
- 7 7 7 7 Don’t know / Not sure
- 9 9 9 9 Refused

**CATI note: If Q12.11 = 7777 (Don’t know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14.**

**12.12** About how tall are you without shoes?

(123-126)

**NOTE: If respondent answers in metrics, put “9” in column 123.**

**Round fractions down**

- $\frac{-}{7} \frac{-}{7} / \frac{-}{7} \frac{-}{7}$  Height (*ft / inches/meters/centimeters*)
- 7 7 7 7 Don’t know / Not sure
- 9 9 9 9 Refused

**12.13** How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?] CATI: If female respondent and age <46.

(127-130)

**NOTE: If respondent answers in metrics, put "9" in column 127.**

**Round fractions up**

— — — —	Weight (pounds/kilograms)
7 7 7 7	Don't know / Not sure [Go to Q.15]
9 9 9 9	Refused [Go to Q.15]

**CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.**

**12.14** Was the change between your current weight and your weight a year ago intentional?

(131)

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

**12.15** What county do you live in?

(132-134)

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

**12.16** What is your ZIP Code where you live?

(135-139)

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

**12.17** 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.

(140)

1	Yes
2	No [Go to Q12.19]
7	Don't know / Not sure [Go to Q12.19]
9	Refused [Go to Q12.19]

**12.18** How many of these telephone numbers are residential numbers?

(141)

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

9 Refused

**12.19** 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. (142)

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

**12.20** Indicate sex of respondent. Ask only if necessary. (143)

1 Male [Go to [next section](#)]  
2 Female [If respondent is 45 years old or older, go to [next section](#)]

**12.21** To your knowledge, are you now pregnant? (144)

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? (145)

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

**13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (146-148)

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

**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?

**NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

(149-150)

— — 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?

(151-152)

— — 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?

(153-154)

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

## Section 14: Immunization

---

**14.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

(155)

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

**14.2** During what month and year did you receive your most recent flu shot?

(156-161)

— / ——— Month / Year  
77 / 7777 Don't know / Not sure  
99 / 9999 Refused

**14.3** 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™.

(162)

1 Yes



- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]

**14.4** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

(163-168)

- / ---- Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

**14.5** 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?

(169)

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

## Section 15: Falls

---

**If respondent is 45 years or older continue, otherwise go to next section.**

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

**15.1** In the past 3 months, how many times have you fallen?

(170-171)

- Number of times [76 = 76 or more]
- 8 8 None [Go to [next section](#)]
- 7 7 Don't know / Not sure [Go to [next section](#)]
- 9 9 Refused [Go to [next section](#)]

**15.2** [Fill in "Did this fall (from Q15.1) cause an injury?"]. If only one fall from Q15.1 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(172-173)

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

## Section 16: Seatbelt Use

---

**16.1** How often do you use seat belts when you drive or ride in a car? Would you say— (174)

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

**CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.**

## Section 17: Drinking and Driving

---

**CATI note: If Q13.1 = 2 (No); go to next section.**

The next question is about drinking and driving.

**17.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175-176)

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

## Section 18: Women's Health

---

**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

**18.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]

9 Refused [Go to Q18.3]

18.2 How long has it been since you had your last mammogram? (178)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

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

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (179)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.4 How long has it been since your last breast exam? (180)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

- 1 Yes
- 2 No [Go to Q18.7]
- 7 Don't know / Not sure [Go to Q18.7]
- 9 Refused [Go to Q18.7]

18.6 How long has it been since you had your last Pap test? (182)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)

- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

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

**CATI note: If response to Core Q12.21 = 1 (is pregnant); then go to next section.**

**18.7** Have you had a hysterectomy? (183)

**Read only if necessary:** A hysterectomy is an operation to remove the uterus (womb).

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

## Section 19: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

Now, I will ask you some questions about prostate cancer screening.

**19.1** 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? (184)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

**19.2** How long has it been since you had your last PSA test? (185)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

**Do not read:**

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

**19.3** A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (186)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

**19.4** How long has it been since your last digital rectal exam? (187)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

**Do not read:**

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

**19.5** Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (188)

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

## Section 20: Colorectal Cancer Screening

---

**CATI note: If respondent is  $\leq 49$  years of age, go to next section.**

**20.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (189)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

**20.2** How long has it been since you had your last blood stool test using a home kit? (190)

**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

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

(191)

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

**20.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

(192)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

**20.5** How long has it been since you had your last sigmoidoscopy or colonoscopy?

(193)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

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

## Section 21: 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.

- 21.1** 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. (194)
- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q21.5] |
| 7 | Don't know / Not sure | [Go to Q21.5] |
| 9 | Refused               | [Go to Q21.5] |

- 21.2** Not including blood donations, in what month and year was your last HIV test? (195-200)

**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

- 21.3** Where did you have your last HIV test — at a private doctor or HMO office, at 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? (201-202)

0 1	Private doctor or HMO office
0 2	Counseling and testing site
0 3	Hospital
0 4	Clinic
0 5	Jail or prison (or other correctional facility)
0 6	Drug treatment facility
0 7	At home
0 8	Somewhere else
7 7	Don't know / Not sure
9 9	Refused

**CATI note: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to next section.**

- 21.4** Was it a rapid test where you could get your results within a couple of hours? (203)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

- 21.5** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.

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

Do any of these situations apply to you?

(204)

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

## Section 22: Emotional Support and Life Satisfaction

---

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

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

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

(205)

**Please read:**

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

**Do not read:**

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

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

(206)

**Please read:**

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

**Do not read:**

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



## Optional Modules

### Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding “Yes” to Core Q6.1 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years?

(227)

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

**CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).**

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

(228)

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

### Module 2: Diabetes

---

**To be asked following Core Q6.1; if response is "Yes" (code = 1)**

1. How old were you when you were told you have diabetes?

(229-230)

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

2. Are you now taking insulin?

(231)

- 1 Yes
- 2 No
- 9 Refused

3. 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.

(232-234)

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

4. 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.

(235-237)

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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(238-239)

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

6. 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"?

(240-241)

_ _	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 Q4 = 555 (No feet), go to Q8.**

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(242-243)

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

8. 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.

(244)

**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

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

(245)

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

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

(246)

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

## Module 4: Visual Impairment and Access to Eye Care

---

**CATI note: If respondent is less than 40 years of age, go to next module.**

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lens, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

(255)

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

**Or**

- 6 Unable to do for other reasons

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to [next module](#)]**
- 9 Refused

2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

(256)

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

**Or**

- 6 Unable to do for other reasons

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to [next module](#)]**
- 9 Refused

3. When was the last time you had your eyes examined by any doctor or eye care provider?

(257)

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago) **[Go to Q5]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to Q5]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to [next module](#)]**
- 9 Refused

4. What is the main reason you have not visited an eye care professional in the past 12 months?

(258-259)

**Read only if necessary:**

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment
- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other

**Do not read:**

- 7 7 Don't know / Not sure
- 0 8 Not Applicable (Blind) [[Go to next module](#)]
- 9 9 Refused

**CATI note: Skip Q5, if any response to Module 2 (Diabetes) Q8.**

5. 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.

(260)

**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
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) [[Go to next module](#)]
- 9 Refused

6. Do you have any kind of health insurance coverage for eye care?

(261)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) [[Go to next module](#)]
- 9 Refused

7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

(262)

- 1 Yes
- 2 Yes, but had them removed

- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) [Go to [next module](#)]
- 9 Refused

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

(263)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) [Go to [next module](#)]
- 9 Refused

**Please read:**

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

**NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luhr Di-jen-uh-rey-shun)**

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

(264)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) [Go to [next module](#)]
- 9 Refused

## Module 7: Other Tobacco Products

---

Now, I would like to ask you questions about your use of tobacco products other than cigarettes.

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, or snus (snus rhymes with goose)?

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches, that is placed under the lip against the gum.** (282)

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't know / Not sure [Go to Q3]
- 9 Refused [Go to Q3]

2. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (283)

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

3. Do you currently use cigars, pipes, bidis, kreteks or other tobacco products? Do not include cigarettes, snus, snuff, or chewing tobacco.

**NOTE: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries.**

**Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.**

(284)

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

## Module 8: Secondhand Smoke I

---

These next questions are about exposure to secondhand smoke.

**NOTE: If Core Q12.9 = 1 (Employed) or Core Q12.9 = 2 (Self-employed); continue. Otherwise, go to Q2.**

1. On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?

(285-286)

- — Number of days (1-7 days)
- 5 5 Did not work in the past 7 days
- 6 6 I do not work indoors most of the time
- 8 8 None

**Do not read:**

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

2. On how many of the past 7 days, did anyone smoke in your home while you were there?

(287-288)

- — Number of days (1-7 days)
- 5 5 I was not at home in the past 7 days
- 8 8 None

**Do not read:**

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

3. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

(289)

**Please read:**

- 1 Smoking is not allowed anywhere inside my home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is not allowed anywhere inside my home

**Or**

- 4 There are no rules about smoking inside my home

**Do not read:**

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

4. In bars, do you **THINK** smoking should be allowed in all areas, some areas or not allowed at all?

(290)

**Please read:**

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

**Do not read:**

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

5. In restaurants, do you **THINK** smoking should be allowed in all areas, some areas or not allowed at all?

(291)

**Please read:**

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

**Do not read:**

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

6. Inside indoor workplaces, do you **THINK** smoking should be allowed in all areas, some areas or not allowed at all?

(292)

**Please read:**

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

**Do not read:**

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



## Module 9: Adult Asthma History

---

**CATI note: If "Yes" to Core Q9.1, 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?

(293-294)

- – 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 "Yes" to Core Q9.2, continue. Otherwise, go to next module.**

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

(295)

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

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

(296-297)

- – 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 or urgent care 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?

(298-299)

- – 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? (300-301)

— — 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? (302-304)

— — — 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 — (305)

**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 — (306)

**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? (307)

**Please read:**

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days

**OR**

- 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? (308)

**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

## State Added Questions (asked of all respondents)

### NC Module 1: Asthma Management

---

CATI Ask if Core Q9.1=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? (401)

[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](#)]**

**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.**

**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.**

1. In what month and year was he/she born?

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

(402-407)

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

2. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

(408)

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?

(409)

- 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 within the next 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? (410)

- 1 Yes
- 2 No [**Go to [Next Section](#)**]

2. Are YOU the person in the household who knows the most about the about the health and health practices of this child? (411)

- 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?’** (412-413)

- 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 [Next Section](#)]

- 3b. Who would that person be in your household (the person who knows most about the health of the child)? (414-415)

**INTERVIEWER: IF respondent says “Mother” or “Father” PROBE: ‘Would this be his/her biological (real) mother/father?’**

- 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? (416-417)

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

- 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.

(419)

\_\_\_\_\_ 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**. In the next few days, please be sure to measure the child's height with the child's shoes off and with {his/her} back to the wall and weigh {him/her} on a scale with {his/her} shoes off. Thank you for your willingness to participate. The rest of this survey should only take a few more minutes."

## NC Module 4: 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?

If "YES", ask: "Would you say your disability is mild, moderate, or severe"?

- 1 Yes, mild (418)
- 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?

(419)

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

## NC Module 5: 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? (420)

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

2. What age is the person whom you are giving care? (421-423)

\_\_ \_\_ Code age in years [0-115]  
777 Don't know/Not sure [Go to Q3]  
999 Refused [Go to Q3]  
**CATI NOTE: Ask Q3 for all ages.**

3. Did that person have a problem with memory loss or confusion or a disorder like Alzheimer's Disease? (424)

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

## NC Module 6: Adult – Type of Insurance (NCBC/BS)

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**CATI: if Core Section 3, Q3.1 = 2 (No), = 7 (Don't know), OR = 9 (Refused), [Go to [NC Module 6](#)].**  
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? (425-426)

**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 6](#)]**

**2.** What type of NC Blue Cross/Blue Shield coverage do you have?

(427-428)

**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

## NC Module 7: Kidney Disease

---

**1.** Have you ever been told by a doctor, nurse, or other health professional that you have some form of kidney disease? **INTERVIEWER: If necessary say,** “including chronic kidney disease, nephritis, nephrosis, renal disease, or end-stage renal disease.”

- 1 Yes (429)
- 2 No
- 7 Don't know / not sure
- 9 Refused

## NC Module 8: Colorectal Cancer Screening

---

[CATI: Ask only if 50 years or older.]

[CATI: If C20.3 = 1 then go to [Next Section](#)]

1. Has a health professional ever recommended that you be tested for colon or rectal cancer? (430)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

## NC Module 9: Skin Cancer Prevention

---

These next questions are about sun exposure, tanning and sunburns.

1. Have you had a sunburn within the past 12 months - include anytime that even a small part of your skin was red for more than 12 hours? (431)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
2. In the past 12 months, have you tried to get a tan using a tanning lamp or tanning machine, whether it was at a tanning salon, at your home, or elsewhere? (432)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
3. In the past 12 months, have you tried to get a tan from the sun? (433)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
4. Question stem: [When you're outdoors during the summer for at least half an hour] How often do you protect your skin from the sun, such as by using sunscreens or sunblock or wearing hats or protective clothing? Would you say: (434)
- Please read:**
- 1 Always

- 2 Nearly always
- 3 Sometimes
- 4 Seldom

**Or**

- 5 Never

**Do not read:**

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

5. Question stem: [When you're outdoors during the summer for at least half an hour] How often do you stay in the shade? Would you say:

(435)

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom OR
- 5 Never

**Do not read:**

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

## NC Module 10: Folic Acid

---

Now I want to ask you a couple of questions about multivitamins

1. How often do you now take a multivitamin?

(436-438)

**INTERVIEWER NOTE: If SR says they take a vitamin or supplement that is not a multivitamin ask "Do any of the vitamins or supplements you take contain folic acid?" If the response is "Yes" ask "How often do you take a supplement containing folic acid?"**

- 1\_\_ Times per day
- 2\_\_ Times per week
- 3\_\_ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

2. How often did you take a multivitamin six months ago?

(439-441)

**INTERVIEWER NOTE: If SR says they took a vitamin or supplement that was not a multivitamin ask "Did any of the vitamins or supplements you took contain folic acid?" If the response is "Yes" ask "How often did you take a supplement containing folic acid?"**

- 1\_\_ Times per day

- 2\_\_ Times per week
- 3\_\_ Times per month
- 888 Never
  
- 777 Don't know / Not sure
- 999 Refused

## NC Module 11: Diabetes Control

---

**CATI: Ask Q1 if Core Section 6 = 1 (has diabetes) OR Optional Module 1 Q2 =1 (pre-diabetes or borderline).**

We have a few more questions about diabetes.

1. Urine tests for protein (microalbuminuria test) check if your kidneys are working properly. When was the last time that you received a urine test for protein? (442)

**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:**

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

2. Has a doctor ever told you that diabetes has affected your kidneys? (443)

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

3. During the past 12 months, was there any time that you did not have testing supplies (strips, lancets, meter) or diabetes medicine due to lack of money? (444)

- 1 Yes, only testing supplies
- 2 Yes, only medicines
- 3 Yes, testing supplies and medicines
- 4 No

**Do not read:**

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

4. In the last year, have you had a hospitalization or emergency visit because of your diabetes? (445)

- 1 Yes

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

## NC Module 12: HPV

---

**CATI note: To be asked of females between the ages of 18 and 49 years; otherwise, go to [next module](#).**

1. A vaccine to prevent the human papillomavirus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Have you EVER had the HPV vaccination? (446)

- 1 Yes
- 2 No
- 3 Doctor refused when asked

**Do not read:**

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

## NC Module 13: TRU Campaign

---

These next questions are about smoking prevention.

1. 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? (447)

**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

**Do not read:**

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

## NC Module 14: NC Health and Wellness Trust Fund

---

1. The North Carolina Health and Wellness Trust Fund works to improve the health of the people of North Carolina by funding programs to reduce youth tobacco use, obesity, and health disparities, as well as help low-income populations access prescription drugs. (448)

Have you heard of the North Carolina Health and Wellness Trust Fund?

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

## NC Module 15: NC QuitNow

---

Previously you said you smoke cigarettes:

1. Are you aware of Quit Now NC cessation phone lines or websites? (449)
- 1 Yes
  - 2 No
  - 7 Don't Know/Not Sure
  - 9 Refused

2. Smoking light cigarettes is safer than smoking regular cigarettes. Do you: (450)

**Please read:**

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree

**Do not read:**

- 7. Don't Know/Not sure
- 9. Refused

**CATI note: Ask if Module 7 Q1=2 [GO TO [NEXT SECTION](#)]**

3. Do you use smokeless tobacco in situations where you can't smoke or where you would prefer not to smoke? (451)

**Please read:**

- 1. Often
- 2. Sometimes
- 3. Rarely
- 4. Never

**Do not read:**

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

## NC Module 16: NC Tobacco Use Prevention

---

INTERVIEWER: "These next two questions are about smoking prevention"

1. The North Carolina tax on a pack of cigarettes is currently 35 cents and the national average is \$1.11. How much more tax would you be willing to support if most of the money raised was used to fund youth-smoking prevention programs and treatment options for smokers who want to quit?

(452)

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

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

(453-454)

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

## NC Module 17: 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.**

(455)

- 1 Yes
- 2 No [\[Go to NC Module 19\]](#)
- 7 Don't know/Not sure [\[Go to NC Module 19\]](#)
- 9 Refused [\[Go to NC Module 19\]](#)

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."**

(456-458)

- — — Enter value
- 6 \_ \_ Times in last 6 months-if less than once/month (ex: 601=once in last 6 months)
- 1 \_ \_ Times per Day (ex: 101= once a day)
- 2 \_ \_ Times per Week (ex: 201= once a week)
- 3 \_ \_ Times per Month (ex: 301= once a month)

**Do not read:**

- 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? (459-462)
- -- -- 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? (463)
- 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? (464)
- 1 Yes  
     2 No  
     7 Don't know / not sure  
     9 Refused

**If Respondent is 50 or older, go to close.**

## NC Module 18: Sexual Behavior

---

These last few questions are about your personal behavior, and I want to remind you that your answers are kept confidential. (465-466)

1. During the past 12 months, with how many people have you had sexual intercourse?
- Number had sexual intercourse with [76 = 76 or more] If =1 Go to Q4  
     8 8 None [Go to Q4]  
     7 7 Don't know/not sure [Go to Q4]  
     9 9 Refused [Go to [Closing Statement](#)]
2. During the past 12 months, have you had sex with only males, only females, or both? (467)
1. Males only  
     2. Females only  
     3. Both males and females
- Do not read:**
7. Don't know/not sure  
     9. Refused [Go to [Closing Statement](#)]
3. How many NEW sex partners did you have during the past twelve months? (468-469)



**[Interviewer Note: A new sex partner is someone the respondent had sex with for the first time in the past 12 months.]**

- Number of new sexual partners (1 to 70)
- 8 8 None
- 7 7 Don't know/not sure
- 9 9 Refused [**Go to [Closing Statement](#)**]

**4.** In the past five years, have you been treated for a sexually transmitted or venereal disease? (470)

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

## **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.