

**North Carolina 2009 Questionnaire Ver.2  
Behavioral Risk Factor Surveillance System  
(230 Questions; Sept.-Dec., 2009)**

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\*Note: **Qstpath** refers to module questions that were asked in Form 1 or Form 2 of the 2009 split-questionnaire.

# Interviewer Script

## I. Landline Telephone Survey Introduction and Screening Questions.

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?

**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

How many of these adults are men?

\_\_\_ Number of men

How many of these adults are women?

\_\_\_ Number of women

**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).

**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.**

The person in your household that I need to speak with is \_\_\_\_\_.

**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.

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 about the survey, please call **(give appropriate state telephone number)**.

**II. Cell Phone Survey Introduction and Screening questions (piloted in 2009).**

HELLO, I'm calling for the North Carolina Department of Health. My name is \_\_\_\_\_. We are gathering information about the health of North Carolina residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention.

I have just a few questions to find out if you are eligible for this study:

Is this a cellular telephone?

Are you 18 years of age or older?

Do you live in a private residence, that is, not in a dormitory or other group living situation?

Are you a resident of North Carolina?

Do you also have a landline telephone in your home that is used to make and receive calls?

**An eligible respondent for the 2009 Cell Phone Pilot was defined as an adult, ages 18 and older with no landline phone. The eligible respondent may or may not be living in North Carolina and may or may not be living in a private residence. If the respondent was living outside the state, the interview would be conducted by the NC BRFSS and then those results would be sent to the corresponding state BRFSS program.**

**Introduction script leading to interview**

Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. 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: 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 [Go to Module 2: Diabetes]
- 2 Yes, but female told only during pregnancy [Go to Module 1: Pre-Diabetes]
- 3 No [Go to Module 1: Pre-Diabetes]
- 4 No, pre-diabetes or borderline diabetes [Go to Module 1: Pre-Diabetes]
- 7 Don't know / Not sure [Go to Module 1: Pre-Diabetes]
- 9 Refused [Go to Module 1: Pre-Diabetes]

## Section 7: Hypertension Awareness

---

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

(88)

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

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

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

(89)

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



## Section 8: Cholesterol Awareness

---

**8.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

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

**8.2** About how long has it been since you last had your blood cholesterol checked? (91)

**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

**8.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (92)

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

## Section 9: 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."

**9.1** (Ever told) you had a heart attack, also called a myocardial infarction? (93)

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

**9.2** (Ever told) you had angina or coronary heart disease? (94)

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

**9.3** (Ever told) you had a stroke? (95)

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

## Section 10: Asthma

---

**10.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)

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

**10.2** Do you still have asthma? (97)

- 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 Q11.4]
- 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 [Go to Q11.5]
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to [next section](#)]

**CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.**

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 Over 10 years ago
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

11.5 Do you currently use chewing tobacco or snuff every day, some days, or not at all? (103)

- 1 Every day
- 2 Some days
- 3 Not at all

**Do not read:**

- 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? 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, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 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:**

- 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? (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

**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? (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** 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.**

(130-133)

**Note: If respondent answers in metrics, put "9" in column 130.**

**Round fractions up**

— — — —	Weight	
(pounds/kilograms)		
7 7 7 7	Don't know / Not sure	<b>[Go to Q12.15]</b>
9 9 9 9	Refused	<b>[Go to Q12.15]</b>

**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?

(134)

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

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

(135-137)

— — —	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?

(138-142)

— — — —	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.

(143)

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



**12.18** How many of these telephone numbers are residential numbers? (144)

- 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. (145)

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

**12.20** Indicate sex of respondent. Ask only if necessary. (146)

- 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? (147)

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

## Section 13: Caregiver Status

---

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

**13.1** During the past month, did you provide any such care or assistance to a friend or family member? (148)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 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? (149)

- 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? (150)

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

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

## Section 15: Alcohol Consumption

---

**15.1** 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? (151)

- 1 Yes
- 2 No **[Go to [ER Module 31.1](#)] skip edited 9/1**
- 7 Don't know / Not sure **[Go to [ER Module 31.1](#)]**
- 9 Refused **[Go to [ER Module 31.1](#)]**

**15.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (152-154)

- 1 \_ \_ Days per week
- 2 \_ \_ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to [ER Module 31.1](#)] skip edited 9/1**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**15.3** 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? (155-156)

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

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

**15.4** 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? (157-158)

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

**15.5** During the past 30 days, what is the largest number of drinks you had on any occasion? (159-160)

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

**CATI: Go to [ER Module 31.1](#) skip edited 9/1**

## Section 16: Immunization

---

Now I will ask you some questions about seasonal flu.

**16.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (161)

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

**16.2** During what month and year did you receive your most recent flu shot? (162-167)

— / — — — Month / Year  
7 7 / 7 7 7 7 Don't know / Not sure  
9 9 / 9 9 9 9 Refused

**16.3** The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? (168)

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

**16.4** During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose? (169-174)

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

**16.5** 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? (175)

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

**(NOTE: The Pandemic Flu questions followed these immunization questions during the administration of the Pan Flu Module in January and February.)**

## Section 17: Arthritis Burden

---

Next I will ask you about arthritis.

**17.1** 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? (176)

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

**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)

Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

- 17.2** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (177)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don’t know / Not sure |
| 9 | Refused               |

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

**CATI note:** This question should be asked of all respondents regardless of employment status.

- 17.3** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (178)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don’t know / Not sure |
| 9 | Refused               |

**INTERVIEWER INSTRUCTION:** If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

- 17.4** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (179)

**Please read [1-3]:**

- |   |            |
|---|------------|
| 1 | A lot      |
| 2 | A little   |
| 3 | Not at all |

**Do not read:**

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

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

**17.5** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.*

(180-181)

— — Enter number [0-10]  
9 7 Don't know / Not sure  
9 9 Refused

## Section 18: 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.

**18.1** How often do you drink fruit juices such as orange, grapefruit, or tomato?

(182-184)

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

**18.2** Not counting juice, how often do you eat fruit?

(185-187)

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

**18.3** How often do you eat green salad?

(188-190)

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

**18.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips?  
(191-193)

- 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

**18.5** How often do you eat carrots?  
(194-196)

- 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

**18.6** 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.)  
(197-199)

- 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 19: Physical Activity

---

**CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2.**

**19.1** When you are at work, which of the following best describes what you do? Would you say—  
(200)

**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.

**19.2** 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? (201)

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

**19.3** How many days per week do you do these moderate activities for at least 10 minutes at a time? (202-203)

- — Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **[Go to Q19.5]**
- 7 7 Don't know / Not sure **[Go to Q19.5]**
- 9 9 Refused **[Go to Q19.5]**

**19.4** 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? (204-206)

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

**19.5** 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? (207)



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

**19.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time? (208-209)

- 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 [\[Go to next section\]](#)

**19.7** 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? (210-212)

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

## Section 20: 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.

**20.1** 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. (213)

- 1 Yes
- 2 No [\[Go to Q20.5\]](#)
- 7 Don't know / Not sure [\[Go to Q20.5\]](#)
- 9 Refused [\[Go to Q20.5\]](#)

**20.2** Not including blood donations, in what month and year was your last HIV test? (214-219)

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

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

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

**20.3** 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? (220-221)

- 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 Q20.4; if Q20.2 = within last 12 months. Otherwise, go to Q20.5.**

**20.4** Was it a rapid test where you could get your results within a couple of hours? (222)

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

**20.5** 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? (223)

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

## Section 21: Emotional Support and Life Satisfaction

---

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

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

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

(224)

**Please read:**

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

**Do not read:**

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

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

(225)

**Please read:**

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

**Do not read:**

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

## Section 22: Cancer Survivors

---

Now I am going to ask you some questions about cancer.

- 22.1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (226)

**Read only if necessary:** By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

- 1 Yes  
2 No [Go to [ER Module 30.1](#)] skip edited 9/1  
7 Don’t know / Not sure [Go to [ER Module 30.1](#)]  
9 Refused [Go to [ER Module 30.1](#)]

- 22.2** How many different types of cancer have you had? (227)

- 1 Only one  
2 Two  
3 Three or more  
7 Don’t know / Not sure [Go to [ER Module 30.1](#)] skip edited 9/1  
9 Refused [Go to [ER Module 30.1](#)]

- 22.3** At what age were you told that you had cancer? (228-229)

- \_\_ Age in years  
7 7 Don’t know / Not sure  
9 9 Refused

**CATI note:** If Q22.2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”

**INTERVIEWER NOTE:** This question refers to the first time they were told about their first cancer.

- 22.4** What type of cancer was it? (230-231)

If Q22.2 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

**INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:**

**Breast**

0 1 Breast cancer

**Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

**Gastrointestinal**

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

**Male reproductive**

1 8 Prostate cancer

1 9 Testicular cancer

**Skin**

2 0 Melanoma

2 1 Other skin cancer

**Thoracic**

2 2 Heart

2 3 Lung

**Urinary cancer:**

2 4 Bladder cancer

2 5 Renal (kidney) cancer

**Others**

2 6 Bone

2 7 Brain

2 8 Neuroblastoma

2 9 Other

**Do not read:**

7 7 Don't know / Not sure

9 9 Refused

## Section 23: Pandemic Flu (Asked Jan/Feb)

---

**23.1** What do you think is the most effective ONE thing you can do to prevent getting sick from the flu? (751)

**Please read:**

1. Avoiding touching your eyes, nose or mouth as much as possible during the flu season
2. Avoiding close contact with others who may have the flu
3. Getting the flu vaccination
4. Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

**Do not read:**

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

**23.2** What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick? (752)

**Please read:**

1. Frequent hand washing
2. Covering your mouth and nose when coughing or sneezing
3. Staying home when you are sick with the flu
4. Getting the flu vaccination

OR

5. Something else

**Do not read:**

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

**Please read: “Pandemic Influenza” or “Pan Flu” is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is not a pandemic flu outbreak occurring.**

**23.2** What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick? (752)

**Please read:**

1. Frequent hand washing
2. Covering your mouth and nose when coughing or sneezing
3. Staying home when you are sick with the flu
4. Getting the flu vaccination

OR

5. Something else

**Do not read:**

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

**23.3** If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu? (753)

**Interviewer Note:** Please read both the subjective label and the percentage range.

- 1 Very high (90-100%)
- 2 High (70-89%)
- 3 Average (50-69%)
- 4 Low (20-49%)
- 5 Very low (0-19%)

**Do not read:**

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

**23.4** If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you? (754)

**Would you say "Definitely get one, Probably get one, Probably not get one, or Definitely not get a pandemic flu vaccination?"**

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get one
- 4 Definitely not get a pandemic flu vaccination

**Do not read:**

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

**23.5** If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you... (755)

**Please read:**

- 1 Definitely go
- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

**Do not read:**

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

**23.6** Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know? (756-757)

**Please read:**

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flue
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu
- 0 5 Cities where cases of the flu have been identified

- 0 6 Information about the flu vaccine
- 0 7 Something else

**Do not read:**

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

**23.7**

During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source. (758-759)

**Do not read:**

- 0 1 Newspapers
  - 0 2 Television
  - 0 3 Radio
  - 0 4 Internet websites
  - 0 5 Your doctor
  - 0 6 The CDC (Centers for Disease Control and Prevention)
  - 0 7 State or local public health departments
  - 0 8 Other government agencies
  - 0 9 Family or friends
  - 1 0 Religious leaders
  - 1 1 Some other source
- 
- 7 7 Don't know / Not sure
  - 9 9 Refused

**23.8.**

Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list? (760-761)

**Please read:**

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

**Do not read:**

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



**23.9** If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month? (762)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely to stay at home for a month
  
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If Q12.9 = 1 (Employed for wages) or 2 (Self-employed) continue. Otherwise, skip to next section.**

**23.10** I'm going to read you a list of job types. Please tell me if you currently work in any of these fields. (763)

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

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

## ER Module 30: Influenza Like Illness (H1N1 Flu) (Asked Sep/Dec)

---

We would like to ask you some questions about recent respiratory illnesses.

**30.1** During the past month, were you ill with a fever? ([H1N1AQ01](#))

- 1 Yes
- 2 No **[Go to Q30.8]**
- 7 Don't know / Not sure **[Go to Q30.8]**
- 9 Refused **[Go to Q30.8]**

**CATI Note: if ONE person household and Q30.1 = 2, 7, 9 then Go To [ER Module 32](#)**

**30.2** Did you also have a cough and/or sore throat? ([H1N1AQ02](#))

- 1 Yes

- |   |                       |               |
|---|-----------------------|---------------|
| 2 | No                    | [Go to Q30.8] |
| 7 | Don't know / Not sure | [Go to Q30.8] |
| 9 | Refused               | [Go to Q30.8] |

**CATI Note: if ONE person household and Q30.2 = 2, 7, 9 then Go To [ER Module 32](#)**

**30.3** When did you first become ill with fever, cough or sore throat? ([H1N1AQ03](#))

**Please read:**

1. Within the past week (past 1-7 days) **(Added Oct 1)**
2. 2 weeks ago (past 8-14 days)
3. 3-4 weeks ago (15-30 days before today)

**Do Not read:**

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

**30.4** Did you visit a doctor, nurse, or other health professional for this illness? ([H1N1AQ04](#))

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q30.8] |
| 7 | Don't know / Not sure | [Go to Q30.8] |
| 9 | Refused               | [Go to Q30.8] |

**CATI Note: if ONE person household and Q30.4 = 2, 7, 9 then Go To Q30.10**

**30.5** What did the doctor, nurse, or other health professional tell you? Did they say... ([H1N1AQ05](#))

**Please read:**

1. You had regular influenza or the flu
2. You had swine flu, also known as H1N1 or novel H1N1
3. You had some other illness, but not the flu

**Do Not read:**

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

**30.6** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... ([H1N1AQ06](#))

**Please read:**

1. Yes, had flu test and it was positive
2. No, had flu test but it was negative
3. No, flu test was not done

**Do Not read:**

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

- 30.7** Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness? ([H1N1AQ07](#))
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI Note: if ONE person household and Q30.7 = 1, 2, 7, or 9 then Go To Q30.10**

- 30.8** Did any other members of your household have a fever with cough or sore throat during the past month? ([H1N1AQ08](#))
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 30.9** How many household members, [**CATI: if 30.1=1 AND 30.2=1 then put 'including you,'] were ill during the past month? ([H1N1AQ09](#))**
- – Number of persons 1-76
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

- 30.10** How many people in your household, including you, were hospitalized for flu during the past month? ([H1N1AQ010](#))

**NOTE: If needed, hospitalized means admitted to a hospital to receive medical treatment**

- – Number of persons 1-76
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI: Go to [ER Module 32](#)**

## ER Module 31: Novel H1N1 Adult Immunization (Asked Oct/Dec)

---

**CATI Note: These questions are asked after Core Section 15. Alcohol Consumption**

There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

**31.1** There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. Since September, 2009, have you been vaccinated either way for the H1N1 flu? ([H1N1AV01](#))

- 1 Yes
- 2 No **[Go to Core [Section 16.1 Immunization](#)]**
- 7 Don't know / Not sure **[Go to Core [Section 16.1 Immunization](#)]**
- 9 Refused **[Go to Core [Section 16.1 Immunization](#)]**

**31.2** During what month did you receive your H1N1 flu vaccine? ([H1N1AV02](#))

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

**31.3** Was this a shot or was it a vaccine sprayed in the nose? ([H1N1AV03](#))

- 1 Shot
- 2 Spray
- 7 Don't know / Not sure
- 9 Refused

**CATI: Go to Core [Section 16.1 Immunization](#)**

## ER Module 32: High Risk/Health Care Worker (Asked Oct/Dec)

---

**CATI Note: These questions are asked after ER Module 30: Influenza-Like Illness**

The next few questions ask about health care work and chronic illness.

**32.1** Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. ([WRKHCF1](#))

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

**32.2** Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. ([DIRCONT1](#))

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

9 Refused

**32.3** Has a doctor, nurse, or other health professional ever said that you have... Lung problems, other than asthma; Kidney problems; Anemia, including Sickle Cell; Or A weakened immune system caused by a chronic illness or by medicines; taken for a chronic illness? ([DRHPAD1](#))

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

**32.4** Do you still have (this/any of these) problem(s)? ([HAVHPAD](#))

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

**Go to next CDC Optional Module**

## CDC Optional Modules

---

### Module 1: Pre-Diabetes

---

**NOTE: Only asked of those NOT responding "Yes" (code = 1) to Core Q6.1 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years? (245)

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

**CATI: Ask Q2 if Q1 = 1 ("Yes") and Core Q6.1 Not Equal 4 (pre-diabetes or borderline diabetes). Otherwise, go to Core Section 7: Hypertension Awareness**

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 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? (247-248)

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

2. Are you now taking insulin? (249)

1 Yes  
2 No  
9 Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by family member or friend, but do NOT include times when checked by a health professional. (250-252)

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. (253-255)

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? (256-257)

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"?

(258-259)

- — 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: 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?

(260-261)

- — 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.

(262)

**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?

(263)

- 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? (264)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI: Go To Core Section 7: Hypertension Awareness**

## Module 7: Actions to Control High Blood Pressure

---

**CATI: If Core Q7.1 not equal 1 (does not have high blood pressure), go to [next CDC Optional 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)? (295)
- 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)? (296)
- 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)? (297)
- 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)? (298)



- 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)? (299)

- 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)? (300)

- 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)? (301)

- 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)? (302)

- 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)? (303)

- 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?

(304)

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?) (305)

- 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?) (306)

- 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?) (307)

- 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?) (308)

- 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?) (309)

- 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?) (310)

- 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?) (311)

- 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?) (312)

- 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?) (313)

- 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?)

(314)

- 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?) (315)

- 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?) (316)

- 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? (317)

**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: Cancer Survivorship

---

**CAT: If Core Q22.1 not equal 1 (never had cancer) go to [NC Module 1](#)**

Previously you said that you had been told by your doctor that you had cancer. The next questions are about your experiences with cancer.

1. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy drugs. (335)

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

2. What type of doctor do you think of as your personal or health care provider? (336-337)

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other
- 7 7 Don't know / Not sure
- 9 9 Refused

3. Did any doctor, nurse, or other health professional EVER give you a written summary of all the treatments that you received? (338)

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

4. Have you EVER received advice from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing treatment for cancer? (339)

- 1 Yes
- 2 No [Go to Q6]
- 7 Don't know / Not sure [Go to Q6]
- 9 Refused [Go to Q6]

5. Were these instructions written down or printed on paper for you? (340)

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

6. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (341)

**INTERVIEWER NOTE: Health insurance also includes Medicare, Medicaid, or other types of state health programs.**

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

7. Were you EVER denied health insurance or life insurance coverage because of your cancer? (342)

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

8. Did you participate in a clinical trial as part of your cancer treatment? (343)

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

9. Do you currently have physical pain caused by your cancer or cancer treatment? (344)

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

**CATI: Ask Q10 if Q9 = 1 ("Yes"). Otherwise, go to NC Module 1: Diabetes Control**

10. Is your pain currently under control? (345)

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

# State-Added Questions

## NC Module 1: Diabetes Control

---

**CATI: if Core Q6.1 not equal 1 (does not have diabetes), go to [next NC Module](#)**

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?

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

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

- 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?

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

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

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

**CATI INSTRUCTION: COMPUTE CHILD AGE (see 2008 Questionnaire).**

2. Is the child a boy or a girl?

1	Boy
2	Girl
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?
  - 1 Yes
  - 2 No [**Go to [next module](#)**]
  
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?'**
  - 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 module](#)**

**CATI note2: numeric answer for Q3b needs to be UDF field "vNC03Q03b" for CHAMP09**

- 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?'**

- 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 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 or his/her initials.

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

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

**CATI Note: Create Q5 as UDF for export to CHAMP**

5. When would be the best time to call your household?

Would you say -

- 1 Daytime
- 2 Evenings
- or
- 3 Weekends
- Do not read**
- 7 Don't know/not sure
- 9 Refused

**CATI: IF Q2 = 1 (BRFSS respondent also CHAMP respondent) or Q3b > 9 then show:**

**INT\_Script1:** "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."

**ELSE IF Q3b = 1,3 (Mother) = 2,4 (Father) = 5 (Grandmother) = 6 (Grandfather) = 7 (Uncle) = 8 (Aunt) = 9 (Sister/Brother) then show:**

**INT\_Script2:** "Please be sure to tell (CHILD'S)

**[CATI fill Q3b [see CHAMP vRelate code]: \_\_\_\_\_ ] }**

that we will be calling in the next two weeks. Also, please be sure that (CHILD'S) height is measured with {his/her} shoes off and weighed on a scale with {his/her} shoes off. We will be asking for (CHILD'S) **height and weight** in our follow-up survey. The rest of this survey should only take a few more minutes.

## NC Module 4: Adult Asthma Follow-up

---

**(CATI NOTE: only respondents with ever-asthma and NO children are eligible for follow-up)**

**CATI: If Core Q10.1 = 1 (YES, ever had asthma) AND Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused) Continue. Otherwise, go to [next NC Module](#)**

### **Please read**

"Previously you said you were told by a doctor that you had asthma. We are conducting a study to learn more about the health of adults who have ever had asthma. The information we collect will help develop and improve asthma programs in North Carolina. We would like to call you back within two weeks to ask some additional questions about your asthma. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask some additional asthma-related questions?"

**(CATI NOTE: create UDF fields for Q1 and Q2 for use in Asthma Call-back Study)**

**1 (AdItPerm).** Okay to call back?

- 1 Yes
- 2 No [**Go to [next module](#)**]

2. (FName) To make sure we know who to talk to when we call you back, please tell me your first name or initials.

\_\_\_\_\_ Respondent's name

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

## NC Module 5: Hypertension Screening

---

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

**Read only if necessary**

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

**Do Not Read**

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

## NC Module 6: Cardiovascular Health

---

**CATI: If Core Q9.1 not equal 1 (no heart attack) AND Core Q9.3 not equal 1 (no stroke), go to [next NC Module](#).**

"I would like now to ask you about your cardiovascular or heart health."

**CATI: Ask Q1 if Core Q9.1 = 1 (heart attack).**

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

**CATI: Ask Q2 if Core Q9.3 = 1 (stroke).**

2. Following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- 1 Yes

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

## NC Module 7: 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 [\[Go to next module\]](#)
- 7. Don't Know/Unsure [\[Go to next module\]](#)
- 9. Refused [\[Go to next module\]](#)

2. Have you ever been given a breathing test, which measures how much air you can breath out through a tube, to diagnose your COPD, chronic bronchitis, or emphysema?

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

3. Would you say that shortness of breath affects the quality of your life?

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

5. During the past 12 months, have you stayed in a hospital OVERNIGHT because of shortness of breath, COPD, or emphysema flare?

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

6. Prednisone (**PRED-NUH-ZONE**) is a medicine that helps people with breathing problems breathe easier. It is sometimes called Deltasone (**Delta-Sone**) or Medrol (**Med-Rol**). During the past 12 months, has a doctor ever prescribed prednisone for your breathing problems?

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

## NC Module 8: 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 9: Caregiving (Qstpath =1)

---

**CATI: If Core 13Q01 not equal 1 (not a caregiver) go to [next NC Module](#)**

Previously, you said that you provide care to a friend or family member.

1. What age is the person to whom you are giving care?

**INTERVIEWER: If more than one person, ask "What is the age of the person to whom you are giving the most care?"**

- Code age in years [0-115]
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**The remainder of these questions will be about the person to whom you are giving the most care.**

2. Is this person male or female?

- 1 Male
- 2 Female
- 9 Refused

3. What is her/his relationship to you? For example is he/she your (mother/daughter or father/son)?

- 0 1 Parent
- 0 2 Parent-in-law
- 0 3 Child
- 0 4 Spouse
- 0 5 Sibling
- 0 6 Grandparent
- 0 7 Grandchild
- 0 8 Other Relative
- 0 9 Non-relative
- 7 7 Don't know / Not sure
- 9 9 Refused

4. For how long have you provided care for your **[CATI: insert code from Q3. Else if Q3 = 77 or 99 then insert "that person."]**

NOTE: Code using respondent's unit of time.

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

5. What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has?

**Do not read** [Check only one condition]:

**Physical Health Condition/Disease**

- 0 1 Arthritis/Rheumatism
- 0 2 Asthma
- 0 3 Cancer
- 0 4 Diabetes
- 0 5 Heart Disease
- 0 6 Hypertension/High Blood Pressure
- 0 7 Lung Disease/Emphysema
- 0 8 Osteoporosis
- 0 9 Parkinson's Disease

- 1 0 Stroke
- Disability**
- 1 1 Eye/Vision Problem (blindness)
- 1 2 Hearing Problems (deafness)
- 1 3 Muscular Sclerosis (MS)
- 1 4 Spinal Cord Injury
- 1 5 Traumatic Brain Injury (TBI)
- Learning/Cognition**
- 1 6 Alzheimer's Disease or Dementia
- 1 7 Attention-Deficit Hyperactivity Disorder (ADHD)
- 1 8 Learning Disabilities (LD)
- Developmental Disability**
- 1 9 Cerebral Palsy (CP)
- 2 0 Down's Syndrome
- 2 1 Other developmental disability (e.g., spinal bifida, muscular dystrophy, fragile X)
- Mental Health**
- 2 2 Anxiety
- 2 3 Depression
- 2 4 Other
  
- 7 7 Don't know / Not sure
- 9 9 Refused

6. In which of the following areas does the person you care for most need your help?

**Please read:**

- 0 1 Taking care of himself/herself, such as eating, dressing, or bathing
- 0 2 Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals
- 0 3 Communicating with others
- 0 4 Learning or remembering
- 0 5 Seeing or hearing
- 0 6 Moving around within the home
- 0 7 Transportation outside of the home
- 0 8 Getting along with people
- 0 9 Relieving/decreasing anxiety or depression

**Do not read:**

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

7. In an average week, how many hours do you provide care for your **[CATI: insert code from Q3. Else if Q3 = 77 or 99, then insert "that person."]** because of his/her health problem, long-term illness, or disability?

**Note: Round up to even number of hours.**

**Do not read:**

- — — Hours per week
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8. I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver.



**Please read:**

- 0 1 Creates a financial burden
- 0 2 Doesn't leave enough time for yourself
- 0 3 Doesn't leave enough time for your family
- 0 4 Interferes with your work
- 0 5 Creates stress
- 0 6 Creates or aggravates health problems
- 0 7 Affects family relationships
- 0 8 Other difficulty
- 8 8 No difficulty

**Do not read:**

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

9. During the past year, has the person you care for experienced changes in thinking or remembering?

**Read only if necessary: "Had more difficulty remembering people, places, or things, or understanding or making decisions as easily as they once did."**

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

## NC Module 10: Tobacco Opinion

---

"These next questions are for both smokers and non-smokers."

1. Would you favor or oppose a statewide law in NC that would make ALL workplaces smoke-free?

- 1 Favor
- 2 Oppose
- 7 Don't know/Not sure
- 9 Refused

**Note:** Governor Beverly Purdue signed House Bill 2 on May 19, 2009. This bill banned smoking in restaurants and bars. On May 20, 2009 the above question was modified from its original version seen below. (The original version was asked from January 1, 2009 through May 19, 2009.)

**Original version: Would you favor or oppose a statewide law in North Carolina that would make all workplaces, including restaurants, and bars, smoke-free?**

2. States add a special tax to the purchase of cigarettes. The national average tax is \$1.18 per pack and North Carolina's tax is \$0.35 cents per pack.

**QUESTION STEM:** Would you favor or oppose raising North Carolina's cigarette tax to \$1.18 for people who smoke:

- 2a. If part of the tax revenue was used to reduce tobacco use, particularly among kids?
- 1 Favor
  - 2 Oppose
  - 7 Don't know/Not sure
  - 9 Refused
- 2b. And, if part of the tax revenue was used to expand health insurance coverage for the uninsured in North Carolina.
- 1 Favor
  - 2 Oppose
  - 7 Don't know/Not sure
  - 9 Refused

## NC Module 11: Other Tobacco Products (Qstpath=2)

---

1. "Snus" (pronounced s-NOO-s) is a moist, smokeless tobacco, usually sold in small pouches, that is placed under the lip against the gum. Have you heard of snus before today?

**If YES ask: "Have you used snus in the past 6 months?"**

**Do not read**

- 1 Yes - used snus in the past 6 months
- 2 Yes - not used snus in past 6 months
- 3 No - not heard of snus before today
- 7 Don't know/Not sure
- 9 Refused

2. During the past 30 days, did you smoke cigars, cigarillos (cig-a-RILL-os), or little cigars?

**If YES ask: "How many days in the past 30 days did you smoke ANY OF THESE?"**

**(Note: If respondent says, "I don't smoke," enter 88 [no days])**

- \_\_ Number of days (01 - 30 days)
- 88 No days
- 77 Don't know/Not sure
- 99 Refused

**CATI: Ask Q3 if Core Q11.2 = 1 or 2 (smokes everyday or some days) OR Core Q11.2 = 3 and Core Q11.3 = 1 (last smoked less than 30 days ago). Otherwise, go to [next NC Module](#)**

3. During the past 30 days did you usually smoke menthol cigarettes?

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

## NC Module 12: 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 (pronounced TRUE) (or Tobacco.Reality. Unfiltered.) media campaign directed at preventing tobacco use among youth?

**If 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

2. A telephone quitline is a free telephone-based service that connects people who smoke cigarettes or use tobacco products with trained quit coaches who can help them quit. Have you heard of the North Carolina Tobacco Use Quitline at 1-800-QuitNow or the website, QuitlineNC.org?

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

## NC Module 13: Adult Insurance

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**CATI: if Core Section 3, Q3.1 = 2 (No), = 7 (Don't know), OR = 9 (Refused), go to [next NC Module](#)**

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?

**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.

**Read 1--10:**

- 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 [next module](#).**

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

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

**Read 1-7 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 14: Kidney Disease

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

## NC Module 15: Physical Activity & Nutrition (Qstpath=2)

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"These next questions are about your diet and eating habits."

1. In a typical week, how many of your own meals come from fast food restaurants, like McDonalds, Taco Bell, or KFC (Kentucky Fried Chicken)?

**If needed say: "We are interested in all meals: breakfast, lunch, dinner, or snack sandwiches."**

**Do not read**

- 1 1 meal per week
- 2 2 meals per week
- 3 3 meals per week
- 4 4 meals per week
- 5 5 or more meals per week
- 6 Do not eat any fast food meals in a typical week
- 7 Don't know/Not sure
- 9 Refused

2. When you eat out at a **sit-down** restaurant, how often do you choose foods that are low in fat, sugar or calories?

**(INTERVIEWER Note: a "sit-down" restaurant has a dining room where customers are seated and usually has a waiter or waitress to take your food order.)**

**Would you say-**

- 1 Always
  - 2 Most of the time
  - 3 Sometimes or,
  - 4 Never
- Do not read**
- 5 Do not eat out at restaurants
  - 7 Don't know/Not sure
  - 9 Refused

3. In a typical week, how many days do you eat a main meal that is prepared at home?

**If needed say, "A main meal is the most substantial or most filling meal of your day."**

**Do not read**

- 1 1-2 days
- 2 3-4 days
- 3 5-6 days
- 4 Every day
- 5 Do not eat a main meal at home
- 7 Don't know/Not sure
- 9 Refused

4. On a typical day, how many times do you drink sweetened beverages, NOT including diet or sugar-free beverages?

**If needed say, "Sweetened beverages include regular soda, sweet tea, energy drinks, sports drinks, and fruit drinks containing less than 50 percent juice."**

(Note: Plain white milk is not a sugar-sweetened beverage. Flavored milk is a sugar-sweetened beverage.)

-- Number of times per day

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

**CATI: Ask Q5 if Core 12.9 = 1 (employed for wages). Otherwise go to Q6.**

5. Does your workplace offer any support for healthy eating or physical activity for its employees? This may include offering healthy foods and drinks in vending machines, allowing for physical activity breaks during the day, or providing information on healthy eating or exercise.

- 1 Yes
- 2 No
- 3 Not applicable (for example, no designated workplace)
- 7 Don't know / Not sure
- 9 Refused

6. Have you heard of "Eat Smart, Move More North Carolina?"

(Note: Eat Smart, Move More North Carolina is a statewide initiative [program] that promotes increased opportunities for healthy eating and physical activity in local communities.)

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

7. Where did you see or hear about "Eat Smart, Move More North Carolina?"

**Interviewer: If respondent offers more than ONE response, ask, "Which one stands out most in your mind."**

**Do not read (check only one)**

**Media**

- 0 1 TV
- 0 2 Radio
- 0 3 Website
- 0 4 Newspaper
- 0 5 Brochure/flyer/newsletter
- 0 6 Billboard

### Person/Place

0 7	Workplace
0 8	School
0 9	Church/place of worship
1 0	Community center
1 1	Gym/YMCA/fitness center
1 2	Daycare/childcare/preschool
1 3	Doctor's office/hospital/medical clinic
1 4	Family member
1 5	Friend
1 6	Other
7 7	Don't know / Not sure
9 9	Refused

## NC Module 16: Physical Activity - Transportation

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1. In the past week, how much time did you walk or bicycle for transportation, such as to and from work or shopping?

**(INTERVIEWER Note: walking or biking JUST for exercise should NOT be counted as transportation time)**

EXAMPLE: 30 Minutes is coded as 30  
60 Minutes is coded as 100  
2 Hours and 30 Minutes is coded as 230  
5 Hours is coded as 500

\_\_ \_\_ Enter Hours and Minutes (round to nearest 30 minutes)

888 No time  
666 Walking or biking just for exercise  
777 Don't know/Not Sure  
999 Refused

**\*Note:** On July 1, 2009 the question wording changed. From January to June 2009 it was:

In the past week, how much time did you walk or bicycle for transportation, such as to and from work or shopping, or walk to the bus stop?

## NC Module 17: Traumatic Brain Injury (Qstpath=1)

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INTERVIEWER Please Read: "A brain Injury can result from a blow or jolt to the head caused by a fall, a motor vehicle accident, a sports injury, or an assault. A brain injury can also occur from a health problem like a tumor or a stroke."

1. Have you ever had a brain injury that limited you in any way for more than a week in any activities?

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

2. What was the cause of the brain injury?

**Do not read**

- 0 1 Assault (violence inflicted by others, including a gunshot)
- 0 2 Bicycle crash
- 0 3 Equestrian (riding horse) accident
- 0 4 Fall
- 0 5 Motorcycle crash (including scooters)
- 0 6 Motor vehicle crash (car, truck)
- 0 7 Construction/farm vehicle accident (backhoe, tractor)
- 0 8 Recreational vehicle crash (ATV, snowmobile)
- 0 9 Sports-related event
- 1 0 Health problem (tumor, stroke, aneurism)
- 1 1 Lack of oxygen to the brain (near drowning, drug overdose, heart attack/failure, electrical shock)
- 1 2 Other cause or multiple causes
- 7 7 Don't know / Not sure
- 9 9 Refused

## NC Module 18: Injury & Treatment: (Qstpath=2)

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1. Have you ever been treated for any kind of injury in a private doctor's office or in an urgent care clinic? **INTERVIEWER: If needed say, "By injury, I mean any accidental or intentional injury resulting from a cut, fall, burn, poisoning, overdose, gunshot, or any other cause."**

Note: Don't count if injury was first treated in a hospital.

Note: An urgent care clinic is a free-standing clinic that serves walk-in patients without needing an appointment.

**Interviewer: If YES ask, "Was this in the past 12 months, or more than 12 months ago?"**

- 1 Yes, within the past 12 months
- 2 Yes, more than 12 months ago
- 3 No
- 4 First treated privately then referred to hospital for additional treatment
- 7 Don't know / not sure
- 9 Refused



## NC Module 19: Adult Human Papilloma Virus

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**CATI: Ask of females between the ages of 18 and 49 years. Otherwise, go to [next NC Module](#).**

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

- 1 Yes, within the past 12 months
- 2 No
- 3 Doctor refused when asked
- 7 Don't know / not sure
- 9 Refused

## NC Module 20: Gambling: (Qstpath = 2)

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"The next few questions are about gambling. By gambling we mean any time a bet is made or games are played for money. This includes poker, casino gambling, scratch card games, or the lottery."

1. In the past 12 months, have you gambled or played any games for money?

**IF YES, say: "How many times per day, per week, or per month did you gamble or play any games for money?"**

- 101-199 = time per day
- 301-399 = times per month
- 201-299 = times per week
- 401-499 = times per year - if less than once a month  
(ex: 401 = once in last 12 months)

- \_ \_ \_ Enter value
- 888 Never **[Go to [next module](#)]**
- 777 Don't know/Not sure **[Go to [next module](#)]**
- 999 Refused **[Go to [next module](#)]**

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

\_ \_ \_ \_ :Dollars (for \$1 or less enter 0001)

- 6666 If more than \$5000
- 7777 Don't know/Not sure
- 8888 None
- 9999 Refused

3. Have you ever tried to cut down or control your gambling?

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

4. Have you ever lied to family members or friends about how much you gamble or how much money you have lost gambling?

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

5. Have there ever been periods for 2 weeks or more when you spent a lot of time thinking about gambling or planning future gambling?

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

## NC Module 21: Physical Violence (Qstpath = 1)

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**(CATI NOTE: If respondent hangs up or refuses to answer questions go to Closing and count record as a complete.)**

INTERVIEWER please read: "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 may or may not have happened to you since you were 18 years old."

1. Has a stranger ever pushed, hit, slapped, kicked, or physically hurt you in any other way?

NOTE: If respondent hangs up or refuses to answer question code next questions (until Closing) as refused.

**Interviewer:** 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 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) your romantic friend.

**Interviewer:** 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 pushed, hit, slapped, kicked, or physically hurt you in any other way?

**Interviewer:** 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

## NC Module 22: Sexual Violence (Qstpath = 2)

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**(CATI NOTE: If respondent hangs up or refuses to answer questions go to Closing and count record as a complete.)**

INTERVIEWER please read: "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?

NOTE: If respondent hangs up or refuses to answer question code next questions (until Closing) as refused.

**Interviewer:** 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).

**Interviewer:** 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?

**Interviewer:** 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

## 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.