

North Carolina 2012 Questionnaire Behavioral Risk Factor Surveillance System

Interviewer’s Script for Cell Phone Interviews.....	2
Interviewer’s Script for Landline Interviews.....	5
Core Sections.....	7
Section 1: Health Status	7
Section 2: Healthy Days — Health-Related Quality of Life	7
Section 3: Health Care Access.....	8
Section 4: Exercise	9
Section 5: Chronic Health Conditions.....	9
Section 6: Oral Health.....	12
Section 7: Demographics.....	13
Section 8: Disability	19
Section 9: Tobacco Use.....	20
Section 10: Alcohol Consumption.....	21
Section 11: Immunization	22
Section 12: Falls	23
Section 13: Seatbelt Use	23
Section 14: Drinking and Driving	24
Section 15: Breast and Cervical Cancer Screening	24
Section 16: Prostate Cancer Screening	26
Section 17: Colorectal Cancer Screening.....	28
Section 18: HIV/AIDS	29
CDC Optional Modules (29 Questions).....	31
Module 1: Pre-Diabetes	31
Module 2: Diabetes.....	31
Module 18: Social Context.....	34
Module 22: Adverse Childhood Experience	35
STATE-ADDED QUESTIONS (43 Questions).....	39
NC Module 1: Diabetes Control (4 questions)	39
NC Module 2: Random Child Selection (2 Questions)	39
NC Module 3: CHAMP Follow-up (8 Questions)	40
NC Module 4: Adult Asthma Follow-up (3 Questions).....	43
NC Module 5: Disability (3 Questions).....	44
NC Module 6: Folic Acid (1 Question)	45
NC Module 7: Sugar-Sweetened Beverages (2 Questions).....	45
NC Module 8: Perceived Nutrition Environment (1 Question)	46
NC Module 9: Use of Trails and Greenways (2 Questions)	47
NC Module 10: Adult Insurance (3 Questions)	47
NC Module 11: Reasons Uninsured (2 Questions)	48
NC Module 12: Secondhand Smoke (3 Questions)	49
NC Module 13: Tobacco Use Prevention (2 Question)	50
NC Module 14: TRU Campaign (1 Question).....	51
NC Module 15: Quit Now NC (1 Question).....	51
NC Module 16: Other Tobacco Products (1 Question).....	51
NC Module 17: Smoking Cessation (1 Question).....	52
NC Module 18: Gambling (5 Questions).....	52
NC Module 19: Sexual Orientation (1 Question)	53
Closing Statement.....	54

Interviewer's Script for Cell Phone Interviews

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

Is this a safe time to talk with you?

Yes **[Go to phone]**
No

If "No",

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) **STOP**

Phone

Is this (phone number) ?

Yes **[Go to cellular phone]**
No **[Confirm 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**

Cellular Phone

Is this a cellular telephone?

READ ONLY IF NECESSARY: "By cellular telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

Yes **[Go to adult]**
No

If "No",

Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

Adult

Are you 18 years of age or older?

1 **Yes, respondent is male** **[Go to Private Residence]**
2 **Yes, respondent is female** **[Go to Private Residence]**
3 **No**

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time.
STOP

Private Residence

Do you live in a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

Yes **[Go to state of residence]**
No **[Go to college housing]**

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

Are you a resident of _____ **(state)** _____?

Yes **[Go to landline]**
No **[Go to state]**

State

In what state do you live?

_____ ENTER FIPS STATE

Landline

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

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

Yes **[Go to cellular phone usage]**
No **[Go to Core]**

NOTE: If the response is “don’t know/not sure, or refused”, Thank you for your time. **STOP**

Cellular Phone Usage

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?

___ % Record value between 1% and 100%, allow for DK and REF responses.

888 Zero
777 Don’t know/Not sure
999 Refused

If "90-100" [Go to Core]

NOTE: If the response is “0-89”, don’t know/not sure, or refused”, Thank you very much. Those are all the questions that I have for you today. **STOP**

Interviewer's Script for Landline Interviews

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

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in (state) ?

If "no,"

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

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."]

If "yes,"

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

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

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

If "you," go to page 5

To the correct respondent:

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

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

1.1 Would you say that in general your health is— (73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

- – Number of days
8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
7 7 Don't know / Not sure
9 9 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (80)

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

3.2 Do you have one person you think of as your personal doctor or health care provider?
If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” (81)

- 1 Yes, only one
2 More than one
3 No
7 Don't know / Not sure
9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)
- 1 Within past year (anytime less than 12 months ago)
 - 2 Within past 2 years (1 year but less than 2 years ago)
 - 3 Within past 5 years (2 years but less than 5 years ago)
 - 4 5 or more years ago
 - 7 Don't know / Not sure
 - 8 Never
 - 9 Refused

Section 4: Exercise

- 4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5: 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."

- 5.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (85)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 5.2** (Ever told) you had angina or coronary heart disease? (86)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

5.3 (Ever told) you had a stroke? (87)

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

5.4 (Ever told) you had asthma? (88)

1	Yes	
2	No	[Go to Q5.6]
7	Don't know / Not sure	[Go to Q5.6]
9	Refused	[Go to Q5.6]

5.5 Do you still have asthma? (89)

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

5.6 (Ever told) you had skin cancer? (90)

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

5.7 (Ever told) you had any other types of cancer? (91)

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

5.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (92)

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

5.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(93)

- 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)

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

(94)

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

5.11 (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.

(95)

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

5.12 Do you have any trouble seeing, even when wearing glasses or contact lenses? (96)

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

5.13 (Ever told) you have diabetes? (97)

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 Q5.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q5.13, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Section 6: Oral Health

6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (98)

Read only if necessary:

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

Do not read:

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

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

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

(99)

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

Section 7: Demographics

7.1 What is your age? (100-101)

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

7.2 Are you Hispanic or Latino? (102)

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

7.3 Which one or more of the following would you say is your race? (103 -108)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

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

CATI note: If more than one response to Q7.3; continue. Otherwise, go to Q7.5.

7.4 Which one of these groups would you say best represents your race? (109)

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

7.5 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. (110)

- 1 Yes
- 2 No

Do not read:

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

7.6 Are you...? (111)

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

7.7 How many children less than 18 years of age live in your household? (112-113)

– – Number of children

8 8 None

9 9 Refused

7.8 What is the highest grade or year of school you completed? (114)

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

7.9 Are you currently...? (115)

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

7.10

Is your annual household income from all sources—

(116-117)

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

7.11

About how much do you weigh without shoes?

(118-121)

NOTE: If respondent answers in metrics, put "9" in column 118.

Round fractions up

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

7.12 About how tall are you without shoes? (122-125)

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

Round fractions down

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

7.13 What county do you live in? (126-128)

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

7.14 What is the ZIP Code where you live? (129-133)

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

7.15 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. (134)

1 Yes
2 No [Go to Q7.17]
7 Don't know / Not sure [Go to Q7.17]
9 Refused [Go to Q7.17]

7.16 How many of these telephone numbers are residential numbers? (135)

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

7.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (136)

- 1 Yes [Go to Q7.19]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7.18 Do you share a cell phone for personal use, at least one-third of the time, with other adults? (137)

- 1 Yes [Go to Q7.20]
- 2 No [Go to Q7.21]
- 7 Don't know / Not sure [Go to Q7.21]
- 9 Refused [Go to Q7.21]

7.19 Do you usually share this cell phone, at least one-third of the time, with any other adults? (138)

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

7.20 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? (139-141)

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

7.21 Do you own or rent your home? (142)

- 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.

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

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

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

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

Section 8: Disability

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

8.1 **Are you limited in any way in any activities because of physical, mental, or emotional problems?** (145)

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

8.2 **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?** (146)

Include occasional use or use in certain circumstances.

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

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life?

(147)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.2 Do you now smoke cigarettes every day, some days, or not at all?

(148)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(149)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

(150-151)

- 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

9.5 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. (152)

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

Do not read:

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

Section 10: Alcohol Consumption

10.1 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? (153-155)

- 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]**

10.2 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? (156-157)

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

10.3 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? (158-159)

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

- 10.4** During the past 30 days, what is the largest number of drinks you had on any occasion?
(160-161)
- | | |
|-----|-----------------------|
| __ | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 11: Immunization

- 11.1** Now I will ask you questions about the 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?
(162)

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q11.4] |
| 7 | Don't know / Not sure | [Go to Q11.4] |
| 9 | Refused | [Go to Q11.4] |

- 11.2** 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?
(163-168)

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

- 11.3** At what kind of place did you get your last flu shot/vaccine?
(169-170)

- | | |
|-----|--|
| 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 |
|-----|---------|

- 11.4** 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? (171)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 12: Falls

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

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- 12.1** In the past 12 months, how many times have you fallen? (172-173)
- — Number of times **[76 = 76 or more]**
 - 8 8 None **[Go to next section]**
 - 7 7 Don't know / Not sure **[Go to next section]**
 - 9 9 Refused **[Go to next section]**

- 12.2** **[Fill in "Did this fall (from Q12.1) cause an injury?"]. If only one fall from Q12.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.**

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

(174-175)

- — Number of falls **[76 = 76 or more]**
- 8 8 None
- 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— (176)

Please read:

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

Do not read:

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

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

- 14.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (177-178)

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

Section 15: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

- 15.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (179)

- 1 Yes
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

15.2 How long has it been since you had your last mammogram? (180)

Read only if necessary:

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

Do not read:

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

15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (181)

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

15.4 How long has it been since your last breast exam? (182)

Read only if necessary:

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

Do not read:

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (183)

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

15.6 How long has it been since you had your last Pap test? (184)

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q7.23 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (185)

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

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

Section 16: Prostate Cancer Screening

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

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

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (186)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (187)

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (188)

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

16.4 Have you EVER HAD a PSA test? (189)

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

16.5 How long has it been since you had your last PSA test? (190)

Read only if necessary:

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

Do not read:

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

16.6 What was the MAIN reason you had this PSA test – was it ...? (191)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do Not Read:

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

Section 17: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

17.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (192)

- 1 Yes
- 2 No [Go to Q17.3]
- 7 Don't know / Not sure [Go to Q17.3]
- 9 Refused [Go to Q17.3]

17.2 How long has it been since you had your last blood stool test using a home kit? (193)

Read only if necessary:

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

Do not read:

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

17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (194)

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

17.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (195)

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

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (196)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 18: 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.

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (197)

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

18.2 Not including blood donations, in what month and year was your last HIV test? (198-203)

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

18.3

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?

(204)

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

CDC Optional Modules (29 Questions)

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q5.12 (Diabetes awareness question).

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

(210)

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

CATI note: If Core Q5.12 = 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?”

(211)

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

Module 2: Diabetes

To be asked following Core Q5.12; if response is "Yes" (code = 1)

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

(212-213)

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

2. Are you now taking insulin? (214)

- 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. (215-217)

- 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. (218-220)

- 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? (221-222)

- _ _ 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"? (223-224)

- _ _ 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? (225-226)

- — 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. (227)

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? (228)

- 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? (229)

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

Module 18: Social Context

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

If Core Q7.21 = 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---
- (347)

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

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---
- (348)

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 Q7.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.

If Core Q7.9 = 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 Q7.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go Q6.

3. At your main job or business, how are you generally paid for the work you do. Are you:
- (349)

- 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? (350-351)

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

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: (352)

- 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? (353-354)

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

Module 22: Adverse Childhood Experience

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is 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.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

1. Did you live with anyone who was depressed, mentally ill, or suicidal? (379)

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

2. Did you live with anyone who was a problem drinker or alcoholic? (380)

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

3. Did you live with anyone who used illegal street drugs or who abused prescription medications? (381)

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

4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (382)

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

5. Were your parents separated or divorced? (383)

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (384)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---

(385)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?

(386)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

9. How often did anyone at least 5 years older than you or an adult touch you sexually?

(387)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

(388)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

11. How often did anyone at least 5 years older than you or an adult, force you to have sex?

(389)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial (place state or local hotline here) to reach a referral service to locate an agency in your area. **[Note: if no local or state hotline is available, give respondent the National Hotline for child abuse 1-800-422-4-A-CHILD (1-800-422-4453).**

STATE-ADDED QUESTIONS (43 Questions)

NC Module 1: Diabetes Control (4 questions)

CATI: if Core Q5.13 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 (2 Questions)

CATI: If Core Q7.7 = 88, or 99 (no children under age 18 in the household, or refused) [go to NC Module 4](#)

If Core Q7.7 = 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 Q7.7 is > 1 and Core Q7.7 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

NC Module 3: CHAMP Follow-up (8 Questions)

1) if QSTPATH=11 and Ever Asthma (C05Q04 = 1 - Yes) and 1+ children in HH (C07Q07 = 1--76) **go to NC Module 4.**

2) if QSTPATH=11 and Ever Asthma (C05Q04 >= 2 - No) and 1+ children in HH (C07Q07 = 1--76) **go to NC03Q01-1a**

4) if QSTPATH=11 and Ever Asthma (C05Q04 >= 2 - No) and no children in HH (C07Q07 = 88) **go to NC Module 5.**

5) if QSTPATH=12 and 1+ children in HH (C07Q07 = 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 (3 Questions)

- 1) If Ever Asthma (C05Q04 >= 2 - No) [go to NC Module 5](#).
- 2) if QSTPATH=1 and Ever Asthma (C05Q04 =1 - Yes) and 1+ children in HH (C07Q07 = 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 (3 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

NC Module 6: Folic Acid (1 Question)

Now I want to ask you a question about multivitamins.

- 1a. How often do you now take a multivitamin?

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

___ Enter Value
888 Never
777 Don't know / Not sure
999 Refused

- 1b. MARK PERIOD

1 DAY
2 WEEK
3 MONTH

NC Module 7: Sugar-Sweetened Beverages (2 Questions)

Now I would like to ask you some questions about sugary beverages.

Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol.

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

___ Enter Value
Do Not Read
8 8 8 None
7 7 7 Don't know / Not sure
9 9 9 Refused

1b. **MARK PERIOD**

- 1 DAY
- 2 WEEK
- 3 MONTH

2a. During the past 30 days, how often did you drink sweetened fruit drinks, such as Kool-aid, cranberry juice cocktail, and lemonade? Include fruit drinks you made at home and added sugar to.

Interviewer note: Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring. Do not include 100% fruit juice, sweet tea, coffee drinks, sports drinks, or energy drinks.

___ Enter Value

Do Not Read

- 8 8 8 None
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

2b. **MARK PERIOD**

- 1 DAY
- 2 WEEK
- 3 MONTH

NC Module 8: Perceived Nutrition Environment (1 Question)

1. To what degree would you agree with the statement, "It is easy to purchase healthy foods in my neighborhood such as whole grain foods, low fat options, and fruits and vegetables." Would you...

Please read:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree (neutral)
- 4 Disagree
- 5 Strongly disagree

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

NC Module 9: Use of Trails and Greenways (2 Questions)

1. Does your community have trails, greenways, bike paths, or sidewalks for biking, walking, or other activities?
 1. Yes
 2. No [**Go to next NC module**]
 7. Don't know/not sure [**Go to next NC module**]
 9. Refused [**Go to next NC module**]

2. How often do you use these for biking, walking or other activities? Would you say ...

PLEASE READ

1. At least once a week
2. At least once a month
3. A few times per year
4. Never

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

NC Module 10: Adult Insurance (3 Questions)

CATI: if C03Q01 >= 2, 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 NC03Q03.

- 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

- 3. When selecting a health care practitioner do you prefer to see someone from your own race or ethnic group?

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

NC Module 11: Reasons Uninsured (2 Questions)

CATI: If C03Q01 NE 2 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 _____(10PEND - 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 12: Secondhand Smoke (3 Questions)

The next questions are about exposure to secondhand smoke.

CATI: Ask Q1 If Core Q7.9 = 1 (Employed) or Core Q7.9 = 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

3. In indoor workplaces, do you think smoking should be allowed in all areas, only some areas, or not allowed at all?

- 1 All areas
- 2 Some areas
- 3 Not allowed at all

- 7 Don't know / Not sure

9 Refused

NOTE: Questions 4 and 5 were asked July through December 2012.

4. Do you currently live in a ...

Read 1--4:

1. Detached single family home (does not share an interior wall)
2. Apartment, condominium, or townhome sharing a wall with another unit
3. A dorm, fraternity/sorority house, or
4. Other type of housing

Do not read:

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

5. On how many of the past 7 days, did you smell tobacco smoke from someone else's cigarette, cigar, or pipe drifting into your home from nearby apartments or from outside?

- __ Number of days (1-7 days)
- 5 5 I was not at home in the past 7 days
 - 6 6 Other (ex. no other homes nearby)
 - 8 8 None

Do not read:

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

NC Module 13: Tobacco Use Prevention (2 Question)

These next questions are about smoking prevention for both smokers and non-smokers.

1. The NC tax on a pack of cigarettes is currently 45 cents and the national average is \$1.46. 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

2. A state-level lawsuit against tobacco companies was settled in 1998. Since that time, tobacco companies are required to pay millions of dollars annually to the state of North Carolina. Do you favor or oppose using some of those settlement dollars for programs to reduce tobacco use.

INTERVIEWER -- IF NEEDED: The states brought Medicaid lawsuits against tobacco companies to recover their tobacco-related health-care costs. The final agreement is known as the Tobacco Master Settlement Agreement.

- 1 Favor

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

NC Module 14: TRU Campaign (1 Question)

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

If YES ask: "Have you seen or heard about the campaign more than once?"

- 1 Yes, more than once
- 2 Yes, only once
- 3 No

Do not read:

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

NC Module 15: Quit Now NC (1 Question)

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

NC Module 16: Other Tobacco Products (1 Question)

CATI: If C09Q02 >= 3 go to next NC module

1. In situations where you cannot smoke, do you use any of the following products: chewing tobacco, snuff, snus, nicotine water, dissolvable tobacco products such as orbs or strips, or electronic cigarettes?

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

NC Module 17: Smoking Cessation (1 Question)

CATI: If C09Q02 >= 3 go to Next NC Module

These next questions are about quitting smoking.

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

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

NC Module 18: Gambling (5 Questions)

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

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

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

__ __ Enter value [if 0 is entered Go to next module]

- 888 No/Never gambled or played for money [Go to next module]
- 777 Don't know/Not sure [Go to next module]
- 999 Refused [Go to next module]

- 1b. **MARK PERIOD**

- 1 DAY
- 2 WEEK
- 3 MONTH

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

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

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

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

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

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

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

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

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

NC Module 19: Sexual Orientation (1 Question)

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.]

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.