

**North Carolina 2010 Questionnaire
Behavioral Risk Factor Surveillance System
(188 Questions [w/ILI])**

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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 (state) ?

If "no,"

Thank you very much, but we are only interviewing private residences in (state) . **STOP**

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) 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 5

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 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)**.

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 Q11.5] |
| 7 | Don't know / Not sure | [Go to Q11.5] |
| 9 | Refused | [Go to Q11.5] |

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 Q11.5] |
| 9 | Refused | [Go to Q11.5] |

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 Q11.5] |

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 | 10 years or more |
| 0 8 | Never smoked regularly |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

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

Snus (rhymes with 'goose')

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

- 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)

If "Yes", please read:

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

If "No", please read:

4 No, training for Reserves or National Guard only
5 No, never served in the military

Do not read:

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

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

$\frac{_}{_} / \frac{_}{_}$ Height
(*f t / inches/meters/centimeters*)
7 7 / 7 7 Don't know / Not sure
9 9 / 9 9 Refused

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

$\frac{_}{_} \frac{_}{_} \frac{_}{_}$ FIPS county code
7 7 7 Don't know / Not sure
9 9 9 Refused

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

$\frac{_}{_} \frac{_}{_} \frac{_}{_} \frac{_}{_} \frac{_}{_}$ ZIP Code
7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 Refused

12.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (138)

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

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

$\frac{_}{_}$ Residential telephone numbers [6 = 6 or more]
7 Don't know / Not sure
9 Refused

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

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

[CELL PHONE QUESTIONS]

12.18a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (141)

- 1 Yes [Go to Q12.18c]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.18b Do you share a cell phone for personal use (at least one-third of the time) with other adults? (142)

- 1 Yes [Go to Q12.18d]
- 2 No [Go to Q12.19]
- 7 Don't know / Not sure [Go to Q12.19]
- 9 Refused [Go to Q12.19]

12.18c Do you usually share this cell phone (at least one-third of the time) with any other adults? (143)

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

12.18d Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (144-146)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

12.19 Indicate sex of respondent. Ask only if necessary. (147)

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

- 12.20** To your knowledge, are you now pregnant? (148)
- 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? (149)
- 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? (150-152)
- 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? (153-154)

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

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?
(155-156)

__ __ 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?
(157-158)

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

Section 14: Immunization

14.1 Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?
(159)

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 seasonal flu shot?
(160-165)

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

14.3 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?
(166)

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 seasonal flu vaccine that was sprayed in your nose? (167-172)

__ / __ __ __ Month / Year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 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? (173)

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 questions ask 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? (174–175)

__ __ 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.

(176–177)

__ __ 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— (178)

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? (179–180)

- — 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? (181)

- 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? (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

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? (183)

- 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? (184)

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? (185)

- 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? (186)

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 Q12.20 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (187)

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 ≤ 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? (188)

- 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? (189)

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? (190)

- 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? (191)

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? (192)

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

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

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? (193)

- 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? (194)

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

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? (195)

- 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? (196)

- 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? (197)

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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 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. (198)

- | | | |
|---|-----------------------|---------------|
| 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? (199-204)

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.

$\bar{7} \bar{7} / \bar{7} \bar{7} \bar{7} \bar{7}$	Code month and year
$\bar{7} \bar{7} / \bar{7} \bar{7} \bar{7} \bar{7}$	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 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? (205-206)

- | | |
|-----|---|
| 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 Q21.5.

21.4 Was it a rapid test where you could get your results within a couple of hours? (207)

- 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? (208)

- 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." (209)

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?

(210)

Please read:

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

Do not read:

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

ER Module 6: Influenza Like Illness (Oct.-Dec.)

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

E06.1 Last month (i.e., **CATI FILL:** MONTH), were you ill with a fever?

- 1 Yes
- 2 No [Go to Q6.8]
- 7 Don't know / Not sure [Go to Q6.8]
- 9 Refused [Go to Q6.8]

CATI Note: if ONE person household and E06.1 = 2, 7, 9 then Go To [NEXT SECTION](#)

E06.2 Did you also have a cough and/or sore throat?

- 1 Yes
- 2 No [Go to Q6.8]
- 7 Don't know / Not sure [Go to Q6.8]
- 9 Refused [Go to Q6.8]

CATI Note: if ONE person household and E06.2 = 2, 7, 9 then Go To [NEXT SECTION](#)

E06.3 Did you visit a doctor, nurse, or other health professional for this illness?

- 1 Yes
- 2 No [Go to Q6.8]
- 7 Don't know / Not sure [Go to Q6.8]
- 9 Refused [Go to Q6.8]

CATI Note: if ONE person household and E06.3 = 2, 7, 9 then Go To E06.10

E06.4. When did you visit the doctor, nurse, or other health professional for this illness?
Within two days of getting ill, Within three to 7 days of getting ill, or More than 7 days of getting ill?

NOTE: "Choose the most specific"

1. Within two days of getting ill
2. Within three to 7 days of getting ill
3. More than 7 days of getting ill

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

E06.5 What did the doctor, nurse, or other health professional tell you? Did they say...
You had influenza or the flu,
You had some other illness, but not the flu?

Please read:

1. You had regular influenza or the flu
2. You had some other illness, but not the flu

Do Not read:

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

E06.6 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...

Note: If respondent says they had either a positive H1N1 or seasonal influenza test result, please code as 1 = Had flu test and it was positive.

Please read:

1. Had flu test and it was positive
2. Had flu test but it was negative
3. Did not have flu test

Do Not read:

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

E06.7 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?

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

CATI Note: For a one adult household with no children, If (Q1 = 1(Yes) and Q2 = 1 (Yes)) go to Q10;

If (Q1 > 1) or (Q2 > 1) skip to next section.

E06.8 Did any other members of your household have a fever with cough or sore throat during the past month (i.e. **CATI FILL: MONTH**)?

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

E06.9 How many household members, [**CATI: if E06.1=1 AND E06.2=1 then put 'including you,'**] were ill during the past month (i.e. **CATI FILL: MONTH**)?

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

E06.10 How many people in your household, including you, were hospitalized for flu during the past month (i.e. **CATI FILL: MONTH**)?

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

- — Enter # of persons 1-76
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

Closing statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

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

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?

- 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: Oral Health

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

- 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?

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

2. Are you now taking insulin?

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.

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.

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?

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"?

— — 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?

— — 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.

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?

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?

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

Module 20: General Preparedness

The next series of questions asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

1. How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say...

Please read:

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

Do not read:

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

2. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day.

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

3. Does your household have a 3-day supply of nonperishable food for everyone who lives there? By nonperishable we mean food that does not require refrigeration or cooking.

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

4. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines?

- 1 Yes

- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know / Not sure
- 9 Refused

5. Does your household have a working battery operated radio and working batteries for your use if the electricity is out?

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

6. Does your household have a working flashlight and working batteries for your use if the electricity is out?

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

7. In a large-scale disaster or emergency, what would be your main method or way of communicating with relatives and friends?

Read only if necessary:

- 1 Regular home telephones
- 2 Cell phones
- 3 Email
- 4 Pager
- 5 2-way radios
- 6 Other

Do not read:

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

8. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency?

Read only if necessary:

- 1 Television
- 2 Radio
- 3 Internet
- 4 Print media
- 5 Neighbors
- 6 Other

Do not read:

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

9. Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation?

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

10. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate?

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

11. What would be the main reason you might not evacuate if asked to do so?

Read only if necessary:

- 0 1 Lack of transportation
- 0 2 Lack of trust in public officials
- 0 3 Concern about leaving property behind
- 0 4 Concern about personal safety
- 0 5 Concern about family safety
- 0 6 Concern about leaving pets
- 0 7 Concern about traffic jams and inability to get out
- 0 8 Health problems (could not be moved)
- 0 9 Other

Do not read:

- 7 7 Don't know / Not sure
- 9 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 NC 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?'

 - 1 Biological Mother
 - 2 Step Mother
 - 3 Adoptive Mother
 - 4 Foster Mother
 - 5 Biological Father
 - 6 Step Father
 - 7 Adoptive Father
 - 8 Foster Father
 - 9 Grandmother
 - 10 Grandfather
 - 11 Aunt
 - 12 Uncle
 - 13 Sister (of any type)
 - 14 Brother (of any type)
 - 15 Female Guardian
 - 16 Male Guardian
 - 17 Other relative
 - 18 Mother Type Unknown
 - 19 Father Type Unknown
 - 20 Other relationship

 - 77 Don't know
 - 99 Refused

CATI note: If Q2=2, Ask Q3b and Q3c; Otherwise, go to next NC module.

CATI note2: numeric answer for Q3b needs to be UDF field "vNC03Q03b" for CHAMP10

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?’

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship

- 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 = 05 (biological father) then Q3c cannot = 05.

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown

20 Other relationship

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

3 Weekends

Do not read

7 Don't know/not sure

9 Refused

CATI: IF Q2 = 1 (BRFSS respondent also CHAMP respondent) or Q3b > 14 then show:

6. **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 ≤ 14 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 back against the wall 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 Q9.1 = 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 NC 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: 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
- 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?

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

NC Module 6: 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: 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 (100-199)
- 2__ Times per week (201-299)
- 3__ Times per month (301-399)

- 888 Never
- 777 Don't know / Not sure
- 999 Refused

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

(439-441)

INTERVIEWER: 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 (100-199)
- 2__ Times per week (201-299)
- 3__ Times per month (301-399)

- 888 Never
- 777 Don't know / Not sure
- 999 Refused

NC Module 7: Prescription Medication Adherence

These next questions are about medications that can only be taken if a doctor or other health professional writes a prescription for them.

1. Has there ever been a time when you have NOT filled or refilled a medication prescribed by a doctor or dentist or other health professional?

Do not read:

- 1 Yes
- 2 No **Go to Q4**
- 3 Respondent has NOT refilled medication because not needed at this time **Go to Q4**
- 4 Respondent has NEVER been given a written medication prescription **Go to Next Module**
- 7 Don't know / Not sure **Go to Next Module**
- 9 Refused **Go to Next Module**

2. How long ago was the last time you did NOT fill or refill medication prescribed by a doctor or other health professional?

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

3. I'm going to read a list of reasons people sometime don't get their medications filled or refilled. Do any of these reasons apply to you ...

3a. You did not get the prescription filled because you did not think the medicine would help?

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

3b. You were concerned about the side effects of the medicine?

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

3c. After taking the medication, it did not seem to help?

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

3d. You could not afford to pay for the medicine?

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

3e. You have refills available but not needed at this time.

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

9 Refused

OR

3f. Some other reason?

_____ (3fOPEND - 30 chars.)

6 None (no other reason)

7 Don't know/Not Sure

9 Refused

4. Did your doctor or health professional talk to you about the importance of taking all of your medicine(s)?

1 Yes

2 No

7 Don't know/Not Sure

9 Refused

NC Module 8: Adult Human Papilloma Virus

CATI: Ask of females and males 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 the cervical cancer or genital warts vaccine, HPV shot, or GARDASIL [**CATI IF Female the put: 'or CERVARIX.'**] Have you EVER had an HPV vaccination?

[NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus) / Gardasil (Gar-duh· see!)/ Cervarix (Sir-var· icks)]

1 Yes

2 No

3 Doctor refused when asked

7 Don't know / not sure

9 Refused

NC Module 9: Traumatic Brain Injury

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 NC module] |
| 7 | Don't know / Not sure | [Go to next NC module] |
| 9 | Refused | [Go to next NC 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 10: Secondhand Smoke I

CATI: Ask Q1 If Core Q12.9 = 1 (Employed) or Core Q12.9 = 2 (Self-employed). Otherwise, go to Q2.

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

- | | |
|-----|--|
| -- | 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?

- __ 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

CATI: Ask Q3 if Core Q12.9 = 1 (Employed) or = 2 (Self-employed). Otherwise, go to Q5

3. While working at your job, are you indoors most of the time?

- 1 Yes
- 2 No **Go to Q5**
- 7 Don't Know / Not Sure **Go to Q5**
- 9 Refused **Go to Q5**

4. Which of the following best describes your indoor place of works' official smoking policy?

- Please read**
- 1 Not allowed in any work areas
 - 2 Allowed in some work areas
 - 3 Allowed in all work areas
 - 4 No official policy
- Do not read:**
- 7 Don't know/Not sure
 - 9 Refused

5. In North Carolina, as of January 2nd, 2010, restaurants and bars are required to be smoke free.

Question Stem: I am going to read you a list of places. For each one, please tell me whether or not you would like it required to be smoke free:

5a. Indoor workplaces

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

5b. Grocery stores

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

5c. Convenience stores

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

5d. Indoor recreation facilities such as bowling alleys and bingo halls

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

5e. Outdoor or partly enclosed sports venues such as baseball and football stadiums

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

5f. Outdoor parks

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

5g. Playgrounds

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

5h. Outdoor dining areas

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

NC Module 11: Smoking Cessation

**CATI: Ask Q1 if response to Core Q11.2 = 1 or = 2 (now smoke 'Every day' or 'Some days');
Otherwise go to Next Module**

These next questions are about quitting smoking.

1. In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?

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

2. Did your doctor, nurse, or other health professional recommend or discuss medications to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?

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

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

3. Did your doctor or health provider recommend or discuss methods and strategies other than medications to assist you with quitting smoking?

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

NC Module 12: Tobacco Use Prevention

These next questions are about smoking prevention.

1. The North Carolina tax on a pack of cigarettes is currently 45 cents and the national average is \$1.34 cents. Would you favor or oppose raising North Carolina's cigarette tax to \$1.34 if part of the tax revenue was used to help reduce smoking?

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

NC Module 13: TRU Campaign / Quit Now NC

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 as a resource to help tobacco users quit?

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

NC Module 14: Adult Insurance

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 NC 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 15: Gambling

"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 [if 0 is entered Go to next module]
- 888 No/Never gambled or played for money [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 16: Sexual Behavior

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

CATI: If respondent age is ≥ 50 , Go to NC Module 17

1. During the past 12 months, with how many people have you had sexual intercourse?

[NOTE: If necessary, say: 'We ask these questions of everyone to help us understand the possible health risks related to different sexual behaviors.']

__ Number had sexual intercourse with **[76 = 76 or more]** **[If 0 is entered Go to Q4]**

- 8 8 None **Go to Q4**
- 7 7 Don't know/not sure **Go to Q4**
- 9 9 Refused **Go to Q4**

CATI: If Q1 = 1 (one sex partner) GO TO Q2a.
CATI: If Q1 > 1 (more than one sex partner) GO TO Q2b.

2a. Is this person?

[INTERVIEWER: If necessary, say: 'We ask these questions of everyone to help us understand the possible health risks related to different sexual behaviors.']

- 1. Male, or **Go to Q3a**
- 2. Female **Go to Q3a**
- Do not read:**
- 7. Don't know/not sure **Go to Q3a**
- 9. Refused **Go to Q3a**

2b. During the past 12 months, have you had sex with only males, only females, or both?

[INTERVIEWER: If necessary, say: 'We ask these questions of everyone to help us understand the possible health risks related to different sexual behaviors.']

- 1. Males only **Go to Q3b**
- 2. Females only **Go to Q3b**
- 3. Both males and females **Go to Q3b**
- Do not read:**
- 7. Don't know/not sure **Go to Q3b**
- 9. Refused **Go to Q3b**

3a. Have you been with this person for less than 12 months or more than 12 months?

[INTERVIEWER: If necessary, say: 'We ask these questions of everyone to help us understand the possible health risks related to different sexual behaviors.']

- 1. Less than 12 months **Go to Q4**
- 2. More than 12 months **Go to Q4**
- Do not read:**
- 7. Don't know/not sure **Go to Q4**
- 9. Refused **Go to Q4**

3b. How many NEW sex partners did you have during the past twelve months?

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

[INTERVIEWER: If necessary, say: 'We ask these questions of everyone to help us understand the possible health risks related to different sexual behaviors.']

- — Number of new sexual partners (1 to 70)
- 8 8 None
- 7 7 Don't know/not sure
- 9 9 Refused

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

- 1 Yes
- 2 No

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

NC Module 17: Physical Violence

(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 18: Sexual Violence

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

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 next module) 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.