

Table of Contents

Table of Contents	1
Core Sections	2
Section 1: Health Status.....	2
Section 2: Healthy Days — Health-Related Quality of Life	2
Section 3: Health Care Access.....	3
Section 4: Inadequate Sleep	4
Section 5: Hypertension Awareness.....	5
Section 6: Cholesterol Awareness.....	5
Section 7: Chronic Health Conditions	6
Section 8: Demographics	9
Section 9: Tobacco Use	17
Section 10: Alcohol Consumption.....	18
Section 11: Fruits and Vegetables.....	19
Section 12: Exercise (Physical Activity).....	22
Section 13: Arthritis Burden.....	24
Section 14: Seatbelt Use.....	26
Section 15: Immunization	26
Section 16: HIV/AIDS.....	27
Optional Modules	29
Module 1: Pre-Diabetes	29
Module 2: Diabetes	29
Module 4: Health Care Access.....	32
Module 5: Sugar Drinks (QSTPATH 12 and 22).....	34
Module 6: Sodium or Salt-Related Behavior (QSTPATH 11 and 21)	35
Module 8: Cardiovascular Health (QSTPATH 11 and 21).....	36
Module 17: Mental Illness and Stigma (QSTPATH 12 and 22)	38
STATE-ADDED QUESTIONS (41 Questions)	41
NC Module 1: Diabetes Control.....	41
NC Module 2: Random Child Selection	41
NC Module 3: CHAMP Follow-up	42
NC Module 4: Adult Asthma Follow-up (QSTPATH 11 and 21)	45
NC Module 5: Disability	46
NC Module 6: Folic Acid.....	46
NC Module 7: Adult Insurance	47
NC Module 8: Hypertension Screening (QSTPATH 11 and 21).....	48
NC Module 9: Secondhand Smoke	48
NC Module 10: Smoking Cessation.....	50
NC Module 11: Perceived Nutrition Environment (QSTPATH 12 and 22).....	50
NC Module 12: Use of Trails and Greenways (QSTPATH 12 and 22).....	51
NC Module 13: East Smart Move More (QSTPATH 12 and 22)	51
NC Module 14: Physical Activity – Transportation (QSTPATH 12 and 22)	51
NC Module 15: Food Preparation (QSTPATH 12 and 22)	52
NC Module 16: Actions to control weight (QSTPATH 12 and 22)	52
NC Module 17: Sexual Orientation	52
Closing Statement	53

Interviewer's Script

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— (80)
- 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? (81–82)
- — 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? (83–84)

– – 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? (85-86)

– – 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? (87)

1 Yes **[If PPHF state go to Module 4, Question 1, else continue]**
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?” (88)

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? (89)

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

CATI Note: If PPHF State go to Module 4, Question 3, else continue

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. (90)

- 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

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

CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or if PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

4.1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

(91-92)

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 5: Hypertension Awareness

- 5.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (93)

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] |

- 5.2** Are you currently taking medicine for your high blood pressure? (94)

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

Section 6: Cholesterol Awareness

- 6.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (95)

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

- 6.2** About how long has it been since you last had your blood cholesterol checked? (96)

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 |

6.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (97)

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

Section 7: 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."

7.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (98)

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

7.2 (Ever told) you had angina or coronary heart disease? (99)

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

7.3 (Ever told) you had a stroke? (100)

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

7.4 (Ever told) you had asthma? (101)

- 1 Yes
- 2 No [Go to Q7.6]
- 7 Don't know / Not sure [Go to Q7.6]
- 9 Refused [Go to Q7.6]

- 7.5** Do you still have asthma? (102)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.6** (Ever told) you had skin cancer? (103)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.7** (Ever told) you had any other types of cancer? (104)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (105)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 7.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (106)
- 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)

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

(107)

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

7.11 (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.

(108)

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

7.12 (Ever told) you have diabetes?
(109)

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 Q7.12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q7.12, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Section 8: Demographics

8.1 What is your age? (110-111)

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

8.2 Are you Hispanic, Latino/a, or Spanish origin? (112-115)

If yes, ask: Are you...

Interviewer Note: *One or more categories may be selected.*

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

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

8.3 Which one or more of the following would you say is your race?

(116-143)

Interviewer Note: Select all that apply.

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

Do not read:

60 Other

88 No additional choices

77 Don't know / Not sure

99 Refused

CATI note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.

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

Interviewer Note: If 04 (Asian) or 05 (Pacific Islander) is selected read and code subcategory underneath major heading.

(144-145)

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 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.

(146)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...?

(147)

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? (148-149)

— — Number of children

8 8 None

9 9 Refused

8.8 What is the highest grade or year of school you completed? (150)

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...? (151)

Please read:

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

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— (152-153)

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? (154-157)

NOTE: If respondent answers in metrics, put "9" in column 148.

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? (158-161)

NOTE: If respondent answers in metrics, put "9" in column 152.

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? (162-164)

__ __ 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? (165-169)

__ __ __ __ ZIP Code
7 7 7 7 Don't know / Not sure
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. (170)

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? (171)

__ 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. (172)

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

8.18 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? (173-175)

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

8.19 Have you used the internet in the past 30 days? (176)

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

8.20 Do you own or rent your home? (177)

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.

8.21 Indicate sex of respondent. **Ask only if necessary.** (178)

1 Male [Go to Q8.23]
2 Female [If respondent is 45 years old or older, go to Q8.23]

8.22 To your knowledge, are you now pregnant? (179)

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

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

8.23 Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

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

8.24 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? (181)

NOTE: Include occasional use or use in certain circumstances.

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

8.25 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

8.26 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

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

8.27 Do you have serious difficulty walking or climbing stairs? (184)

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

8.28 Do you have difficulty dressing or bathing?
(185)

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

8.29 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

(186)

- 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? (187)

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? (188)

- 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? (189)

- 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? (190-191)

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

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.

(192)

- 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? (193-195)

- 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? (196-197)

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? (198-199)

__ __ 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? (200-201)

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

Section 11: 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?"

11.1 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. (202-204)

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

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 11.6.

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.

- 11.2** 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 (205-207)
- 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.).

- 11.3** 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. (208-210)
- 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.

11.4 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?

(211-213)

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.

11.5 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?

(214-216)

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).

11.6 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.

(217-219)

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 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.

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

Section 12: 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.

12.1 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? (220)

- 1 Yes
- 2 No [Go to Q12.8]
- 7 Don't know / Not sure [Go to Q12.8]
- 9 Refused [Go to Q12.8]

12.2. What type of physical activity or exercise did you spend the most time doing during the past month?

(221-222)

- (Specify) [See Physical Activity Coding List]
- 7 7 Don't know / Not Sure [Go to Q12.8]
- 9 9 Refused [Go to Q12.8]

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

12.3 How many times per week or per month did you take part in this activity during the past month? (223-225)

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

12.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (226-228)

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

12.5 What other type of physical activity gave you the next most exercise during the past month? (229-230)

- (Specify) [See Physical Activity Coding List]
- 8 8 No other activity [Go to Q12.8]
- 7 7 Don't know / Not Sure [Go to Q12.8]
- 9 9 Refused [Go to Q12.8]

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

12.6 How many times per week or per month did you take part in this activity during the past month? (231-233)

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

12.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (234-236)

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

12.8 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. (237-239)

- 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 13: Arthritis Burden

If Q7.9 = 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.

13.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (240)

- 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: Q13.2 should be asked of all respondents regardless of employment status.

13.2 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? (241)

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

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent 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.”

13.3 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? (242)

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.”

13.4 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. (243-244)

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

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say— (245)

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 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (246)

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 Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

15.2 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? (247-252)

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

15.3 Since 2005, have you had a tetanus shot?
(253)

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

15.4 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?
(254)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 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.
(255)

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

16.2 Not including blood donations, in what month and year was your last HIV test?
(256-261)

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.

$\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$ Code month and year
77 / 7777 Don't know / Not sure

9 9/ 9 9 9 9 Refused / Not sure

16.3

Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

(262-263)

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

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

Closing Statement

Transition to Modules and/or State-Added Questions

Please read:

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

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q7.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years? (270)

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

CATI note: If Core Q7.12 = 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?”

(271)

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

Module 2: Diabetes

To be asked following Core Q7.12; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (272-273)

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

2. Are you now taking insulin? (274)

- 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. (275-277)

- 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. (278-280)

- 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? (281-282)

- _ _ 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"?
- (283-284)
- | | | |
|---|---|-----------------------------------|
| — | — | 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?
- (285-286)
- | | | |
|---|---|-----------------------------------|
| — | — | 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.
- (287)

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?
- (288)
- | | |
|---|-----------------------|
| 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? (289)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 4: Health Care Access

- 1 Do you have Medicare? (298)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

- 2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (299-312)

(Select all that apply)

Please Read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [or substitute state program name]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

CATI Note: If PPHF State go to core 3.2

- 3 Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (313)

Please read

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.

5 You didn't have transportation.

Do not read:

- 6 Other _____ (314-338)
specify
8 No, I did not delay getting medical care/did not need medical care
7 Don't know/Not sure
9 Refused

CATI Note: If PPHF State, go to core 3.4

CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b

4a In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (339)

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

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)

4b About how long has it been since you last had health care coverage? (340)

- 1 6 months or less
2 More than 6 months, but not more than 1 year ago
3 More than 1 year, but not more than 3 years ago
4 More than 3 years
5 Never
7 Don't know/Not sure
9 Refused

5 How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (341-342)

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

6 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (343)

- 1 Yes
2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

7 In general, how satisfied are you with the health care you received? Would you say—

(344)

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read

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

8 Do you currently have any medical bills that are being paid off over time?

(345)

INTERVIEWER NOTE:

This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

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

CATI Note: If PPHF state, Go to core section 4.

Module 5: Sugar Drinks (QSTPATH 12 and 22)

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

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.

Please read:

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.
(346-348)

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

Do not read:

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

2. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth. (349-351)

1 __ Times per day
2 __ Times per week
3 __ Times per month

Do not read:

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

Module 6: Sodium or Salt-Related Behavior (QSTPATH 11 and 21)

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1. Are you currently watching or reducing your sodium or salt intake? (352)

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

2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?" (353-355)

1__ Day(s)
2__ Week(s)
3__ Month(s)
4__ Year(s)
5 5 5 All my life
7 7 7 Don't know/not sure
9 9 9 Refused

3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (356)
- 1 Yes
 - 2 No
 - 7 Don't know/not sure
 - 9 Refused

Module 8: Cardiovascular Health (QSTPATH 11 and 21)

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

CATI note: If Core Q7.1 = 1 (Yes), ask Q1. If Core Q7.1 = 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." (373)

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

CATI note: If Core Q7.3 = 1 (Yes), ask Q2. If Core Q7.3 = 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." (374)

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

Interviewer Note: Question 3 is asked for all respondents

3. Do you take aspirin daily or every other day? (375)

Interviewer Note: Aspirin can be prescribed by a health care provider or obtained as an over-the-counter (OTC) medication.

- 1 Yes **[Go to question 5]**
- 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? (376)

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

1	Yes, not stomach related	[Go to next module]
2	Yes, stomach problems	[Go to next module]
3	No	[Go to next module]
7	Don't know / Not sure	[Go to next module]
9	Refused	[Go to next module]

5. Do you take aspirin to relieve pain? (377)

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

6. Do you take aspirin to reduce the chance of a heart attack? (378)

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

7. Do you take aspirin to reduce the chance of a stroke? (379)

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

Module 17: Mental Illness and Stigma (QSTPATH 12 and 22)

Now, I am going to ask you some questions about how you have been feeling lately.

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (418)
- | | |
|---|-----------------------|
| 1 | All |
| 2 | Most |
| 3 | Some |
| 4 | A little |
| 5 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |
2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (419)
- | | |
|---|-----------------------|
| 1 | All |
| 2 | Most |
| 3 | Some |
| 4 | A little |
| 5 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |
3. During the past 30 days, about how often did you feel **restless** or **fidgety**? (420)
- [If necessary: all, most, some, a little, or none of the time?]**
- | | |
|---|-----------------------|
| 1 | All |
| 2 | Most |
| 3 | Some |
| 4 | A little |
| 5 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |
4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up? (421)
- [If necessary: all, most, some, a little, or none of the time?]**
- | | |
|---|-----------------------|
| 1 | All |
| 2 | Most |
| 3 | Some |
| 4 | A little |
| 5 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |

5. During the past 30 days, about how often did you feel that **everything was an effort**?

Note: If respondent asks what does “everything was an effort” means; say, “Whatever it means to you”

[If necessary: all, most, some, a little, or none of the time?]

(422)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**?

[If necessary: all, most, some, a little, or none of the time?]

(423)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(424-425)

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

INTERVIEWER NOTE: If asked, "**usual activities**" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(426)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment.

9. Treatment can help people with mental illness lead normal lives. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly?

(427)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

10. People are generally caring and sympathetic to people with mental illness. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly?

(428)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

STATE-ADDED QUESTIONS (41 Questions)

NC Module 1: Diabetes Control

CATI: if Core Q7.12 not equal 1 (does not have diabetes), [go to next NC Module](#)

We have a few more questions about diabetes.

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

Read only if necessary

- 1 Within the last 12 months
 - 2 Within the past two years (1 year but less than two years ago)
 - 3 Two or more years
 - 8 Never
 - 7 Don Know/Not sure
 - 9 Refused
2. Has a doctor ever told you that diabetes has affected your kidneys?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
3. During the past 12 months, was there any time that you did not have testing supplies (strips, lancets, meter) or diabetes medicine due to lack of money?
- 1 Yes, only testing supplies
 - 2 Yes, only medicines
 - 3 Yes, testing supplies and medicines
 - 4 No
 - 7 Don't know/Not sure
 - 9 Refused
4. In the last year, have you had a hospitalization or emergency visit because of your diabetes?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

NC Module 2: Random Child Selection

CATI: If Core Q8.7 = 88, or 99 (no children under age 18 in the household, or refused) [go to NC Module 4](#)

CATI: if (QSTPATH = 11 or 21) and C07Q04 = 1 (Ever Asthma is Yes) [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

NC Module 3: CHAMP Follow-up

Please read

“We are conducting a study to learn more about the health of children in North Carolina. The information we collect will help us improve child health services in our state. We would like to call you back within the next two weeks to ask some additional questions about this child.” **If needed** say, “the one we’ve just been talking about.”

CATI: if QSTPATH = 11 or 12 go to NC03Q01 (landline)

CATI: if QSTPATH = 21 or 22 go to NC03Q01a (cell phone)

- 1a. 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 [Go to Q3a]

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

2 No [Go to NC Module 5]

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 QSTPATH = 21 or 22 (cell phone), go to Q4.

CATI note: If QSTPATH = 11 or 12 (landline) and 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 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**.

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 Note: Create Q5 as UDF for export to CHAMP

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 11 and 21)

- 1) If Ever Asthma (C07Q04 >= 2 - No) go to NC Module 5.
- 2) if (QSTPATH=11 or QSTPATH=21) and Ever Asthma (C07Q04 =1 - Yes) and 1+ children in HH (C8Q07 = 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

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 next NC Module]**

Do not read

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

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

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

NC Module 6: Folic Acid

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: Adult Insurance

CATI: if C03Q01 >= 2, go to next NC Module (R has no health care coverage)

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 NC07Q03.

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 8: Hypertension Screening (QSTPATH 11 and 21)

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

Read only if necessary

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

DO NOT READ

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

NC Module 9: Secondhand Smoke

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 Q3.

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

CATI: Ask Q2 If NC09Q01 LT 55 (Some exposure to SHS). Otherwise, go to Q3.

2. How would you describe your indoor workplace? This could be a restaurant, a school, an office building, a big box store, like Home Depot or Super Target, or some other type of place?

Interviewer Note: If respondent says Other type of place; say, "What type of place is it?"

Do not read:

1. Restaurant/bar
2. School or university building
3. Office/cubicle
4. Big box store (Lowe's, Home Depot, etc.)
5. Manufacturing plant
6. Hospital/Doctor/Dentist Office
7. Garage/Auto repair shop
8. Retail store in a mall
9. Retail store NOT in mall
10. Supermarket (Food Lion, etc.)
11. Convenience store
12. Barber shop/beauty salon/spa
13. Recreation facility (YWCA, gym)
88. Other (please specify) _____.
3. 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

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
 8 8 None

Do not read:

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

NC Module 10: Smoking Cessation

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

CATI: If C09Q03 NE 1 go to Next NC Module

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: Please read medications list slowly

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].

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

NC Module 11: Perceived Nutrition Environment (QSTPATH 12 and 22)

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 12: Use of Trails and Greenways (QSTPATH 12 and 22)

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 13: Eat Smart Move More (QSTPATH 12 and 22)

1. 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
 - 7 Don't know / Not sure
 - 9 Refused

NC Module 14: Physical Activity – Transportation (QSTPATH 12 and 22)

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

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

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

___ Enter Hours and Minutes (round to nearest 30 minutes)
888 No time
666 Walking or biking just for exercise
777 Don't know/Not Sure
999 Refused

NC Module 15: Food Preparation (QSTPATH 12 and 22)

Now, I would like to ask you a few questions about buying food and feeding your family.

1. How often in the past 12 months did you buy fruits or vegetables locally grown such as from a farmer's market, CSA, roadside stand, or pick-your-own produce farm?

(NOTE: CSA stands for Community Supported Agriculture. Locally grown means grown in North Carolina or if not, within 100 miles of your home.)

- 2 __ Times a week (example 201 = 1 time per week)
- 3 __ Times a month
- 4 __ Times a year
- 8 8 8 Never

2. How many times in a typical week do members of your household eat a main meal together that was prepared at home? A main meal is the most filling meal of your day.

__ Number of times

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

NC Module 16: Actions to control weight (QSTPATH 12 and 22)

1. Which of the following are you trying to do about your weight?

Please Read

1. Lose weight
2. Gain weight
3. Stay the same weight
4. Not doing anything about your weight

Do not read

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

NC Module 17: Sexual Orientation

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.