

<b>North Carolina 2015 Questionnaire Behavioral Risk Factor Surveillance System</b>
---

## Table of Contents

Interviewer’s Script for Landline Phone.....	3
Interviewer’s Script for Cell Phone .....	6
<b>Core Sections .....</b>	<b>9</b>
Section 1: Health Status.....	9
Section 2: Healthy Days — Health-Related Quality of Life .....	9
Section 3: Health Care Access .....	10
Section 4: Hypertension Awareness .....	11
Section 5: Cholesterol Awareness.....	11
Section 6: Chronic Health Conditions .....	12
Section 7: Demographics .....	14
Section 8: Tobacco Use .....	22
Section 9: Alcohol Consumption.....	24
Section 10: Fruits and Vegetables.....	25
Section 11: Exercise (Physical Activity) .....	28
Section 12: Arthritis Burden.....	29
Section 13: Seatbelt Use .....	31
Section 14: Immunization .....	31
Section 15: HIV/AIDS.....	32
<b>Optional Modules .....</b>	<b>33</b>
Module 1: Pre-Diabetes .....	33
Module 2: Diabetes.....	34
Module 7: Sodium or Salt-Related Behavior.....	35
Module 19: Industry and Occupation .....	36
Module 22: Random Child Selection.....	37
<b>STATE-ADDED QUESTIONS .....</b>	<b>41</b>
NC Module 1: CHAMP Follow-up.....	41
NC Module 2: Disability.....	43
NC Module 3: Adult Insurance .....	43
NC Module 4: Hypertension Screening.....	45
NC Module 5: Sugar Drinks .....	45

NC Module 6: Perceived Nutrition Environment ..... 46

NC Module 7: Use of Trails and Greenways..... 46

NC Module 8: Radon Testing ..... 46

NC Module 9: Secondhand Smoke..... 47

NC Module 10: Other Tobacco Products ..... 48

NC Module 11: Smoking Cessation ..... 49

NC Module 12: Sexual Orientation ..... 49

Closing Statement ..... 50

Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity) ..... 51

## Interviewer's Script for Landline Phone

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 your 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?**

**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]**

**No, business phone only**

**If "No, business phone only".**

**Thank you very much but we are only interviewing persons on residential phones lines at this time.**

**STOP**

### **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                    **[Go to state of residence]**  
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**

**Do you reside in \_\_\_\_\_(state)\_\_\_\_\_?**

Yes                    **[Go to Cellular Phone]**  
No

**If "No"**

Thank you very much, but we are only interviewing persons who live in the state of \_\_\_\_\_ at this time. **STOP**

**Cellular Phone**

Is this a cellular telephone?

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

**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 by land line telephones and for private residences or college housing. **STOP**

**No**

**CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult**

Are you 18 years of age or older?

- |          |                                  |                       |
|----------|----------------------------------|-----------------------|
| <b>1</b> | <b>Yes, respondent is male</b>   | <b>[Go to Page 6]</b> |
| <b>2</b> | <b>Yes, respondent is female</b> | <b>[Go to Page 6]</b> |
| <b>3</b> | <b>No</b>                        |                       |

**If "No",**

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

**Adult Random Selection**

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 6.**

**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 7.**

**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.

## Interviewer's Script for Cell Phone

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 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** [Go to state of residence]  
**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**  
**No**

**If College Housing = “Yes”, do not ask Number of adults Questions, go to Core.**

**NUMADULT**

How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Number of adults

(Note: If college housing = "yes" then number of adults is set to 1.)



## 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— (90)
- 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? (91–92)
- — 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? (93–94)
- — 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?

- – 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?

(97)

- 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?”**

(98)

- 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?

(99)

- 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.

(100)

- 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

## Section 4: Hypertension Awareness

---

- 4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (101)

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

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

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

- 4.2** Are you currently taking medicine for your high blood pressure? (102)

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

## Section 5: Cholesterol Awareness

---

- 5.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (103)

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

- 5.2** About how long has it been since you last had your blood cholesterol checked? (104)

**Read only if necessary:**

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

**Do not read:**

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

**5.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (105)

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

## Section 6: Chronic Health Conditions

---

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

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

**6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (106)

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

**6.2** (Ever told) you had angina or coronary heart disease? (107)

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

**6.3** (Ever told) you had a stroke? (108)

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

**6.4** (Ever told) you had asthma? (109)

- 1 Yes
- 2 No **[Go to Q6.6]**
- 7 Don't know / Not sure **[Go to Q6.6]**
- 9 Refused **[Go to Q6.6]**

6.5 Do you still have asthma? (110)

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

6.6 (Ever told) you had skin cancer? (111)

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

6.7 (Ever told) you had any other types of cancer? (112)

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

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

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

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (114)

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome

- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,
- polyarteritis nodosa)

**6.10** (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (115)

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

**6.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)

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

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

**6.12** (Ever told) you have diabetes? (117)

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"  
If respondent says pre-diabetes or borderline diabetes, use response code 4.

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

**CATI NOTE:** If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

**6.13** How old were you when you were told you have diabetes? (118-119)

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

**CATI NOTE:** Go to Diabetes Optional Module (if used). Otherwise, go to next section.

## Section 7: Demographics

---

**7.1** Indicate sex of respondent. **Ask only if necessary.**

(120)

- 1 Male
- 2 Female

7.2 What is your age?

(121-122)

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

7.3 Are you Hispanic, Latino/a, or Spanish origin?

(123-126)

**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

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

(127-154)

**INTERVIEWER NOTE: Select all that apply.**

**INTERVIEWER NOTE: 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 Q7.4; continue. Otherwise, go to Q7.6.**

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

**INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.**

(155-156)

**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
- 77 Don't know / Not sure
- 99 Refused

**7.6**

Are you...?

(157)

**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**

What is the highest grade or year of school you completed?

(158)

**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

**7.8** Do you own or rent your home? (159)

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.**

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.**

**7.9** What county do you live in? (160-162)

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

**7.10** What is the ZIP Code where you live? (163-167)

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

**CATI NOTE: If cellular telephone interview skip to 7.14 (QSTVER GE 20)**

**7.11** 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. (168)

1 Yes  
2 No [Go to Q7.13]  
7 Don't know / Not sure [Go to Q7.13]  
9 Refused [Go to Q7.13]

**7.12** How many of these telephone numbers are residential numbers? (169)

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

**7.13** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (170)

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

7.14 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?

**INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.**  
(171)

- 1 Yes
- 2 No

**Do not read:**

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

7.15 Are you currently...?

(172)

**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

7.16 How many children less than 18 years of age live in your household?

(173-174)

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

7.17 Is your annual household income from all sources—

(175-176)

**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

**7.18** Have you used the internet in the past 30 days? (177)

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

**7.19** About how much do you weigh without shoes? (178-181)

**NOTE: If respondent answers in metrics, put “9” in column 178.**

**Round fractions up**

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

**7.20** About how tall are you without shoes? (182-185)

**NOTE: If respondent answers in metrics, put “9” in column 182.**

**Round fractions down**

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

**If male, go to 7.22, If female respondent is 45 years old or older, go to Q7.22**

- 7.21** To your knowledge, are you now pregnant? (186)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

- 7.22** Are you limited in any way in any activities because of physical, mental, or emotional problems? (187)
- 1 Yes
  - 2 No
  - 7 Don't know / Not Sure
  - 9 Refused

- 7.23** 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? (188)

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

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

- 7.24** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (189)
- 1 Yes
  - 2 No
  - 7 Don't know / Not Sure
  - 9 Refused

- 7.25** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (190)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 7.26** Do you have serious difficulty walking or climbing stairs? (191)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 7.27** Do you have difficulty dressing or bathing? (192)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**7.28** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (193)

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

## Section 8: Tobacco Use

---

**8.1** Have you smoked at least 100 cigarettes in your entire life? (194)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to Q8.5]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

**INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."**

**8.2** Do you now smoke cigarettes every day, some days, or not at all? (195)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q8.4]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

**8.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (196)

- 1 Yes [Go to Q8.5]
- 2 No [Go to Q8.5]
- 7 Don't know / Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

**8.4** How long has it been since you last smoked a cigarette, even one or two puffs? (197-198)

- 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

8.5 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.**

(199)

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

**Do not read:**

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

## Section 9: Alcohol Consumption

---

9.1 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?

(200-202)

- 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]**

9.2 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?

(203-204)

**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

9.3 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?

(205-206)

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

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

(207-208)

- \_ \_ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused



## Section 10: 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?”**

- 10.1** 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. (209-211)
- |       |                       |
|-------|-----------------------|
| 1 __  | Per day               |
| 2 __  | Per week              |
| 3 __  | Per month             |
| 5 5 5 | Never                 |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

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

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

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 10.6.**

**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.**

- 10.2** 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. (212-214)
- |       |                       |
|-------|-----------------------|
| 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.).

**10.3** 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. (215-217)

- 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.**

**10.4** 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? (218-220)

- 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.**

**10.5** 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? (221-223)

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).**

**10.6** 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.

(224-226)

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 11: 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.**

**11.1** 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? (227)

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q11.8] |
| 7 | Don't know / Not sure | [Go to Q11.8] |
| 9 | Refused               | [Go to Q11.8] |

**11.2.** What type of physical activity or exercise did you spend the most time doing during the past month? (228-229)

- |     |                       |                                     |
|-----|-----------------------|-------------------------------------|
| --  | (Specify)             | [See Physical Activity Coding List] |
| 7 7 | Don't know / Not Sure | [Go to Q11.8]                       |
| 9 9 | Refused               | [Go to Q11.8]                       |

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

**11.3** How many times per week or per month did you take part in this activity during the past month? (230-232)

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

**11.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (233-235)

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

11.5 What other type of physical activity gave you the next most exercise during the past month?

(236-237)

__	(Specify)	<b>[See Physical Activity Coding List]</b>
8 8	No other activity	<b>[Go to Q11.8]</b>
7 7	Don't know / Not Sure	<b>[Go to Q11.8]</b>
9 9	Refused	<b>[Go to Q11.8]</b>

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

11.6 How many times per week or per month did you take part in this activity during the past month?

(238-240)

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

11.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(241-243)

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

11.8 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.

(244-246)

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 12: Arthritis Burden

---

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

Next, I will ask you about your arthritis.

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

12.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(247)

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

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

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

**12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (248)

- 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.”**

**12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (249)  
**Please read [1-3]:**

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

**Do not read:**

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

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

**12.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be. (250-251)

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

## Section 13: Seatbelt Use

---

13.1 How often do you use seat belts when you drive or ride in a car? Would you say— (252)

**Please read:**

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

**Do not read:**

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

## Section 14: Immunization

---

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™.

14.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (253)

**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 Q14.4]
- 7 Don't know / Not sure [Go to Q14.4]
- 9 Refused [Go to Q14.4]

14.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (254-259)

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

14.3 At what kind of place did you get your last flu shot/vaccine? (260-261)

**Note: Read only if necessary**

- 0 1 A doctor's office or health maintenance organization (HMO)

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

**Do not read:**

- 9 9 Refused

**14.4** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (262)

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

## Section 15: 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.

**15.1** 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. (263)

- 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]**

**15.2** Not including blood donations, in what month and year was your last HIV test? (264-269)

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

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

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



- 15.3** 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? (270-271)
- 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

## 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 Q6.12 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years? (287)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI NOTE: If Core Q6.12 = 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?”**

- (288)
- 1 Yes
  - 2 Yes, during pregnancy
  - 3 No

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

## Module 2: Diabetes

---

**NOTE: To be asked following Core Q6.13; if response is "Yes" (code = 1) and Core Q6.12 is "Yes" (code = 1).**

1. Are you now taking insulin? (289)

- 1 Yes
- 2 No
- 9 Refused

2. 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. (290-292)

- 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

**Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'**

3. 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. (293-295)

- 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

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (296-297)

- \_ \_ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

5. 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"?

(298-299)

- \_ \_ 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 Q3 = 555 (No feet), go to Q7.**

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

(300-301)

- \_ \_ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

7. 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.

(302)

**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

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(303)

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

9. Have you ever taken a course or class in how to manage your diabetes yourself?

(304)

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

## Module 7: Sodium or Salt-Related Behavior

---

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? (340)

- 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?" (341-343)

- 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? (344)

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

## Module 19: Industry and Occupation

---

**If Core Q7.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.**

Now I am going to ask you about your work.

**If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed) ask,**

1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic) (402-501)

**INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"**

**INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"**

[Record answer] \_\_\_\_\_  
99 Refused

Or

**If Core Q7.15 = 4 (Out of work for less than 1 year) ask,**

What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)

**INTERVIEWER NOTE: If respondent is unclear, ask “What was your job title?”**

**INTERVIEWER NOTE: If respondent had more than one job then ask, “What was your main job?”**

[Record answer] \_\_\_\_\_  
99 Refused

**If Core Q7.15 = 1 (Employed for wages) or 2 (Self-employed) ask,**

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (502-601)

[Record answer] \_\_\_\_\_  
99 Refused

Or

**If Core Q7.15 = 4 (Out of work for less than 1 year) ask,**

What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] \_\_\_\_\_  
99 Refused

## Module 22: Random Child Selection

---

**CATI NOTE: If Core Q7.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q7.16 = 1, Interviewer please read:** “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 Q7.16 is >1 and Core Q7.16 does not equal 88 or 99, Interviewer please read:** “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 last. Please include children with the same birth date, including twins, in the order of their birth.”

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.**

**INTERVIEWER PLEASE READ:**

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.

1. What is the birth month and year of the “Xth” child? (612-617)
- |               |                       |
|---------------|-----------------------|
| _ _ / _ _     | Code month and year   |
| 7 7 / 7 7 7 7 | Don't know / Not sure |
| 9 9 / 9 9 9 9 | Refused               |

**CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).**

2. Is the child a boy or a girl? (618)
- |   |         |
|---|---------|
| 1 | Boy     |
| 2 | Girl    |
| 9 | Refused |

3. Is the child Hispanic, Latino/a, or Spanish origin? (619-622)
- If yes, ask: Are they...**

**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               |

4. Which one or more of the following would you say is the race of the child? (623-652)
- (Select all that apply)**

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

- |           |   |
|-----------|---|
| <b>10</b> | <b>White</b>                            |
| <b>20</b> | <b>Black or African American</b>        |
| <b>30</b> | <b>American Indian or Alaska Native</b> |
| <b>40</b> | <b>Asian</b>                            |
| 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

5. Which one of these groups would you say best represents the child's race? (653-654)

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

**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
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child?



**Please read:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Do not read:**

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

## STATE-ADDED QUESTIONS

### NC Module 1: CHAMP Follow-up

---

CATI: if (C07Q16=88 or C07Q16=99) **go to next NC module** (No children in household)

CATI: if (QSTPATH=10) **go to NC01Q01** (landline)

CATI: if (QSTPATH=20) and (M22Q06=1) **go to NC01Q01** (cell phone parent)

CATI: if (QSTPATH=20) **go to NC01Q01a** (other cell phone respondent)

**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.** 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 NC01Q07]**

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

- 1 Yes **[If QSTPATH=10, go to NC01Q02;  
If QSTPATH=20 go to NC01Q03a]**
- 2 No **[go to next NC Module]**

**2.** Are YOU the person in the household who knows the most about the health and health practices of this child?

- 1 Yes
- 2 No (or don't know) **[Go to NC01Q03b]**

**3a.** **If M17Q06=1, ask:** Are you this child's biological, step, adoptive or foster parent?

- 1 Biological Parent
- 2 Step Parent
- 3 Adoptive Parent
- 4 Foster Parent
  
- 7 Don't know
- 9 Refused

**CATI: If QSTPATH=20 or NC01Q02=1 go to NC01Q04**

**CATI note2: numeric answer for NC01Q03b needs to be UDF field "vNC01Q03b" for CHAMP15**

- 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

- 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 NC01Q05 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 NC01Q02 = 1 (BRFSS respondent also CHAMP respondent) or NC01Q03b > 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 NC01Q03b ≤14 then show:**

**INT\_Script2:** "Please be sure to tell (CHILD)'s [CATI fill NC01Q3b [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 2: Disability

---

**CATI: If (C07Q22 > 1 or C07Q23 > 1) go to next NC module (Reports no disability)**

Earlier you told us that you have a health problem that limits your activities or requires you to use special equipment.

- 1. How old were you when this health problem developed?

**INTERVIEWER: Code response to the appropriate category below**

- 1 Before age 18
- 2 Age 18 to 55
- 3 Age 56 or older
  
- 7 Don't know/Not sure
- 9 Refused

## NC Module 3: Adult Insurance

---

**CATI: if (C03Q01 >= 2) go to next NC Module (Reported no health 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 NC03Q03]**
- 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 **[Go to next NC Module]**

**Do not read:**

- 77 Don't know/Not sure **[Go to next NC Module]**
- 99 Refused **[Go to next NC Module]**

2. Is your health insurance plan provided by Blue Cross Blue Shield of North Carolina?

- 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]**

3. 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 Medicare Advantage/ Medicare Supplement/ Medigap
- 02 Federal Employee Health Plan
- 03 Group plan offered by an employer or association (either yours or a family member's)
- 04 Individual plan you purchase yourself (not offered through an employer or association)
- 05 Some other type of Blue Cross coverage

**Do not read:**

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

## NC Module 4: Hypertension Screening

---

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

**Read only if necessary**

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

**DO NOT READ**

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

## NC Module 5: Sugar Drinks

---

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.

- 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.

- 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

## NC Module 6: Perceived Nutrition Environment

---

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
- 4 Disagree
- 5 Strongly disagree

**Do not read:**

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

## NC Module 7: Use of Trails and Greenways

---

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

**Do not read:**

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

## NC Module 8: Radon Testing

---

1. Do you know what radon gas is?

**INTERVIEWER NOTE: Radon is a radioactive gas; exposure to radon has been linked to lung cancer. Respondent can get more information at <http://www.ncradon.org>.**

1. Yes
  2. No
  
  7. Don't know/Not sure
  9. Refused
2. Has your household been tested for the presence of radon gas?
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**
3. Did the test show that the radon levels in your household were too high?

**INTERVIEWER NOTE: EPA recommends levels of radon less than 4 picocuries per liter. Respondent can get more information at [www.epa.gov/radon/](http://www.epa.gov/radon/)**

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**
4. After the radon testing result, did you retest, do a long-term test, have a mitigation system installed, do something else, or do nothing?
1. Retest
  2. Do a long-term test
  3. Have a mitigation system installed
  4. Do something else
  5. Do nothing
  
  7. Don't know/Not sure
  9. Refused

## NC Module 9: Secondhand Smoke

---

The next questions are about exposure to secondhand smoke.

**CATI: If (C07Q15 > 2) Go to NC11Q02 (R not employed or Self-employed)**

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. 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

4. 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: Other Tobacco Products

---

1. In the past 12 months, have you ever tried an electronic cigarette (e-cigarette), electronic hookah (e-hookah), or vape pen?
- 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. Do you currently use an electronic cigarette (e-cigarette), electronic hookah (e-hookah), or vape pen every day, some days, or not at all?
  1. Every day
  2. Some days
  3. Not at all
  7. Don't know / Not sure
  9. Refused

## NC Module 11: Smoking Cessation

---

**CATI: If (C08Q02 ≥ 3) go to next NC module (R does not smoke)**

These next questions are about quitting smoking.

1. In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?
  - 1 Yes
  - 2 No
  - 7 Don't Know/Not Sure
  - 9 Refused
2. Did your doctor or health provider recommend medications and/or discuss methods and strategies other than medication (such as referrals to Quitline, counseling opportunities, or educational materials such as booklets or pamphlets) to assist you to quit smoking?
  - 1 Yes, medications
  - 2 Yes, methods other than medications
  - 3 Yes, both medications and methods other than medications
  - 4 No
  - 7 Don't Know/Not sure
  - 9 Refused

## NC Module 12: 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.

**INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.**

1. Do you consider yourself to be

**Please Read**

1. 1. Heterosexual or straight **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.**
2. 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. 3. Bisexual **IF NEEDED: A person who has sex with and/or is attracted to people of either sex.**
4. 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.

## Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity)

---

### Code Description (Physical Activity, Questions 11.2 and 11.5 above)

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

