

<p>North Carolina 2018 Questionnaire</p> <p>Behavioral Risk Factor Surveillance System</p>

Table of Contents

Table of Contents 1

 Interviewer’s Script Landline 2

 Interviewer’s Script Cell Phone 5

Core Sections 8

 Section 1: Health Status 8

 Section 2: Healthy Days — Health-Related Quality of Life 8

 Section 3: Health Care Access 9

 Section 4: Exercise 10

 Section 5: Inadequate Sleep 10

 Section 6: Chronic Health Conditions 10

 Section 7: Oral Health 13

 Section 8: Demographics 14

 Section 9: Tobacco Use 21

 Section 10: Alcohol Consumption 22

 Section 11: Immunization 23

 Section 12: Falls 24

 Section 13: Seat Belt Use and Drinking and Driving 24

 Section 14: Breast and Cervical Cancer Screening 25

 Section 15: Prostate Cancer Screening 27

 Section 16: Colorectal Cancer Screening 28

 Section 17: HIV/AIDS 29

Optional Modules 31

 Module 1: Pre-Diabetes 31

 Module 6: E-Cigarettes 31

 Module 10: Respiratory Health 32

 Module 20: Industry and Occupation 33

 Module 21: Sexual Orientation and Gender Identity 34

 Module 22: Random Child Selection 35

STATE-ADDED QUESTIONS 40

 NC Module 1: CHAMP Follow-up 40

 NC Module 2: Adult Insurance 42

 NC Module 3: Diabetes Control 43

 NC Module 4: Folic Acid 43

 NC Module 5: Preconception Health & Family Planning 44

 NC Module 6: Chronic Pain 45

 NC Module 7: Cardiovascular Health 48

 NC Module 8: Secondhand Smoke 49

 NC Module 9: Other Tobacco Products 50

 NC Module 10: Smoking Cessation 50

 NC Module 11: Usual Type of Alcoholic Beverage Consumed 51

 NC Module 12: Eat Smart Move More 51

 NC Module 13: Hepatitis C 51

 NC Module 14: Traumatic Brain Injury 52

 NC Module 15: Gambling 52

 NC Module 16: Injection Drug Use 53

 NC Module 17: Sexual Violence 54

Closing statement 55

Interviewer's Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2021

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.

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 _____ (state) _____?

- 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 [] 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
- 2 No

[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]

[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

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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.

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.

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/INTERVIEWER 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 DEMOGRAPHICS 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 _____ (state) _____?

- 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.]

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

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 not be connected to any personal information. 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—

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?

- _ _ 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?

- _ _ Number of days
- 88 None **[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?

- __ 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?

- 1 Yes **[If using Health Care Access (HCA) Module go to Module 3, Q1, 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?

- 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?

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

CATI NOTE: If using HCA Module, go to Module 3, Q3, else continue.

3.4 About how long has it been since you last visited a doctor for a routine checkup?

INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.

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

CATI NOTE: If using HCA Module and Q3.1 = 1 go to Module 3 Question 4 or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 3, Question 4a, 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?

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A REGULAR JOB OR IS RETIRED, THEY MAY COUNT ANY PHYSICAL ACTIVITY OR EXERCISE THEY DO

- 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.

- 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?

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

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

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

6.3 (Ever told) you had a stroke?

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

6.4 (Ever told) you had asthma?

- 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?

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

6.6 (Ever told) you had skin cancer?

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

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

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

6.8 (Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

- 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?

- 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)?

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

6.11 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

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?

INTERVIEWER NOTE: 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?

- __ 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: Oral Health

7.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

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 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

READ IF NECESSARY:

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

DO NOT READ

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

Section 8: Demographics

8.1 (What was your sex at birth? Was it...)
(What is your sex?)

CATI NOTE: STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF FIRST FORMAT IS USED, READ OPTIONS.

- 1 Male
- 2 Female
- 9 Refused

8.2 What is your age?

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

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

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?

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 RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory 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

8.6

Are you...?

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?

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?

- 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?

- 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?

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

CATI NOTE: If cellular telephone interview skip to 8.14 (QSTVER GE 20)

8.11 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

- 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?

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

8.13 How many cell phones do you have for personal use?

INTERVIEWER NOTE: INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.

- Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 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.

- 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, 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

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

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

8.17 Is your annual household income from all sources—

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 About how much do you weigh without shoes?

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

Round fractions up

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

8.19 About how tall are you without shoes?

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

Round fractions down

- — / — — Height

(f t / inches/meters/centimeters)
77/ 77 Don't know / Not sure
99/ 99 Refused

If male, go to 8.21, if female respondent is 45 years old or older, go to Q8.21

8.20 To your knowledge, are you now pregnant?

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

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

8.21 Are you deaf or do you have serious difficulty hearing?

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

8.22 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

8.23 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

8.24 Do you have serious difficulty walking or climbing stairs?

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

8.25 Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No

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

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

- 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?

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?

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?

- 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?

READ IF NECESSARY:

- 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')

INTERVIEWER NOTE: 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: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 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]**

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion?

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

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

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

CATI: GOTO NC11Q01

Section 11: Immunization

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

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

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

11.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

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

11.3 At what kind of place did you get your last flu shot or vaccine?

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace

- 09 Some other kind of place
- 11 A school
- Do not read:
- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure (**Probe: How would you describe the place where you went to get your most recent flu vaccine?**)
- 99 Refused

11.4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

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

Section 12: Falls

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

12.1 In the past 12 months, how many times have you fallen?

- Number of times [76 = 76 or more]
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

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

How many of these falls caused an injury that limited your regular activities for at least a day?

INTERVIEWER NOTE: 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.

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

Section 13: Seat Belt Use and Drinking and Driving

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

Please read:

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

Do not read:

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

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

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

13.2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

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

Section 14: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

14.1 Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

- 1 Yes
- 2 No **[Go to Q14.3]**
- 7 Don't know / Not sure **[Go to Q14.3]**
- 9 Refused **[Go to Q14.3]**

14.2 How long has it been since you had your last mammogram?

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

14.3 Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

- 1 Yes
- 2 No **[Go to Q14.5]**
- 7 Don't know / Not sure **[Go to Q14.5]**
- 9 Refused **[Go to Q14.5]**

14.4 How long has it been since you had your last Pap test?

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

14.5 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)

- 1 Yes
- 2 No **[Go to Q14.7]**
- 7 Don't know/Not sure **[Go to Q14.7]**
- 9 Refused **[Go to Q14.7]**

14.6 How long has it been since you had your last H.P.V. test?

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

CATI NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.

14.7 Have you had a hysterectomy?

INTERVIEWER NOTE: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).

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

Section 15: Prostate Cancer Screening

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

15.1 Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

INTERVIEWER NOTE: A PROSTATE-SPECIFIC ANTIGEN TEST, ALSO CALLED A P.S.A. TEST, IS A BLOOD TEST USED TO CHECK MEN FOR PROSTATE CANCER.

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

15.2 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

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

15.3 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

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

15.4. Have you ever had a P.S.A. test?

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

15.5. How long has it been since you had your last P.S.A. test?

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

15.6. What was the main reason you had this P.S.A. test – was it ...?

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 16: Colorectal Cancer Screening

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

16.1 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?

- 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 blood stool test using a home kit?

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

16.3 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?

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

16.4 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?

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

16.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

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 17: 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.

17.1 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV?

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

17.2 Not including blood donations, in what month and year was your last HIV test?

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

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

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

17.3 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.

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 |

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 6: 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.

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.

1. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

- 1 Yes

2	No	[Go to next module]
7	Don't know / Not Sure	[Go to next module]
9	Refused	[Go to next module]

2. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

DO NOT READ:

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

Module 10: Respiratory Health

1. During the past 3 months, did you have a cough on most days?

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

2. During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?

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

3. Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?

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

4. Have you ever been given a breathing test to diagnose breathing problems?

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

5. Over your lifetime, how many years have you smoked tobacco products?

- __ Number of years (01-76)
- 88 Never smoked or smoked less than one year
- 77 Don't know/Not sure
- 99 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 ask: What is your main job?

[Record answer] _____

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 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] _____
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 21: 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 1-Straight, 2-Lesbian or Gay, 3-Bisexual or 4-other orientation?

DO NOT READ

- 1 Straight
- 2 Lesbian or gay
- 3 Bisexual
- 4 Other
- 7 Don't know/Not sure
- 9 Refused

2. Do you consider yourself to be transgender?

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 text response. Respondent can answer with either the number or the text/word.

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

- 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 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?

__ / ____ Code month and year
77/ 7777 Don't know / Not sure
99/ 9999 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 \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?

1 Boy
2 Girl
9 Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED

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?

(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. OTHERWISE, GO TO Q6.]

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

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

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

Do not read:

60 Other

77 Don't know / Not sure

99 Refused

6. How are you related to the child?

Please read:

1 Parent (include biologic, step, or adoptive parent)

2 Grandparent

3 Foster parent or guardian

4 Sibling (include biologic, step, and adoptive sibling)

5 Other relative

6 Not related in any way

Do not read:

7 Don't know / Not sure

9 Refused

STATE-ADDED QUESTIONS

NC Module 1: CHAMP Follow-up

CATI: if (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 M23Q06=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 CHAMP

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

CATI Note: Create vNC01Q04 as UDF for export to CHAMP

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 vNC01Q05 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: Adult Insurance

These next questions are about health care coverage.

CATI: if (C03Q01 > 1) go to NC02Q04 (No health coverage at time of interview)

1. 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) [go to NC02Q04]

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 (NC02Q01 > 1) go to NC02Q03 (Not employer-based health insurance)

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

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

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

- 1 Yes [go to next NC02Q05]
- 2 No [go to next NC02Q05]
- 7 Don't know/Not sure [go to next NC02Q05]
- 9 Refused [go to next NC02Q05]

4. 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

5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care including dental insurance prepaid plans such as HMOs or government plans such as Medicaid?

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

NC Module 3: Diabetes Control

CATI: if Core Q6.12 not equal 1 (does not have diabetes), go to next NC Module

We have one more question about diabetes.

1. 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

NC Module 4: 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 5: Preconception Health & Family Planning

CATI: if Core Q8.1≠2 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. 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

NC Module 6: Chronic Pain

1. Do you suffer from any type of chronic pain, that is pain that occurs constantly or flares up often?

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

2. About how often to you experience this pain? Would you say...

Please read

1. It's constant, always there
2. At least once a day
3. At least once a week
4. At least once a month
5. Less often

Do not read

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

3. On a scale of 0 to 10, where 0 means no pain at all and 10 means the worst pain you can imagine, how severe has your pain usually been over the past 3 months?

- ___ 0 to 10
- 77 Don't know / Not sure
 - 99 Refused

4. Have you ever seen or talked to a doctor, nurse, or other health professional about your pain?

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

5. What is the main cause of your chronic pain?

Do not read

1. Migraine
2. Cancer
3. Arthritis
4. Shingles (PHN)
5. Sciatica, slipped disk, spondylosis
6. Diabetes
7. Muscle pain
8. Accident or injury
9. Neuropathic pain
10. Other (specify) _____
- 77 Don't know / Not sure
- 99 Refused

6. Are you doing anything to cope with your chronic pain?

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

7. Please tell me whether you are using any of the following things to treat your pain. For each one, tell me "Yes," "No," or you're "Not sure."

7-a. (Using) Over-the-counter medication like ibuprofen or aspirin.

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

7-b. (Using) A prescription anti-inflammatory like Celebrex.

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

7-c. (Using) A prescription narcotic pain reliever like Percocet or Vicodin?

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

7-d. (Using) Some other prescription drug?

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

7-e. (Using) A non-medication pain therapy like acupuncture, physical therapy, or yoga?

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

7-f. (Using) Alcohol?

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

7-g. (Using) Marijuana?

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

7-h. (Using) A street drug other than marijuana?

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

7-i. (Using) something else? (Please specify _____)

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

CATI: If NC06Q07C > 1 then Go to next NC module (Not using Opioids)

8. Has a doctor, nurse, or other health professional talked with you about the risk of getting addicted to your narcotic pain reliever?

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

NC Module 7: Cardiovascular Health

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

CATI: If C06Q01 > 1 go to NC07Q02 (never had heart attack)

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

CATI: If C06Q03 > 1 go to NC07Q03 (never had stroke)

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

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?

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?

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 reduce the chance of a heart attack?

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

6. Do you take aspirin to reduce the chance of a stroke?

- 1 Yes
- 2 No
- 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

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 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: Usual Type of Alcoholic Beverage Consumed

CATI: if C10Q01 \geq 777 then Go to next NC module (No alcohol in past 30 days)

1. During the past 30 days, what type of alcohol did you usually drink?

Read choices 1-5 and ask participant to select one. Read examples only as necessary

1. Beer
2. Wine
3. Liquor (such as vodka, rum, scotch, bourbon, or whisky)
4. Flavored alcoholic beverage (such as hard cider, hard lemonade, wine cooler, or malt beverage such as Smirnoff Ice)
5. Some other type of alcohol

Do Not Read

6. There is not a type of alcohol that I drink most often
7. Don't know/not sure
9. Refused

CATI: GOTO C11Q01

NC Module 12: 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 13: Hepatitis C.

1. Have you ever been tested for Hepatitis C?

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

2. Have you ever been told by a doctor, nurse, or other healthcare professional that you had a Hepatitis C infection?

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

NC Module 14: Traumatic Brain Injury

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 module]**
- 7. Don't Know / Not Sure **[Go to next module]**
- 9. Refused **[Go to next 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?

_____ years old [1 to 110]

- 888 Less than one
- 777. Don't Know / Not Sure
- 999. Refused

NC Module 15: 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

- 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 16: Injection Drug Use

1. Do you know anyone who injects drugs that have not been prescribed for them by a doctor?

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

(CATI NOTE: If respondent hangs up or refuses to answer questions go to Closing and count record as a complete.)

Now I'd like to ask you some questions about different types of sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

1. Are you in a safe place to answer these questions?

- 1 Yes
- 2 No **[Go to closing statement of Sexual Violence Module]**
- 7 Don't know / not sure **[Go to closing statement of Sexual Violence Module]**
- 9 Refused **[Go to closing statement of Sexual Violence Module]**

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina [If female], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

2. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

- 1 Yes
- 2 No **[Go to closing statement of Sexual Violence Module]**
- 7 Don't know / not sure **[Go to closing statement of Sexual Violence Module]**
- 9 Refused **[Go to closing statement of Sexual Violence Module]**

3. Think about the time of the most recent incident involving a person who had sex with you, or attempted to have sex with you, after you said or showed that you didn't want to or without your consent. What was that person's relationship to you?

(NOTE: these responses are not read by the interviewer; wait to see what the respondent answers and prompt if necessary)

- 1 Personal attendant / caregiver
- 2 Someone you were dating
- 3 Boyfriend / Girlfriend
- 4. Stranger
- 5. Spouse or live-in partner
- 6. Relative
- 8. Other (Specify _____)
- 7 Don't know / not sure
- 9 Refused

Closing Statement of Sexual Violence Module: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call the **National Sexual Assault Hotline at 1-800-656-4673**. Again, that number **1-800-656-4673**.

Closing statement

Please read:

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