# 1997 North Carolina Behavioral Risk Factor Surveillance System (BRFSS) Questionnaire

## Core Sections
- **Introduction and Respondent Selection**
- **Section 1: Health Status**
- **Section 2: Health Care Access**
- **Section 3: Hypertension Awareness**
- **Section 4: Cholesterol Awareness**
- **Section 5: Diabetes**
- **Section 6: Injury Control**
- **Section 7: Tobacco Use**
- **Section 8: Alcohol Consumption**
- **Section 9: Demographics**
- **Section 10: Women's Health**
- **Section 11: Immunization**
- **Section 12: Colorectal Cancer Screening**
- **Section 13: HIV/AIDS**

## Optional Modules
- **Module 1: Diabetes**
- **Module 3: Health Care Coverage**
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## State-Added Questions
- **Module NC-1: Preventive Counseling Services (NC Modification)**
- **Module NC-2: Skin Cancer**
- **Module NC-3: Polypharmacy**
- **Module NC-4: Worksite Tobacco Use**
- **Module NC-5: Rape/Sexual Assault**
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
   Don't know/Not sure 7
   Refused 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)**

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

   Don't know/Not sure

   Refused
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. 6) 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)
   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

Do not read these responses
   None Go to Q. 11 (p. 8) 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**

<table>
<thead>
<tr>
<th>If more than one, ask &quot;Which type do you use to pay for most of your medical care?&quot;</th>
<th>a. Your employer</th>
<th>0 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b. Someone else’s employer</td>
<td>0 2</td>
</tr>
<tr>
<td></td>
<td>c. A plan that you or someone else buys on your own</td>
<td>0 3</td>
</tr>
<tr>
<td></td>
<td>d. Medicare</td>
<td>0 4</td>
</tr>
<tr>
<td></td>
<td>e. Medicaid or Medical Assistance [or substitute state program name]</td>
<td>0 5</td>
</tr>
<tr>
<td></td>
<td>f. The military, CHAMPUS, or the VA [or CHAMP-VA]</td>
<td>0 6</td>
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<td></td>
<td>g. The Indian Health Service [or the Alaska Native Health Service]</td>
<td>0 7</td>
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<tr>
<td></td>
<td>or</td>
<td>0 8</td>
</tr>
<tr>
<td>h. Some other source</td>
<td>0 8</td>
<td></td>
</tr>
</tbody>
</table>

Do not read these responses

| None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 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**

<table>
<thead>
<tr>
<th>If necessary, say &quot;The coverage you use currently to pay for most of your medical care&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. For less than 12 months (1 to 12 months)</td>
</tr>
<tr>
<td>b. For less than 2 years (1 to 2 years)</td>
</tr>
<tr>
<td>c. For less than 3 years (2 to 3 years)</td>
</tr>
<tr>
<td>d. For less than 5 years (3 to 5 years)</td>
</tr>
<tr>
<td>e. For 5 or more years</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>Refused</td>
</tr>
</tbody>
</table>

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 |
| b. No | 2 |

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

| 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"

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>1</td>
</tr>
<tr>
<td>b. No</td>
<td>2</td>
</tr>
<tr>
<td>c. Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>d. Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

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

**Read Only if Necessary**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Within the past 6 months (1 to 6 months ago)</td>
<td>1</td>
</tr>
<tr>
<td>b. Within the past year (6 to 12 months ago)</td>
<td>2</td>
</tr>
<tr>
<td>c. Within the past 2 years (1 to 2 years ago)</td>
<td>3</td>
</tr>
<tr>
<td>d. Within the past 5 years (2 to 5 years ago)</td>
<td>4</td>
</tr>
<tr>
<td>e. 5 or more years ago</td>
<td>5</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
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: Hypertension Awareness

14. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (52)

   **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. 17 (p. 12)** 8
   Refused 9

15. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (53)

   a. Yes 1
   b. No  **Go to Q. 17 (p. 12)** 2
   Don't know/Not sure  **Go to Q. 17 (p. 12)** 7
   Refused  **Go to Q. 17 (p. 12)** 9

16. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (54)

   a. More than once 1
   b. Only once 2
   Don't know/Not sure 7
   Refused 9
16a. Has a doctor or other health professional talked with you about lifestyle changes to lower your blood pressure, such as losing weight, reducing the salt in your diet, exercising more, reducing the stress in your life, or reducing alcohol drinking?  

If yes, ask "About how long ago was it?"

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

16b. Have you ever taken medication prescribed by a doctor for your high blood pressure?  

- a. Yes  
- b. No  
- Don't know/Not sure  
- Refused

16c. Are you currently taking medication prescribed by a doctor for your high blood pressure?  

- a. Yes  
- b. No  
- Don't know/Not sure  
- Refused
Section 4: Cholesterol Awareness

17. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (55)

   a. Yes 1
   b. No Go to Q. 20 (p. 13) 2
   Don't know/Not sure Go to Q. 20 (p. 13) 7
   Refused Go to Q. 20 (p. 13) 9

18. About how long has it been since you last had your blood cholesterol checked? (56)

   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

19. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (57)

   a. Yes 1
   b. No 2
   Don't know/Not sure 7
   Refused 9
Section 5: Diabetes

20. Have you ever been told by a doctor that you have diabetes? (58)

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

21. How often do you use seatbelts when you drive or ride in a car? (59)

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 drive or ride in a car 8
Refused 9

22. What is the age of the oldest child in your household under the age of 16? (60-61)

Code <1 yr. as "01"

a. Code age in years

b. No children under age 16 Go to Q. 25 (p. 16) 8 8

Don't know/Not sure Go to Q. 25 (p. 16) 7 7

Refused Go to Q. 25 (p. 16) 9 9
23. How often does the [fill in age from Q. 22]-year-old child in your household use a...

   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 is 5 years or older, continue with Q. 24 (p. 16). Otherwise, go to Q. 25 (p. 16).
24. During the past year, how often has the [fill in age from Q. 22]-year-old child worn a bicycle helmet when riding a bicycle? (63)

Would you say: Please Read

a. Always 1
b. Nearly Always 2
c. Sometimes 3
d. Seldom 4

e. Never 5

or

Don't know/Not sure 7

Do not read these responses

Never rides a bicycle 8

Refused 9

25. 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? (64)

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

26. Have you smoked at least 100 cigarettes in your entire life? (65)

5 packs = 100 cigarettes

a. Yes 1
b. No Go to Q. 31 (p. 19) 2
Don't know/Not sure Go to Q. 31 (p. 19) 7
Refused Go to Q. 31 (p. 19) 9

27. Do you now smoke cigarettes everyday, some days, or not at all? (66)

a. Everyday 1
b. Some days Go to Q. 28a 2
c. Not at all Go to Q. 30 (p. 18) 3
Refused Go to Q. 31 (p. 19) 9

28. On the average, about how many cigarettes a day do you now smoke? (67-68)

1 pack = 20 cigarettes
Number of cigarettes Go to Q. 29 (p. 18) --
Don't know/Not sure Go to Q. 29 (p. 18) 7 7
Refused Go to Q. 29 (p. 18) 9 9

28a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (69-70)

1 pack = 20 cigarettes
Number of cigarettes Go to Q. 31 (p. 19) --
Don't know/Not sure Go to Q. 31 (p. 19) 7 7
Refused Go to Q. 31 (p. 19) 9 9
29. During the past 12 months, have you quit smoking for 1 day or longer?  
   a. Yes Go to Q. 31 (p. 19)  
   b. No Go to Q. 31 (p. 19)  
      Don't know/Not sure Go to Q. 31 (p. 19)  
   Refused Go to Q. 31 (p. 19)  

30. About how long has it been since you last smoked cigarettes regularly, that is, daily?  
   Read Only if Necessary  
   a. Within the past month (0 to 1 month ago)  
   b. Within the past 3 months (1 to 3 months ago)  
   c. Within the past 6 months (3 to 6 months ago)  
   d. Within the past year (6 to 12 months ago)  
   e. Within the past 5 years (1 to 5 years ago)  
   f. Within the past 15 years (5 to 15 years ago)  
   g. 15 or more years ago  
      Don't know/Not sure  
      Never smoked regularly  
      Refused
Section 8: Alcohol Consumption

31. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (74)
   
a. Yes 1
   
b. No Go to Q. 36 (p. 21) 2
    Don't know/Not sure Go to Q. 36 (p. 21) 7
    Refused Go to Q. 36 (p. 21) 9

32. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (75-77)

   a. Days per week 1_
   
b. Days per month 2_
    Don't know/Not sure Go to Q. 34 7 7 7
    Refused Go to Q. 34 9 9 9

33. 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? (78-79)

   Number of drinks --
   Don't know/Not sure 7 7
   Refused 9 9

34. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (80-81)

   a. Number of times --
   
b. None 8 8
    Don't know/Not sure 7 7
    Refused 9 9
35. During the past month, how many times have you driven when you've had perhaps too much to drink? (82-83)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of times</td>
<td>85</td>
</tr>
<tr>
<td>b. None</td>
<td>8</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
Section 9: Demographics

36. What is your age? *(84-85)*
   
   Code age in years
   
   Don't know/Not sure 0 7
   
   Refused 0 9

37. What is your race? *(86)*
   
   Would you say: **Please Read**
   
   a. White 1
   
   b. Black 2
   
   c. Asian, Pacific Islander 3
   
   d. American Indian, Alaska Native 4
   
   e. Other: (specify)_______________ 5

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

38. Are you of Spanish or Hispanic origin? *(87)*
   
   a. Yes 1
   
   b. No 2
   
   Don't know/Not sure 7
   
   Refused 9
39. Are you:

Please Read

a. Married 1
b. Divorced 2
c. Widowed 3
d. Separated 4
e. Never been married 5
f. A member of an unmarried couple 6
Refused 9

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

Please Read

Code 1-9
7 = 7 or more
8 = None
9 = Refused

a. less than 5 years old? _ (89)
b. 5 through 12 years old? _ (90)
c. 13 through 17 years old? _ (91)

41. What is the highest grade or year of school you completed?

Read Only if Necessary

a. Never attended school or only 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
42. Are you currently: (93)

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

43. Is your annual household income from all sources: (94-95)

Read as Appropriate

If respondent refuses at any income level, code refused

If "no," ask e; if "yes," ask b

Less than $25,000 ($20,000 to less than $25,000) 0 4

If "no," code a; if "yes," ask c

Less than $20,000 ($15,000 to less than $20,000) 0 3

If "no," code b; if "yes," ask d

Less than $15,000 ($10,000 to less than $15,000) 0 2

If "no," code c

Less than $10,000 0 1

If "no," ask f

Less than $35,000 ($25,000 to less than $35,000) 0 5

If "no," ask g

Less than $50,000 ($35,000 to less than $50,000) 0 6

If "no," code h

Less than $75,000 ($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

44. About how much do you weigh without shoes? (96-98)
45. About how tall are you without shoes? (99-101)
   Height __/__ ft/inches
   Don't know/Not sure 7 7 7
   Refused 9 9 9

46. What county do you live in? (102-104)
   FIPS county code __ __ __
   Don't know/not sure 7 7 7
   Refused 9 9 9

47. Do you have more than one telephone number in your household? (105)
   a. Yes 1
   b. No Go to Q. 49 2
   Refused Go to Q. 49 9

48. How many residential telephone numbers do you have? (106)
   Total telephone numbers [8=8 or more] 
   Refused 9

49. Indicate sex of respondent. Ask Only if Necessary (107)
   Male Go to Q. 61 (p. 30) 1
   Female 2

Now I have some questions about other health services you may have received.
Section 10: Women's Health

50. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (108)
   a. Yes 1
   b. No Go to Q. 53 (p. 27) 2
   Don't know/Not sure Go to Q. 53 (p. 27) 7
   Refused Go to Q. 53 (p. 27) 9

51. How long has it been since you had your last mammogram? (109)

   Read only if Necessary
   a. Within the past year (1 to 12 months ago) Go to Q. 52 (p. 26) 1
   b. Within the past 2 years (1 to 2 years ago) Go to Q. 52 (p. 26) 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 Go to Q. 52 (p. 26) 7
   Refused Go to Q. 52 (p. 26) 9
If respondent is 39 years old or younger, go to Q. 52.

51a. What is the main reason you have not had a mammogram within the past two years?

Don’t read responses

a. Doctor never said it was necessary or never suggested it 0 1
b. Doctor told me it was not necessary 0 2
c. Not needed/don’t have breast problem 0 3
d. Cost/too expensive/not covered by insurance 0 4
e. Too young to have/need mammogram 0 5
f. Too old to have/need mammogram 0 6
g. Haven’t had the time 0 7
h. Embarrassing to get mammogram 0 8
i. Too uncomfortable or painful 0 9
j. Fear of radiation exposure/reduce risk from exposure 1 0
k. Afraid of results/what might be found 1 1
l. Other 1 2

Don’t know/Not sure 7 7
Refused 9 9

52. 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?

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 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?  

a. Yes  

b. No  Go to Q. 56 (p. 28)  

Don't know/Not sure  Go to Q. 56 (p. 28)  

Refused  Go to Q. 56 (p. 28)  

54. How long has it been since your last breast exam?  

Read Only if Necessary  

a. Within the past year (1 to 12 months ago)  

b. Within the past 2 years (1 to 2 years ago)  

c. Within the past 3 years (2 to 3 years ago)  

d. Within the past 5 years (3 to 5 years ago)  

e. 5 or more years ago  

Don't know/Not sure  

Refused
55. 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

56. 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. 59 (p. 29) 2
   Don't know/Not sure  Go to Q. 59 (p. 29) 7
   Refused  Go to Q. 59 (p. 29) 9

57. 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
58. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (116)
   a. Routine exam 1
   b. Check current or previous problem 2
      Other 3
      Don't know/Not sure 7
      Refused 9

59. Have you had a hysterectomy? (117)
   a. Yes Go to Q. 61 (p. 30) 1
   b. No 2
      Don't know/Not sure 7
      Refused 9

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

If respondent is 45 years old or older, go to Q. 61 (p. 30).

60. To your knowledge, are you now pregnant? (118)
   a. Yes 1
   b. No 2
      Don't know/Not sure 7
      Refused 9
Section 11: Immunization

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

62. Have you ever had a pneumonia vaccination?  
   a. Yes  1  
   b. No  2  
   Don't know/Not sure  7  
   Refused  9
Section 12: Colorectal Cancer Screening

If respondent is 40 years or older, continue with Q. 63. Otherwise, go to next module.

63. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (121)

a. Yes 1

b. No Go to Q. 65 2

Don't know/Not sure Go to Q. 65 7

Refused Go to Q. 65 9
64. When did you have your last blood stool test using a home kit? (122)

   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

65. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (123)

   a. Yes 1
   b. No  Go to next module 2
   Don't know/Not sure  Go to next module 7
   Refused  Go to next module 9
66. When did you have your last sigmoidoscopy or proctoscopy? (124)

**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 next module.

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? (125-126)

<table>
<thead>
<tr>
<th>Code</th>
<th>a. Grade</th>
<th>b. Kindergarten</th>
<th>c. Never</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 thru 12</td>
<td>--</td>
<td>5 5</td>
<td>8 8</td>
<td>7 7</td>
<td>9 9</td>
</tr>
</tbody>
</table>

68. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (127)

<table>
<thead>
<tr>
<th></th>
<th>a. Yes</th>
<th>b. No</th>
<th>Would give other advice</th>
<th>Don't know/Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>
69. What are your chances of getting infected with HIV, the virus that causes AIDS? (128)

Would you say: **Please Read**

a. High 1
b. Medium 2
c. Low 3

or

d. None 4

Not applicable **Go to Q. 71 (p. 35)** 5

**Do not read these responses**

Don't know/Not sure 7

Refused 9

70. Have you ever had your blood tested for HIV? (129)

a. Yes **Go to Q. 71 (p. 35)** 1
b. No 2

Don't know/Not sure 7

Refused 9

71a. Have you donated blood since March 1985? (130)

a. Yes 1
b. No **Go to Q. 76 (p. 38)** 2

Don’t know/Not sure **Go to Q. 76 (p. 38)** 7

Refused **Go to Q. 76 (p. 38)** 9
72a. When did you last donate blood? (131-134)
   Code month and year  Go to Q. 76 (p. 38)  
   Don't know/Not sure  Go to Q. 76 (p. 38)  
   Refused  Go to Q. 76 (p. 38)  

71. When was your last blood test for HIV? (135-138)
   Code month and year  
   Don't know/Not sure  
   Refused  

72. What was the main reason you had your last blood test for HIV? (139-140)

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
   **Go to Q. 76 (p. 38)** 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? (141-142)

<table>
<thead>
<tr>
<th>Facility Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Read only if necessary</strong></td>
</tr>
<tr>
<td>a. 0 1</td>
<td>Private doctor, HMO</td>
</tr>
<tr>
<td>b. 0 2</td>
<td>Blood bank, plasma center, Red Cross</td>
</tr>
<tr>
<td>c. 0 3</td>
<td>Health department</td>
</tr>
<tr>
<td>d. 0 4</td>
<td>AIDS clinic, counseling, testing site</td>
</tr>
<tr>
<td>e. 0 5</td>
<td>Hospital, emergency room, outpatient clinic</td>
</tr>
<tr>
<td>f. 0 6</td>
<td>Family planning clinic</td>
</tr>
<tr>
<td>g. 0 7</td>
<td>Prenatal clinic, obstetrician’s office</td>
</tr>
<tr>
<td>h. 0 8</td>
<td>Tuberculosis clinic</td>
</tr>
<tr>
<td>i. 0 9</td>
<td>STD clinic</td>
</tr>
<tr>
<td>j. 1 0</td>
<td>Community health clinic</td>
</tr>
<tr>
<td>k. 1 1</td>
<td>Clinic run by employer</td>
</tr>
<tr>
<td>l. 1 2</td>
<td>Insurance company clinic</td>
</tr>
<tr>
<td>m. 1 3</td>
<td>Other public clinic</td>
</tr>
<tr>
<td>n. 1 4</td>
<td>Drug treatment facility</td>
</tr>
<tr>
<td>o. 1 5</td>
<td>Military induction or military service site</td>
</tr>
<tr>
<td>p. 1 6</td>
<td>Immigration site</td>
</tr>
<tr>
<td>q. 1 7</td>
<td>At home, home visit by nurse or health worker</td>
</tr>
<tr>
<td>r. 1 8</td>
<td>At home using self-sampling kit</td>
</tr>
<tr>
<td>s. 1 9</td>
<td>In jail or prison</td>
</tr>
<tr>
<td>t. 8 7</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
</tr>
</tbody>
</table>
74. Did you receive the results of your last test?  
   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?  
   a. Yes 1
   b. No 2
   Don't know/Not sure 7
   Refused 9

76. These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

   Due to what you know about HIV, have you changed your sexual behavior in the last 12 months?  
   a. Yes 1
   b. No Go to next module 2
   Don't know/Not sure Go to next module 7
   Refused Go to next module 9
77. Did you make any of the following changes in the last 12 months?

<table>
<thead>
<tr>
<th>Please Read</th>
<th>Yes</th>
<th>No</th>
<th>Dk/Ns</th>
<th>Ref</th>
</tr>
</thead>
</table>
a. Did you decrease the number of your sexual partners or become abstinent? | 1   | 2  | 7     | 9   | (146) |
b. Do you now have sexual intercourse with only the same partner?            | 1   | 2  | 7     | 9   | (147) |
c. Do you now always use condoms for protection?                             | 1   | 2  | 7     | 9   | (148) |
Module 1: Diabetes

1. How old were you when you were told you have diabetes? (149-150)
   
   Code age in years [76=76 and older] 
   Don't know/Not sure 7 7 
   Refused 9 9 

2. Are you now taking insulin? (151)
   
   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? (152-154)
   
   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. (155-157)
   
   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"?
   (158)
   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?
   (159-160)
   a. Number of times 8
   b. None Go to Q. 9 (p. 42) 8
   Don't know/Not sure Go to Q. 9 (p. 42) 7
   Refused Go to Q. 9 (p. 42) 9

If "No," "Dk/Ns," or "Refused" to Q. 5, go to Q. 8 (p. 42).

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"?
   (161-162)
   a. Number of times 8
   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? (163-164)

   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. (165)

   **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? (166)

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 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? (167)

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 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? (168)

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 or 4
e. None of the time 5

**Do not read these responses**

Don't know/Not sure 7
Refused 9

13. Do you think that complications of diabetes can be prevented through lifestyle changes, such as careful monitoring of blood glucose at home, proper nutrition, or exercise? (340)

a. Yes 1
b. No 2

Don't know/Not sure 7
Refused 9
Module 3: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 5, go to next module.

I asked you previously about your health care coverage.

If "None" to core Q. 7a or core Q. 7b, continue. Otherwise, go to Q. 2 (p. 46).

1. What is the main reason you are without health care coverage? (179-180)
   a. Lost job or changed employers
      Go to next module
   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 next module
   0 2
   c. Became divorced or separated Go to next module
   0 3
   d. Spouse or parent died Go to next module
   0 4
   e. Became ineligible because of age or because
      left school Go to next module
   0 5
   f. Employer doesn’t offer or stopped offering
      coverage Go to next module
   0 6
   g. Cut back to part time or became temporary
      employee Go to next module
   0 7
   h. Benefits from employer or former employer ran
      out Go to next module
   0 8
   i. Couldn't afford to pay the premiums
      Go to next module
   0 9
   j. Insurance company refused coverage
      Go to next module
   1 0
   k. Lost Medicaid or Medical Assistance eligibility
      Go to next module
   1 1
   l. Other Go to next module
   8 7
   Don't know/Not sure Go to next module
   7 7
   Refused Go to next module
   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? (181)

Do not include plans that only cover one type of service or care

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

If respondent is 66 years old or older, go to next module.

3. During the past 12 months, was there any time that you did not have any health insurance or coverage? (182)

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>1</td>
</tr>
<tr>
<td>b. No</td>
<td>2</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
4. What was the main reason you were without health care coverage? (183-184)

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
Module 4: Health Care Utilization

Now I am going to ask you some questions about the health care you receive.

1. How would you rate your satisfaction with your overall health care? (185)

Would you say: Please read

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

or
e. Poor 5

Do not read these responses

Not applicable/don't use any health services 8
Don't know/Not sure 7
Refused 9

2. 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? (186)

a. Yes Go to Q. 5 (p. 50) 1
b. More than one place Go to Q. 4 (p. 49) 2
c. No 3

Don't know/Not sure Go to next module 7
Refused Go to next module 9
3. What is the main reason you do not have a usual source of medical care? (187-188)

   a. Two or more usual places 0 1
   b. Have not needed a doctor Go to next module 0 2
   c. Do not like/trust/believe in doctors Go to next module 0 3
   d. Do not know where to go Go to next module 0 4
   e. Previous doctor is not available/moved Go to next module 0 5
   f. No insurance/cannot afford Go to next module 0 6
   g. Speak a different language Go to next module 0 7
   h. No place is available/close enough/convenient Go to next module 0 8
   I. Other Go to next module 0 9

   Don't know/Not sure Go to next module 7 7

   Refused Go to next module 9 9

4. Is there one of these places that you go to most often when you are sick or need advice about your health? (189)

   a. Yes 1
   b. No Go to next module 2

   Don't know/Not sure Go to next module 7

   Refused Go to next module 9
5. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place? (190-191)
   a. Doctor's office or private clinic 0 1
   b. Company or school health clinic/center 0 2
   c. Community/migrant/rural clinic/center 0 3
   d. County/city/public hospital outpatient clinic 0 4
   e. Private/other hospital outpatient clinic 0 5
   f. Hospital emergency room 0 6
   g. HMO/prepaid group 0 7
   h. Psychiatric hospital or clinic 0 8
   i. VA hospital or clinic 0 9
   j. Military health care facility 1 0
   k. Some other kind of place 1 1
   Don't know/Not sure 7 7
   Refused 9 9

6. 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? (192)

   Would you say: **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 have usual place 6
   Don't know/Not sure 7
   Refused 9
7. Is there one particular doctor or health professional who you usually go to when you need routine medical care? (193)

If "no," ask "Is there more than one or is there no usual doctor who you go to?"

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes, only one</td>
<td>1</td>
</tr>
<tr>
<td>b. More than one</td>
<td>2</td>
</tr>
<tr>
<td>c. No</td>
<td>3</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

8. When did you last change doctors? (194)

Read only if necessary

"Doctors" includes other health professionals

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Within the past year (1 to 12 months ago)</td>
<td>1</td>
</tr>
<tr>
<td>b. Within the past 2 years (1 to 2 years ago)</td>
<td>2</td>
</tr>
<tr>
<td>c. Within the past 3 years (2 to 3 years ago)</td>
<td>3</td>
</tr>
<tr>
<td>d. Within the past 5 years (3 to 5 years ago)</td>
<td>4</td>
</tr>
<tr>
<td>e. 5 or more years ago</td>
<td>5</td>
</tr>
<tr>
<td>f. Never</td>
<td>8</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
9. Why did you change doctors that last time? (195-196)

"Doctors" includes other health professionals

a. Changed residence or moved 0 1
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
Module NC-1: Preventive Counseling Services (NC Modification)

The next questions are 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? (341)
   - If yes, ask "About how long ago was it?"
     - a. Yes, within the past 12 months (1 to 12 months ago) 1
     - b. Yes, within the past 2 years (1 to 2 years ago) 2
     - c. Yes, within the past 3 years (2 to 3 years ago) 3
     - d. Yes, 3 or more years ago 4
     - e. No 5
     - 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? (342)
   - If yes, ask "About how long ago was it?"
     - a. Yes, within the past 12 months (1 to 12 months ago) 1
     - b. Yes, within the past 2 years (1 to 2 years ago) 2
     - c. Yes, within the past 3 years (2 to 3 years ago) 3
     - d. Yes, 3 or more years ago 4
     - e. No 5
     - Don't know/Not sure 7
     - Refused 9
3. (Has a doctor or other health professional ever talked with you) about alcohol use? (343)
   
   If yes, ask "About how long ago was it?"
   
   a. Yes, within the past 12 months (1 to 12 months ago) 1
   
   b. Yes, within the past 2 years (1 to 2 years ago) 2
   
   c. Yes, within the past 3 years (2 to 3 years ago) 3
   
   d. Yes, 3 or more years ago 4
   
   e. No 5

   Don't know/Not sure 7

   Refused 9

   If "No" to core Q. 26 or "Not at all" to core Q. 27, go to Q. 5.

4. (Has a doctor or other health professional) ever advised you to quit smoking? (344)
   
   If yes, ask "About how long ago was it?"
   
   a. Yes, within the past 12 months (1 to 12 months ago) 1
   
   b. Yes, within the past 2 years (1 to 2 years ago) 2
   
   c. Yes, within the past 3 years (2 to 3 years ago) 3
   
   d. Yes, 3 or more years ago 4
   
   e. No 5

   Don't know/Not sure 7

   Refused 9
If respondent is 39 years old or younger, go to next module.

5. (Has a doctor or other health professional ever talked with you) about having a screening test for colorectal cancer, such as a blood stool test or a sigmoidoscopy or proctoscopy? (345)

If yes, ask "About how long ago was it?"

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes, within the past 12 months (1 to 12 months ago)</td>
<td>1</td>
</tr>
<tr>
<td>b. Yes, within the past 2 years (1 to 2 years ago)</td>
<td>2</td>
</tr>
<tr>
<td>c. Yes, within the past 3 years (2 to 3 years ago)</td>
<td>3</td>
</tr>
<tr>
<td>d. Yes, 3 or more years ago</td>
<td>4</td>
</tr>
<tr>
<td>e. No</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>

If respondent is male, go to next module.

6. (Has a doctor or other health professional ever talked with you) about having a mammogram as part of your routine health care? (346)

If yes, ask "About how long ago was it?"

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes, within the past 12 months (1 to 12 months ago)</td>
<td>1</td>
</tr>
<tr>
<td>b. Yes, within the past 2 years (1 to 2 years ago)</td>
<td>2</td>
</tr>
<tr>
<td>c. Yes, within the past 3 years (2 to 3 years ago)</td>
<td>3</td>
</tr>
<tr>
<td>d. Yes, 3 or more years ago</td>
<td>4</td>
</tr>
<tr>
<td>e. No</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>
7. (Has a doctor or other health professional ever talked with you) about doing breast self-examination, or examining your own breasts for lumps or other abnormalities? (347)

If yes, ask "About how long ago was it?"

   a. Yes, within the past 12 months (1 to 12 months ago) 1
   b. Yes, within the past 2 years (1 to 2 years ago) 2
   c. Yes, within the past 3 years (2 to 3 years ago) 3
   d. Yes, 3 or more years ago 4
   e. No 5

Don't know/Not sure 7

Refused 9

8. (Has a doctor or other health professional ever talked with you) about preventing osteoporosis or its complications through lifestyle changes, such as diet and exercise? (348)

If yes, ask "About how long ago was it?"

   a. Yes, within the past 12 months (1 to 12 months ago) 1
   b. Yes, within the past 2 years (1 to 2 years ago) 2
   c. Yes, within the past 3 years (2 to 3 years ago) 3
   d. Yes, 3 or more years ago 4
   e. No 5

Osteoporosis is a bone disease that can lead to fractures and other bone problems.

Don't know/Not sure 7

Refused 9
Module NC-2: Skin Cancer

Now I am going to ask you some questions about sun-tanning and outdoor exposures to the sun.

1. In the past 12 months, have you tried to get a tan using a tanning lamp or tanning machine, whether it was at a tanning salon, at your home, or elsewhere? (349)
   a. Yes 1
   b. No 2
   Don't know/Not sure 7
   Refused 9

2. In the past 12 months, have you tried to get a tan from the sun? (350)
   a. Yes 1
   b. No 2
   Don't know/Not sure 7
   Refused 9

3. When you’re outdoors during the summer for at least half an hour, how often do you protect your skin from the sun, such as by using sunscreens or sunblock or wearing hats or protective clothing? (351)

   Would you say: Please read

   a. Always 1
   b. Nearly always 2
   c. Sometimes 3
   d. Seldom 4
   e. Never 5
   Don't know/Not sure 7
   Refused 9
If core Q. 40a=0 and core Q. 40b=0 (i.e., no children in the household under the age of 13), go to next module.

4. When the [youngest (if more than one child under age 13)] child in your household is outdoors during the summer for at least half an hour, how often is his or her skin protected from the sun, such as by using sunscreens or sunblock or wearing hats or protective clothing? (352)

Would you say: Please read

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

Don't know/Not sure 7
Refused 9
Module NC-3: Polypharmacy

1. Thinking about medications that you take every day or most days, including both prescription and nonprescription medications, how many different medications do you usually take each day? (353-354)

   Number of medications
   ___ ___

   Don’t know/Not sure Go to Q. 3 7 7
   Refused Go to Q. 3 9 9

If Q. 1=0 or Q. 1=1, go to Q. 3.

2. How many different doctors or other health professionals have told you to take these medications? (355)

   Number of doctors (6=6 or more)
   ___

   Don’t know/not sure 7
   Refused 9

3. Was there a time in the past 12 months when you needed to get prescription medication, but could not because of the cost? (356)

   a. Yes 1
   b. No 2
   Don't know/Not sure 7
   Refused 9
Module NC-4: Worksite Tobacco Use

These next few questions are about smoking policies.

If core Q. 42 > 2 (i.e., respondent is not either “employed for wages” or “self-employed”), go to next module.

1. Is there a cigarette vending machine, cafeteria, or other place at your workplace where employees can buy cigarettes? (357)
   a. Yes 1
   b. No 2
   Don't know/Not sure 7
   Refused 9

2. Does your workplace have an official policy that restricts smoking in any way? (358)
   a. Yes 1
   b. No Go to next module 2
      Don't know/Not sure Go to next module 7
   Refused Go to next module 9

3. Which of the following best describes your workplace’s smoking policy for indoor public or common areas, such as lobbies, restrooms, and lunch rooms? (359)
   Is smoking: Please read
   a. Not allowed in any public areas 1
   b. Allowed in some public areas 2
   or
   c. Allowed in all public areas 3
   Don’t read this response Not applicable (No public areas in workplace; includes working out of home) 8
   Don't know/Not sure 7
   Refused 9
4. Which of the following best describes your workplace’s smoking policy for indoor work areas? (360)

Is smoking: Please read

a. Not allowed in any indoor work areas 1

b. Allowed in some indoor work areas 2

or

c. Allowed in all indoor work areas 3

Don’t read this response

Not applicable (Work out of home, or no indoor work areas) 8

Don't know/Not sure 7

Refused 9

5. This next question is about your opinion of the smoking policy in your workplace. Do you think that smoking should be allowed indoors anywhere in your workplace, be allowed indoors only in designated areas, or not be allowed indoors at all in your workplace? (361)

a. Allowed indoors anywhere in the workplace 1

b. Allowed indoors only in designated areas in the workplace 2

c. Not allowed indoors at all in the workplace 3

Don't know/Not sure 7

Refused 9
Module NC-5: Rape/Sexual Assault

1. Incidents involving forced or unwanted sexual acts are often difficult to talk about. The next question may be hard for you to answer, but the confidential information that you and other survey respondents provide is very important for prevention and education programs. The question refers to incidents occurring during childhood and/or during adulthood, and it may include events involving acquaintances, people you knew well, and/or strangers.

Keeping these things in mind, has anyone ever forced or tried to force you to engage in unwanted sexual activity?

<table>
<thead>
<tr>
<th>Include incidents involving intimates, acquaintances, &amp;/or strangers, and incidents occurring in childhood &amp;/or adulthood</th>
<th>a. Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. No Go to Closing Statement</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Don't know/Not sure Go to Closing Statement</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Refused Go to Closing Statement</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

2. Do you mean forced sexual intercourse?

<table>
<thead>
<tr>
<th>Sexual intercourse means vaginal, anal, &amp;/or oral penetration by the offender. This category also includes incidents where the penetration is from a foreign object such as a bottle.</th>
<th>a. Yes 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. No</td>
<td>2</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

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.