

**1993 North Carolina Behavioral Risk Factor
Surveillance System (BRFSS) Questionnaire
N = 2332 Respondents**

CORE SECTIONS

Section A:	Health Status	2
Section B:	Health Care Access	3
Section C:	Hypertension Awareness	5
Section D:	Cholesterol Awareness	6
Section E:	Diabetes	8
Section F:	Injury Control	8
Section G:	Tobacco Use	10
Section H:	Alcohol Consumption	12
Section I:	Demographics	13
Section J:	Women's Health	17
Section K:	Immunization	20
Section L:	Colorectal Cancer Screening	21
Section M:	AIDS Knowledge and Testing	22

OPTIONAL MODULES

Module 5:	Diabetes	29
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Note: This electronic questionnaire is from CDC and is formatted differently from their paper version in the questionnaire binder.

1993 BRFSS QUESTIONNAIRE - CDC Core

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section A: Health Status

1. Would you say that in general your health is: (33)

Please Read

- a. Excellent 1
- b. Very good 2
- c. Good 3
- d. Fair 4
- or**
- e. Poor? 5

Do not Don't know/Not Sure 7

read these

responsesRefused 9

2. 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? (34-35)

- a. Number of days — —
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

3. 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? (36-37)
- | | | |
|---------------------|---|---|
| a. Number of days | — | — |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |
4. 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? (38-39)
- | | | |
|---------------------|---|---|
| a. Number of days | — | — |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

Section B: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare? (40)
- | | |
|---|---|
| a. Yes Go to Q. 7 (pg. 3) | 1 |
| b. No | 2 |
| Don't know/Not sure Go to Q. 7 (pg. 3) | 7 |
| Refused Go to Q. 7 (pg. 3) | 9 |

6. About how long has it been since you had health care coverage?
(41)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (7 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never 8
- Refused 9

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (42)

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

8. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (43)

- Do not probe for more than one place**
- a. Yes, one particular place 1
 - b. Yes, more than one particular place 2
 - c. No 3
 - Don't know/Not sure 7
 - Refused 9

9. About how long has it been since you last visited a doctor for a routine checkup? (44)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Never 8
- Refused 9

Section C: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (45)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (7 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never **Go to Q. 13 (pg. 5)** 8
- Refused 9

11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (46)
- a. Yes 1
 - b. No **Go to Q. 13** 2
 - Don't know/Not sure **Go to Q. 13** 7
 - Refused **Go to Q. 13** 9
12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (47)
- a. More than once 1
 - b. Only once 2
 - Don't know/Not sure 7
 - Refused 9

Section D: Cholesterol Awareness

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48)
- a. Yes 1
 - b. No **Go to Q. 16 (pg. 6)** 2
 - Don't know/Not sure **Go to Q. 16 (pg. 6)** 7
 - Refused **Go to Q. 16 (pg. 6)** 9

14. About how long has it been since you last had your blood cholesterol checked? (49)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50)

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

Section E: Diabetes

16. Have you ever been told by a doctor that you have diabetes? (51)

Code		
"No" for	a. Yes	1
gesta-		
tional	b. No	2
diabetes		
	Don't know/Not sure	7
	Refused	9

Section F: Injury Control

17. How often do you use seatbelts when you drive or ride in a car? (52)

	Would you say: Please Read	
	a. Always	1
	b. Nearly Always	2
	c. Sometimes	3
	d. Seldom	4
	or	
	e. Never	5
Do not	Don't know/Not sure	7
read these		
responses	Never drive or ride in a car	8
	Refused	9

18. How many children less than 18 years of age live in your household? (53-54)

	Number children	—	—
	None Go to Q. 21 (pg. 8)	8	8
	Refused	9	9

19.	What is the age of the oldest child in your household under the age of 15?	(55-56)
Code		
<1 yr.	a. Code age in years	— —
as "01"	b. No children under age 15 Go to Q. 21 (pg. 8)	8 8
	Don't know/Not sure Go to Q. 21 (pg. 8)	7 7
	Refused Go to Q. 21 (pg. 8)	9 9
20.	How often does the oldest child (of children under age 15) in your household use a... (57)	
	car safety seat [for child under 5]	
	seatbelt [for child 5 or older]	
	...when they ride in a car?	
	Would you say: Please Read	
	a. Always	1
	b. Nearly always	2
	c. Sometimes	3
	d. Seldom	4
	or	
	e. Never	5
Do not read these responses	Don't know/Not sure	7
	Never rides in a car	8
	Refused	9
21.	Can you swim or tread water for 5 minutes in water that is over your head? (58)	
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

22.	Do you have a specific plan for how you would escape from your house or apartment in case of fire?	(59)
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

Section G: Tobacco Use

23.	Have you smoked at least 100 cigarettes in your entire life?	(60)
5 packs		
= 100	a. Yes	1
ciga-	b. No Go to Q. 29 (pg. 10)	2
rettes	Don't know/Not sure Go to Q. 29 (pg. 10)	7
	Refused Go to Q. 29 (pg. 10)	9

24.	Do you smoke cigarettes now?	(61)
a.	Yes	1
b.	No Go to Q. 28 (pg. 10)	2
	Refused Go to Q. 29 (pg. 10)	9

25.	On the average, about how many cigarettes a day do you now smoke?	(62-63)
1 pack		
= 20	a. Number of cigarettes	— —
ciga-	b. Don't smoke regularly	8 8
rettes	Refused	9 9

26. During the past 12 months, have you quit smoking for 1 day or longer? (64)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
27. Would you like to stop smoking? (65)
- a. Yes **Go to Q. 29** 1
 - b. No **Go to Q. 29** 2
 - Don't know/Not sure **Go to Q. 29** 7
 - Refused **Go to Q. 29** 9
28. About how long has it been since you last smoked cigarettes regularly (that is, daily)? (66)
- Read Only if Necessary**
- a. Within the past month (0 to 1 month ago) 1
 - b. Within the past 3 months (1 to 3 months ago) 2
 - c. Within the past 6 months (3 to 6 months ago) 3
 - d. Within the past year (6 months to 1 year ago) 4
 - e. Within the past 5 years (1 year to 5 years ago) 5
 - f. Five or more years ago 6
 - Don't know/Not sure 7
 - Never smoked regularly 8
 - Refused 9

Section H: Alcohol Consumption

29. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (67)
- a. Yes 1
 - b. No **Go to Q. 34 (pg. 12)** 2
 - Don't know/Not sure **Go to Q. 34 (pg. 12)** 7
 - Refused **Go to Q. 34 (pg. 12)** 9
30. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (68-70)
- a. Days per week 1 _ _
 - b. Days per month 2 _ _
 - Don't know/Not sure **Go to Q. 32** 7 7 7
 - Refused **Go to Q. 32** 9 9 9
31. 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? (71-72)
- Number of drinks _ _
 - Don't know/Not sure 7 7
 - Refused 9 9
32. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (73-74)
- a. Number of times _ _
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

33.	During the past month, how many times have you driven when you've had perhaps too much to drink?	(75-76)
a.	Number of times	— —
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9
34.	During the past month, how many times have you ridden with a driver who has had perhaps too much to drink?	(77-78)
a.	Number of times	— —
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

Section I: Demographics

35.	What is your age?	(79-80)
	Code age in years	— —
	Don't know/Not sure	0 7
	Refused	0 9
36.	What is your race?	(81)
	Would you say: Please Read	
a.	White	1
b.	Black	2
c.	Asian, Pacific Islander	3
d.	American Indian, Alaska Native	4
	or	
e.	Other: (specify) _____	5
Do not	Don't know/Not sure	7
read these		
responses	Refused	9

37.	Are you of Spanish/Hispanic origin?	(82)
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
38.	Are you:	(83)
	Please Read	
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
39.	What is the highest grade or year of school you completed?	(84)
	Read Only if Necessary	
a.	Never attended school or kindergarten only	1
b.	Grades 1 through 8 (Elementary)	2
c.	Grades 9 through 11 (Some high school)	3
d.	Grade 12 or GED (High school graduate)	4
e.	College 1 year to 3 years (Some college or technical school)	5
f.	College 4 years or more (College graduate)	6
	Refused	9

40. Are you currently: (85)

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
- g. Retired 7
- or**
- h. Unable to work 8
- Refused 9

41. Which of the following categories best describes your annual household income from all sources? (86)

Please Read

- a. Less than \$10,000 1
- b. \$10,000 to less than \$15,000 2
- c. \$15,000 to less than \$20,000 3
- d. \$20,000 to less than \$25,000 4
- e. \$25,000 to less than \$35,000 5
- f. \$35,000 to \$50,000 6
- or**
- g. Over \$50,000 7
- Do not** Don't know/Not sure 8
- read these**
- responses**Refused 9

42.	About how much do you weigh without shoes?	(87-89)
Round	Weight	<u> </u> <u> </u> <u> </u>
fractions		pounds
up		
	Don't know/Not sure	7 7 7
	Refused	9 9 9
43.	About how tall are you without shoes?	(90-92)
Round	Height	<u> </u> / <u> </u> <u> </u>
fractions		ft/inches
down		
	Don't know/Not sure	7 7 7
	Refused	9 9 9
44.	What county do you live in?	(93-95)
	County code	<u> </u> <u> </u> <u> </u>
	Don't know/not sure	7 7 7
	Refused	9 9 9
45.	Do you have more than one telephone number in your household?	(96)
a.	Yes	1
b.	No Go to Q. 47	2
	Refused Go to Q. 47	9
46.	How many residential telephone numbers do you have?	(97)
	Total telephone numbers Code 1 - 8; 8 = 8 or more	<u> </u>
	Refused	9
47.	Indicate sex of respondent. Ask Only if Necessary	(98)
	Male Go to Q. 59 (pg. 19)	1
	Female	2

Section J: Women's Health

48. A mammogram is an x-ray of the breast to look for cancer. Have you ever had a mammogram? (99)
- a. Yes 1
 - b. No **Go to Q. 51 (pg. 17)** 2
 - Don't know/Not sure **Go to Q. 51 (pg. 17)** 7
 - Refused **Go to Q. 51 (pg. 17)** 9
49. How long has it been since you had your last mammogram? (100)
- Read only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
50. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (101)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9

51. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (102)
- a. Yes 1
 - b. No **Go to Q. 54 (pg. 18)** 2
 - Don't know/Not sure **Go to Q. 54 (pg. 18)** 7
 - Refused **Go to Q. 54 (pg. 18)** 9
52. How long has it been since your last breast exam? (103)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
53. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (104)
- a. Routine Checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9

54. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (105)
- a. Yes 1
 - b. No **Go to Q. 57 (pg. 19)** 2
 - Don't know/Not sure **Go to Q. 57 (pg. 19)** 7
 - Refused **Go to Q. 57 (pg. 19)** 9
55. How long has it been since you had your last Pap smear? (106)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
56. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (107)
- a. Routine exam 1
 - b. Check current or previous problem 2
 - Other 3
 - Don't know/Not sure 7
 - Refused 9

57. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)? (108)
- a. Yes **Go to Q. 59** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

If respondent 45 years old or older, go to Q. 59.

58. To your knowledge, are you now pregnant? (109)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section K: Immunization

59. During the past 12 months, have you had a flu shot? (110)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

60. Have you ever had a pneumonia vaccination? (111)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

If respondent 40 years old or older, continue with Q. 61. Otherwise, go to Section M: AIDS (pg. 21).

Section L: Colorectal Cancer Screening

61. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam? (112)
- a. Yes 1
 - b. No **Go to Q. 63** 2
 - Don't know/Not sure **Go to Q. 63** 7
 - Refused **Go to Q. 63** 9
62. When did you have your last digital rectal exam? (113)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 5 years (2 to 5 years ago) 3
 - d. 5 or more years ago 4
 - Don't know/Not sure 7
 - Refused 9
63. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam? (114)
- a. Yes 1
 - b. No **Go to Section M: AIDS (pg. 21)** 2
 - Don't know/Not sure **Go to Section M: AIDS (pg. 21)** 7
 - Refused **Go to Section M: AIDS (pg. 21)** 9

64. When did you have your last proctoscopic exam? (115)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

Section M: AIDS Knowledge and Testing

If respondent is 65 years old or older, go to Closing Statement

The next few questions are about the national health problem of AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

65. Can you tell by looking at a person if he or she has the AIDS virus? (116)

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

66. Would you be willing to work next to or near a person who you know is infected with the AIDS virus? (117)

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

67. If you had a child in school, would you allow him or her to be in the same classroom with another child who is infected with the AIDS virus? (118)
- a. Yes 1
 - b. No 2
 - c. Don't have children 3
 - Don't know/Not sure 7
 - Refused 9
68. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (119)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
69. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think a properly used condom is for this purpose? (120)
- Would you say: **Please read**
- a. Very effective 1
 - b. Somewhat effective 2
 - or**
 - c. Not at all effective 3
 - Do not** Don't know how effective 4
 - read these**
 - responses** Don't know method 5
 - Refused 9

70. To your knowledge is there medical treatment available that may help a person who is infected with the AIDS virus live longer? (121)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
71. What are your chances of getting the AIDS virus? (122)
- Would you say: **Please read**
- a. High 1
 - b. Medium 2
 - c. Low 3
 - or**
 - d. None 4
- Do not** Don't know/Not sure 7
read these
responsesRefused 9
72. In the past five years (that is, since 1988), have your chances of getting the AIDS virus increased, decreased, or stayed the same? (123)
- a. Increased 1
 - b. Decreased 2
 - c. Stayed the same 3
 - Don't know/Not sure 7
 - Refused 9

73.	Except for donating or giving blood, have you ever had your blood tested for the AIDS virus infection?	(124)
a.	Yes	1
b.	No Go to Closing Statement	2
	Don't know/Not sure Go to Closing Statement	7
	Refused Go to Closing Statement	9
74.	When was your last test?	(125-128)
	Code month and year	__ __/__
-	Don't know/Not sure	7 7 7 7
	Refused	9 9 9 9
75.	What was the main reason you had your last AIDS blood test?	(129-130)
	Reason code	__ -
	Read only if necessary	
a.	For hospitalization or surgical procedure	01
b.	To apply for health insurance	02
c.	To apply for life insurance	03
d.	For employment	04
e.	To apply for a marriage license	05
f.	For military induction or military service	06
g.	For immigration	07
h.	Just to find out if you were infected	08
i.	Because of referral by a doctor	09
j.	Because of referral by the Health Department	10
k.	Referred by your sex partner	11
l.	Because it was part of a blood donation process	12
m.	For routine check-up	13
n.	Because of occupational exposure	14
o.	Because of illness	15
p.	Other	87
	Don't know/Not sure	77
	Refused	99

76. Where did you have your last blood test for the AIDS virus?
(131-132)

Facility Code — —

Read only if necessary

- | | |
|--|----|
| a. Private doctor, HMO | 01 |
| b. Blood bank, plasma center, Red Cross | 02 |
| c. Health department | 03 |
| d. AIDS clinic, counseling, testing site | 04 |
| e. Hospital, emergency room, outpatient clinic | 05 |
| f. Family planning clinic | 06 |
| g. Prenatal clinic | 07 |
| h. Tuberculosis clinic | 08 |
| i. STD clinic | 09 |
| j. Community health clinic | 10 |
| k. Clinic run by employer | 11 |
| l. Insurance company clinic | 12 |
| m. Other public clinic | 13 |
| n. Drug treatment facility | 14 |
| o. Military induction or military service site | 15 |
| p. Immigration site | 16 |
| q. At home, home visit by nurse or health worker | 17 |
| r. Other | 87 |
| Don't know/Not sure | 77 |
| Refused | 99 |

77. If you received the results of your last test, did you receive counseling or talk with a health care professional about how to lower your chances of becoming infected with the AIDS virus or how to avoid passing it on to another person? (133)

- | | |
|--|---|
| a. Yes (received results and was counseled) | 1 |
| b. No (received results and was not counseled) | 2 |
| c. Did not get results | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

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.

Module 5: Diabetes

1.	How old were you when you were told you have diabetes?	(204-205)
	Code age in years	— —
	Don't know/Not sure	7 7
	Refused	9 9
2.	Are you now taking insulin?	(206)
a.	Yes	1
b.	No	2
	Refused	9
3.	In general, how would you rate your vision when wearing glasses or contacts if needed?	(207)
	Would you say: Please Read	
a.	Excellent	1
b.	Very good	2
c.	Good	3
d.	Fair	4
	or	
e.	Poor	5
Do not	Don't know/Not sure	7
read these		
responses	Refused	9

4. How often do you have trouble telling the difference between a one dollar bill and a five dollar bill? (This means when wearing glasses or contacts if needed.) (208)

Would you say: **Please Read**

- a. All of the time 1
- b. Most of the time 2
- c. Some of the time 3
- d. A little bit of the time 4
- or**
- e. None of the time 5

Do not Don't know/Not sure 7
read these
responses Refused 9

5. While stopped in a vehicle at a traffic light, how often do you have trouble reading the license plate on the car in front of you? (This means when wearing glasses or contacts if needed.) (209)

Would you say: **Please Read**

- a. All of the time 1
- b. Most of the time 2
- c. Some of the time 3
- d. A little bit of the time 4
- or**
- e. None of the time 5

Do not Don't know/Not sure 7
read these
responses Refused 9