1996 North Carolina Behavioral Risk Factor Surveillance System (BRFSS) Questionnaire
N = 2794 Respondents

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NOTES:
Module 3 – NC didn’t follow CDC guidelines so no tables were produced.
See e-mail in questionnaire binder.
Module 8 Health Care Utilization- CDC said NC did not ask this.
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 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)  
      Don't know/Not sure 8 8  
      Refused 7 7  

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 1
   b. No Go to Q. 7b (p. 7) 2
      Don’t know/Not sure Go to Q. 12 (p. 9) 7
      Refused Go to Q. 12 (p. 9) 9

6. Do you have Medicare? (41)
   Medicare is a coverage plan for people 65 or over and for certain disabled people
   a. Yes Go to Q. 8 (p. 7) 1
   b. No 2
   Don’t know/not sure 7
   Refused 9
7a. What type of health care coverage do you use to pay for most of your medical care? (42-43)

Is it coverage through: Please Read

a. Your employer Go to Q. 8 (p. 7) 0 1
b. Someone else’s employer Go to Q. 8 (p. 7) 0 2
c. A plan that you or someone else buys on your own Go to Q. 8 (p. 7) 0 3
d. Medicare Go to Q. 8 (p. 7) 0 4
e. Medicaid or Medical Assistance [or substitute state program name] Go to Q. 8 (p. 7) 0 5
f. The military, CHAMPUS, or the VA [or CHAMP-VA] Go to Q. 8 (p. 7) 0 6
g. The Indian Health Service [or the Alaska Native Health Service] Go to Q. 8 (p. 7) 0 7
h. Some other source Go to Q. 8 (p. 7) 0 8

Do not read these responses

None Go to Q. 11 (p. 9) 8 8
Don't know/Not sure Go to Q. 8 (p. 7) 7 7
Refused Go to Q. 8 (p. 7) 9 9
7b. There are some types of coverage you may not have considered. Please tell me if you have any of the following:  

Coverage through:  Please Read

If more than one, ask
"Which type do you use to pay for most of your medical care?"

a. Your employer 0 1
b. Someone else’s employer 0 2
c. A plan that you or someone else buys on your own 0 3
d. Medicare 0 4
e. Medicaid or Medical Assistance [or substitute state program name] 0 5
f. The military, CHAMPUS, or the VA [or CHAMP-Va] 0 6
g. The Indian Health Service [or the Alaska Native Health Service] or 
h. Some other source 0 8

Do not read these responses

None Go to Q. 11 (p. 9) 8 8
Don’t know/Not sure Go to Q. 12 (p. 9) 7 7
Refused Go to Q. 12 (p. 9) 9 9

8. About how long have you had [fill in type (Medicare/Medicaid/this particular health care coverage) from Q. 6, Q. 7a, or Q. 7b]?  

Read only if necessary

If necessary, say "The coverage you use currently to pay for most of your medical care"

a. For less than 12 months (1 to 12 months) 1
b. For less than 2 years (1 to 2 years) 2
c. For less than 3 years (2 to 3 years) 3
d. For less than 5 years (3 to 5 years) 4
e. For 5 or more years 5
Don’t know/Not sure 7
Refused 9
9. Is there a book or list of doctors associated with your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan? (47)

If necessary, say "The coverage you use currently to pay for most of your medical care"

a. Yes 1

If "no" or "Dk/Ns," probe "Is there a certain number you are supposed to call to find a doctor to go to?"

b. No 2

Don't know/Not sure 7

Refused 9

10. Does your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b] plan require you to select a certain doctor or clinic for all of your routine care? (48)

If necessary, say "The coverage you use currently to pay for most of your medical care"

a. Yes Go to Q. 12 (p. 9) 1

Do not include emergency care

b. No Go to Q. 12 (p. 9) 2

or referral to a specialist

Don't know/Not sure Go to Q. 12 (p. 9) 7

Refused Go to Q. 12 (p. 9) 9
11. 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

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

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

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

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

14. Have you ever been told by a doctor that you have diabetes? (52)

If "Yes" and female, ask

a. Yes 1

"Was this only when you were pregnant?"
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.

15. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (53)
   
   a. Yes 1
   
   b. No Go to Q. 25 (p. 14) 2

   Don't know/Not sure Go to Q. 25 (p. 14) 7
   
   Refused Go to Q. 25 (p. 14) 9

16. What type of physical activity or exercise did you spend the most time doing during the past month? (54-55)

   Activity (specify): _________________________

   See coding list A

   Refused Go to Q. 20 (p. 12) 9 9

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

17. How far did you usually walk/run/jog/swim? (56-58)

   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

18. How many times per week or per month did you take part in this activity during the past month? (59-61)

   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? (62-64)

Hours and minutes

___ : ___ ___

Don't know/Not sure

7 7 7

Refused

9 9 9

20. Was there another physical activity or exercise that you participated in during the last month? (65)

a. Yes

1

b. No  Go to Q. 25 (p. 14)

2

Don't know/Not sure  Go to Q. 25 (p. 14)

7

Refused  Go to Q. 25 (p. 14)

9

21. What other type of physical activity gave you the next most exercise during the past month? (66-67)

Activity (specify): __________________________

See coding list A

Refused  Go to Q. 25 (p. 14)

9 9

Ask Q. 22 only if answer to Q. 21 is running, jogging, walking, or swimming. All others go to Q. 23 (p. 13).

22. How far did you usually walk/run/jog/swim? (68-70)

See coding list B if response is not in miles and tenths

Miles and tenths

___ ___.

Don't know/Not sure

7 7 7

Refused

9 9 9
23. How many times per week or per month did you take part in this activity? (71-73)
   a. Times per week 1 __ __
   b. Times per month 2 __ __
      Don't know/Not sure 7 7 7
      Refused 9 9 9

24. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (74-76)
    Hours and minutes __ : __ __
    Don't know/Not sure 7 7 7
    Refused 9 9 9
Section 5: Tobacco Use

25. Have you smoked at least 100 cigarettes in your entire life?

<table>
<thead>
<tr>
<th>5 packs</th>
<th>a. Yes</th>
<th>b. No</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 100</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

26. Do you now smoke cigarettes everyday, some days, or not at all?

<table>
<thead>
<tr>
<th>Everyday</th>
<th>Some days</th>
<th>Not at all</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

27. On the average, about how many cigarettes a day do you now smoke?

<table>
<thead>
<tr>
<th>1 pack</th>
<th>Number of cigarettes</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 20</td>
<td>Go to Q. 28 (p. 15)</td>
<td>Go to Q. 28 (p. 15)</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

27a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

<table>
<thead>
<tr>
<th>1 pack</th>
<th>Number of cigarettes</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 20</td>
<td>Go to Section 6: Nutrition (p. 16)</td>
<td>Go to Section 6: Nutrition (p. 16)</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>
28. During the past 12 months, have you quit smoking for 1 day or longer? (83)
   a. Yes Go to Section 6: Nutrition (p. 16) 1
   b. No Go to Section 6: Nutrition (p. 16) 2
      Don't know/Not sure Go to Section 6: Nutrition (p. 16) 7
      Refused Go to Section 6: Nutrition (p. 16) 9

29. About how long has it been since you last smoked cigarettes regularly, that is, daily? (84-85)

   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
      Don't know/Not sure 7 7
      Never smoked regularly 8 8
      Refused 9 9
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.

30. How often do you drink fruit juices such as orange, grapefruit, or tomato?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per day</td>
<td>1</td>
</tr>
<tr>
<td>Per week</td>
<td>2</td>
</tr>
<tr>
<td>Per month</td>
<td>3</td>
</tr>
<tr>
<td>Per year</td>
<td>4</td>
</tr>
<tr>
<td>Never</td>
<td>5</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

31. Not counting juice, how often do you eat fruit?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per day</td>
<td>1</td>
</tr>
<tr>
<td>Per week</td>
<td>2</td>
</tr>
<tr>
<td>Per month</td>
<td>3</td>
</tr>
<tr>
<td>Per year</td>
<td>4</td>
</tr>
<tr>
<td>Never</td>
<td>5</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
32. How often do you eat green salad? (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

33. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (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

34. How often do you eat carrots? (98-100)
   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
35. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (101-103)

**Example:**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Per day</td>
<td>1</td>
</tr>
<tr>
<td>b.</td>
<td>A serving of vegetables at both lunch and dinner</td>
<td>2</td>
</tr>
<tr>
<td>c.</td>
<td>Per month</td>
<td>3</td>
</tr>
<tr>
<td>d.</td>
<td>Per year</td>
<td>4</td>
</tr>
<tr>
<td>e.</td>
<td>Never</td>
<td>5</td>
</tr>
</tbody>
</table>

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

*Refused* 9 9 9
Section 7: Weight Control

36. Are you now trying to lose weight? (104)
   a. Yes Go to Q. 38 1
   b. No 2
      Don't know/Not sure 7
      Refused 9

37. Are you now trying to maintain your current weight, that is to keep from gaining weight? (105)
   a. Yes 1
   b. No Go to Q. 40 (p. 20) 2
      Don't know/Not sure Go to Q. 40 (p. 20) 7
      Refused Go to Q. 40 (p. 20) 9

38. Are you eating either fewer calories or less fat to...
   lose weight? [if "Yes" on Q. 36]
   keep from gaining weight? [if "Yes" on Q. 37] (106)

   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
39. Are you using physical activity or exercise to...

lose weight? [if "Yes" on Q. 36]

keep from gaining weight? [if "Yes" on Q. 37] (107)

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

40. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (108)

   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

41. What is your age? (109-110)

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

42. What is your race? (111)

   Would you say: Please Read
   a. White
   b. Black
   c. Asian, Pacific Islander
   d. American Indian, Alaska Native
   e. Other: (specify)__________________________

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

43. Are you of Spanish or Hispanic origin? (112)

   a. Yes
   b. No

   Don't know/Not sure
   Refused
44. Are you: (113)

Please Read

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

Refused 9

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

Please Read

Code 1-9

a. less than 5 years old?  (114)
7 = 7 or more
8 = None
9 = Refused

b. 5 through 12 years old?  (115)

b. 13 through 17 years old?  (116)

46. What is the highest grade or year of school you completed? (117)

Read Only if Necessary

a. Never attended school or only attended kindergarten 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
47. 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  
g. Retired 7  
h. Unable to work or  
Refused 8  

48. Is your annual household income from all sources:  

Read as Appropriate  

a. Less than $25,000 If "no," ask e; if "yes," ask b  
   ($20,000 to less than $25,000) 0 4  
If respondent refuses  
b. Less than $20,000 If "no," code a; if "yes," ask c  
   ($15,000 to less than $20,000) 0 3  
   at any income level, code refused  
c. Less than $15,000 If "no," code b; if "yes," ask d  
   ($10,000 to less than $15,000) 0 2  
   code refused  
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  
Refused 7 7  

24
49. About how much do you weigh without shoes? (121-123)

<table>
<thead>
<tr>
<th>Round fractions up</th>
<th>Weight</th>
<th>__ __ __ pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't know/Not sure</td>
<td></td>
<td>7 7 7</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td>9 9 9</td>
</tr>
</tbody>
</table>

50. How much would you like to weigh? (124-126)

<table>
<thead>
<tr>
<th>Round fractions up</th>
<th>Weight</th>
<th>__ __ __ pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't know/Not sure</td>
<td></td>
<td>7 7 7</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td>9 9 9</td>
</tr>
</tbody>
</table>

51. About how tall are you without shoes? (127-129)

<table>
<thead>
<tr>
<th>Round fractions down</th>
<th>Height</th>
<th><strong>/</strong>/__ ft/inches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't know/Not sure</td>
<td></td>
<td>7 7 7</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td>9 9 9</td>
</tr>
</tbody>
</table>

52. What county do you live in? (130-132)

<table>
<thead>
<tr>
<th>FIPS county code</th>
<th>__ __ __</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't know/not sure</td>
<td>7 7 7</td>
</tr>
<tr>
<td>Refused</td>
<td>9 9 9</td>
</tr>
</tbody>
</table>

53. Do you have more than one telephone number in your household? (133)

- a. Yes 1
- b. No Go to Q. 55 (p. 25) 2
  - Refused Go to Q. 55 (p. 25) 9
54. How many residential telephone numbers do you have? (134)

Total telephone numbers [8=8 or more]  
Refused 9

55. Indicate sex of respondent. Ask Only if Necessary (135)

Male Go to Section 10: HIV/AIDS (p. 30) 1
Female 2

Now I have some questions about other health services you may have received.
Section 9: Women's Health

56. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (136)
   a. Yes 1
   b. No Go to Q. 59 (p. 27) 2
      Don't know/Not sure Go to Q. 59 (p. 27) 7
      Refused Go to Q. 59 (p. 27) 9

57. How long has it been since you had your last mammogram? (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

58. 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? (138)
   a. Routine checkup 1
   b. Breast problem other than cancer 2
   c. Had breast cancer 3
      Don't know/Not sure 7
      Refused 9
59. 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? (139)
   a. Yes 1
   b. No Go to Q. 62 (p. 28) 2
      Don't know/Not sure Go to Q. 62 (p. 28) 7
      Refused Go to Q. 62 (p. 28) 9

60. How long has it been since your last breast exam? (140)
   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
61. 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?  
   a. Routine Checkup 1  
   b. Breast problem other than cancer 2  
   c. Had breast cancer 3  
   Don't know/Not sure 7  
   Refused 9

62. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?  
   a. Yes 1  
   b. No  Go to Q. 65 (p. 29) 2  
   Don't know/Not sure  Go to Q. 65 (p. 29) 7  
   Refused  Go to Q. 65 (p. 29) 9

63. How long has it been since you had your last Pap smear?  
   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
64. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (144)
   a. Routine exam 1
   b. Check current or previous problem 2
      Other 3
      Don't know/Not sure 7
      Refused 9

65. Have you had a hysterectomy? (145)
   a. Yes Go to Section 10: HIV/AIDS (p. 30) 1
   A hysterectomy is an operation to remove the uterus (womb)
   b. No 2
      Don't know/Not sure 7
      Refused 9

If respondent 45 years old or older, go to Section 10: HIV/AIDS (p. 30).

66. To your knowledge, are you now pregnant? (146)
   a. Yes 1
   b. No 2
      Don't know/Not sure 7
      Refused 9
Section 10: 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.

67. 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? (147-148)

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

68. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (149)

| a. Yes         | 1 |
| b. No          | 2 |
| Would give other advice | 3 |
| Don't know/Not sure | 7 |
| Refused        | 9 |
69. What are your chances of getting infected with HIV, the virus that causes AIDS? (150)

Would you say: Please Read

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>a. High</td>
<td>1</td>
</tr>
<tr>
<td>b. Medium</td>
<td>2</td>
</tr>
<tr>
<td>c. Low</td>
<td>3</td>
</tr>
<tr>
<td>d. None</td>
<td>4</td>
</tr>
</tbody>
</table>

Not applicable Go to Q. 71 (p. 32) 5

Do not read these responses

Don't know/Not sure 7

Refused 9

70. Have you ever had your blood tested for HIV? (151)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes Go to Q. 71 (p. 32)</td>
<td>1</td>
</tr>
<tr>
<td>b. No</td>
<td>2</td>
</tr>
</tbody>
</table>

Don't know/Not sure 7

Refused 9

71a. Have you donated blood since March 1985? (152)

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>1</td>
</tr>
<tr>
<td>b. No Go to Q. 76 (p. 34)</td>
<td>2</td>
</tr>
</tbody>
</table>

Don't know/Not sure Go to Q. 76 (p. 34) 7

Refused Go to Q. 76 (p. 34) 9

72a. When did you last donate blood? (153-156)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Code month and year Go to Q. 76 (p. 34)</td>
<td></td>
</tr>
<tr>
<td>Don't know/Not sure Go to Q. 76 (p. 34)</td>
<td></td>
</tr>
<tr>
<td>Refused Go to Q. 76 (p. 34)</td>
<td>9 9 9 9</td>
</tr>
</tbody>
</table>
71. When was your last blood test for HIV? (157-160)

Code month and year

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

72. What was the main reason you had your last blood test for HIV? (161-162)

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

Go to Q. 76 (p. 34)
m. For routine check-up 1 3
n. Because of occupational exposure 1 4
o. Because of illness 1 5
p. Because I am at risk for HIV 1 6
q. Other 8 7

Don't know/Not sure 7 7
Refused 9 9
73. Where did you have your last blood test for HIV?  

Facility Code  

Read only if necessary  

<table>
<thead>
<tr>
<th>Facility Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private doctor, HMO</td>
<td>0 1</td>
</tr>
<tr>
<td>Blood bank, plasma center, Red Cross</td>
<td>0 2</td>
</tr>
<tr>
<td>Health department</td>
<td>0 3</td>
</tr>
<tr>
<td>AIDS clinic, counseling, testing site</td>
<td>0 4</td>
</tr>
<tr>
<td>Hospital, emergency room, outpatient clinic</td>
<td>0 5</td>
</tr>
<tr>
<td>Family planning clinic</td>
<td>0 6</td>
</tr>
<tr>
<td>Prenatal clinic</td>
<td>0 7</td>
</tr>
<tr>
<td>Tuberculosis clinic</td>
<td>0 8</td>
</tr>
<tr>
<td>STD clinic</td>
<td>0 9</td>
</tr>
<tr>
<td>Community health clinic</td>
<td>1 0</td>
</tr>
<tr>
<td>Clinic run by employer</td>
<td>1 1</td>
</tr>
<tr>
<td>Insurance company clinic</td>
<td>1 2</td>
</tr>
<tr>
<td>Other public clinic</td>
<td>1 3</td>
</tr>
<tr>
<td>Drug treatment facility</td>
<td>1 4</td>
</tr>
<tr>
<td>Military induction or military service site</td>
<td>1 5</td>
</tr>
<tr>
<td>Immigration site</td>
<td>1 6</td>
</tr>
<tr>
<td>At home, home visit by nurse or health worker</td>
<td>1 7</td>
</tr>
<tr>
<td>At home using self-sampling kit</td>
<td>1 8</td>
</tr>
<tr>
<td>In jail or prison</td>
<td>1 9</td>
</tr>
<tr>
<td>Other</td>
<td>8 7</td>
</tr>
</tbody>
</table>

Don't know/Not sure  7 7  

Refused  9 9
74. Did you receive the results of your last test?  
   a. Yes  
   b. No  Go to Q. 76  
       Don't know/Not sure  Go to Q. 76  
       Refused  Go to Q. 76  

75. Did you receive counseling or talk with a health care professional about the results of your test?  
   a. Yes  
   b. No  
       Don't know/Not sure  
       Refused  

76. 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?  
   Would you say:  Please read  
   a. Very effective  
   b. Somewhat effective  
   c. Not at all effective  
       Don't know how effective  
       Do not read these responses  
       Don't know method  
       Refused  

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.
77. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months? (168)
   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

78. Have you:

   Please Read  Yes  No  Dk/Ns  Ref
   a. Had sexual intercourse with only one partner? 1 2 7 9 (169)
   b. Used condoms for protection? 1 2 7 9 (170)
   c. Been more careful in selecting sexual partners? 1 2 7 9 (171)

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 1: Diabetes

1. How old were you when you were told you have diabetes? (172-173)
   Code age in years [76=76 and older] __ __
   Don't know/Not sure 7 7
   Refused 9 9

2. Are you now taking insulin? (174)
   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? (175-177)
   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. (178-180)
   a. Times per day 1
   b. Times per week 2
   c. Times per month 3
   d. Times per year 4
   e. Never 8
      Don't know/Not sure 7
      Refused 9

5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"? (181)
   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? (182-183)
   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"? (184-185)
   a. Number of times
   b. None
      Don't know/Not sure 7 7
      Refused 9 9

8. About how many times in the last year has a health professional checked your feet for any sores or irritations? (186-187)
   a. Number of times
   b. None
      Don't know/Not sure 7 7
      Refused 9 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. (188)
   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? (189)

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

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? (190)

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

Don't know/Not sure 7

Refused 9
12. How much of the time does your vision limit you in watching television? (191)

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 3: Health Care Coverage

I asked you previously about your health care coverage.

If "Dk/Ns" or "Refused" to core Q. 5, go to Q. 5. If "None" to core Q. 7a or core Q. 7b, continue. Otherwise, go to Q. 2.

1. What is the main reason you are without health care coverage?

   (201-202)

   a. Lost job or changed employers
      Go to Q. 5
      0 1

   b. Spouse or parent lost job or changed employers
      [includes any person who had been providing insurance prior to job loss or change]
      Go to Q. 5
      0 2

   c. Became divorced or separated
      Go to Q. 5
      0 3

   d. Spouse or parent died
      Go to Q. 5
      0 4

   e. Became ineligible because of age or because left school
      Go to Q. 5
      0 5

   f. Employer doesn't offer or stopped offering coverage
      Go to Q. 5
      0 6

   g. Cut back to part time or became temporary employee
      Go to Q. 5
      0 7

   h. Benefits from employer or former employer ran out
      Go to Q. 5
      0 8

   i. Couldn't afford to pay the premiums
      Go to Q. 5
      0 9

   j. Insurance company refused coverage
      Go to Q. 5
      1 0

   k. Lost Medicaid or Medical Assistance eligibility
      Go to Q. 5
      1 1

   l. Other
      Go to Q. 5
      8 7

      Don't know/Not sure
      Go to Q. 5
      7 7

      Refused
      Go to Q. 5
      9 9
2. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 6, Q. 7a, or Q. 7b], do you have any other type of health care coverage? (203)

Do not include a. Yes 1
plans that only cover b. No 2
one type of service or care Don’t know/Not sure 7
Refused 9

If respondent 66 years old or older, go to Q. 5

3. During the past 12 months, was there any time that you did not have any health insurance or coverage? (204)

a. Yes 1
b. No Go to Q. 5 2
Don't know/Not sure Go to Q. 5 7
Refused Go to Q. 5 9
4. What was the main reason you were without health care coverage? (205-206)

a. Lost job or changed employers 0 1
b. Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change] 0 2
c. Became divorced or separated 0 3
d. Spouse or parent died 0 4
e. Became ineligible because of age or because left school 0 5
f. Employer doesn’t offer or stopped offering coverage 0 6
g. Cut back to part time or became temporary employee 0 7
h. Benefits from employer or former employer ran out 0 8
i. Couldn’t afford to pay the premiums 0 9
j. Insurance company refused coverage 1 0
k. Lost Medicaid or Medical Assistance eligibility 1 1
l. Other 8 7
   Don’t know/Not sure 7 7
   Refused 9 9
Now I am going to ask you some questions about your doctor or other health professional and the health care you receive.

5. How would you rate your satisfaction with your overall health care? (207)

Would you say: Please read

a. Excellent 1
b. Very Good 2
c. Good 3
d. Fair or e. Poor 4

Do not read these responses

Not applicable/don’t use any health services 8

Don't know/Not sure 7

Refused 9

6. Is there one particular doctor or health professional who you usually go to when you need medical care? (208)

If "more than one," ask "Is there one you usually go to for routine care?" Code "only one" if know/Not sure "yes" to 9

Go to Q. 9

Go to Q. 9

Go to Q. 9

Go to Q. 9
7. When did you last change doctors? (209)

Read only if necessary

"Doctors"
the past year (1 to 12 months ago)  a. Within includes other
health b. Within the past 2 years (1 to 2 years ago) 2
professionals 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
f. Never  Go to Q. 9
   Don't know/Not sure 7
   Refused 9

8. Why did you change doctors that last time? (210-211)

"Doctors"
Changed residence or moved  a. Changed residence or moved includes other
health b. Changed jobs 0 2
professionals c. Changed health care coverage 0 3
d. Provider moved or retired 0 4
e. Dissatisfied with former provider or liked new provider better 0 5
f. Former provider no longer reimbursed by my health care coverage 0 6
g. Owed money to former provider 0 7
h. Medical care needs changed 0 8
i. Other 8 7
   Don't know/Not sure 7 7
   Refused 9 9
The next question is about the PLACE you usually go to for your own medical care.

9. Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place? (212)

Would you say: Please read

a. Excellent  
   
b. Very Good  
   
c. Good  
   
d. Fair  
   or  
   e. Poor  

Do not read these responses

- Doesn't have usual place  
- Don't know/Not sure  

Refused
Module 4: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (213)

   Probe for
   a. Yes, chewing tobacco 1
   chewing
   tobacco, 2
   snuff
   b. Yes, snuff
   snuff,
   or both  c. Yes, both 3
   d. No, neither Go to Next Module 4

   Don't know/Not sure Go to Next Module 7
   Refused Go to Next Module 9

2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (214)

   "Yes" includes occasional use
   a. Yes, chewing tobacco 1
   b. Yes, snuff 2
   c. Yes, both 3
   d. No, neither 4

   Don't know/Not sure 7
   Refused 9
Module 6: 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? (222)
   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? (223-224)
   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? (225-227)
   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? (228)
   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? (229)
   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? (230-231)
   a. Number of days
   b. None
      Don't know/Not sure
      Refused

7. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (232-233)
   a. Number of days
   b. None
      Don't know/Not sure
      Refused

8. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (234-235)
   a. Number of days
   b. None
      Don't know/Not sure
      Refused

9. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (236-237)
   a. Number of days
   b. None
      Don't know/Not sure
      Refused
10. During the past 30 days, for about how many days have you felt very healthy and full of energy? (238-239)

a. Number of days

b. None 8 8
Don't know/Not sure 7 7
Refused 9 9
Module 9: Preventive Counseling Services

The next series of questions is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

1. Has a doctor or other health professional ever talked with you about your diet or eating habits? (251)
   
   If yes, a. Yes, within the past 12 months (1 to 12 months ago) 1
   ask "About how long ago was it?"
   b. Yes, within the past 3 years (1 to 3 years ago) 2
   c. Yes, 3 or more years ago 3
   d. No 4
   Don’t know/Not sure 7
   Refused 9

2. Has a doctor or other health professional ever talked with you about physical activity or exercise? (252)
   
   If yes, a. Yes, within the past 12 months (1 to 12 months ago) 1
   ask "About how long ago was it?"
   b. Yes, within the past 3 years (1 to 3 years ago) 2
   c. Yes, 3 or more years ago 3
   d. No 4
   Don’t know/Not sure 7
   Refused 9
3. (Has a doctor or other health professional ever talked with you) about injury prevention, such as safety belt use, helmet use, or smoke detectors?  

If yes,  
   a. Yes, within the past 12 months (1 to 12 months ago)  
   b. Yes, within the past 3 years (1 to 3 years ago)  
   c. Yes, 3 or more years ago  
   d. No  

   Don’t know/Not sure  
   Refused  

4. (Has a doctor or other health professional ever talked with you) about drug abuse?  

If yes,  
   a. Yes, within the past 12 months (1 to 12 months ago)  
   b. Yes, within the past 3 years (1 to 3 years ago)  
   c. Yes, 3 or more years ago  
   d. No  

   Don’t know/Not sure  
   Refused
5. (Has a doctor or other health professional ever talked with you) about alcohol use?  (255)

If yes,  
1. a. Yes, within the past 12 months (1 to 12 months ago)
ask "About how long ago was it?"
  
b. Yes, within the past 3 years (1 to 3 years ago)
  
c. Yes, 3 or more years ago
  
d. No
Don’t know/Not sure
  
Refused
  
If "No" to core Q. 25 or "Not at all" to core Q. 26, go to Q. 7

6. (Has a doctor or other health professional) ever advised you to quit smoking?  (256)

If yes,  
1. a. Yes, within the past 12 months (1 to 12 months ago)
ask "About how long ago was it?"
  
b. Yes, within the past 3 years (1 to 3 years ago)
  
c. Yes, 3 or more years ago
  
d. No
Don’t know/Not sure
  
Refused
If respondent 65 years old or older, go to next module

7. (Has a doctor or other health professional) ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms? (257)

If yes,  
a. Yes, within the past 12 months (1 to 12 months ago)  
   ask "About how long ago was it?"  
b. Yes, within the past 3 years (1 to 3 years ago)  
c. Yes, 3 or more years ago  
d. No  
   Don’t know/Not sure  
   Refused