

1994 North Carolina Behavioral Risk Factor
Surveillance System (BRFSS) Questionnaire
N = 2137 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.

HELLO, I'm _____ calling for the _____
_____. We're doing a study of the health practices
of _____ residents. Your phone number has been
chosen randomly by the _____ to be
included in the study, and we'd like to ask some questions about
things people do which may affect their health.

Is this _____ ?

No Thank you very much, but
I seem to have dialed the
wrong number, It's
possible that your number
may be called at a later
time. **Stop**

Is this a private residence?

No Thank you very much, but
we are only interviewing
private residences. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.
If "you," go to page 3

To correct respondent Hello, I'm _____
_____ calling for the _____
_____ I'm a member of a special research team.
We're doing a study of _____
_____ residents regarding their health practices
and day-to-day living habits. You have been
randomly chosen to be included in the study
from among the adult members of your
household.

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

Section 1: 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
- e. Poor? 5

Do not Don't
 know/Not Sure 7

read these
responses 9 Refused

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 If Q. 2 also "None," go to Q. 5 (p. 5) | 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 2: 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** 1
- b. No 2
- Don't know/Not sure **Go to Q. 7** 7
- Refused **Go to Q. 7** 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 (6 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. About how long has it been since you last visited a doctor for a routine checkup? (43)

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 3: Diabetes

9. Have you ever been told by a doctor that you have diabetes?
(44)

If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

Section 4: Exercise

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

10. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (45)

- a. Yes 1
- b. No Go to Q. 20 (p. 11) 2
- Don't know/Not sure Go to Q. 20 (p. 11) 7
- Refused Go to Q. 20 (p. 11) 9

11. What type of physical activity or exercise did you spend the most time doing during the past month? (46-47)

Activity (specify): _____ — —
See coding list A

Refused Go to Q. 15 (p. 9) 9 9

Ask Q. 12 only if answer to Q. 11 is running, jogging, walking, or swimming. All others, go to Q. 13.

12. How far did you usually walk/run/jog/swim? (48-50)

See coding Miles and
 tenths _____
list B if
response is Don't
 know/Not sure 7 7 7
not in miles
and tenths Refused
 9 9 9

13. How many times per week or per month did you take part in this activity during the past month? (51-53)

a. Times per week	1	__	__
b. Times per month	2	__	__
Don't know/Not sure	7	7	7
Refused	9	9	9

14. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (54-56)

Hours and minutes	__	:	__	__
Don't know/Not sure	7	7	7	
Refused	9	9	9	

15. Was there another physical activity or exercise that you participated in during the last month? (57)

a. Yes	1
b. No Go to Q. 20 (p. 11)	2
Don't know/Not sure Go to Q. 20 (p. 11)	7
Refused Go to Q. 20 (p. 11)	9

16. What other type of physical activity gave you the next most exercise during the past month? (58-59)

Activity (specify): _____ See coding list A	__	__
Refused Go to Q. 20 (p. 11)	9	9

Ask Q. 17 only if answer to Q. 16 is running, jogging, walking, or swimming. All others go to Q. 18. (60-62)

17. How far did you usually walk/run/jog/swim?

See coding

list B if	Miles and tenths	—	—	—
response is				
not in	Don't know/Not sure	7	7	7
miles and				
tenths	Refused	9	9	9

18. How many times per week or per month did you take part in this activity? (63-65)

a.	Times per week	1	—	—
b.	Times per month	2	—	—
	Don't know/Not sure	7	7	7
	Refused	9	9	9

19. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (66-68)

Hours and minutes	—	:	—	—
Don't know/Not sure	7		7	7
Refused	9		9	9

Section 5: Tobacco Use

20. Have you smoked at least 100 cigarettes in your entire life?
(69)

5 packs
= 100
ciga-
rettes

a. Yes	1
b. No Go to Section 6: Nutrition (p. 13)	2
Don't know/Not sure Go to Section 6: Nutrition (p. 13)	7
Refused Go to Section 6: Nutrition (p. 13)	9

21. Do you smoke cigarettes now? (70)

a. Yes	1
b. No Go to Q. 25 (p. 12)	2
Refused Go to Section 6: Nutrition (p. 13)	9

22. On how many of the past 30 days did you smoke cigarettes?
(71-72)

a. Number of days If less than 30, go to Q. 23a (p.12) ___ _	
b. None Go to Q. 25 (p. 12)	8 8
Don't know/Not sure	7 7
Refused	9 9

23. On the average, about how many cigarettes a day do you now smoke?
(73-74)

1 pack
= 20
ciga-
rettes

Number of cigarettes Go to Q. 24 (p. 12)	___ _
Don't know/Not sure Go to Q. 24 (p. 12)	7 7
Refused Go to Q. 24 (p. 12)	9 9

23a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (75-76)

1 pack
= 20

Number of cigarettes **Go to Section 6: Nutrition (p. 13)**

—
—
ciga-
rettes
7

Don't know/Not sure **Go to Section 6: Nutrition (p. 13)** 7

Refused **Go to Section 6: Nutrition (p. 13)** 9 9

24. During the past 12 months, have you quit smoking for 1 day or longer? (77)

a. Yes **Go to Section 6: Nutrition (p. 13)** 1

b. No **Go to Section 6: Nutrition (p. 13)** 2

Don't know/Not sure **Go to Section 6: Nutrition (p. 13)** 7

Refused **Go to Section 6: Nutrition (p. 13)** 9

25. About how long has it been since you last smoked cigarettes regularly (that is, daily)? (78-79)

Read Only if Necessary

a. Within the past month (0 to 1 month ago) 01

b. Within the past 3 months (1 to 3 months ago) 02

c. Within the past 6 months (3 to 6 months ago) 03

d. Within the past year (6 to 12 months ago) 04

e. Within the past 5 years (1 to 5 years ago) 05

f. Within the past 15 years (5 to 15 years ago) 06

g. 15 or more years ago 07

Don't know/Not sure 77

Never smoked regularly 88

Refused 99

Section 6: Nutrition

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

26. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

- | | | | |
|---------------------|---|---|---|
| a. Per day | 1 | — | — |
| b. Per week | 2 | — | — |
| c. Per month | 3 | — | — |
| d. Per year | 4 | — | — |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

27. Not counting juice, how often do you eat fruit? (83-85)

- | | | | |
|---------------------|---|---|---|
| a. Per day | 1 | — | — |
| b. Per week | 2 | — | — |
| c. Per month | 3 | — | — |
| d. Per year | 4 | — | — |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

28. How often do you eat green salad?	(86-88)
a. Per day	1 ___ _
b. Per week	2 ___ _
c. Per month	3 ___ _
d. Per year	4 ___ _
e. Never	5 5 5
Don't know/Not sure	7 7 7
Refused	9 9 9

29. How often do you eat potatoes (not including french fries, fried potatoes, or potato chips)?	(89-91)
a. Per day	1 ___ _
b. Per week	2 ___ _
c. Per month	3 ___ _
d. Per year	4 ___ _
e. Never	5 5 5
Don't know/Not sure	7 7 7
Refused	9 9 9

30. How often do you eat carrots?	(92-94)
a. Per day	1 ___ _
b. Per week	2 ___ _
c. Per month	3 ___ _
d. Per year	4 ___ _
e. Never	5 5 5
Don't know/Not sure	7 7 7
Refused	9 9 9

31. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (For example, a serving of vegetables at both lunch and dinner would be two servings.)
 (95-97)

a. Per day	1	—	—
b. Per week	2	—	—
c. Per month	3	—	—
d. Per year	4	—	—
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

Section 7: Weight Control

32. Are you now trying to lose weight?	(98)
a. Yes Go to Q. 34	1
b. No	2
Don't know/Not sure	7
Refused	9
33. Are you now trying to maintain your current weight, that is to keep from gaining weight?	(99)
a. Yes	1
b. No Go to Q. 36 (p. 17)	2
Don't know/Not sure Go to Q. 36 (p. 17)	7
Refused Go to Q. 36 (p. 17)	9
34. Are you eating either fewer calories or less fat to... lose weight? [if "Yes" on Q. 32] keep from gaining weight? [if "Yes" on Q. 33]	(100)
Probe for which a. Yes, fewer calories	1
b. Yes, less fat	2
c. Yes, fewer calories and less fat	3
d. No	4
Don't know/Not sure	7
Refused	9

35. Are you using physical activity or exercise to...		
lose weight? [if "Yes" on Q. 32]		
keep from gaining weight? [if "Yes" on Q. 33]		(101)
a. Yes		1
b. No		2
Don't know/Not sure		7
Refused		9
36. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?		(102)
Probe for which a. Yes, lose weight		1
b. Yes, gain weight		2
c. Yes, maintain current weight		3
d. No		4
Don't know/Not sure		7
Refused		9

Section 8: Demographics

37. What is your age?	(103-104)
Code age in years	— —
Don't know/Not sure	0 7
Refused	0 9
 38. What is your race?	 (105)
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	
 39. Are you of Spanish/Hispanic origin?	 (106)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

40. Are you: (107)

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

41. How many children live in your household who are...

Please Read

- Code 1-9** a. less than 5 years old? ___ (108)
- 7 = 7 or more**
- 8 = None** b. 5 through 12 years old? ___ (109)
- 9 = Refused**
- c. 13 through 17 years old? ___ (110)

42. What is the highest grade or year of school you completed? (111)

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

43. Are you currently: (112)

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

44. Which of the following categories best describes your annual household income from all sources? (113-114)

Please Read

- a. Less than \$10,000 01
- b. \$10,000 to less than \$15,000 02
- c. \$15,000 to less than \$20,000 03
- d. \$20,000 to less than \$25,000 04
- e. \$25,000 to less than \$35,000 05
- f. \$35,000 to less than \$50,000 06
- g. \$50,000 to \$75,000 07
- or**
- h. Over \$75,000 08

Do not read these responses Don't know/Not sure 77
Refused 99

45. About how much do you weigh without shoes? (115-117)

Round fractions up	Weight	— — — pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

46. How much would you like to weigh? (118-120)

Weight	— — — pounds
Don't know/Not sure	7 7 7
Refused	9 9 9

47. About how tall are you without shoes? (121-123)

Round fractions down	Height	— / — — ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

48. What county do you live in? (124-126)

FIPS county code	— — —
Don't know/not sure	7 7 7
Refused	9 9 9

49. Do you have more than one telephone number in your household? (127)

a. Yes	1
b. No Go to Q. 51 (p. 22)	2
Refused Go to Q. 51 (p. 22)	9

50. How many residential telephone numbers do you have? (128)

Code 1-8 Total telephone numbers —

8 = 8 or more
Refused 9

51. Indicate sex of respondent. **Ask Only if Necessary** (129)

Male **Go to Section 10: AIDS (p. 27)** 1

Female 2

Section 9: Women's Health

52. A mammogram is an x-ray of each breast to look for breast cancer.
Have you ever had a mammogram? (130)
- a. Yes 1
 - b. No **Go to Q. 55 (p. 24)** 2
 - Don't know/Not sure **Go to Q. 55 (p. 24)** 7
 - Refused **Go to Q. 55 (p. 24)** 9
53. How long has it been since you had your last mammogram? (131)
- 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
54. 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? (132)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9

55. 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? (133)

- a. Yes 1
- b. No **Go to Q. 58 (p. 25)** 2
- Don't know/Not sure **Go to Q. 58 (p. 25)** 7
- Refused **Go to Q. 58 (p. 25)** 9

56. How long has it been since your last breast exam? (134)

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

57. 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? (135)

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

58. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (136)
- a. Yes 1
 - b. No **Go to Q. 61 (p. 26)** 2
 - Don't know/Not sure **Go to Q. 61 (p. 26)** 7
 - Refused **Go to Q. 61 (p. 26)** 9
59. How long has it been since you had your last Pap smear? (137)
- 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
60. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (138)
- a. Routine exam 1
 - b. Check current or previous problem 2
 - Other 3
 - Don't know/Not sure 7
 - Refused 9

61. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)? (139)

a. Yes **Go to Section 10: AIDS (p. 27)** 1

b. No 2

Don't know/Not sure 7

Refused 9

If respondent 45 years old or older, go to Section 10: AIDS (p. 27).

62. To your knowledge, are you now pregnant? (140)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Section 10: 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.

63. Would you be willing to work next to or near a person who you know is infected with the AIDS virus? (141)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
64. 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? (142)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
65. If you had a child in school, at what grade do you think he or she should begin AIDS education in school? (143-144)
- Code 01 thru 12**
- a. Grade — —
 - b. Kindergarten 5 5
 - c. Never 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

66. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (145)
- a. Yes 1
 - b. No 2
 - Would give other advice 3
 - Don't know/Not sure 7
 - Refused 9
67. What are your chances of getting the AIDS virus? (146)
- Would you say: **Please Read**
- a. High 1
 - b. Medium 2
 - c. Low 3
 - or**
 - d. None 4
 - Not applicable **Go to Q. 70 (p. 29)** 5
 - Do not read these responses** Don't know/Not sure 7
 - Refused 9
68. In the past year, have your chances of getting the AIDS virus increased, decreased, or stayed the same? (147)
- a. Increased 1
 - b. Decreased 2
 - c. Stayed the same 3
 - Don't know/Not sure 7
 - Refused 9

69.	Have you ever had your blood tested for the AIDS virus infection? (148)		
	a. Yes Go to Q. 70		1
	b. No		2
	Don't know/Not sure		7
	Refused		9
70a.	Have you donated blood since March 1985? (149)		
	a. Yes		1
	b. No Go to Q. 75 (p. 32)		2
	Don't know/Not sure Go to Q. 75 (p. 32)		7
	Refused Go to Q. 75 (p. 32)		9
71a.	When did you last donate blood? (150-153)		
	Code month and year Go to Q. 75 (p. 32)		___ __/___
—	Don't know/Not sure Go to Q. 75 (p. 32)		7 7 7 7
	Refused Go to Q. 75 (p. 32)		9 9 9 9
70.	When was your last AIDS blood test? (154-157)		
	Code month and year		___ __/___
—	Don't know/Not sure		7 7 7 7
	Refused		9 9 9 9

71. What was the main reason you had your last AIDS blood test?
(158-159)

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 pregnancy | 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 |

72. Where did you have your last blood test for the AIDS virus?
(160-161)

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

73. Did you receive the results of your last test?	(162)
a. Yes	1
b. No Go to Q. 75	2
Don't know/Not sure Go to Q. 75	7
Refused Go to Q. 75	9
74. Did you receive counseling or talk with a health care professional about the results of your test?	(163)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9
75. 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?	(164)
Would you say: Please read	
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
76. Have you personally ever known anyone with AIDS or the AIDS virus?	(165)
a. Yes	1
b. No	2
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.

OR

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

Module 4: Diabetes

- | | | |
|----|--|-----------|
| 1. | How old were you when you were told you have diabetes? | (218-219) |
| | Code age in years | — — |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |
| 2. | Are you now taking insulin? | (220) |
| | a. Yes | 1 |
| | b. No Go to Q. 4 | 2 |
| | Refused Go to Q. 4 | 9 |
| 3. | Currently, about how often do you use insulin? | (221-223) |
| | a. Times per day | 1 — — |
| | b. Times per week | 2 — — |
| | c. Use insulin pump | 3 3 3 |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |

4. About how often do you check your blood for glucose or sugar?
Include times when checked by a family member or friend, but do
not include times when checked by a health professional. (224-226)
- | | | | |
|---------------------|---|---|---|
| a. Times per day | 1 | — | — |
| b. Times per week | 2 | — | — |
| c. Times per month | 3 | — | — |
| d. Times per year | 4 | — | — |
| e. Never | 8 | 8 | 8 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |
5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-
mo-glo-bin] or hemoglobin "A one C"? (227)
- | | | | |
|---------------------|---|--|--|
| a. Yes | 1 | | |
| b. No | 2 | | |
| Don't know/Not sure | 7 | | |
| Refused | 9 | | |
6. About how many times in the last year have you seen a doctor,
nurse, or other health professional for your diabetes? (228-229)
- | | | | |
|---------------------------------------|---|---|--|
| a. Number of times | — | — | |
| b. None Go to Q. 9 | 8 | 8 | |
| Don't know/Not sure Go to Q. 9 | 7 | 7 | |
| Refused Go to Q. 9 | 9 | 9 | |

If "No," "Dk/Ns," or "Refused" to Q. 5, go to Q. 8.

7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"? (230)
- a. Number of times —
 - b. None 8
 - Don't know/Not sure 7
 - Refused 9
8. About how many times in the last year has a health professional checked your feet for any sores or irritations? (231)
- a. Number of times —
 - b. None 8
 - Don't know/Not sure 7
 - Refused 9
9. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (232)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 1
- b. Within the past year (1 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. 2 or more years ago 4
- e. Never 8
- Don't know/Not sure 7
- Refused 9

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

10. How much of the time does your vision limit you in recognizing people or objects across the street? (233)

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 |

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (234)

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 |

12. How much of the time does your vision limit you in watching television? (235)

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 |