

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

**CORE SECTIONS**

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**OPTIONAL MODULES**

Module 1:	Diabetes.....	37
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Module 8:	Health Care Utilization (uncertain if we asked this).....	

**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 \_\_\_\_\_ residents.  
\_\_\_\_\_. 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 <b>If Q. 2 also "None," go to Q. 5 (p. 5)</b> | 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	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)
<b>Medicare is a coverage plan for people 65 or over and for certain disabled people</b>	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
	or		
h.	Some other source	Go to Q. 8 (p. 7)	0 8
<b>Do not read these responses</b>	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: (44-45)

Coverage through: **Please Read**

<b>If more than one, ask "Which type do you use to pay for most of your medical care?"</b>	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	0 7
	h.	Some other source	0 8
<b>Do not read these responses</b>	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]? (46)

**Read only if necessary**

<b>If necessary, say "The coverage you use currently to pay for most of your medical care"</b>	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 b. No 2

"Dk/Ns," probe

"Is there a Don't know/Not sure 7

certain number

you are supposed Refused 9

to call to find a  
doctor to go to?"

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

emergency care

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

a specialist

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

11. About how long has it been since you had health care coverage?  
(49)

**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?  
(50)

- 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?  
(51)

**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)

<b>If "Yes" and female, ask "Was this only when you were pregnant?"</b>	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.

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 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

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 <b>Go to Q. 25 (p. 14)</b>	2
Don't know/Not sure <b>Go to Q. 25 (p. 14)</b>	7
Refused <b>Go to Q. 25 (p. 14)</b>	9

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

Activity (specify): _____	___	___
<b>See coding list A</b>		
Refused <b>Go to Q. 25 (p. 14)</b>	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)

<b>See coding list B if response is not in miles and tenths</b>	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?  
(77)

**5 packs  
= 100  
ciga-  
rettes**

a. Yes	1
b. No <b>Go to Section 6: Nutrition (p. 16)</b>	2
Don't know/Not sure <b>Go to Section 6: Nutrition (p. 16)</b>	7
Refused <b>Go to Section 6: Nutrition (p. 16)</b>	9

26. Do you now smoke cigarettes everyday, some days, or not at all?  
(78)

a. Everyday	1
b. Some days <b>Go to Q. 27a</b>	2
c. Not at all <b>Go to Q. 29 (p. 15)</b>	3
Refused <b>Go to Section 6: Nutrition (p. 16)</b>	9

27. On the average, about how many cigarettes a day do you now smoke?  
(79-80)

**1 pack  
= 20  
ciga-  
rettes**

Number of cigarettes <b>Go to Q. 28 (p. 15)</b>	—	—
Don't know/Not sure <b>Go to Q. 28 (p. 15)</b>	7	7
Refused <b>Go to Q. 28 (p. 15)</b>	9	9

27a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?  
(81-82)

**1 pack  
= 20  
ciga-  
rettes**

Number of cigarettes <b>Go to Section 6: Nutrition (p. 16)</b>	—	—
Don't know/Not sure <b>Go to Section 6: Nutrition (p. 16)</b>	7	7
Refused <b>Go to Section 6: Nutrition (p. 16)</b>	9	9

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 0 7
- 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? (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

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

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)

<b>Example:</b> A serving of vegetables at both lunch and dinner would be two servings	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

36. Are you now trying to lose weight?	(104)
a. Yes <b>Go to Q. 38</b>	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 <b>Go to Q. 40 (p. 20)</b>	2
Don't know/Not sure <b>Go to Q. 40 (p. 20)</b>	7
Refused <b>Go to Q. 40 (p. 20)</b>	9
38. Are you eating either fewer calories or less fat to... lose weight? [ <b>if "Yes" on Q. 36]</b> keep from gaining weight? [ <b>if "Yes" on Q. 37]</b>	(106)
<b>Probe for which</b> 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)
<b>Probe for which</b> 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	0 7
Refused	0 9
42. What is your race?	(111)
Would you say: <b>Please Read</b>	
a. White	1
b. Black	2
c. Asian, Pacific Islander	3
d. American Indian, Alaska Native	4
<b>or</b>	
e. Other: (specify) _____	5
<b>Do not</b>	Don't know/Not
<b>sure</b> 7	
<b>read these</b>	
<b>responses</b>	Refused 9
43. Are you of Spanish or Hispanic origin?	(112)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

44. Are you: (113)

**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

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** b. 5 through 12 years old? \_\_\_ (115)
- 9 = Refused** c. 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: (118)

**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

48. Is your annual household income from all sources: (119-120)

**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 res-**  
**pondent**  
**refuses**  
**at any**  
**income**  
**level,**  
**code**  
**refused**  
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** Don't know/Not sure 7 7  
**read these**  
**responses** Refused 9 9



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

<b>Round fractions up</b>	Weight	<u>    </u> <u>    </u> <u>    </u> pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

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

<b>Round fractions up</b>	Weight	<u>    </u> <u>    </u> <u>    </u> pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

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

<b>Round fractions down</b>	Height	<u>    </u> / <u>    </u> <u>    </u> ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

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

FIPS county code	<u>    </u> <u>    </u> <u>    </u>
Don't know/not sure	7 7 7
Refused	9 9 9

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? (141)

- 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? (142)

- 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? (143)

**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)

<b>Code 01 thru 12</b>	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**

- a. High 1
- b. Medium 2
- c. Low 3
- d. None 4

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)

a. Yes **Go to Q. 71 (p. 32)** 1

b. No 2

Don't know/Not sure 7

Refused 9

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

a. Yes 1

b. No **Go to Q. 76 (p. 34)** 2

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)

Code month and year **Go to Q. 76 (p. 34)**           /            
 Don't know/Not sure **Go to Q. 76 (p. 34)** 7 7 / 7 7

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



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
<b>Go to Q. 76 (p. 34)</b>	1 2
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?

(163-164)

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-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

74. Did you receive the results of your last test? (165)

- a. Yes 1
- b. No **Go to Q. 76** 2
- Don't know/Not sure **Go to Q. 76** 7
- Refused **Go to Q. 76** 9

75. Did you receive counseling or talk with a health care professional about the results of your test? (166)

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

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? (167)

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

**Do not read these responses**

- Don't know method 5
- Refused 9

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 <b>Go to Closing Statement</b>               | 2 |
| Don't know/Not sure <b>Go to Closing Statement</b> | 7 |
| Refused <b>Go to Closing Statement</b>             | 9 |

78. Have you:

<b>Please Read</b>	<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	(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 <b>Go to Q. 4</b>	2
Refused <b>Go to Q. 4</b>	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 | 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"? (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 <b>Go to Q. 9</b>             | 8 | 8 |  |
| Don't know/Not sure <b>Go to Q. 9</b> | 7 | 7 |  |
| Refused <b>Go to Q. 9</b>             | 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             | 8 8       |
| 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             | 8 8       |
| 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 |
|    | <b>or</b>                |   |
| e. | None of the time         | 5 |

<b>Do not</b>	Don't know/Not sure	7
<b>read these</b>		
<b>responses</b>		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 |
|    | <b>or</b>                |   |
| e. | None of the time         | 5 |

<b>Do not</b>	Don't know/Not sure	7
<b>read these</b>		
<b>responses</b>		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 |
|    | <b>or</b>                |   |
| e. | None of the time         | 5 |

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

**read these**

**responses**

9

Refused

### 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<br>Go to Q. 5   | 0 1 |
| b. Spouse or parent lost job or changed employers<br>[includes any person who had been providing<br>insurance prior to job loss or change]<br>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<br>left school Go to Q. 5   | 0 5 |
| f. Employer doesn't offer or stopped offering<br>coverage Go to Q. 5   | 0 6 |
| g. Cut back to part time or became temporary<br>employee Go to Q. 5  | 0 7 |
| h. Benefits from employer or former employer ran<br>out Go to Q. 5   | 0 8 |
| i. Couldn't afford to pay the premiums<br>Go to Q. 5   | 0 9 |
| j. Insurance company refused coverage<br>Go to Q. 5  | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility<br>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 plans that only cover one type of service or care	a. Yes	1
	b. No	2
	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	4
<b>or</b>	
e. Poor	5
<b>Do not read these responses</b>	
Not applicable/don't use any health services	8
know/Not sure	Don't 7
Refused	9

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

<b>If "more than one," ask "Is there one you usually go to for routine care?"</b>	a. Yes,
only one 1	
<b>Go to Q. 9</b>	b. More
<b>Go to Q. 9</b>	2
c. No <b>Go to Q. 9</b>	3
<b>Code</b>	
<b>"only one" if</b>	Don't
know/Not sure <b>Go to Q. 9</b>	7
<b>"yes"</b>	
Refused <b>Go to Q. 9</b>	9

7. When did you last change doctors? (209)

**Read only if necessary**

<b>"Doctors"</b>	a.	Within
the past year (1 to 12 months ago)	1	
<b>includes other</b>		
<b>health professionals</b>	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	
	f.	Never <b>Go to Q. 9</b>
	8	
		Don't know/Not sure
	7	
		Refused
	9	

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

<b>"Doctors"</b>	a.	
Changed residence or moved	0	1
<b>includes other</b>		
<b>health professionals</b>	b.	Changed jobs
	0	2
	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                           | 1     |
| b. Very Good                           | 2     |
| c. Good                                | 3     |
| d. Fair                                | 4     |
| <b>or</b>                              |       |
| e. Poor                                | 5     |
| <b>Do not</b> Doesn't have usual place | 6     |
| <b>read these</b>                      |       |
| <b>responses</b>                       | Don't |
| know/Not sure                          | 7     |
| Refused                                | 9     |

#### Module 4: Smokeless Tobacco Use

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

<b>Probe for chewing tobacco, snuff, or both</b>	a. Yes, chewing tobacco	1
	b. Yes,	
	c. Yes, both	3
	d. No, neither <b>Go to Next Module</b>	4
	Don't know/Not sure <b>Go to Next Module</b>	7
	Refused <b>Go to Next Module</b>	9

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

<b>"Yes" includes occasional use</b>	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             | 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? (232-233)
- |                     |   |   |
|---------------------|---|---|
| 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? (234-235)
- |                     |   |   |
|---------------------|---|---|
| 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? (236-237)
- |                     |   |   |
|---------------------|---|---|
| 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? (238-239)

a. Number of days	<u>8</u>	<u>8</u>
b. None		
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,**  
<sub>1</sub>  
**ask "About**  
**how long ago**  
 within the past 3 years (1 to 3 years ago)  
**was it?"**

a. Yes, within the past 12 months (1 to 12 months ago)	
b. Yes,	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,**  
<sub>1</sub>  
**ask "About**  
**how long ago**  
 within the past 3 years (1 to 3 years ago)  
**was it?"**

a. Yes, within the past 12 months (1 to 12 months ago)	
b. Yes,	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? (253)

**If yes,**  
<sub>1</sub>  
**ask "About**  
**how long ago**  
 within the past 3 years (1 to 3 years ago)  
**was it?"**

a. Yes, within the past 12 months (1 to 12 months ago)	
b. Yes,	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

4. (Has a doctor or other health professional ever talked with you) about drug abuse? (254)

**If yes,**  
<sub>1</sub>  
**ask "About**  
**how long ago**  
 within the past 3 years (1 to 3 years ago)  
**was it?"**

a. Yes, within the past 12 months (1 to 12 months ago)	
b. Yes,	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

5. (Has a doctor or other health professional ever talked with you)  
about alcohol use? (255)

**If yes,**  
1  
**ask "About**  
**how long ago**  
within the past 3 years (1 to 3 years ago)  
**was it?"**

a. Yes, within the past 12 months (1 to 12 months ago)	
b. Yes,	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

**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  
**ask "About**  
**how long ago**  
within the past 3 years (1 to 3 years ago)  
**was it?"**

a. Yes, within the past 12 months (1 to 12 months ago)	
b. Yes,	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

**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) 1
  - ask "About how long ago within the past 3 years (1 to 3 years ago) was it?"**
  - b. Yes, 2
  - c. Yes, 3 or more years ago 3
  - d. No 4
  - Don't know/Not sure 7
  - Refused 9