

1995 North Carolina Behavioral Risk Factor
Surveillance System (BRFSS) Questionnaire
N = 3340 Respondents

CORE SECTIONS

Section 1:	Health Status	4
Section 2:	Health Care Access	6
Section 3:	Hypertension Awareness	8
Section 4:	Cholesterol Awareness	9
Section 5:	Diabetes	10
Section 6:	Injury Control	11
Section 7:	Tobacco Use	14
Section 8:	Alcohol Consumption	16
Section 9:	Demographics	18
Section 10:	Women's Health	22
Section 11:	Immunization	26
Section 12:	Colorectal Screening	27
Section 13:	AIDS Knowledge and Testing	29

OPTIONAL MODULES

Module 3:	Diabetes	34
Old Module 3:	Dietary Fat (no stats in binder, but are in computer dataset) (quest.not avail in elect. Form)	
Module 2:	Fruits and Vegetables (Asked June-August only)	38
Module 7:	Quality of Life (Asked June-August only)	41
Module 8:	Health Care Utilization (Asked June-August only)	46

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 |
| or | |
| e. Poor | 5 |

**Do not
read these
responses**

- | | |
|---------------------|---|
| Don't know/Not Sure | 7 |
| Refused | 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 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, 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?
- 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: Hypertension Awareness

9. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (44)

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 Go to Q. 12 (p. 8) | 8 |
| | Refused | 9 |
10. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (45)
- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Q. 12 (p. 8) | 2 |
| | Don't know/Not sure Go to Q. 12 (p. 8) | 7 |
| | Refused Go to Q. 12 (p. 8) | 9 |
11. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (46)
- | | | |
|----|---------------------|---|
| a. | More than once | 1 |
| b. | Only once | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 4: Cholesterol Awareness

12. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (47)

- a. Yes 1
- b. No **Go to Q. 15 (p. 9)** 2
- Don't know/Not sure **Go to Q. 15 (p. 9)** 7
- Refused **Go to Q. 15 (p. 9)** 9

13. About how long has it been since you last had your blood cholesterol checked? (48)

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

14. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (49)

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

Section 5: Diabetes

15. Have you ever been told by a doctor that you have diabetes?
(50)

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 6: Injury Control

16. How often do you use seatbelts when you drive or ride in a car?
(51)

Would you say: **Please Read**

- | | |
|------------------|---|
| a. Always | 1 |
| b. Nearly Always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| e. Never | 5 |

**Do not
read these
responses**

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

17. What is the age of the oldest child in your household under the
age of 16? (52-53)

**Code
<1 yr.
as "01"**

- | | | |
|--|---|---|
| a. Code age in years | — | — |
| b. No children under age 16 Go to Q. 20 (p. 12) | 8 | 8 |
| Don't know/Not sure Go to Q. 20 (p. 12) | 7 | 7 |
| Refused Go to Q. 20 (p. 12) | 9 | 9 |

18. How often does the [fill in age from Q. 17]-year-old child in your household use a... (54)

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 |

If oldest child 5 years or older, continue with Q. 19. Otherwise, go to Q. 20 (p. 12).

19. During the past year, how often has the [fill in age from Q. 17]-year-old child worn a bicycle helmet when riding a bicycle? (55)

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 a bicycle | 8 |
| | Refused | 9 |

20. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them? (56)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past 6 months (1 to 6 months ago) | 2 |
| c. Within the past year (6 to 12 months ago) | 3 |
| d. One or more years ago | 4 |
| e. Never | 5 |
| f. No smoke detectors in home | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 7: Tobacco Use

21. Have you smoked at least 100 cigarettes in your entire life?
(57)

5 packs
= 100
ciga-
rettes

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 27 (p. 15) | 2 |
| Don't know/Not sure Go to Q. 27 (p. 15) | 7 |
| Refused Go to Q. 27 (p. 15) | 9 |

22. Do you smoke cigarettes now? (58)

- | | |
|-----------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 26 (p. 14) | 2 |
| Refused Go to Q. 27 (p. 15) | 9 |

23. On how many of the past 30 days did you smoke cigarettes?
(59-60)

- | | |
|--|-----|
| a. Number of days If less than 30,
go to Q. 24a (p. 14) | — — |
| b. None Go to Q. 26 (p. 14) | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

24. On the average, about how many cigarettes a day do you now smoke?
(61-62)

1 pack
= 20
ciga-
rettes

- | | |
|--|-----|
| Number of cigarettes Go to Q. 25 (p. 14) | — — |
| Don't know/Not sure Go to Q. 25 (p. 14) | 7 7 |
| Refused Go to Q. 25 (p. 14) | 9 9 |

24a.	On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?	(63-64)
1 pack = 20 ciga- rettes	Number of cigarettes Go to Q. 27 (p. 15)	— —
	Don't know/Not sure Go to Q. 27 (p. 15)	7 7
	Refused Go to Q. 27 (p. 15)	9 9

25.	During the past 12 months, have you quit smoking for 1 day or longer?	(65)
a.	Yes Go to Q. 27 (p. 15)	1
b.	No Go to Q. 27 (p. 15)	2
	Don't know/Not sure Go to Q. 27 (p. 15)	7
	Refused Go to Q. 27 (p. 15)	9

26.	About how long has it been since you last smoked cigarettes regularly, that is, daily?	(66-67)
-----	--	---------

Read Only if Necessary

a.	Within the past month (0 to 1 month ago)	0 1
b.	Within the past 3 months (1 to 3 months ago)	0 2
c.	Within the past 6 months (3 to 6 months ago)	0 3
d.	Within the past year (6 to 12 months ago)	0 4
e.	Within the past 5 years (1 to 5 years ago)	0 5
f.	Within the past 15 years (5 to 15 years ago)	0 6
g.	15 or more years ago	0 7
	Don't know/Not sure	7 7
	Never smoked regularly	8 8
	Refused	9 9

Section 8: Alcohol Consumption

27. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (68)
- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 32 (p. 17) | 2 |
| Don't know/Not sure Go to Q. 32 (p. 17) | 7 |
| Refused Go to Q. 32 (p. 17) | 9 |
28. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (69-71)
- | | | | |
|--|---|---|---|
| a. Days per week | 1 | — | — |
| b. Days per month | 2 | — | — |
| Don't know/Not sure Go to Q. 30 | 7 | 7 | 7 |
| Refused Go to Q. 30 | 9 | 9 | 9 |
29. 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? (72-73)
- | | | |
|---------------------|---|---|
| Number of drinks | — | — |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |
30. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (74-75)
- | | | |
|---------------------|---|---|
| a. Number of times | — | — |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

31. During the past month, how many times have you driven when you've had perhaps too much to drink? (76-77)

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

Section 9: Demographics

32. What is your age?	(78-79)
Code age in years	— —
Don't know/Not sure	0 7
Refused	0 9
33. What is your race?	(80)
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
Don't know/Not sure	7
Refused	9
34. Are you of Spanish or Hispanic origin?	(81)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

**Do not
read these
responses**

35. Are you: (82)

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 |

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

Please Read

- | | | | |
|----------------------|-----------------------------|-----|------|
| Code 1-9 | a. less than 5 years old? | ___ | (83) |
| 7 = 7 or more | b. 5 through 12 years old? | ___ | (84) |
| 8 = None | c. 13 through 17 years old? | ___ | (85) |
| 9 = Refused | | | |

37. What is the highest grade or year of school you completed? (86)

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 |

38. Are you currently: (87)

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 |

39. Is your annual household income from all sources: (88-89)

Read as Appropriate

- | | | |
|--|---|-----|
| If res-
pondent
refuses
at any
income
level,
code
refused | a. Less than \$25,000 If "no," ask e; if "yes," ask b
(\$20,000 to less than \$25,000) | 0 4 |
| | b. Less than \$20,000 If "no," code a; if "yes," ask c
(\$15,000 to less than \$20,000) | 0 3 |
| | c. Less than \$15,000 If "no," code b; if "yes," ask d
(\$10,000 to less than \$15,000) | 0 2 |
| | d. Less than \$10,000 If "no," code c | 0 1 |
| | e. Less than \$35,000 If "no," ask f
(\$25,000 to less than \$35,000) | 0 5 |
| | f. Less than \$50,000 If "no," ask g
(\$35,000 to less than \$50,000) | 0 6 |
| | g. Less than \$75,000 If "no," code h
(\$50,000 to \$75,000) | 0 7 |
| | h. \$75,000 or more | 0 8 |
| Do not
read these
responses | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

40. About how much do you weigh without shoes? (90-92)

Round
fractions
up

Weight

— — —
pounds

Don't know/Not sure

7 7 7

Refused

9 9 9

41. About how tall are you without shoes? (93-95)

Round
fractions
down

Height

— / — —
ft/inches

Don't know/Not sure

7 7 7

Refused

9 9 9

42. What county do you live in? (96-98)

FIPS county code

— — —

Don't know/not sure

7 7 7

Refused

9 9 9

43. Do you have more than one telephone number in your household?

(99)

a. Yes

1

b. No **Go to Q. 45**

2

Refused **Go to Q. 45**

9

44. How many residential telephone numbers do you have? (100)

Total telephone numbers [**8=8 or more**]

—

Refused

9

Now I have some questions about other health services you may have received.

45. Indicate sex of respondent. **Ask Only if Necessary** (101)

Male **Go to Q. 58 (p. 25)**

1

Female

2

Section 10: Women's Health

46. A mammogram is an x-ray of each breast to look for breast cancer.
Have you ever had a mammogram? (102)
- a. Yes 1
 - b. No **Go to Q. 50 (p. 22)** 2
 - Don't know/Not sure **Go to Q. 50 (p. 22)** 7
 - Refused **Go to Q. 50 (p. 22)** 9
47. How long has it been since you had your last mammogram? (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 **Go to Q. 49 (p. 22)** 5
 - Don't know/Not sure 7
 - Refused 9
48. About how many mammograms have you had in the last five years?
- | | |
|----------------------|-----|
| Number of mammograms | — — |
| None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

49. 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? (106)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
50. 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? (107)
- a. Yes 1
 - b. No **Go to Q. 53 (p. 23)** 2
 - Don't know/Not sure **Go to Q. 53 (p. 23)** 7
 - Refused **Go to Q. 53 (p. 23)** 9
51. How long has it been since your last breast exam? (108)
- 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

52. 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? (109)
- a. Routine Checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
53. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (110)
- a. Yes 1
 - b. No **Go to Q. 56 (p. 24)** 2
 - Don't know/Not sure **Go to Q. 56 (p. 24)** 7
 - Refused **Go to Q. 56 (p. 24)** 9
54. How long has it been since you had your last Pap smear? (111)
- 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

55. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (112)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

56. Have you had a hysterectomy? (113)

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

A hysterectomy is an operation to remove the uterus (womb)

If respondent 45 years old or older, go to Q. 58 (p. 25).

57. To your knowledge, are you now pregnant? (114)

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

Section 11: Immunization

58. During the past 12 months, have you had a flu shot?	(115)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

59. Have you ever had a pneumonia vaccination?	(116)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

If respondent is 40 years or older, continue with Q. 60. Otherwise, go to Section 13: HIV/AIDS (p. 28).

Section 12: Colorectal Cancer Screening

60. 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? (117)
- a. Yes 1
 - b. No **Go to Q. 62** 2
 - Don't know/Not sure **Go to Q. 62** 7
 - Refused **Go to Q. 62** 9
61. When did you have your last digital rectal exam? (118)
- 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
62. 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? (119)
- a. Yes 1
 - b. No **Go to Section 13: HIV/AIDS (p. 28)** 2
 - Don't know/Not sure **Go to Section 13: HIV/AIDS (p. 28)** 7
 - Refused **Go to Section 13: HIV/AIDS (p. 28)** 9

63. When did you have your last proctoscopic exam? (120)

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 13: HIV/AIDS

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

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 don't want to.

64. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (121-122)

Code 01 thru 12	a. Grade	—	—
	b. Kindergarten	5	5
	c. Never	8	8
	Don't know/Not sure	7	7
	Refused	9	9

65. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (123)

a. Yes	1
b. No	2
Would give other advice	3
Don't know/Not sure	7
Refused	9

66. What are your chances of getting infected with HIV, the virus that causes AIDS? (124)

Would you say:	Please Read	
a. High		1
b. Medium		2
c. Low		3
d. None		4
	Not applicable Go to Q. 68 (p. 30)	5
	Don't know/Not sure	7
	Refused	9

Do not
read these
responses

67. Have you ever had your blood tested for HIV? (125)

a. Yes	Go to Q. 68 (p. 30)	1
b. No		2
	Don't know/Not sure	7
	Refused	9

68a. Have you donated blood since March 1985? (126)

a. Yes		1
b. No	Go to Q. 73 (p. 32)	2
	Don't know/Not sure Go to Q. 73 (p. 32)	7
	Refused Go to Q. 73 (p. 32)	9

69a. When did you last donate blood? (127-130)

Code month and year	Go to Q. 73 (p. 32)	___	___	/	___
Don't know/Not sure	Go to Q. 73 (p. 32)	7	7	7	7
Refused	Go to Q. 73 (p. 32)	9	9	9	9

68. When was your last blood test for HIV?	(131-134)
Code month and year	__ __/__
— Don't know/Not sure	7 7 7 7
Refused	9 9 9 9

69. What was the main reason you had your last blood test for HIV?	(135-136)
--	-----------

Reason code	__ __
-------------	-------

Read only if necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

70. Where did you have your last blood test for HIV?	(137-138)
Facility Code	— —
Read only if necessary	
a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-testing kit	1 8
s. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

71. Did you receive the results of your last test? (139)
- a. Yes 1
 - b. No **Go to Q. 73** 2
 - Don't know/Not sure **Go to Q. 73** 7
 - Refused **Go to Q. 73** 9
72. Did you receive counseling or talk with a health care professional about the results of your test? (140)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
73. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? (141)
- Would you say: **Please read**
- a. Very effective 1
 - b. Somewhat effective 2
 - or**
 - c. Not at all effective 3
 - Don't know how effective 4
 - Don't know method 5
 - Refused 9
- Do not read these responses**
74. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months? (142)
- 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

75. Have you:

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Had sexual intercourse with only one partner?	1	2	7	9	(143)
b. Used condoms for protection?	1	2	7	9	(144)
c. Been more careful in selecting sexual partners?	1	2	7	9	(145)

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 3: Diabetes

- How old were you when you were told you have diabetes? (166-167)

Code age in years [76=76 and older]	—	—
Don't know/Not sure	7	7
Refused	9	9
- Are you now taking insulin? (168)

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? (169-171)
- | | | | |
|---------------------|---|----|---|
| 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. (172-174)
- | | | | |
|---------------------|---|----|---|
| 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"? (175)
- 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? (176-177)
- 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"? (178)
- a. Number of times [**6=6 or more**] —
 - 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? (179)
- a. Number of times [**6=6 or more**] —
 - 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. (180)

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? (181)

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
read these
responses**

- | | |
|---------------------|---|
| Don't know/Not sure | 7 |
| 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? (182)

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
read these
responses**

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

12. How much of the time does your vision limit you in watching television? (183)

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
read these
responses**

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

Module 2: Fruits and Vegetables

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.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (148-150)
- | | | | |
|---------------------|---|---|---|
| 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 |
2. Not counting juice, how often do you eat fruit? (151-153)
- | | | | |
|---------------------|---|---|---|
| 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 |

3. How often do you eat green salad?	(154-156)			
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	
4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?	(157-159)			
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	
5. How often do you eat carrots?	(160-162)			
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	

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (163-165)

Example:	a. Per day	1	—	—
A serving of	b. Per week	2	—	—
vegetables at	c. Per month	3	—	—
both lunch	d. Per year	4	—	—
and dinner	e. Never	5	5	5
would be two	Don't know/Not sure	7	7	7
servings				
Refused	9	9	9	

Module 7: Quality of Life

These next questions are about limitations you may have in your daily life.

1. Are you limited in any way in any activities because of any impairment or health problem? (229)
- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 6 | 2 |
| Don't know/Not sure Go to Q. 6 | 7 |
| Refused Go to Q. 6 | 9 |

2. What is the major impairment or health problem that limits your activities?	(230-231)
a. Arthritis/rheumatism	0 1
b. Back or neck problem	0 2
c. Fractures, bone/joint injury	0 3
d. Walking problem	0 4
e. Lung/breathing problem	0 5
f. Hearing problem	0 6
g. Eye/vision problem	0 7
h. Heart problem	0 8
i. Stroke problem	0 9
j. Hypertension/high blood pressure	1 0
k. Diabetes	1 1
l. Cancer	1 2
m. Depression/anxiety/emotional problem	1 3
n. Other impairment/problem	1 4
Don't know/Not sure	7 7
Refused	9 9

3. For how long have your activities been limited because of your major impairment or health problem? (232-234)
- | | | | |
|---------------------|---|----|---|
| a. Days | 1 | __ | _ |
| b. Weeks | 2 | __ | _ |
| c. Months | 3 | __ | _ |
| d. Years | 4 | __ | _ |
| Don't know/Not Sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |
4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (235)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (236)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

6. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (237-238)
- | | | |
|---------------------|---|---|
| a. Number of days | — | — |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |
7. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (239-240)
- | | | |
|---------------------|---|---|
| a. Number of days | — | — |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |
8. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (241-242)
- | | | |
|---------------------|---|---|
| a. Number of days | — | — |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |
9. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (243-244)
- | | | |
|---------------------|---|---|
| a. Number of days | — | — |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

10. During the past 30 days, for about how many days have you felt very healthy and full of energy?	(245-246)
a. Number of days	— —
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

Module 8: Health Care Utilization

1. 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? (247)
- a. Yes **Go to Q. 3** 1
 - b. More than one place 2
 - c. No **Go to Q. 4** 3
 - Don't know/Not sure **Go to Next Module** 7
 - Refused **Go to Next Module** 9
2. Is there one of these places that you go to most often when you are sick or need advice about your health? (248)
- a. Yes 1
 - b. No **Go to Next Module** 2
 - Don't know/Not sure 7
 - Refused 9

3. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place? (249-250)
- a. Doctor's office or private clinic
Go to Next Module 0 1
 - b. Company or school health clinic/center
Go to Next Module 0 2
 - c. Community/migrant/rural clinic/center
Go to Next Module 0 3
 - d. County/city/public hospital outpatient clinic
Go to Next Module 0 4
 - e. Private/other hospital outpatient clinic
Go to Next Module 0 5
 - f. Hospital emergency room **Go to Next Module** 0 6
 - g. HMO/prepaid group **Go to Next Module** 0 7
 - h. Psychiatric hospital or clinic
Go to Next Module 0 8
 - i. VA hospital or clinic **Go to Next Module** 0 9
 - j. Military health care facility
Go to Next Module 1 0
 - k. Some other kind of place **Go to Next Module** 1 1
 - Don't know/Not sure **Go to Next Module** 7 7
 - Refused **Go to Next Module** 9 9

4.	What is the main reason you do not have a usual source of medical care?	(251-252)
a.	Two or more usual places	0 1
b.	Have not needed a doctor	0 2
c.	Do not like/trust/believe in doctors	0 3
d.	Do not know where to go	0 4
e.	Previous doctor is not available/moved	0 5
f.	No insurance/cannot afford	0 6
g.	Speak a different language	0 7
h.	No place is available/close enough/convenient	0 8
i.	Other	0 9
	Don't know/Not sure	7 7
	Refused	9 9