1991 North Carolina Behavioral Risk Factor Surveillance System (BRFSS) Questionnaire
N = 1897 Respondents

**CORE SECTIONS**

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**OPTIONAL MODULES**

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Note: This electronic questionnaire is from CDC and is formatted differently from their paper version in the questionnaire binder.
The interview will only take a short time, and all the information obtained in this study will be confidential. First, I'd like to begin by asking you about using seat belts.

SECTION A: SEAT BELTS

1. How often do you use seat belts when you drive or ride in a car?

<table>
<thead>
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<th>Would you say:</th>
<th>PLEASE READ</th>
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<tbody>
<tr>
<td>a. Always</td>
<td>1</td>
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<tr>
<td>b. Nearly Always</td>
<td>2</td>
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<tr>
<td>c. Sometimes</td>
<td>3</td>
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<tr>
<td>d. Seldom</td>
<td>4</td>
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<td>OR</td>
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<tr>
<td>e. Never</td>
<td>5</td>
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</tbody>
</table>

Do not read these responses:

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

These next questions are about hypertension or high blood pressure:

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

Was it: PLEASE READ (34)

- a. Within the past 6 months (0 TO 6 MONTHS AGO) . 1
- b. Within the past year (7 TO 12 MONTHS AGO). 2
- c. Within the past two years (13 TO 24 MONTHS AGO). 3
- d. Within the past five years (25 TO 60 MONTHS AGO). 4
- e. More than five years ago (61+ MONTHS AGO) . 5

Do Not Read Don't know/Not sure ................. 7
Never .................................................. 8
Refused ................................................. 9

3. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (35)

- a. No GO TO SECTION C (p.5) .................... 1

PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL
- b. Yes, by a doctor ................................... 2
- c. Yes, by a nurse .................................... 3
- d. Yes, by other health professional ............... 4

Don't know/Not sure GO TO SECTION C (p.5) .... 7
Refused GO TO SECTION C (p.5) ...................... 9
4. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (36)
   a. More than once ........................................ 1
   b. Only once ............................................... 2
      Don't know/Not sure ............................. 7
      Refused .................................................. 9

5. Is any medicine currently prescribed for your high blood pressure? (37)
   a. Yes ..................................................... 1
   b. No ....................................................... 2
      Don't know/Not sure ............................. 7
      Refused .................................................. 9
SECTION C: EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

6. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (38)
   a. Yes ........................................ 1
   b. No GO TO SECTION D (p.8) ................ 2
       Don't know/Not sure GO TO SECTION D (p.8) .... 7
       Refused GO TO SECTION D (p.8) ........... 9

7. What type of physical activity or exercise did you spend the most time doing during the past month? (39-40)
   a. Activity (specify): ___________________________ __ __
       See Coding List A
       Refused GO TO Q.11 (p.6) .................. 9 9

ASK QUESTION 8 ONLY IF ANSWER TO QUESTION 7 IS RUNNING, JOGGING, WALKING, OR SWIMMING. ALL OTHERS, GO TO QUESTION 9.

8. How far did you usually walk/run/jog/swim? (41-43)
   SEE a. Miles and tenths .................... __ __ __ __
       CODING LIST B
       IF RESPONSE Don't know/Not sure ............ 7 7 7
       IS NOT IN MILES AND TENTHS
       Refused ..................................... 9 9 9

9. How many times per week or per month did you take part in this activity during the past month? (44-46)
   a. Times per week .......................... 1 __ __
   b. Times per month ........................ 2 __ __
      Don't know/Not sure ....................... 7 7 7
      Refused .................................. 9 9 9
10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (47-49)
   a. Hours & Minutes ....................... __:___ ___
   Don't know/Not sure ..................... 7 7 7
   Refused .................................... 9 9 9

11. Was there another physical activity or exercise that you participated in during the last month? (50)
   a. Yes ....................................... 1
   b. No  GO TO SECTION D (p.8) ............. 2
   Don't know/Not sure  GO TO SECTION D (p.8) . . 7
   Refused  GO TO SECTION D (p.8) ............. 9

12. What other type of physical activity gave you the next most exercise during the past month? (51-52)
   a. Activity (specify): _________________________ __ __
      See Coding List A
   Refused  GO TO SECTION D (p.8) ............. 9 9

   ASK QUESTION 13 ONLY IF ANSWER TO QUESTION 12 IS RUNNING, JOGGING, WALKING, OR SWIMMING. ALL OTHERS GO TO QUESTION 14.

13. How far did you usually walk/run/jog/swim? (53-55)
   a. Miles and tenths ......................... __ __ __
      See CODING LIST B
      IF RESPONSE Don't know/Not sure ............. 7 7 7
      IS NOT IN MILES AND TENTHS
      Refused .................................... 9 9 9

14. How many times per week or per month did you take part in this activity? (56-58)
   a. Times per week .................... 1 __ __
   b. Times per month ................... 2 __ __
      Don't know/Not sure ............... 7 7 7
      Refused ............................ 9 9 9

15. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (59-61)
   a. Hours & Minutes ................. __ : __ __
      Don't know/Not sure ............... 7 7 7
      Refused ............................ 9 9 9
SECTION D: WEIGHT CONTROL

The next few questions are about efforts to lose weight.

16. Are you now trying to lose weight? (62)
   a. Yes .................................................. 1
   b. No  \textit{GO TO SECTION E (p.9)}  ............ 2
       Refused  \textit{GO TO SECTION E (p.9)}  ........... 9

17. Are you eating fewer calories to lose weight? (63)
   a. Yes .................................................. 1
   b. No .................................................. 2
       Don't know/Not sure  ............................. 7
       Refused ............................................. 9

18. Have you increased your physical activity to lose weight? (64)
   a. Yes .................................................. 1
   b. No .................................................. 2
       Don't know/Not sure  ............................. 7
       Refused ............................................. 9
SECTION E: TOBACCO USE

Now I'd like to ask you a few questions about cigarette smoking.

19. Have you smoked at least 100 cigarettes in your entire life? (65)
   a. Yes ............................................. 1
   b. No  GO TO SECTION F (p.11) ...................... 2
         Don't know/Not sure  GO TO SECTION F (p.11) ...... 7
         Refused  GO TO SECTION F (p.11) .................... 9

20. About how old were you when you first started smoking cigarettes fairly regularly? (66-67)
    Code age in years ................................ .... ___ ___
    Don't know/Not sure  ................................ .... 7 7
    Refused  ................................................. 9 9

21. Do you smoke cigarettes now? (68)
   a. Yes ............................................. 1
   b. No  GO TO Q. 24 (p.10) .............................. 2
         Refused  GO TO SECTION F (p.11) .................... 9

22. On the average, about how many cigarettes a day do you now smoke? (69-70)
    1 pack = 20 cigarettes
    a. Number of cigarettes  ......................... .... ___ ___
    b. Don't smoke regularly  ...................... .... 8 8
        Refused  .............................. .... 9 9
23. During the past 12 months, have you quit smoking for 1 day or longer? (71)

   a. Yes    GO TO SECTION F ........................................1
   b. No     GO TO SECTION F ........................................2
       Don't know/Not sure    GO TO SECTION F .............7
       Refused    GO TO SECTION F .........................9

   -----------------------------------
   Interviewer GO TO SECTION F (p.11)
   -----------------------------------

24. About how long has it been since you last smoked cigarettes regularly? (72)

   Was it:  PLEASE READ
     a. Less than 1 month ........................................1
     b. One month to less than 3 months .......................2
     c. Three months to less than 6 months ..................3
     d. Six months to less than 1 year .......................4
     e. One year to less than 5 years ..........................5
     f. Five or more years ......................................6
       Don't know/Not sure ....................................7
       Refused ..................................................9
SECTION F: ALCOHOL CONSUMPTION

These next few questions are about the use of beer, wine, wine coolers, cocktails, or liquor, such as vodka, gin, rum, or whiskey, all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

25. Have you had any beer, wine, wine coolers, cocktails, or liquor during the past month, that is, since________________? (73)
   a. Yes ................................................. 1
   b. No GO TO SECTION G (p.13) ................... 2
      Refused GO TO SECTION G (p.13) ............. 9

26. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (74-76)
   a. Days per week .............................. 1 __ __
   b. Days per month ............................ 2 __ __
      Don't know/Not sure GO TO Q. 28 ....... 7 7 7
      Refused GO TO Q. 28 ..................... 9 9 9

27. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (77-78)
   a. Number of drinks .......................... __ __
      Don't know/Not sure ........................ 7 7
      Refused ................................. 9 9
28. Considering all types of alcoholic beverages, that is beer, wine, wine coolers, cocktails, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion? (79-80)

a. Number of times ............ _ __ _

b. None ......................... 8  8

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

Refused ......................... 9  9

29. And during the past month, how many times have you driven when you've had perhaps too much to drink? (81-82)

a. Number of times ............ _ __ _

b. None ......................... 8  8

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

Refused ......................... 9  9
SECTION G: PREVENTIVE HEALTH PRACTICES

Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

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

Was it: PLEASE READ (83)

a. Within the past year (0 TO 12 MONTHS AGO) . . . 1
b. Within the past two years (13 TO 24 MONTHS AGO) . 2
OR

c. Within the past five years (25 TO 60 MONTHS AGO) . 3

d. More than five years ago (61+ MONTHS AGO) . . 4

Do not read Don't know/Not sure ................. 7
these responses

Never ................................................. 8

Refused .............................................. 9

These next questions are about blood cholesterol, which is a fatty substance found in the blood.

31. Have you ever had your blood cholesterol checked? (84)

a. Yes ............................................... 1
b. No GO TO Q. 36 (p.15) ...................... 2

Don't know/Not sure GO TO Q. 36 (p.15) .... 7

Refused GO TO Q. 36 (p.15) ................. 9
32. About how long has it been since you last had your blood cholesterol checked?

Was it: PLEASE READ (85)

a. Within the past year (0 TO 12 MONTHS AGO) . . . 1
b. Within the past two years (13 TO 24 MONTHS AGO) . 2
c. Within the past five years (25 TO 60 MONTHS AGO) 3

OR

d. More than five years ago (61+ MONTHS AGO) . . 4

Do not read Don't know/Not sure .................... 7
Never ............................................. 8
Refused ............................................ 9

33. Have you ever been told your blood cholesterol level, in numbers? (86)

a. Yes ............................................. 1
b. No GO TO Q. 35 ................................ 2

Don't know/Not sure GO TO Q. 35 ............. 7
Refused GO TO Q. 35 ......................... 9

34. What is your blood cholesterol level? (87-89)

a. Record the number ......................... ___ ___ ___

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

35. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (90)

a. Yes ............................................. 1
b. No .............................................. 2

Don't know/Not sure ...................... 7
Refused ............................................. 9
36. Next, I'd like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?

(a) Yes ........................................... 1  
(b) No ............................................. 2  
   Don't know/Not sure ........................... 7  
   Refused ........................................ 9
SECTION H: HEALTH INSURANCE

These next questions are about Health Care Plans which include Health Insurance, pre-paid plans such as HMO's (Health Maintenance Organizations), or government plans such as Medicare.

37. Do you have any kind of Health Care Plan? (92)
   a. Yes .................................................. 1
   b. No GO TO Q.41 (p.17) ............................ 2
      Don't know/Not sure GO TO Q.41 (p.17) ......... 7
      Refused GO TO Q.41 (p.17) ......................... 9

38. For hospital bills, does your Health Care Plan cover all, most, some or none of your expenses? (93)
   a. All........................................................ 1
   b. Most ..................................................... 2
   c. Some .................................................... 3
   d. None ..................................................... 4
      Don't know/Not sure ................................... 7
      Refused ................................................ 9
39. For visits to a doctor's office when you are sick, does your Health Care Plan cover all, most, some, or none of your expenses? (94)
   a. All .................................................. 1
   b. Most .................................................. 2
   c. Some .................................................. 3
   d. None .................................................. 4
   Don't know/Not sure. ................................. 7
   Refused. ............................................... 9

40. When you are not sick, does your Health Care Plan cover all, most, some, or none of your check-ups or other preventive services? (95)
   a. All .................................................. 1
   b. Most .................................................. 2
   c. Some .................................................. 3
   d. None .................................................. 4
   Don't know/Not sure. ................................. 7
   Refused. ............................................... 9

41. Was there a time during the last 12 months, when you needed to see a doctor but could not, due to the cost? (96)
   a. Yes. .................................................. 1
   b. No ..................................................... 2
   Don't know/Not sure. ................................. 7
   Refused. ............................................... 9
SECTION I: DEMOGRAPHICS

These next few questions ask for a little more information about yourself.

42. How old were you on your last birthday? (97-98)
   - Code age in years: __ __ __
   - Don't know/Not sure: 0 7
   - Refused: 0 9

43. What is your race?
   Would you say: PLEASE READ (99)
   - White: 1
   - Black: 2
   - Asian, Pacific Islander: 3
   - Aleutian, Eskimo, or American Indian: 4
   - Other:(specify)__________________________________ 5
   - Don't know/Not sure: 7
   - Refused: 9

44. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican, or Cuban? (100)
   - Yes: 1
   - No: 2
   - Don't know/Not sure: 7
   - Refused: 9
45. What is the highest grade or year of school you completed?

READ ONLY IF NECESSARY

a. Eighth grade or less .................... 1
b. Some high school ....................... 2
c. High school grad or GED certificate .... 3
d. Some technical school ................. 4
e. Technical school graduate ............. 5
f. Some college ............................. 6
g. College graduate ....................... 7
h. Post grad or professional degree ....... 8
   Refused .................................. 9

46. Are you currently:  PLEASE READ

a. Employed for wages ........................ 1
b. Self employed ............................. 2
c. Out of work for more than 1 year ....... 3
d. Out of work for less than 1 year ......... 4
e. Homemaker .............................. 5
f. Student ................................. 6
   OR
   g. Retired ............................... 7
   Refused .................................. 9
47. And are you:  

a. Married ........................................ 1  
b. Divorced ....................................... 2  
c. Widowed ....................................... 3  
d. Separated ..................................... 4  
e. Never been married ........................... 5  
OR  
f. A member of an unmarried couple. .......... 6  
Refused ......................................... 9

48. Which of the following categories best describes your annual household income from all sources?  

PLEASE READ  

a. Less than $10,000 ............................. 1  
b. $10 to less than $15,000 .................... 2  
c. $15 to less than $20,000 .................... 3  
d. $20 to less than $25,000 .................... 4  
e. $25 to less than $35,000 .................... 5  
f. $35 to $50,000 ............................... 6  
OR  
g. Over $50,000 .................................. 7  

Do Not Read  
Don't know/Not sure ............................. 8  
These Responses  
Refused ......................................... 9
49. About how much do you weigh without shoes? (105-107)  
   a. WEIGHT .................................. _______/_______ Pounds  
      Don't know/Not sure ................. 7 7 7  
      Refused .............................. 9 9 9  

50. About how tall are you without shoes? (108-110)  
   a. HEIGHT ................................. _______/_______ Ft / Inches  
      Don't know/Not sure ................. 7 7 7  
      Refused .............................. 9 9 9  

51. INTERVIEWER: INDICATE SEX OF RESPONDENT. ASK IF NECESSARY (111)  
   a. Male, GO TO SECTION K (p.27) ........ 1  
   b. Female .................................. 2
SECTION J: WOMEN'S HEALTH

These next questions are about mammograms, which are X-ray tests of the breast to look for cancer.

52. Have you ever had a mammogram? (112)
   a. Yes ................................................. 1
   b. No  GO TO Q. 56 (p.23) .......................... 2
      Don't know/Not sure  GO TO Q. 56 (p.23) ...... 7
      Refused  GO TO Q. 56 (p.23) .................... 9

53. About how long has it been since you had your last mammogram?
   Was it: PLEASE READ (113)
   a. Within the past year (0 TO 12 MONTHS AGO) ... 1
   b. Within the past two years (13 TO 24 MONTHS AGO) 2
   c. Within the past five years (25 TO 60 MONTHS AGO) OR 3
   d. More than five years ago (61+ MONTHS AGO) .... 4
   Do Not Read
   Don't know/Not sure .............................. 7
   These Responses
   Never ................................................. 8
   Refused .............................................. 9

54. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer? (114)
   a. Routine checkup .................................... 1
   b. Breast problem .................................... 2
   c. Had breast cancer .................................. 3
      Don't know/Not sure ............................. 7
      Refused ........................................... 9
55. Whose idea was it for you to have this last mammogram - was it your idea, your doctor's idea, or someone else's idea?

**PROBE FOR THE MOST INFLUENTIAL. RECORD ONLY ONE RESPONSE.**

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<th>Code</th>
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<tr>
<td>b. Doctor's idea</td>
<td>2</td>
</tr>
<tr>
<td>c. Someone else's idea</td>
<td>3</td>
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<td>Don't know/Not sure</td>
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</tr>
<tr>
<td>Refused</td>
<td>9</td>
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</tbody>
</table>

The next questions are about breast physical examination, which is when the breast is felt for lumps by a doctor or medical assistant.

56. Have you ever had a breast physical exam by a doctor or a medical assistant?  

<table>
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<th>Code</th>
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<td>a. Yes</td>
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<tr>
<td>b. No</td>
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<td>7</td>
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57. About how long has it been since your last breast physical exam?

**PLEASE READ**

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<th>Option</th>
<th>Code</th>
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<td>a. Within the past year (0 TO 12 MONTHS AGO)</td>
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<td>b. Within the past two years (13 TO 24 MONTHS AGO)</td>
<td>2</td>
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<tr>
<td>c. Within the past five years (25 TO 60 MONTHS AGO)</td>
<td>3</td>
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<tr>
<td>OR d. More than five years ago (61+ MONTHS AGO)</td>
<td>4</td>
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<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
58. Was your last breast physical exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?  

a. Routine checkup .......................... 1  
b. Breast problem ............................. 2  
c. Had breast cancer. ......................... 3  
Don't know/Not sure .......................... 7  
Refused ........................................ 9

These next questions are about Pap Smears, which test for cancer of the cervix or uterus.

59. Have you ever heard of a Pap Smear test?  

a. Yes ............................................. 1  
b. No  
   \text{GO TO Q. 62 (p.25)} ........................ 2  
Don't know/Not sure  
   \text{GO TO Q. 62 (p.25)} ........................ 7  
Refused  
   \text{GO TO Q. 62 (p.25)} ........................ 9

60. Have you ever had a Pap Smear?  

a. Yes ............................................. 1  
b. No  
   \text{GO TO Q. 62 (p.25)} ........................ 2  
Don't know/Not sure  
   \text{GO TO Q. 62 (p.25)} ........................ 7  
Refused  
   \text{GO TO Q. 62 (p.25)} ........................ 9
61. When did you have your last Pap Smear? (121)

Was it:  

PLEASE READ  

a. Within the past year  (0 TO 12 MONTHS AGO)  . . . . . 1  
b. Within the past two years  (13 TO 24 MONTHS AGO) . 2  
c. Within the past five years  (25 TO 60 MONTHS AGO) 3  
OR  
d. More than five years ago  (61+ MONTHS AGO) . . . 4  

Do Not Read  

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

Refused. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9  

62. Have you had a hysterectomy? (122)  

PLEASE NOTE: A hysterectomy is "An operation to remove the uterus."  

a. Yes  GO TO SECTION K (p.27) . . . . . . . . . . . . . . . . . 1  
b. No . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2  

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

Refused. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9  

INTERVIEWER: ASK THESE TWO QUESTIONS ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE,  

OTHERWISE, GO TO SECTION K (p.27).  

63. To your knowledge, are you now pregnant? (123)  

a. Yes . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1  

b. No  GO TO SECTION K (p.27) . . . . . . . . . . . . . . . . . 2  

Don't know/Not sure  GO TO SECTION K (p.27) . . . . . . 7  

Refused  GO TO SECTION K (p.27) . . . . . . . . . . . . . . . . . 9
64. During what month is your baby due?

<table>
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<th>Code</th>
<th>Months</th>
<th>Code month</th>
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<td>09</td>
<td>Sep</td>
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<td>11</td>
<td>Nov</td>
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<tr>
<td>12</td>
<td>Dec</td>
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</table>
SECTION K: AIDS

These next few questions are to determine your beliefs and opinions about the national health problem of AIDS.

65. Have you ever heard the AIDS virus called by the name HIV? (126)
   a. Yes ................................................. 1
   b. No ................................................. 2
   Don't know/Not sure ................................. 7
   Refused .............................................. 9

66. To your knowledge, are there drugs available which can lengthen the life of a person infected with the AIDS virus? (127)
   a. Yes ................................................... 1
   b. No ................................................... 2
   Don't know/Not sure ................................. 7
   Refused .............................................. 9

67. Do you think a person who is infected with the AIDS virus can look and feel well and healthy? (128)
   a. Yes ................................................... 1
   b. No ................................................... 2
   Don't know/Not sure ................................. 7
   Refused .............................................. 9
68. Do you think a person can get infected with AIDS or the AIDS virus from:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Donating blood?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>b. Being cared for by a nurse, doctor, dentist or other health care worker who has the AIDS virus?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

69. Do you think a pregnant woman who has the AIDS virus can give it to her baby? (131)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
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<tr>
<td>b. No</td>
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<td></td>
<td>2</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td></td>
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<td>7</td>
</tr>
<tr>
<td>Refused</td>
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</tbody>
</table>

70. Do you have a child or children in kindergarten through eighth grade? (132)

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
<th>Ref</th>
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</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
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<tr>
<td>b. No</td>
<td></td>
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<td></td>
<td>2</td>
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<tr>
<td>Don't know/Not sure</td>
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<td>7</td>
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<tr>
<td>Refused</td>
<td></td>
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<td>9</td>
</tr>
</tbody>
</table>

71. Would you allow your child to be in the same classroom with a child who is infected with the AIDS virus? (133)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
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<tr>
<td>b. No</td>
<td></td>
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<td>2</td>
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<tr>
<td>Don't know/Not sure</td>
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<td>7</td>
</tr>
<tr>
<td>Refused</td>
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</tbody>
</table>
72. At what grade do you think your child should begin AIDS education in school? (134-135)

<table>
<thead>
<tr>
<th>Code Grade</th>
<th>a. Code grade</th>
<th>b. Never</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>K=55</td>
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<tr>
<td>1st=01</td>
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<td>2nd=02</td>
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<td>3rd=03</td>
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<td>4th=04</td>
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<td>5th=05</td>
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<td>6th=06</td>
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<td>7th=07</td>
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<td>8th=08</td>
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<td>9th=09</td>
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<td>10th=10</td>
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<td>11th=11</td>
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<tr>
<td>12th=12</td>
<td></td>
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</tbody>
</table>

73. Would you eat in a restaurant where the cook is infected with the AIDS virus? (136)

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

74. Would you be willing to work with a person who is infected with the AIDS virus? (137)

a. Yes ............................................. 1
b. No ............................................... 2
   Don't know/Not sure ............................... 7
   Refused ........................................... 9
75. Where could you go to be tested for the AIDS virus infection?

**PROBE FOR OTHER PLACES IF ONLY ONE RESPONSE IS GIVEN**

a. Facility code ........................................ __ __

IF RESPONDENT ANSWERED NO PLACE, DON'T KNOW OR REFUSED, GO TO QUESTION 76.

b. Where else could you go? ................. __ __

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

**PLEASE DO NOT READ LIST**

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

a. Private doctor, HMO. .............................. 01
b. Blood bank, plasma center, Red Cross ........... 02
c. Health department. ................................. 03
d. AIDS clinic, AIDS testing site ...................... 04
e. Hospital, emergency room ......................... 05
f. Family planning clinic .............................. 06
g. STD clinic ........................................... 07
h. Community health clinic, primary care clinic .. 08
i. Company or industry clinic .......................... 09
j. Military induction or examination .................. 10
k. Other ............................................... 87
l. No place .............................................. 88
Don't know/Not sure .................................. 77
Refused ............................................... 99
76. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think using a condom is in preventing getting the AIDS virus through sexual activity?

Would you say:  PLEASE READ  (142)

a. Very effective ........................................ 1

b. Somewhat effective ................................. 2

OR

c. Not at all effective ................................. 3

DO NOT READ THESE RESPONSES

Don't know how effective ............................. 4

Don't know method ................................. 5

Refused ........................................... 9

77. How many telephone numbers will reach this household, including the number I used today?

DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND TELEPHONE SETS IF NECESSARY. INCLUDE ALL TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD  (143)

a. Total telephone numbers ............................ _____

CLOSING STATEMENT

That's 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.
1. What county do you live in? (144-146)
   a. County Code .............. __ __ __
      Don't know/Not sure .......... 7 7 7
      Refused ...................... 9 9 9