

**North Carolina 2016 Questionnaire  
Behavioral Risk Factor Surveillance System**

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# Interviewer's Script

## Landline

Form Approved  
OMB No. 0920-1061  
Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at [ivk7@cdc.gov](mailto:ivk7@cdc.gov).

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

Is this  (phone number)  ?

**If "No"**

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

**Is this a private residence?**

**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 currently live in \_\_\_\_ (state) \_\_\_\_?

Yes                    [Go to Cell(ular) Phone]  
No

**If “No”**

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

**Cell(ular) Phone**

Is this a cell(ular) 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 cell(ular) 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?

- 1 Yes, respondent is male [Go to Page 6]**
- 2 Yes, respondent is female [Go to Page 6]**
- 3 No**

**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. Excluding adults living away from home such as students away at college, 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

CATI NOTE: CATI program to subtract number of men from number of adults provided

So the number of adult women in the household is

\_\_\_ Number of women

is that correct?

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

**If "you," go to page # 10 (correct page).**

**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 your health and health practices.

## Cell Phone

Form Approved  
OMB No. 0920-1061  
Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at [ivk7@cdc.gov](mailto:ivk7@cdc.gov).

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 up appointment if possible]) **STOP**

### Phone

Is this     (phone number)     ?

**Yes**                    **[Go to cell(ular) 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**

### Cell(ular) Phone

Is this a cell(ular) telephone?

**READ ONLY IF NECESSARY:** “By cell(ular) 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**



Do you currently live in \_\_\_\_\_ (state) \_\_\_\_\_?

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

**State**

In what state do you currently 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.)

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

# 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? (95-96)
- |   |   |                       |
|---|---|-----------------------|
| – | – | 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                   | <b>[If using Health Care Access (HCA) Module go to Module 4, Q1, else continue]</b> |
| 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               |

**CATI NOTE: If using HCA Module, go to Module 4, Q3, 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.

(100)

- 1 Within the past year (anytime less than 12 months ago)
- 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 using HCA Module and Q3.1 = 1 go to Module 4, Question 4a or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not using HCA Module go to next section.**

## Section 4: Exercise

---

**4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(101)

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

## Section 5: Inadequate Sleep

---

**5.1** 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.**

(102-103)

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

## Section 6: Chronic 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? (104)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.2** (Ever told) you had angina or coronary heart disease? (105)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.3** (Ever told) you had a stroke? (106)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.4** (Ever told) you had asthma? (107)
- 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? (108)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 6.6** (Ever told) you had skin cancer? (109)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**6.7** (Ever told) you had any other types of cancer? (110)

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

**6.8** (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis? (111)

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? (112)

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)? (113)

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. (114)

**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? (115)

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.** (116-117)

**6.13** How old were you when you were told you have diabetes?

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

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

## Section 7: Oral Health

---

**7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (118)

**Read only if necessary:**

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

**Do not read:**

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

- 8 Never
- 9 Refused

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

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

(119)

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

## Section 8: Demographics

---

**8.1** Are you ...

(120)

- 1 Male
- 2 Female
- 9 Refused

Note: This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

**8.2** What is your age?

(121-122)

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

**8.3** 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



8.4 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 Q8.4; continue. Otherwise, go to Q8.6.**

8.5 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

**8.6**

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

**8.7**

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

**8.8** 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.**

**8.9** In what county do you currently live? (160-162)

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

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

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

**CATI NOTE: If cell(ular) telephone interview skip to 8.14 (QSTVER GE 20)**

**8.11** 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 Q8.13]
- 7 Don't know / Not sure [Go to Q8.13]
- 9 Refused [Go to Q8.13]

**8.12** 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

**8.13** 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

**8.14** 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

**8.15** Are you currently...?

**INTERVIEWER NOTE: If more than one, select the category which best describes you.**

(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

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

(173-174)

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

8.17

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

8.18

Have you used the internet in the past 30 days?

(177)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

8.19

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

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

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

**Round fractions down**

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

**If male, go to 8.22, if female respondent is 45 years old or older, go to Q8.22**

8.21 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.

Some people who are deaf or have serious difficulty hearing **may or may not** use equipment to communicate by phone.

8.22 Are you deaf or do you have **serious difficulty** hearing? (187)

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

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (188)

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

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (189)

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

8.25 Do you have serious difficulty walking or climbing stairs? (190)

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

8.26 Do you have difficulty dressing or bathing? (191)

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

8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (192)

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

**[Go to Module 25 – old BRFS disability questions]**

## Section 9: Tobacco Use

---

9.1 Have you smoked at least 100 cigarettes in your entire life? (193)

**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."

**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? (194)

- 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? (195)

- 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? (196-197)

- 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.** (198)

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

**Do not read:**

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

## Section 10: E-Cigarettes

---

**Read if necessary:** Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**10.1** Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life? (199)

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



**10.2** Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (200)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

## Section 11: Alcohol Consumption

---

**11.1** 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? (201-203)

- 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]**

**11.2** 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? (204-205)

**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

**11.3** 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? (206-207)

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

**11.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (208-209)

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

## Section 12: 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™.

- 12.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (210)

**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 Q12.3]
- 7 Don't know / Not sure [Go to Q12.3]
- 9 Refused [Go to Q12.3]

- 12.2** 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? (211-216)

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

- 12.3** 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? (217)

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

- 12.4.** Since 2005, have you had a tetanus shot? (218)

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

## Section 13: Falls

---

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

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

- 13.1** In the past 12 months, how many times have you fallen? (219–220)
- |     |                       |                             |
|-----|-----------------------|-----------------------------|
| — — | Number of times       | <b>[76 = 76 or more]</b>    |
| 8 8 | None                  | <b>[Go to next section]</b> |
| 7 7 | Don't know / Not sure | <b>[Go to next section]</b> |
| 9 9 | Refused               | <b>[Go to next section]</b> |

- 13.2** [Fill in “Did this fall (from Q13.1) cause an injury?”]. If only one fall from Q13.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.

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

- (221–222)
- |     |                       |                          |
|-----|-----------------------|--------------------------|
| — — | Number of falls       | <b>[76 = 76 or more]</b> |
| 8 8 | None                  |                          |
| 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— (223)

**Please read:**

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

**Do not read:**

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

**CATI note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.**

## Section 15: Drinking and Driving

---

**CATI note: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.**

- 15.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (224-225)

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

## Section 16: Breast and Cervical Cancer Screening

---

**CATI NOTE: If male go to the next section.**

The next questions are about breast and cervical cancer.

**16.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (226)

- 1 Yes
- 2 No [Go to Q16.3]
- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

**16.2** How long has it been since you had your last mammogram? (227)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

**16.3** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (228)

- 1 Yes
- 2 No [Go to Q16.5]
- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

**16.4** How long has it been since you had your last Pap test? (229)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Now, I would like to ask you about the Human Papillomavirus (**Pap-uh-loh-muh virus**) or HPV test.

**16.5** An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test? (230)

- 1 Yes
- 2 No [Go to Q16.7]
- 7 Don't know/Not sure [Go to Q16.7]
- 9 Refused [Go to Q16.7]

**16.6** How long has it been since you had your last HPV test? (231)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

**CATI NOTE: If response to Core Q8.21 = 1 (is pregnant); then go to next section.**

**16.7** Have you had a hysterectomy? (232)

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

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

## Section 17: Prostate Cancer Screening

---

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

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

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

(233)

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

**17.2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (234)

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

**17.3** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (235)

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

17.4. Have you EVER HAD a PSA test? (236)

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

17.5. How long has it been since you had your last PSA test? (237)

**Read only if necessary:**

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

**Do not read:**

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

17.6. What was the MAIN reason you had this PSA test – was it ...? (238)

**Please read:**

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

**Do not read:**

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

## Section 18: Colorectal Cancer Screening

---

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

The next questions are about colorectal cancer screening.

18.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (239)

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

**18.2** How long has it been since you had your last blood stool test using a home kit? (240)

**Read only if necessary:**

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

**Do not read:**

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

**18.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (241)

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

**18.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (242)

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

**18.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (243)

**Read only if necessary:**

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

**Do not read:**

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

## Section 19: 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.

- 19.1** Not counting tests you may have had as part of a blood donation, have you ever been tested for HIV? Include testing fluid from your mouth. (244)
- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q19.3] |
| 7 | Don't know / Not sure | [Go to Q19.3] |
| 9 | Refused               | [Go to Q19.3] |

- 19.2** Not including blood donations, in what month and year was your last HIV test? (245-250)

**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.**

<u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	Code month and year
77/7777	Don't know / Not sure
99/9999	Refused / Not sure

- 19.3** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. (251)

You have used intravenous drugs in the past year.  
You have been treated for a sexually transmitted or venereal disease in the past year.  
You have given or received money or drugs in exchange for sex in the past year.  
You had anal sex without a condom in the past year.  
You had four or more sex partners in the past year.  
Do any of these situations apply to you?

1	Yes
2	No
7	Don't know / Not sure
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 5: Health Literacy

---

1. How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is ... (362)

**Please read**

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
5. I don't look for health information

**Do not read**

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

**INTERVIEWER NOTE: Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say, "You can think about any source of health or medical advice or information."**

2. How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is ... (363)

**Please read**

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult

**Do not read**

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

3. You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is ... (364)

**Please read**

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
5. I don't pay attention to written health information

**Do not read**

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

## Module 7: Cognitive Decline

---

**CATI NOTE: If respondent is 45 years of age or older continue, else go to next module**

**Introduction:** The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (376)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know [Go to Q2]
- 9 Refused [Go to next module]

2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? (377)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know
- 9 Refused

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? (378)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q5]
- 5 Never [Go to Q5]

- 7 Don't know [Go to Q5]
- 9 Refused [Go to Q5]

**CATI NOTE: If Q3 = 1, 2, or 3, continue. If Q3 = 4, 5, 7, or 9 go to Q5.**

4. When you need help with these day-to-day activities, how often are you able to get the help that you need? (379)

**Please read:**

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

- 7 Don't know
- 9 Refused

5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? (380)

**Please read:**

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

- 7 Don't know
- 9 Refused

6. Have you or anyone else discussed your confusion or memory loss with a health care professional? (381)

- 1 Yes
- 2 No

- 7 Don't know
- 9 Refused

## Module 14: Adult Human Papillomavirus (HPV)

---

**CATI note: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.**

**NOTE: Human Papillomavirus (Human Pap-uh-loh-muh virus);**

**Gardasil (Gar-duh- seel); Cervarix (Sir-var- icks)**

1. A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female “GARDASIL or CERVARIX”; if male “ or GARDASIL”]**. Have you EVER had an HPV vaccination?

(422)

- |   |                           |                            |
|---|---------------------------|----------------------------|
| 1 | Yes                       |                            |
| 2 | No                        | <b>[Go to next module]</b> |
| 3 | Doctor refused when asked | <b>[Go to next module]</b> |
| 7 | Don't know / Not sure     | <b>[Go to next module]</b> |
| 9 | Refused                   | <b>[Go to next module]</b> |

2. How many HPV shots did you receive?

(423-424)

- |   |   |                       |
|---|---|-----------------------|
| – | – | Number of shots       |
| 0 | 3 | All shots             |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused               |

## Module 20: Industry and Occupation

---

**If Core Q8.15 = 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 Q8.15 = 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.

**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] \_\_\_\_\_ (450-549)  
99 Refused

Or

**If Core Q8.15 = 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 has more than one job then ask, “What was your main job?”**

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

**If Core Q8.15 = 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.

[Record answer] \_\_\_\_\_ (550-649)  
99 Refused

**Or**

**If Core Q8.15 = 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 Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q8.16 = 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 Q8.16 is >1 and Core Q8.16 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? (652-657)

--/----- 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? (658)

1 Boy  
2 Girl  
9 Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (659-662)

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? (663-692)

**(Select all that apply)**

**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
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

**CATI NOTE: If more than one response to Q4 continue, else go to Q6**

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

(693-694)

**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? (695)

**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

## Module 25: Disability

---

1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (700)

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

2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (701)

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

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

**[Go to Core Question 9.1]**



# STATE-ADDED QUESTIONS

## NC Module 1: CHAMP Follow-up

---

CATI: if (C08Q16=88 or C08Q16=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 (M25Q01 > 1 or M25Q02 > 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 <b>[Go to NC03Q03]</b>          |
| 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: Chronic Fatigue Syndrome

---

1. Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)?

- 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 still have Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)?

- 1 YES
- 2 NO
- 7 Don't Know/Not Sure

## NC Module 5: Diabetes Control

---

**CATI: if Core Q6.12 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 6: Preconception Health & Family Planning

---

**CATI: if respondent is male or if Core Q8.2 is missing or > 44, go to next NC Module**

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

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

- 1 Yes
- 2 No

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

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

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

1C. Your plans for having children?

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

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

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

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

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

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

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

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

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

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

**READ ONLY IF NECESSARY:**

- 01 Female sterilization (for example, tubal ligation, Essure, Adiana) **[Go to Next Module]**
- 02 Male sterilization (vasectomy) **[Go to Next Module]**

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

**DO NOT READ:**

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

4. Some reasons for not doing anything to keep you from getting pregnant the LAST TIME YOU HAD SEX might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

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

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

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

5. How often do you get the social and emotional support you need?

**INTERVIEWER NOTE: If asked, say “please include support from any source.”**

**Please read:**

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

**Do not read:**

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

6. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

1. Worse than other races
2. The same as other races
3. Better than other races

**Do not read:**

4. Worse than some races, better than others
5. Only encountered people of the same race
6. No health care in past 12 months
7. Don't know / Not sure
9. Refused

**INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.”**

## NC Module 7: Cardiovascular Health

---

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

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

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (373)
  1. Yes
  2. No
  7. Don't know / Not sure
  9. Refused



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

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (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

## NC Module 8: Breast & Cervical Cancer Screening

---

**CATI NOTE: If male, go to next NC Module**

**CATI NOTE: If C16Q01 NE 2 and C16Q03 NE 2, go to next NC Module**

Earlier I asked about routine breast and cervical cancer exams. Now I have a few more questions on that topic.

**CATI NOTE: if C16Q01 NE 2, go to NC08Q02**

1. A mammogram is an x-ray of each breast to look for breast cancer. What is the most important reason you have never had a mammogram?

***Read Only If Necessary***

- 1 Doctor never said it was necessary or never suggested it
- 2 Doctor told me it was not necessary
- 3 No symptoms
- 4 No family history of breast cancer
- 5 Cost/too expensive/not covered by insurance
- 6 Too young to have the test
- 7 Too old to have the test
- 8 No time
- 9 Test is embarrassing/distasteful
- 10 Test is painful
- 11 Fear of finding cancer
- 12 Don't know where to get the test
- 13 Some other reason: \_\_\_\_\_
- 88 Never go to a doctor for a routine check-up or general physical
- 77 Don't Know/Not sure
- 99 Refused

**CATI NOTE: if C16Q03 NE 2, go to next NC Module**

2. A Pap test is a test for cancer of the cervix. What is the most important reason you have never had a pap test?

***Read Only If Necessary***

- 1 Doctor never said it was necessary or never suggested it
- 2 Doctor told me it was not necessary
- 3 No symptoms
- 4 No family history of cervical cancer
- 5 Cost/too expensive/not covered by insurance
- 6 Too young to have the test
- 7 Too old to have the test
- 8 No time

- 9 Test is embarrassing/distasteful
- 10 Test is painful
- 11 Fear of finding cancer
- 12 Don't know where to get the test
- 13 Some other reason: \_\_\_\_\_
- 88 Never go to a doctor for a routine check-up or general physical
- 77 Don't Know/Not sure
- 99 Refused

## NC Module 9: Colorectal Cancer Screening

---

**CATI note: If respondent is  $\leq$  49 years of age, go to next NC Module**

**CATI NOTE: If C18Q01 NE 2 and C18Q03 NE 2, go to next NC Module**

Earlier I asked about routine colorectal cancer exams. Now I have a few more questions on that topic.

**CATI NOTE: if C18Q01 NE 2, go to NC09Q02**

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. What is the most important reason you have never had a blood stool test using a home kit?

***Read Only If Necessary***

- 1 Doctor never said it was necessary or never suggested it
- 2 Doctor told me it was not necessary
- 3 Doctor did a blood stool test in the office
- 4 No symptoms
- 5 No family history of colorectal cancer
- 6 Cost/too expensive/not covered by insurance
- 7 Too young to have the test
- 8 Too old to have the test
- 9 No time
- 10 Test is embarrassing/distasteful
- 11 Fear of finding cancer
- 12 Don't know where to get the test
- 13 Had a different screening test (sigmoidoscopy / colonoscopy)
- 14 Some other reason: \_\_\_\_\_
- 88 Never go to a doctor for a routine check-up or general physical
- 77 Don't Know/Not sure
- 99 Refused

**CATI NOTE: if C18Q03 NE 2, go to next NC Module**

2. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. What is the most important reason you have never had a sigmoidoscopy or colonoscopy?

***Read Only If Necessary***

- 1 Doctor never said it was necessary or never suggested it
- 2 Doctor told me it was not necessary
- 3 Doctor did a blood stool test in the office
- 4 No symptoms

- 5 No family history of colorectal cancer
- 6 Cost/too expensive/not covered by insurance
- 7 Too young to have the test
- 8 Too old to have the test
- 9 No time
- 10 Test is embarrassing/distasteful
- 11 Fear of finding cancer
- 12 Don't know where to get the test
- 13 Had a different screening test (blood stool test, FOBT or FIT)
- 14 Some other reason: \_\_\_\_\_
- 88 Never go to a doctor for a routine check-up or general physical
- 77 Don't Know/Not sure
- 99 Refused

## NC Module 10: 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 11: Eat Smart Move More

---

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 12: Air Conditioning

---

1. Do you have any type of air conditioning in your home?
  1. Yes
  2. No
  
  7. Don't know/not sure
  9. Refused
  
2. Do you have any type of electric fan in your home?
  1. Yes
  2. No
  
  7. Don't know/not sure
  9. Refused

## NC Module 13: Secondhand Smoke

---

The next questions are about exposure to secondhand smoke.

**CATI: If (C08Q15 > 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 14: Other Tobacco Products

---

1. During the past 30 days, did you smoke cigars, cigarillos, or little cigars?

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

2. During the past 30 days, have you used a hookah or water pipe?

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

## NC Module 15: Smoking Cessation

---

**CATI: If (C09Q02 ≥ 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 16: TBI

A brain injury can result from a blow or jolt to the head caused by a fall, a motor vehicle accident, a sports injury, or an assault. A brain injury can also occur from a health problem like a tumor or a stroke."

1. Have you ever had a brain injury that limited you in any way for more than a week in any activities?

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

2. What was the cause of the brain injury?

### Do not read

- 0 1 Assault (violence inflicted by others, including a gunshot)
- 0 2 Bicycle crash
- 0 3 Equestrian (riding horse) accident
- 0 4 Fall
- 0 5 Motorcycle crash (including scooters)
- 0 6 Motor vehicle crash (car, truck)
- 0 7 Construction/farm vehicle accident (backhoe, tractor)
- 0 8 Recreational vehicle crash (ATV, snowmobile)
- 0 9 Sports-related event
- 1 0 Health problem (tumor, stroke, aneurism)
- 1 1 Lack of oxygen to the brain (near drowning, drug overdose, heart attack/failure, electrical shock)
- 1 2 Other cause or multiple causes
- 1 3 Military-related
- 7 7 Don't know / Not sure
- 9 9 Refused

## NC Module 17: Gambling

---

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

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

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

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

888 No/Never gambled or played for money **[Go to next module]**

777 Don't know/Not sure **[Go to next module]**

999 Refused **[Go to next module]**

1b. MARK PERIOD

1 DAY

2 WEEK

3 MONTH

4 YEAR

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

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

6666 If more than \$5000

7777 Don't know/Not sure

8888 None

9999 Refused

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused



## NC Module 18: Sexual Orientation

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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.