

<p><b>North Carolina 2017 Questionnaire</b>  <b>Behavioral Risk Factor Surveillance System</b></p>
--

Table of Contents

<b>Interviewer’s Script Landline Sample .....</b>	<b>3</b>
<b>Interviewer’s Script Cell Phone .....</b>	<b>6</b>
<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: Arthritis Burden.....	15
Section 8: Demographics .....	16
Section 9: Tobacco Use .....	23
Section 10: E-Cigarettes .....	24
Section 11: Alcohol Consumption.....	25
Section 12: Fruits and Vegetables.....	25
Section 13: Exercise (Physical Activity).....	28
Section 14: Seatbelt Use.....	29
Section 15: Immunization .....	30
Section 16: HIV/AIDS.....	31
<b>Optional Modules .....</b>	<b>32</b>
Module 1: Pre-Diabetes .....	32
Module 2: Diabetes .....	32
Module 13: Sugar Sweetened Beverages .....	35
Module 14: Sodium or Salt-Related Behavior.....	35
Module 16: Preconception Health/Family Planning .....	36
Module 25: Industry and Occupation.....	38
Module 26: Sexual Orientation and Gender Identity .....	39
Module 28: Random Child Selection .....	40
<b>STATE-ADDED QUESTIONS .....</b>	<b>43</b>
NC Module 1: CHAMP Follow-up.....	43
NC Module 2: American Indian Tribal Affiliation .....	45
NC Module 3: Adult Insurance .....	45
NC Module 4: Hypertension Screening .....	47
NC Module 5: Traumatic Brain Injury (TBI).....	47
NC Module 6: Perceived Nutrition Environment .....	48
NC Module 7: Use of Trails and Greenways.....	48
NC Module 8: Secondhand Smoke .....	50
NC Module 9: Other Tobacco Products.....	51
NC Module 10: Smoking Cessation.....	51
NC Module 11: Caregiver.....	51
<b>Closing Statement.....</b>	<b>54</b>

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).

# Interviewer's Script Landline Sample

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

Public reporting burden of this collection of information is estimated to average XX 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 North Carolina residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

LL.1 Is this (phone number) ?

1. Yes
2. No

[CATI/INTERVIEWER NOTE: 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. CATI NOTE: STOP OR REDIAL]

## PVTRES

LL.2 Is this a private residence?

Read only if necessary: "By private residence, we mean someplace like a house or apartment."

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]
3. No, Business phone only

[CATI/INTERVIEWER NOTE: 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

LL.3 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.”

1. Yes [GO TO STATE OF RESIDENCE]
2. No

[CATI/INTERVIEWER NOTE: 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

LL4. Do you currently live in North Carolina?

1. Yes [GO TO CELLULAR]
2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN North Carolina STATE AT THIS TIME. STOP]

### Cellular Phone

LL.5 Is this a cell 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 (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

1. Yes

[CATI/INTERVIEWER NOTE: IF “YES”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]

2. No

[CATI NOTE: IF (COLLEGE HOUSING = YES) CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

Adult

LL.6 Are you 18 years of age or older?

- 1 Yes, respondent is male [GO TO NEXT SECTION]
- 2 Yes, respondent is female [GO TO NEXT SECTION]
- 3 No

[CATI/INTERVIEWER NOTE: 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?

LL.7 \_\_\_ 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).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

[GO TO THE CORRECT RESPONDENT]

[CATI/INTERVIEWER NOTE: 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" BEFORE SECTION 1]

LL.8 How many of these adults are men?

\_\_\_ Number of men

So the number of women in the household is \_\_\_

\_\_\_ Number of women

Is that correct?

INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.

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

If "you," [GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]

# Interviewer's Script 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 xx 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 North Carolina residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CP.1 Is this a safe time to talk with you?

1. Yes [GOTO PHONE]
2. No

[CATI/INTERVIEWER NOTE: IF "NO" : THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

## Phone

CP.2 Is this (phone number) ?

1. Yes [GO TO CELLULAR PHONE]
2. No INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER

[CATI/INTERVIEWER NOTE: 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

CP.3 Is this a cell telephone?

Read only if necessary: "By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

- 1. Yes [GO TO ADULT]
- 2. No

[CATI NOTE: IF "NO" : THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

Adult

CP.4 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

[CATI/INTERVIEWER NOTE: IF "NO", THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHIC SECTION.

Private Residence

CP.5 Do you live in a private residence?

Read only if necessary: "By private residence, we mean someplace like a house or apartment."

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 1. Yes [GO TO STATE OF RESIDENCE]
- 2. No [GO TO COLLEGE HOUSING]

College Housing

CP.6 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."

- 1. Yes [GO TO STATE OF RESIDENCE]
- 2. No

[CATI/INTERVIEWER NOTE: 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

CP.7 Do you currently live in North Carolina?

- 1. Yes [GO TO LANDLINE]
- 2. No [GO TO STATE]

State

CP.8 In what state do you currently live?

\_\_\_\_\_ ENTER FIPS STATE

Landline

CP.9 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.).

- 1. Yes
- 2. No

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = "YES", DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT

CP.10 How many members of your household, including yourself, are 18 years of age or older?

- \_\_\_ Number of adults
- 99 Refused

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = "YES" THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]



# Core Sections

**[CATI/INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]**

## To Correct Respondent

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 888-772-6711.

## 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
- 88 None
- 77 Don't know / Not sure
- 99 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
- 88 None [CATI NOTE: IF Q2.1 AND Q2.2 = 88 (NONE), GO TO NEXT SECTION]
- 77 Don't know / Not sure
- 99 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
- 88 None
- 77 Don't know / Not sure
- 99 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 [CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10, QUESTION 1, ELSE CONTINUE]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?

If "No" ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

(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 HEALTH CARE ACCESS MODULE GO TO MODULE 10 QUESTION 3, ELSE CONTINUE**

3.4 A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?

(100)

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

**[CATI INSTRUCTION: IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 = 1 GO TO MODULE 10, QUESTION 4A OR IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 = 2, 7, OR 9 GO TO MODULE 10, QUESTION 4B, OR IF NOT USING HEALTH CARE ACCESS MODULE GO TO NEXT SECTION.]**

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. About how long has it been since you last had your blood cholesterol checked? (103)

Read only if necessary:

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused [GO TO NEXT SECTION]

5.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (104)

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol? (105)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 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? (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]
- 98 Don't know / Not sure
- 99 Refused

[CATI NOTE: GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION. ]

## Section 7: Arthritis Burden

[CATI NOTE: 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.

7.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (120)

- 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: Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

7.2 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? (121)

- 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."

7.3 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? (122)

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."

- 7.4 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. 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, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? (123-124)

\_ \_ Enter number [00-10]  
77 Don't know / Not sure  
99 Refused

### Section 8: Demographics

- 8.1 Are you ... (125)

1 Male  
2 Female  
9 Refused

INTERVIEWER NOTE: ASK THIS QUESTION EVEN IF RESPONDENT'S SEX HAD BEEN IDENTIFIED DURING LANDLINE HOUSEHOLD ENUMERATION OR CELL PHONE SCREENING QUESTIONS.

- 8.2 What is your age? (126-127)

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

- 8.3 Are you Hispanic, Latino/a, or Spanish origin? (128-131)

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? (132-159)

INTERVIEWER NOTE: SELECT ALL THAT APPLY.

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

Please read:

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

41 Asian Indian  
42 Chinese  
43 Filipino  
44 Japanese  
45 Korean  
46 Vietnamese  
47 Other Asian  
50 Pacific Islander  
51 Native Hawaiian  
52 Guamanian or Chamorro  
53 Samoan  
54 Other Pacific Islander

Do not read:

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

[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q8.4; 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. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

(160-161)

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

**CATI: IF C08Q04 CONTAINS '30' AS ONE OF THE RESPONSES GOTO NC02Q01**

8.6 Are you...? (162)

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? (163)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

9 Refused

8.8 Do you own or rent your home? (164)

Read only if necessary:

- 1 Own
- 2 Rent
- 3 Other arrangement

Do not read:

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

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: 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? (165-167)

- \_ \_ \_ \_ \_ ANSI County Code (formerly FIPS county code)
- 777 Don't know / Not sure
- 999 Refused

8.10 What is the ZIP Code where you currently live? (168-172)

- \_ \_ \_ \_ \_ ZIP Code
- 77777 Don't know / Not sure
- 99999 Refused

**[CATI NOTE: IF CELL 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. (173)

- 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? (174)

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

8.13 Including phones for business and personal use, do you have a cell phone for personal use? (175)

- 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? (176)

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.

- 1 Yes
- 2 No

Do not read:

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

8.15 Are you currently...? (177)

INTERVIEWER NOTE: IF MORE THAN ONE: SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

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

**INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION.**

8.16 How many children less than 18 years of age live in your household? (178-179)

- \_ \_ Number of children
- 88 None
- 99 Refused

8.17 Is your annual household income from all sources— (180-181)

INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED)

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03  
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If "no," code 03; if "yes," ask 01  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If "no," code 02
- 05 Less than \$35,000 If "no," ask 06



- 8.22 Are you deaf or do you have serious difficulty hearing? (192)
- 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? (193)
- 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? (194)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 8.25 Do you have serious difficulty walking or climbing stairs? (195)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 8.26 Do you have difficulty dressing or bathing? (196)
- 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? (197)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (198)

**INTERVIEWER 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]

**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."**

9.2 Do you now smoke cigarettes every day, some days, or not at all? (199)

Do not read:

- 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? (200)

- 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? (201-202)

Read only if necessary:

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

Do not read:

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

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (203)

**INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')/ SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.**

Do not read:

- 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

The next questions are about electronic cigarettes and other electronic "vaping" products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana."

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

10.1 Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life? (204)

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.

1. Yes
2. No [GO TO NEXT SECTION]
7. Don't know / Not Sure [GO TO NEXT SECTION]
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? (205)

1. Every day
2. Some days
3. Not at all
7. Don't know / Not Sure [GO TO NEXT SECTION]
9. Refused [GO TO NEXT SECTION]



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? (206-208)

- 1 \_\_ Days per week
- 2 \_\_ Days in past 30 days
- 888 No drinks in past 30 days [GO TO NEXT SECTION]
- 777 Don't know / Not sure [GO TO NEXT SECTION]
- 999 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? (209-210)

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

11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN] or more drinks on an occasion? (211-212)

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

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (213-214)

- Number of drinks
- 77 Don't know / Not sure
- 99 Refused

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

**INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.**

- 12.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. (215-217)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS ‘I DON’T KNOW’: INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.**

1\_\_ Days  
2\_\_ Weeks  
3\_\_ Months  
300 Less than once a month  
555 Never  
777 Don’t Know  
999 Refused

- 12.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? (218-220)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: “DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS.”**

1\_\_ Days  
2\_\_ Weeks  
3\_\_ Months  
300 Less than once a month  
555 Never  
777 Don’t Know  
999 Refused

- 12.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables? (221-223)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTHS.**

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT SPINACH: “INCLUDE SPINACH SALADS.”**

1\_\_ Days  
2\_\_ Weeks  
3\_\_ Months

300 Less than once a month  
555 Never  
777 Don't Know  
999 Refused

12.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?  
(224-226)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTHS.**

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"**

**READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "DO NOT INCLUDE POTATO CHIPS."**

1\_\_ Days  
2\_\_ Weeks  
3\_\_ Months  
300 Less than once a month  
555 Never  
777 Don't Know  
999 Refused

12.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?  
(227-229)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTHS.**

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"**

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES."**

1\_\_ Days  
2\_\_ Weeks  
3\_\_ Months  
300 Less than once a month  
555 Never  
777 Don't Know  
999 Refused

12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables? (230-232)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTHS.**

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"**

**READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE."**

- 1\_\_ Days
- 2\_\_ Weeks
- 3\_\_ Months
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

Section 13: 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.

13.1 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? (233)

- 1 Yes
- 2 No [GO TO Q13.8]
- 7 Don't know / Not sure [GO TO Q13.8]
- 9 Refused [GO TO Q13.8]

13.2 What type of physical activity or exercise did you spend the most time doing during the past month? (234-235)

- \_\_ (Specify) [See Physical Activity Coding List]
- 77 Don't know / Not Sure [GO TO Q13.8]
- 99 Refused [GO TO Q13.8]

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".

13.3 How many times per week or per month did you take part in this activity during the past month? (236-238)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 777 Don't know / Not sure
- 999 Refused

13.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (239-241)

- \_:\_\_ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

13.5 What other type of physical activity gave you the next most exercise during the past month? (242-243)

- \_\_ (Specify) [See Physical Activity Coding List]  
88 No other activity [GO TO Q13.8]  
77 Don't know / Not Sure [GO TO Q13.8]  
99 Refused [GO TO Q13.8]

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

13.6 How many times per week or per month did you take part in this activity during the past month? (244-246)

- 1\_\_ Times per week  
2\_\_ Times per month  
777 Don't know / Not sure  
999 Refused

13.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (247-249)

- \_:\_\_ Hours and minutes  
777 Don't know / Not sure  
999 Refused

13.8 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. (250-252)

- 1\_\_ Times per week  
2\_\_ Times per month  
888 Never  
777 Don't know / Not sure  
999 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 — (253)

Please read:

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

Do not read:

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

Section 15: Immunization

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

15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (254)

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

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

15.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (255-260)

- \_\_ / \_\_\_\_ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

15.3 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? (261)

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

**[CATI NOTE: IF RESPONDENT IS LESS THAN 50 YEARS OF AGE, GO TO NEXT SECTION.]**

15.4 Have you ever had the shingles or zoster vaccine? (262)

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

INTERVIEWER NOTE (READ IF NECESSARY): SHINGLES IS CAUSED BY THE CHICKEN POX VIRUS. IT IS AN OUTBREAK OF RASH OR BLISTERS ON THE SKIN THAT MAY BE ASSOCIATED WITH SEVERE PAIN. A VACCINE FOR SHINGLES HAS BEEN AVAILABLE SINCE MAY 2006; IT IS CALLED ZOSTAVAX®, THE ZOSTER VACCINE, OR THE SHINGLES VACCINE.

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (263)

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

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

INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

\_\_/\_---- Code month and year  
77/7777 Don't know / Not sure  
99/9999 Refused / Not sure

16.3 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. (270)

- You have injected any drug other than those prescribed for you in the past year.
- You have been treated for a sexually transmitted disease or STD 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

## **Optional Modules**

### **Module 1: Pre-Diabetes**

**[CATI 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? (290)
- 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? (291)

**INTERVIEWER INSTRUCTIONS: IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?”**

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

### **Module 2: Diabetes**

**[CATI NOTE: TO BE ASKED FOLLOWING CORE Q6.13; IF RESPONSE TO Q6.12 IS "YES" (CODE = 1).]**

1. Are you now taking insulin? (292)
- 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. (293-295)

**INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 888 Never
- 777 Don't know / Not sure
- 999 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. (296-298)

**INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 555 No feet
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (299-300)

- \_\_ Number of times [**76 = 76 or more**]
- 88 None
- 77 Don't know / Not sure
- 99 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"? (301-302)

- \_\_ Number of times [**76 = 76 or more**]
- 88 None
- 98 Never heard of "A one C" test
- 77 Don't know / Not sure

99 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? (303-304)

\_\_ Number of times [**76 = 76 or more**]  
88 None  
77 Don't know / Not sure  
99 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. (305)

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? (306)

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? (307)

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

Module 13: Sugar Sweetened 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. (424-426)

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:

- 888 None  
777 Don't know / Not sure  
999 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. (427-429)

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:

- 888 None  
777 Don't know / Not sure  
999 Refused

Module 14: Sodium or Salt-Related Behavior

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? (430)

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

2. Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (431)

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

Module 16: Preconception Health/Family Planning

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant? (436)

- 1 Yes
- 2 No [GO TO Q3]
- 3 No partner/not sexually active [GO TO NEXT MODULE]
- 4 Same sex partner [GO TO NEXT MODULE]
- 5 Has had a Hysterectomy [GO TO NEXT MODULE]
- 7 Don't know/Not sure [GO TO Q3]
- 9 Refused [GO TO Q3]

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

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" 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: (437-438)

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
- 02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
- 03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
- 05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
- 06 IUD, type unknown [GO TO NEXT MODULE]
- 07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
- 08 Birth control pills, any kind [GO TO NEXT MODULE]
- 09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
- 10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
- 11 Male condoms [GO TO NEXT MODULE]
- 12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
- 13 Female condoms [GO TO NEXT MODULE]
- 14 Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
- 15 Withdrawal (or pulling out) [GO TO NEXT MODULE]
- 16 Foam, jelly, film, or cream [GO TO NEXT MODULE]
- 17 Emergency contraception (morning after pill) [GO TO NEXT MODULE]
- 18 Other method [GO TO NEXT MODULE]

Do not read:

77 Don't know/Not sure  
99 Refused

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.

3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (439-440)

**INTERVIEWER NOTE: 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  
03 Don't care if you get pregnant  
04 You want a pregnancy  
05 You or your partner don't want to use birth control  
06 You or your partner don't like birth control/side effects  
07 You couldn't pay for birth control  
08 You had a problem getting birth control when you needed  
09 Religious reasons  
10 Lapse in use of a method  
11 Don't think you or your partner can get pregnant (infertile or too old)  
12 You had tubes tied (sterilization)  
13 You had a hysterectomy  
14 Your partner had a vasectomy (sterilization)  
15 You are currently breast-feeding  
16 You just had a baby/postpartum  
17 You are pregnant now  
18 Same sex partner  
19 Other reasons  
  
77 Don't know/Not sure  
99 Refused

Module 25: 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.

**[CATI NOTE: 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?"** (484-583)

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

**[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.

(584-683)

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

**[CATI NOTE: 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 26: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

**INTERVIEWER NOTE: WE ASK THIS QUESTION IN ORDER TO BETTER UNDERSTAND THE HEALTH AND HEALTH CARE NEEDS OF PEOPLE WITH DIFFERENT SEXUAL ORIENTATIONS.**

**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: (684)

Please read:

- 1 1 - Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual

Do not read:

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

2. Do you consider yourself to be transgender? (685)

**IF YES, ASK "DO YOU CONSIDER YOURSELF TO BE 1. MALE-TO-FEMALE, 2. FEMALE-TO-MALE, OR 3. GENDER NON-CONFORMING?"**

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

Please read:

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming
- 4 4 - No

Do not read:

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

**INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER: SOME PEOPLE DESCRIBE THEMSELVES AS TRANSGENDER WHEN THEY EXPERIENCE A DIFFERENT GENDER IDENTITY FROM THEIR SEX AT BIRTH. FOR EXAMPLE, A PERSON BORN INTO A MALE BODY, BUT WHO FEELS FEMALE OR LIVES AS A WOMAN WOULD BE TRANSGENDER. SOME TRANSGENDER PEOPLE CHANGE THEIR PHYSICAL APPEARANCE SO THAT IT MATCHES THEIR INTERNAL GENDER IDENTITY. SOME TRANSGENDER PEOPLE TAKE HORMONES AND SOME HAVE SURGERY. A TRANSGENDER PERSON MAY BE OF ANY SEXUAL ORIENTATION – STRAIGHT, GAY, LESBIAN, OR BISEXUAL.**

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING: SOME PEOPLE THINK OF THEMSELVES AS GENDER NON-CONFORMING WHEN THEY DO NOT IDENTIFY ONLY AS A MAN OR ONLY AS A WOMAN.

Module 28: 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.]

CATI NOTE: 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]

[CATI NOTE: 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 NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE "XTH" CHILD. PLEASE SUBSTITUTE "XTH" CHILD'S NUMBER IN ALL QUESTIONS BELOW.]

Please read:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE "XTH" [CATI NOTE: PLEASE FILL IN] CHILD.]

1. What is the birth month and year of the "Xth" child? (689-694)

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

CATI NOTE: 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? (695)

1	Boy
2	Girl
9	Refused



3. Is the child Hispanic, Latino/a, or Spanish origin? (696-699)

**INTERVIEWER INSTRUCTION: IF YES, ASK: "ARE THEY...**

**INTERVIEWER NOTE: SELECT ALL THAT APPLY**

Please read:

- 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? (700-727)

**INTERVIEWER NOTE: 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

5. Which one of these groups would you say best represents the child's race? (728-729)

**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? (730)

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 (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 (M29Q06=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 M22Q06=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 CHAMP17

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: American Indian Tribal Affiliation

**CATI: SKIP IF C08Q04 DOES NOT CONTAIN '30' AS ONE OF THE RESPONSES**

1. What is your main tribe?

GUIDANCE: What is your tribal affiliation or tribal enrollment?

- 1 Coharie
- 2 Eastern Band of Cherokee
- 3 Lumbee
- 4 Haliwa-Saponi
- 5 Waccamaw-Siouan
- 6 Other, specify \_\_\_\_\_
- 7 Don't Know/Not sure
- 9 Refused

**CATI: Return to C08Q06.**

NC Module 3: Adult Insurance

These next questions are about health care coverage.

**CATI: if (C03Q01 > 1) go to NC03Q05 (No health coverage at time of interview)**

1. Do you have Medicare?
  1. Yes
  2. No
  7. Don't know/Not sure
  9. Refused

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

2. What is the primary source of your health care coverage? Is it...

Please Read

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services

Or

- 07 Some other source
- 08 None (no coverage)

Do not read:

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

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace, ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

CATI: if (NC03Q02 > 1) go to NC03Q05 (Not employer-based health insurance)

3. Are you covered by the State Employee Health Plan?

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

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

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

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

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

#### 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: Traumatic Brain Injury (TBI)

For these next questions, please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or emergency room. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something, falling down, being hit by someone, playing sports or an injury during military service.

1. Thinking about any injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?

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 longest time you were knocked out or unconscious? Would you say ...

PLEASE READ

1. Less than 30 minutes
2. Between 30 min and 24 hours
3. 24 hours or longer

DO NOT READ

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

3. How old were you the first time you were knocked out or lost consciousness?

INTERVIEWER NOTE: Code age in years (1 to 110)

\_\_\_\_\_ years old

888. Less than one year old  
777. Don't Know / Not Sure  
999. 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: Secondhand Smoke

The next questions are about exposure to secondhand smoke.

CATI: If (C08Q15 > 2) Go to NC8Q02 (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 9: 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

NC Module 10: Smoking Cessation

CATI: If (C09Q01 ≥ 2 or 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 11: Caregiver

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and code 8.

1. Yes
2. No [Go to NC11Q11]
7. Don't know/Not sure [Go to NC11Q11]
8. Caregiving recipient died in past 30 days [Go to next module]
9. Refused [Go to NC11Q11]

- 2 What is his or her relationship to you? For example, is he or she your (mother or daughter or father or son)?

INTERVIEWER NOTE: If more than one person, say: "Please refer to the person to whom you are giving the most care."

[DO NOT READ; CODE RESPONSE USING THESE CATEGORIES]

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Same-sex partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
- 77 Don't know/Not sure
- 99 Refused

3. What age is the person to whom you are giving care?

INTERVIEWER: If more than one person, ask "What is the age of the person to whom you are giving the most care?"

- Code age in years [0-115]
- 777 Don't know / Not sure
- 999 Refused

The remainder of these questions will be about the person to whom you are giving the most care.

CATI: if (NC11Q03 < 60) go to NC11Q05 (Q 4 only asked about care recipients aged 60 or above.)

4. If you could not provide care, would your friend/family member have to be placed in a long-term care facility such as a nursing home or assisted living facility?

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

5. For how long have you provided care for that person? Would you say...

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years
- 7 Don't Know/ Not Sure
- 9 Refused

6. In an average week, how many hours do you provide care or assistance? Would you say...

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
- 7 Don't know/Not sure
- 9 Refused

7. What is the main health problem, long-term illness, or disability that the person you care for has?

IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?

[DO NOT READ: RECORD ONE RESPONSE. Please note: Alzheimer's goes with dementia & other cognitive disorders; cerebral palsy and muscular dystrophy go with developmental disabilities]

- 01 Arthritis/Rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as Emphysema or COPD
- 05 Dementia and other Cognitive Impairment Disorders
- 06 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart Disease, Hypertension
- 09 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Other, Physical health condition such as stroke, Parkinson's Disease or Lung Disease/Emphysema
- 14 Other, Disability such as eye/vision problem (blindness), hearing problems (deafness), Muscular Sclerosis, spinal cord injury, traumatic brain injury
  
- 77 Don't know/Not sure
- 99 Refused

8. In the past 30 days, did you provide care for this person by...

Managing personal care such as giving medications, feeding, dressing, or bathing?

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

9. In the past 30 days, did you provide care for this person by...

Managing household tasks such as cleaning, managing money, or preparing meals?

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

10. Of the following support services, which one do you MOST need, that you are not currently getting?

**[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]: Respite care means short-term breaks for people who provide care.**

[READ OPTIONS 1 – 6]

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

[DO NOT READ]

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

**CATI: If NC11Q01 = 1 or 8, Go to next module**

11. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

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

### **Closing Statement**

Please read:

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.