

**North Carolina 2011 Questionnaire
Behavioral Risk Factor Surveillance System
(247 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 4

To the correct respondent:

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your 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 or Indian Health Services? (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: Hypertension Awareness

- 4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84)

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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]

- 4.2** Are you currently taking medicine for your high blood pressure? (85)

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

Section 5: Cholesterol Awareness

- 5.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (86)

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

5.2 About how long has it been since you last had your blood cholesterol checked? (87)

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

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (88)

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

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

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."

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (89)

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

6.2 (Ever told) you had angina or coronary heart disease? (90)

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

6.3 (Ever told) you had a stroke? (91)

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

- 6.4** (Ever told) you had asthma? (92)
- | | | |
|---|-----------------------|--------------|
| 1 | Yes | |
| 2 | No | [Go to Q6.6] |
| 7 | Don't know / Not sure | [Go to Q6.6] |
| 9 | Refused | [Go to Q6.6] |
- 6.5** Do you still have asthma? (93)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 6.6** (Ever told) you had skin cancer? (94)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 6.7** (Ever told) you had any other types of cancer? (95)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 6.8** (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis? (96)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (97)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome

- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,
- polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

(98)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

(99)

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

6.12 (Ever told) you have vision impairment in one or both eyes, even when wearing glasses?

(100)

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don't know / Not sure
- 9 Refused

6.13 (Ever told) you have diabetes?

(101)

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q6.13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Tobacco Use

- 7.1** Have you smoked at least 100 cigarettes in your entire life? (102)
- NOTE: 5 packs = 100 cigarettes**
- 1 Yes
 - 2 No [Go to Q7.5]
 - 7 Don't know / Not sure [Go to Q7.5]
 - 9 Refused [Go to Q7.5]
- 7.2** Do you now smoke cigarettes every day, some days, or not at all? (103)
- 1 Every day
 - 2 Some days
 - 3 Not at all [Go to Q7.4]
 - 7 Don't know / Not sure [Go to Q7.5]
 - 9 Refused [Go to Q7.5]
- 7.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (104)
- 1 Yes [Go to Q7.5]
 - 2 No [Go to Q7.5]
 - 7 Don't know / Not sure [Go to Q7.5]
 - 9 Refused [Go to Q7.5]
- 7.4** How long has it been since you last smoked a cigarette, even one or two puffs? (105-106)
- 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
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 7.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
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.** (107)
- 1 Every day
 - 2 Some days
 - 3 Not at all
- Do not read:**
- 7 Don't know / Not sure

Section 8: Demographics

8.1 What is your age? (108-109)

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

8.2 Are you Hispanic or Latino? (110)

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

8.3 Which one or more of the following would you say is your race? (111-116)

(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

8.4 Which one of these groups would you say best represents your race? (117)

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:

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

8.5 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. (118)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...? (119)

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

8.7 How many children less than 18 years of age live in your household? (120-121)

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

8.8 What is the highest grade or year of school you completed? (122)

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

8.9

Are you currently...?

(123)

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

8.10

Is your annual household income from all sources—

(124-125)

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

8.11 About how much do you weigh without shoes? (126-129)

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

Round fractions up

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

8.12 About how tall are you without shoes? (130-133)

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

Round fractions down

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

8.13 What county do you live in? (134-136)

ANSI County Code (formerly FIPS county code)
_ _ _
7 7 7 Don't know / Not sure
9 9 9 Refused

8.14 What is the ZIP Code where you live? (137-141)

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

8.15 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. (142)

1 Yes
2 No

[Go to Q8.17]

- 7 Don't know / Not sure [Go to Q8.17]
- 9 Refused [Go to Q8.17]

8.16 How many of these telephone numbers are residential numbers? (143)

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

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (144)

- 1 Yes [Go to Q8.19]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.18 Do you share a cell phone for personal use (at least one-third of the time) with other adults? (145)

- 1 Yes [Go to Q8.20]
- 2 No [Go to Q8.21]
- 7 Don't know / Not sure [Go to Q8.21]
- 9 Refused [Go to Q8.21]

8.19 Do you usually share this cell phone (at least one-third of the time) with any other adults? (146)

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

8.20 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? (147-149)

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

8.21 Do you own or rent your home? (150)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure

9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

8.22 Indicate sex of respondent. Ask only if necessary. (151)

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

8.23 To your knowledge, are you now pregnant? (152)

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

Section 9: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

9.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (153-155)

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

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 9.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

9.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (156-158)

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

Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

9.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (159-161)

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

Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow

peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

9.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(162-164)

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

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

9.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(165-167)

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

Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

9.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(168-170)

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

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Section 10: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

10.1 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?

(171)

- 1 Yes

- 2 No [Go to Q10.8]
- 7 Don't know / Not sure [Go to Q10.8]
- 9 Refused [Go to Q10.8]

10.2. What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)

- __ (Specify) [See Coding List A]
- 7 7 Don't know / Not Sure [Go to Q10.8]
- 9 9 Refused [Go to Q10.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.3 How many times per week or per month did you take part in this activity during the past month? (174-176)

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

- __:__ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.5 What other type of physical activity gave you the next most exercise during the past month? (180-181)

- __ (Specify) [See Coding List A]
- 8 8 No other activity [Go to Q10.8]
- 7 7 Don't know / Not Sure [Go to Q10.8]
- 9 9 Refused [Go to Q10.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.6 How many times per week or per month did you take part in this activity during the past month? (182-184)

- 1__ Times per week
- 2__ Times per month

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

10.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

_:__ Hours and minutes
7 7 7 Don't know / Not sure
9 9 9 Refused

10.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (188-190)

1__ Times per week
2__ Times per month
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Section 11: Disability

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

11.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)

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

11.2 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? (192)

NOTE: Include occasional use or use in certain circumstances.

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

(New for 2011) CATI: Go to NC Module 5: Disability; then return to next Core module after asking NC Disability questions.

Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

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

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (193)
- 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."

INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** 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? (194)
- 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 of 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."

- 12.3** 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? (195)
- 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."

- 12.4** 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. (196-197)

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 13: Seatbelt Use

- 13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (198)

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

Section 14: Immunization

- 14.1** Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (199)

- 1 Yes
- 2 No [Go to Q14.4]
- 7 Don't know / Not sure [Go to Q14.4]
- 9 Refused [Go to Q14.4]

14.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
(200-205)

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

14.3 At what kind of place did you get your last flu shot/vaccine?
(206-207)

0 1 A doctor's office or health maintenance organization (HMO)
0 2 A health department
0 3 Another type of clinic or health center (Example: a community health center)
0 4 A senior, recreation, or community center
0 5 A store (Examples: supermarket, drug store)
0 6 A hospital (Example: inpatient)
0 7 An emergency room
0 8 Workplace
0 9 Some other kind of place
1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
1 1 A school
7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

Do not read:

9 9 Refused

14.4 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?
(208)

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

Section 15: Alcohol Consumption

15.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
(209-211)

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 **[Go to next section]**
9 9 9 Refused **[Go to next section]**

15.2 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?

(212-213)

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

15.3 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?

(214-215)

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

15.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

(216-217)

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

Section 16: HIV/AIDS

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.

16.1 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.

(218)

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 Not including blood donations, in what month and year was your last HIV test?

(219-224)

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 / Not sure

16.3 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?

(225)

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

ER Module 6: Influenza Like Illness (Jan.-April)

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

Optional Modules

Module 1: Pre-Diabetes (Skip cell phone)

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.13 (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 NOTE: If Core Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

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

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

(246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes (Skip cell phone)

To be asked following Core Q6.13; 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 a 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 NOTE: If Q4 = 555 "No feet", go to Q8.

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

Module 9: Cardiovascular Health (Skip cell phone)

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

CATI NOTE: If Core Q6.1 = 1 (Yes), continue. If Core Q6.1 = 2, 7, or 9 (No, Don't know, or Refused), skip Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (312)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI NOTE: If Core Q6.3 = 1 (Yes), ask Q2. If Core Q6.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (313)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

[Question 3 is asked of all respondents.]

3. Do you take aspirin daily or every other day? (314)
- 1 Yes **[Go to next module]**
 - 2 No
 - 7 Don't know / Not sure

9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (315)

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

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 10: Actions to Control High Blood Pressure (Ask cell phone)

CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next module.

Earlier you stated that you had been diagnosed with high blood pressure.

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)? (316)

- 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)? (317)

- 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)? (318)

- 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)? (319)

- 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)? (320)

- 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)? (321)

- 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)? (322)

- 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)? (323)

- 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)? (324)

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

10. Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure? (325)

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 11: Heart Attack and Stroke (Skip cell phone)

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?) (326)

- 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?) (327)

- 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?) (328)

- 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?) (329)

- 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?) (330)

- 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?) (331)

- 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?) (332)

- 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?) (333)

- 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?) (334)

- 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?) (335)

- 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?) (336)

- 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?) (337)

- 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? (338)

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 22: Chronic Obstructive Pulmonary Disease (COPD) (Ask cell phone)

CATI NOTE: If core Q6.8 = 1 (Yes) then continue, else go to next module.

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD).

1. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (405)

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

2. Would you say that shortness of breath affects the quality of your life? (406)

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

3. 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? (407)

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

4. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (408)

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

5. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (409-410)

- Number (01-76)
- 7 7 Don't know / Not sure
- 8 8 None
- 9 9 Refused

Module 24: Veterans' Health (Ask cell phone)

CATI NOTE: If Core Q8.5 = 1 (Yes) continue, else go to next module.

The next questions relate to veteran's health.

1. Did you ever serve in a combat or war zone? (423)

- 1 Yes

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

2. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (424)

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

3. A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)? (425)

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

4. In the past 12 months, did you receive any psychological or psychiatric counseling or treatment? (426)

Please read:

- 1 Yes, from a VA facility
- 2 Yes, from a non-VA facility
- 3 Yes, from both VA and non-VA facilities
- 4 No

Do not read:

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

The next few questions are a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

5. Has there been a time in the past 12 months when you thought of taking your own life? (427)

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

6. During the past 12 months, did you attempt to commit suicide? Would you say--- (428)

Please read:

- 1 Yes, but did not require treatment
- 2 Yes, was treated at a VA facility
- 3 Yes, was treated at a non-VA facility
- 4 No

Do not read:

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

As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

Module 27: Cognitive Impairment (Skip cell phone)

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (453)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.

CATI NOTE: If number of adults > 1, go to Q2.

2. [If Q1 = 1]; Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months? (454)
- Number of people [6 = 6 or more]
 - 8 NONE
 - 7 Don't know / Not sure
 - 9 Refused

CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.

CATI NOTE: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.

CATI NOTE: If Q2 < 7; go to Q3. Otherwise, go to next module.

3. Of these people, please select the person who had the most recent birthday. How old is this person? (455-456)
- Read only if necessary:**

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90 +

Do not read:

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

CATI NOTE: If Q1 ≠ 1 (Yes); read: “For the next set of questions we will refer to the person you identified as ‘this person’.”

INTERVIEWER NOTE: Repeat definition only as needed: “For these questions, please think about confusion or memory loss that is happening more often or getting worse.”

4. During the past 12 months, how often **[If Q1 = 1 (Yes): insert “have you;” otherwise, insert “has this person”]** given up household activities or chores **[If Q1 = 1 (Yes): insert “you;” otherwise, insert “they”]** used to do, because of confusion or memory loss that is happening more often or is getting worse?

(457)

Please read:

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

Do not read:

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

5. As a result of **[If Q1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** confusion or memory loss, in which of the following four areas **[If Q1 = 1 (Yes): insert “do you;” otherwise, insert “does this person”]** need the MOST assistance?

(458)

- 1 Safety **[read only if necessary:** such as forgetting to turn off the stove or falling]
- 2 Transportation **[read only if necessary:** such as getting to doctor’s appointments]
- 3 Household activities **[read only if necessary:** such as managing money or housekeeping]
- 4 Personal care **[read only if necessary:** such as eating or bathing]

Do not read:

- 5 Needs assistance, but not in those areas
- 6 Doesn’t need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

6. During the past 12 months, how often has confusion or memory loss interfered with **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** ability to work, volunteer, or engage in social activities?

(459)

Please read:

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

Do not read:

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

7. During the past 30 days, how often **[If Q1 = 1 (Yes): insert "has;" otherwise, insert "have you,"]** a family member or friend provided any care or assistance for **[If Q1 = 1 (Yes): "you;" otherwise, insert "this person"]** because of confusion or memory loss?

(460)

Please read:

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

Do not read:

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

8. Has anyone discussed with a health care professional, increases in **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss?

(461)

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

9. **[If Q1 = 1 (Yes): insert "Have you;" otherwise, insert "Has this person"]** received treatment such as therapy or medications for confusion or memory loss?

(462)

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

10. Has a health care professional ever said that **[If Q1 = 1 (Yes): insert “you have;” otherwise, insert “this person has”]** Alzheimer’s disease or some other form of dementia? (463)
- 1 Yes, Alzheimer’s Disease
 - 2 Yes, some other form of dementia but not Alzheimer’s Disease
 - 3 No diagnosis has been given
 - 7 Don’t know / Not sure
 - 9 Refused

Module 28: Social Context (Ask cell phone)

Now, I am going to ask you about several factors that can affect a person’s health.

If Core Q8.21 = 1 or 2 (own or rent) continue, else go to Q2.

1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed--- (464)

Please read:

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

Do not read:

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

CATI . If Core8.21 >= 3 show: Now, I am going to ask you about several factors that can affect a person’s health

2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed--- (465)

Please read:

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

Do not read:

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

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.

If Core Q8.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.

If Core Q8.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q6.

3. At your main job or business, how are you generally paid for the work you do. Are you:

(466)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

4. About how many hours do you work per week at all of your jobs and businesses combined?

(467-468)

- — Hours (01-96 or more) **[Go to next module]**
- 9 7 Don't know / Not sure **[Go to next module]**
- 9 8 Does not work **[Go to next module]**
- 9 9 Refused **[Go to next module]**

5. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:

(469)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

6. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

(470-471)

- — Hours (01-96 or more)
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

STATE-ADDED QUESTIONS

NC Module 1: Diabetes Control (Skip cell phone)

CATI: if Core Q6.13 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 (Ask cell phone)

CATI: If Core Q8.7 = 88, or 99 (no children under age 18 in the household, or refused) [go to NC](#)

Module 4

If Core Q8.7 = 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 Q8.7 is > 1 and Core Q8.7 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 2010).

2. Is the child a boy or a girl?

1 Boy

2 Girl

9 Refused

CDC Module 32: Random Child Selection **Jan/Apr 1, 2011 only** (Skip cell phone)

3. Is the child Hispanic or Latino?

(495)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

4. Which one or more of the following would you say is the race of the child?

(496-501)

[Check all that apply]

Please read:

1 White

2 Black or African American

- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

CATI NOTE: If more than one response to Q4, continue. Otherwise, go to NEXT MODULE.

5. Which one of these groups would you say best represents the child's race? (502)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

Emergency Section 7: ILI- CHILD Influenza Like Illness (Skip cell phone)

E07.1. Last month (i.e. **CATI FILL MONTH**) did the child had a fever with cough and/or sore throat?

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

E07.2. Did the child visit a doctor, nurse, or other health professional for this illness?

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

NC Module 3: CHAMP Follow-up (Ask cell phone)

- 1) if QSTPATH=1 and Ever Asthma (C06Q04 = 1 - Yes) and 1+ children in HH (C08Q07 = 1--76) go to NC Module 4.
- 2) if QSTPATH=1 and Ever Asthma (C06Q04 >= 2 - No) and 1+ children in HH (C08Q07 = 1--76) go to NC03Q01-1a
- 4) if QSTPATH=1 and Ever Asthma (C06Q04 >= 2 - No) and no children in HH (C08Q07 = 88) go to NC Module 5.
- 5) if QSTPATH=2 and 1+ children in HH (C08Q07 = 1--76) go to NC03Q01 (if landline) or NC03Q01a (if cell phone)

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."

1a. If landline, go to Q1.

If cell phone, ask: Are you well-informed about the child's health and able to answer questions about the health and health practices of this child?

- 1 Yes
- 2 No (or don't know) **[Go to Q7]**

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

- 1 Yes **[If landline, go to Q2; If cell phone go to Q3a]**
- 2 No **[Go to NC Module 4]**

2. Are YOU the person in the household who knows the most 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: If cell phone, go to Q4.

CATI note: If Q2=2, Ask Q3b and Q3c; Otherwise, go to Q4.

CATI note2: numeric answer for Q3b needs to be UDF field "vNC03Q03b" for CHAMP11

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. **If landline, ask:** When would be the best time to call your household?
If cell phone, ask: When would be the best time to call you back?

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."

7. Thank you very much, but we are only interested in speaking with the person who knows most about the health of the child. The rest of this survey should only take a few more minutes.

NC Module 4: Adult Asthma Follow-up (Qstpath = 1) (Skip cell phone)

- 1) If Ever Asthma (C06Q04 \geq 2 - No) go to [NC Module 5](#).
2) if QSTPATH=1 and Ever Asthma (C06Q04 =1 – Yes) and 1+ children in HH (C08Q07 = 1--76) go to NC04Q01

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 (AdltPerm). 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**.

- 3.CB What is a good time to call you back?

Would you say Daytime, Evenings or Weekends?

NOTE: If respondent says no best time to call then select 2 for evenings.

- 1 Daytime
2 Evenings
3 Weekends

7 DON'T KNOW / NOT SURE
9 REFUSED

NC Module 5: Disability (Ask cell phone)

CATI NOTE: These NC disability questions are asked after the (2) Core disability questions.

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 **[Go to Q2]**
- 2 Yes, moderate **[Go to Q2]**
- 3 Yes, severe **[Go to Q2]**
- 4 No **[Go to Q3]**

Do not read

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

CATI note: If Q1=1, 2, or 3 Ask Q2 ; Otherwise, go to Q3.

2 Has your disability lasted or is it expected to last 12 months or longer?

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

3. 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

CATI note: Return to Core

NC Module 6: Caregiving (Qstpath = 1) (Skip cell phone)

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

1 During the past month, did you provide any such care or assistance to a friend or family member?

- 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]**

CATI note: If M27Q02 < 7 Ask Q2; Otherwise, go to Q3.

2. Is this the same person we talked about earlier who experienced confusion or memory loss?

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

CATI note: If Q02 = 1 go to Q4.

3. 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.

4. Is this person male or female?

1 Male
2 Female
7 Don't know/Not sure
9 Refused

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

Do not read:

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

6. For how long have you provided care for your **[CATI: insert code from Q4. Else If Q4 = 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

7. What has a doctor said are the major health problems, long-term illnesses, or disabilities that the person you care for has?

Do not read [Check all conditions given by Respondent]:

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

CATI note: If Q02 = 1 go to Q9.

8. Please tell me yes or no whether the person you care for needs help with any of the following:

8a. Taking care of himself/herself, such as eating, dressing, or bathing

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

8b. Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals

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

8c. Transportation outside of the home

- 1 Yes

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

8d. Relieving/decreasing anxiety or depression

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

9. In an average week, how many hours do you provide care for your **[CATI: insert code from Q4. Else if Q4 = 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

10. Has caring for your **[CATI: insert code from Q4. Else if Q4 = 77 or 99, then insert "that person."]** caused any difficulties for you?

- 1 Yes
- 2 No **[Go to q12]**
- 7 Don't know / Not sure **[Go to q12]**
- 9 Refused **[Go to q12]**

11. I am going to read a list of difficulties you may have faced as a caregiver. Please tell me yes or no whether you have faced each one.

11a. A financial burden

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

11b. Not enough time for yourself

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

11c. Not enough time for your family

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

- 11d. Creates stress
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Q02 = 1 go to next NC Module.

12. 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 7: Nutrition (Qstpath = 2) (Skip cell phone)

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

1. When you eat out, how likely are you to choose foods or beverages labeled as healthy? Would you say:

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely
- 7 Don't know / Not sure
- 9 Refused

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

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

3. 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

- 4 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 NC module]**
7 Don't know / Not sure **[Go to next NC module]**
9 Refused **[Go to next NC module]**

- 5 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 8: Worksite Wellness Programs (Qstpath = 2) (Ask cell phone)

CATI: Ask Q1 If Core Q8.9 = 1 (Employed). Otherwise, go to next NC Module.

Next we have a few questions about things your employer may do at the place you work to help you stay healthy.

1. Does your worksite offer health screening programs like blood pressure checks or cholesterol screening?

- 1. Yes
- 2. No
- 7. Don't Know

2. Does your worksite offer health education programs like how to manage stress or weight management classes?

- 1. Yes
- 2. No
- 7. Don't Know

NC Module 9: Secondhand Smoke (Ask cell phone)

The next questions are about exposure to secondhand smoke.

CATI: Ask Q1 If Core Q8.9 = 1 (Employed) or Core Q8.9 = 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

NC Module 10: Smoking Cessation (Qstpath = 2) (Ask cell phone)

CATI: Ask Q1 if response to Core Q7.3 = 1 ("Yes" tried to stop smoking in past 12 months); Otherwise go to Next Module

Earlier you said that you had tried to quit smoking in the past 12 months.

1. 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

2. When you quit smoking/The last time you tried to quit smoking, did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline to help you quit?

NOTE: Pronounce "Wellbutrin" as Well-BYOU-TRIN, "Zyban" as Z-EYE BAN, "bupropion" as BYO PRO PRI ON, "Chantrix" as SHAN TIX, and "varenicline" as VAR EN IH CLEAN]. Please read list slowly

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

NC Module 11: Other Tobacco Products (Qstpath = 2) (Ask cell phone)

CATI: If Core Q7.1 = 2 ("No" smoked 100 cigarettes in entire life) OR Core Q7.2 = 3 ("Not at all" smoke cigarettes every day, some days, not at all) go to next NC module.

1. During the past 30 days, on how many days did you smoke cigars or cigarillos (cig-a-RILL-os), also known as little cigars or "blacks"?

- Number of days (01 - 30 days)
- 8 8 No days
- 7 7 Don't know/Not sure
- 9 9 Refused

CATI: if Core Q7.5 = 3 ("Not at all" currently use chewing tobacco, snuff or snus) go to NC11Q02D.

2. In situations where you can not smoke, do you currently use any of the following products:

2a. Chewing tobacco

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

2b. Snuff

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

2c. Snus

- 1. Yes

- 2. No
- 7. Don't know/Not Sure
- 9. Refuse

2d. Nicotine water

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

2e. Dissolvable products such as orbs, strips, or sticks

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

2f. Electronic-cigarettes

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

NC Module 12: Tobacco Use Prevention (Qstpath = 2) (Ask cell phone)

These next questions are about smoking prevention.

1. The NC tax on a pack of cigarettes is currently 45 cents and the national average is \$1.42. Would you favor or oppose raising North Carolina's cigarette tax by \$1.00 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: Quit Now (Qstpath = 2) (Ask cell phone)

1. 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 (Ask cell phone)

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 Options – a PPO (preferred provider organization)
- 03 Blue Advantage – purchased directly for self or family
- 04 Federal Employee Health Plan – PPO plan through federal employment
- 05 Other Blue Cross coverage

- 06 The State Employee Health Plan
- Do not read:**
- 77 Don't know/Not sure
- 99 Refused

NC Module 15: Uninsured (Ask cell phone)

CATI: Ask if Core Section 3, Q3.1 = 2 (No); otherwise go to next NC Module

1. Earlier you indicated you do not have health insurance coverage. What is the main reason you do not have health insurance?

READ ONLY IF NECESSARY

- 01 Lost job or changed employers
- 02 Spouse or parent lost job or changed employers
- 03 Employer doesn't offer or stopped offering coverage
- 04 Cut back to part time or because temporary employee
- 05 Benefits from employer or former employer ran out
- 06 Could not afford to pay premiums
- 07 Insurance company refused coverage
- 08 Rarely sick; do not need or want health insurance
- 09 Got too old to stay on parents' insurance
- 10 No longer enrolled in school full-time
- 11 Other _____ (1OPEND - 30 chars.)
- 77 Don't know
- 99 Refused

2. About how long has it been since you had health care coverage?

READ ONLY IF NECESSARY

- 1 within the past 6 months
- 2 within past year
- 3 Within past 2 years
- 4 within past 5 years
- 5 5 or more years ago
- 6 Never had health insurance
- 7 Don't know
- 9 Refused

NC Module 16: Preconception Health & Family Planning (Qstpath = 1) (Ask cell phone)

CATI: if respondent is male or if Core Q8.1 missing or > 44, go to next NC Module

1. Has a doctor, nurse, or other health care worker ever talked with you about any of the following topics during a routine health care visit; DO NOT include visits while pregnant, also called prenatal care visits:

1A. The importance of being at a healthy weight for having a healthy pregnancy?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

1B. The risks of tobacco, alcohol, and drug use for having a healthy pregnancy?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

1C. Your plans for having children?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

1D. Ways to prepare for a healthy pregnancy and baby?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

2. Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant?

- 1. Yes
- 2. No **[Go to Q 4]**
- 3. No partner / not sexually active **[Go to Q 5]**
- 4. Same sex partner **[Go to Q 5]**
- 7. Don't know
- 9. Refused

3. What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

NOTE TO INTERVIEWER: If respondent reports using more than one method, please code the method that occurs first on the list.

NOTE TO INTERVIEWER: If respondent reports using an "IUD," probe to determine if "levonorgestrel IUD (e.g., Mirena)" or "copper-bearing IUD (e.g., ParaGard)." If respondent does not know the type of IUD, please code as "IUD, type unknown."

NOTE TO INTERVIEWER: If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."

NOTE TO INTERVIEWER: If respondent reports “other method,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY:

- 01 Female sterilization (for example, tubal ligation, Essure, Adiana) **[Go to Next Module]**
- 02 Male sterilization (vasectomy) **[Go to Next Module]**
- 03 Contraceptive implant (for example, Implanon) **[Go to Q5]**
- 04 Levonorgestrel (LNG) or hormonal IUD (for example, Mirena) **[Go to Q5]**
- 05 Copper-bearing IUD (for example, ParaGard) **[Go to Q5]**
- 06 IUD, type unknown **[Go to Q5]**
- 07 Shots (for example, Depo-Provera) **[Go to Q5]**
- 08 Birth control pills, any kind **[Go to Q5]**
- 09 Contraceptive patch (for example, Ortho Evra) **[Go to Q5]**
- 10 Contraceptive ring (for example, NuvaRing) **[Go to Q5]**
- 11 Male condoms **[Go to Q5]**
- 12 Diaphragm, cervical cap, or sponge **[Go to Q5]**
- 13 Female condoms **[Go to Q5]**
- 14 Not having sex at certain times (rhythm or natural family planning) **[Go to Q5]**
- 15 Withdrawal (or pulling out) **[Go to Q5]**
- 16 Foam, jelly, film, or cream **[Go to Q5]**
- 17 Emergency contraception (morning after pill) **[Go to Q5]**
- 18 Other method **[Go to Q5]**

DO NOT READ:

- 77 DON'T KNOW / NOT SURE **[Go to Q5]**
- 99 REFUSED **[Go to Q5]**

4. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

NOTE TO INTERVIEWER: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it/don't care if you get pregnant
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/side effects
- 06 You couldn't pay for birth control
- 07 You had a problem getting birth control when you needed it
- 08 Religious reasons
- 09 Lapse in use of a method
- 10 Don't think you or your partner can get pregnant (infertile or too old)
- 11 You had tubes tied (sterilization) **[Go to next module]**
- 12 You had a hysterectomy **[Go to next module]**
- 13 Your partner had a vasectomy (sterilization) **[Go to next module]**
- 14 You are currently breast-feeding
- 15 You just had a baby/postpartum
- 16 You are pregnant now **[Go to Q6]**
- 17 Same sex partner
- 18 Other reason

DO NOT READ:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

5. How do you feel about having a child now or sometime in the future? Would you say:

PLEASE READ:

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

6. How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- 1. Everyday
- 2. Less than everyday
- 3. Less than once a week
- 4. Never

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

NC Module 17: Adult Human Papilloma Virus (Qstpath = 1) (Ask cell phone)

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- seel)/ Cervarix (Sir-var- icks)]

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Don't know / not sure
- 9 Refused

NC Module 18: TBI (Ask cell phone)

CATI NOTE: If Core Q8.5 = 1 (Yes – Veteran ever served) go to next NC module.

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 19: Sexual Orientation (Ask cell phone)

Now I'm going to ask you a question about your sexual orientation. I want to remind you that your answers are kept confidential and you don't have to answer any question if you don't want.

1. Do you consider yourself to be

Please Read

- 1. Heterosexual or straight **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.**
- 2. Homosexual, gay, or lesbian **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.**
- 3. Bisexual **IF NEEDED: A person who has sex with and/or is attracted to people of either sex.**

4. Or something else?

Do not read

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

[IF NEEDED: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in North Carolina. You don't have to answer any question if you don't want.]

NC Module 20: Firearms (Skip cell phone)

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

1. Are any firearms kept in or around your home?

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

2. Are any of these firearms now loaded?

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

3. Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

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

4. Is the firearm kept locked in a gun safe or gun cabinet, or do you use a trigger lock or cable lock?

INTERVIEWER NOTE: A trigger lock is a device that has a key or combination lock and fits between or over the trigger guard of a gun. It helps to prevent the trigger from being pulled.

INTERVIEWER NOTE: A cable lock is a device with a cable that runs through the barrel of a revolver or through the ejection port of semiautomatic and long guns. It prevents the discharge of (or shooting of) bullets through the barrel of a gun.

1. Gun safe or gun cabinet
2. Trigger lock

- 3. Cable lock
- 4. More than one of the above
- 5. Do not use anything to secure firearm

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

Closing Statement

Please read:

That was 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.

List of Health Problems to Accompany Module 8, Question 3

Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioleiomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

Kidney Problems

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

Anemia

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

Causes of Weak Immune System

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	