

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

## **CORE SECTIONS**

Introduction and Respondent Selection.....	1
Section 1: Health Status .....	2
Section 2: Health Care Access .....	4
Section 3: Hypertension Awareness.....	9
Section 4: Cholesterol Awareness.....	11
Section 5: Diabetes.....	12
Section 6: Injury Control.....	13
Section 7: Tobacco Use.....	16
Section 8: Alcohol Consumption .....	18
Section 9: Demographics .....	20
Section 10: Women's Health .....	24
Section 11: Immunization .....	29
Section 12: Colorectal Cancer Screening.....	31
Section 13: HIV/AIDS .....	33

## **OPTIONAL MODULES**

Module 1: Diabetes .....	40
Module 3: Health Care Coverage.....	45
Module 4: Health Care Utilization.....	48

## **STATE-ADDED QUESTIONS**

Module NC-1: Preventive Counseling Services (NC Modification).....	53
Module NC-2: Skin Cancer.....	57
Module NC-3: Polypharmacy.....	59
Module NC-4: Worksite Tobacco Use.....	60
Module NC-5: Rape/Sexual Assault .....	62

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 <sup>4</sup> |   |
| <b>or</b>            |   |
| e. Poor              | 5 |

<b>Do not read these responses</b>	Don't know/Not Sure	7
	Refused	9

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (34-35)

- |                     |     |
|---------------------|-----|
| a. Number of days   | --  |
| b. None             | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (36-37)
- a. Number of days --
  - b. None **If Q. 2 also "None," go to Q. 5 (p. 5)** 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38-39)
- a. Number of days --
  - b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9

## Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (40)
- a. Yes 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)
- Medicare is a coverage plan for people 65 or over and for certain disabled people**
- a. Yes **Go to Q. 8 (p. 7)** 1
  - b. No 2
  - Don't know/not sure 7
  - Refused 9
- 7a. What type of health care coverage do you use to pay for most of your medical care? (42-43)
- Is it coverage through: **Please Read**
- a. Your employer **Go to Q. 8 (p. 7)** 0 1
  - b. Someone else's employer **Go to Q. 8 (p. 7)** 0 2
  - c. A plan that you or someone else buys on your own  
**Go to Q. 8 (p. 7)** 0 3
  - d. Medicare **Go to Q. 8 (p. 7)** 0 4
  - e. Medicaid or Medical Assistance [or substitute  
state program name] **Go to Q. 8 (p. 7)** 0 5
  - f. The military, CHAMPUS, or the VA [or CHAMP-VA]  
**Go to Q. 8 (p. 7)** 0 6
  - g. The Indian Health Service [or the Alaska  
Native Health Service] **Go to Q. 8 (p. 7)** 0 7
  - 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**

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

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

**Do not  
read these  
responses**

- |   |     |
|---|-----|
| None <b>Go to Q. 11 (p. 8)</b>                | 8 8 |
| Don't know/Not sure <b>Go to Q. 12 (p. 9)</b> | 7 7 |
| Refused <b>Go to Q. 12 (p. 9)</b>             | 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)

<b>If necessary, say "The coverage you use currently to pay for most of your medical care"</b>	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
<b>If "no" or "Dk/Ns," probe "Is there a certain number you are supposed to call to find a doctor to go to?"</b>		

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"

Do not include  
emergency care  
or referral to  
a specialist

- |   |   |
|---|---|
| a. Yes <b>Go to Q. 12 (p. 9)</b>              | 1 |
| b. No <b>Go to Q. 12 (p. 9)</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 12 (p. 9)</b> | 7 |
| Refused <b>Go to Q. 12 (p. 9)</b>             | 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: 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 <b>Go to Q. 17 (p. 12)</b>   | 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 <b>Go to Q. 17 (p. 12)</b>   | 2 |
| Don't know/Not sure <b>Go to Q. 17 (p. 12)</b>   | 7 |
| Refused <b>Go to Q. 17 (p. 12)</b>   | 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? (335)

**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

16b. Have you ever taken medication prescribed by a doctor for your high blood pressure? (336)

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

16c. Are you currently taking medication prescribed by a doctor for your high blood pressure? (337)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

#### 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 |
| 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 <b>Go to Q. 25 (p. 16)</b> | 8 8 |
| Don't know/Not sure <b>Go to Q. 25 (p. 16)</b>         | 7 7 |
| Refused <b>Go to Q. 25 (p. 16)</b>                     | 9 9 |

23. How often does the [fill in age from Q. 22]-year-old child in your household use a... (62)

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 |
| 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 |
| Don't know/Not sure   | 7 |
| Never rides a bicycle | 8 |
| Refused               | 9 |

**Do not  
read these  
responses**

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)
<b>5 packs = 100 ciga- rettes</b>	a.	Yes	1
	b.	No <b>Go to Q. 31 (p. 19)</b>	2
		Don't know/Not sure <b>Go to Q. 31 (p. 19)</b>	7
		Refused <b>Go to Q. 31 (p. 19)</b>	9
	27.	Do you now smoke cigarettes everyday, some days, or not at all?	(66)
	a.	Everyday	1
	b.	Some days <b>Go to Q. 28a</b>	2
	c.	Not at all <b>Go to Q. 30 (p. 18)</b>	3
		Refused <b>Go to Q. 31 (p. 19)</b>	9
	28.	On the average, about how many cigarettes a day do you now smoke?	(67-68)
<b>1 pack = 20 ciga- rettes</b>		Number of cigarettes <b>Go to Q. 29 (p. 18)</b>	--
		Don't know/Not sure <b>Go to Q. 29 (p. 18)</b>	7 7
		Refused <b>Go to Q. 29 (p. 18)</b>	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)
<b>1 pack = 20 ciga- rettes</b>		Number of cigarettes <b>Go to Q. 31 (p. 19)</b>	--
		Don't know/Not sure <b>Go to Q. 31 (p. 19)</b>	7 7
		Refused <b>Go to Q. 31 (p. 19)</b>	9 9

29. During the past 12 months, have you quit smoking for 1 day or longer? (71)
- a. Yes **Go to Q. 31 (p. 19)** 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
30. About how long has it been since you last smoked cigarettes regularly, that is, daily? (72-73)
- Read Only if Necessary**
- a. Within the past month (0 to 1 month ago) 0 1
  - b. Within the past 3 months (1 to 3 months ago) 0 2
  - c. Within the past 6 months (3 to 6 months ago) 0 3
  - d. Within the past year (6 to 12 months ago) 0 4
  - e. Within the past 5 years (1 to 5 years ago) 0 5
  - f. Within the past 15 years (5 to 15 years ago) 0 6
  - g. 15 or more years ago 0 7
  - Don't know/Not sure 7 7
  - Never smoked regularly 8 8
  - Refused 9 9

**Section 8: Alcohol Consumption**

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

**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: <b>Please Read</b>	
	a. White	1
	b. Black	2
	c. Asian, Pacific Islander	3
	d. American Indian, Alaska Native	4
	e. Other: (specify)_____	<b>or</b> 5
	Don't know/Not sure	7
	Refused	9
	<b>Do not read these responses</b>	
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: (88)

**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 | <b>or</b><br>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? (92)

**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)
	<b>Please Read</b>	
	a. Employed for wages	1
	b. Self-employed	2
	c. Out of work for more than 1 year	3
	d. Out of work for less than 1 year	4
	e. Homemaker	5
	f. Student	6
	g. Retired	7
	h. Unable to work	<b>or</b> 8
	Refused	9
43.	Is your annual household income from all sources:	(94-95)
	<b>Read as Appropriate</b>	
	a. Less than \$25,000 <b>If "no," ask e; if "yes," ask b</b> (\$20,000 to less than \$25,000)	0 4
	b. Less than \$20,000 <b>If "no," code a; if "yes," ask c</b> (\$15,000 to less than \$20,000)	0 3
	c. Less than \$15,000 <b>If "no," code b; if "yes," ask d</b> (\$10,000 to less than \$15,000)	0 2
	d. Less than \$10,000 <b>If "no," code c</b>	0 1
	e. Less than \$35,000 <b>If "no," ask f</b> (\$25,000 to less than \$35,000)	0 5
	f. Less than \$50,000 <b>If "no," ask g</b> (\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 <b>If "no," code h</b> (\$50,000 to \$75,000)	0 7
	h. \$75,000 or more	0 8
	Don't know/Not sure	7 7
	Refused	9 9
44.	About how much do you weigh without shoes?	(96-98)

**If res-  
pondent  
refuses  
at any  
income  
level,  
code  
refused**

**Do not  
read these  
responses**

<b>Round fractions up</b>	Weight_ _ _	pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
45.	About how tall are you without shoes? Height _/_ _	(99-101) ft/inches
<b>Round fractions down</b>	Don't know/Not sure	7 7 7
	Refused	9 9 9
46.	What county do you live in? FIPS county code	(102-104) _ _ _
	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 <b>Go to Q. 49</b>	2
	Refused <b>Go to Q. 49</b>	9
48.	How many residential telephone numbers do you have?	(106)
<b>Exclude ded- icated fax and computer lines</b>	Total telephone numbers [ <b>8=8 or more</b> ]	-
	Refused	9
49.	Indicate sex of respondent. <b>Ask Only if Necessary</b>	(107)
	Male <b>Go to Q. 61 (p. 30)</b>	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? (338-339)

**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? (110)

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? (111)
- a. Yes 1
  - b. No **Go to Q. 56 (p. 28)** 2
  - Don't know/Not sure **Go to Q. 56 (p. 28)** 7
  - Refused **Go to Q. 56 (p. 28)** 9
54. How long has it been since your last breast exam? (112)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
  - b. Within the past 2 years (1 to 2 years ago) 2
  - c. Within the past 3 years (2 to 3 years ago) 3
  - d. Within the past 5 years (3 to 5 years ago) 4
  - e. 5 or more years ago 5
  - Don't know/Not sure 7
  - Refused 9

55. Was your last 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? (113)
- 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? (114)
- 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? (115)  
**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?	(119)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
62.	Have you ever had a pneumonia vaccination?	(120)
	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)
<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?	(127)
		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? (128)
- Would you say: **Please Read**
- a. High 1
  - b. Medium 2
  - c. Low 3
  - d. None 4
- Not applicable **Go to Q. 71 (p. 35)** 5
- 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

**Do not  
read these  
responses**

- 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)**      7 7 7 7
- Refused **Go to Q. 76 (p. 38)**      9 9 9 9
- 
71. When was your last blood test for HIV? (135-138)
- 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?	(139-140)
	Reason code	--
	<b>Read only if necessary</b>	
	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	
	<b>Go to Q. 76 (p. 38)</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?	(141-142)
	Facility Code	--
	<b>Read only if necessary</b>	
	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, obstetrician's office	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? (143)
- 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? (144)
- 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? (145)
- 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?

<b>Please Read</b>		<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
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 <b>Go to Q. 4</b>  | 2         |
|    | Refused <b>Go to Q. 4</b>  | 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 --
  - b. None **Go to Q. 9 (p. 42)** 8 8
  - Don't know/Not sure **Go to Q. 9 (p. 42)** 7 7
  - Refused **Go to Q. 9 (p. 42)** 9 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 --
  - 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? (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 4  
**or**  
 e. None of the time 5

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

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (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 4  
**or**  
 e. None of the time 5

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

12. How much of the time does your vision limit you in watching television? (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 | 4 |
| <b>or</b>                   |   |
| 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 <b>Go to next module</b>	0 1
	b. Spouse or parent lost job or changed employers <b>[includes any person who had been providing insurance prior to job loss or change]</b> <b>Go to next module</b>	0 2
	c. Became divorced or separated <b>Go to next module</b>	0 3
	d. Spouse or parent died <b>Go to next module</b>	0 4
	e. Became ineligible because of age or because left school <b>Go to next module</b>	0 5
	f. Employer doesn't offer or stopped offering coverage <b>Go to next module</b>	0 6
	g. Cut back to part time or became temporary employee <b>Go to next module</b>	0 7
	h. Benefits from employer or former employer ran out <b>Go to next module</b>	0 8
	i. Couldn't afford to pay the premiums <b>Go to next module</b>	0 9
	j. Insurance company refused coverage <b>Go to next module</b>	1 0
	k. Lost Medicaid or Medical Assistance eligibility <b>Go to next module</b>	1 1
	l. Other <b>Go to next module</b>	8 7
	Don't know/Not sure <b>Go to next module</b>	7 7
	Refused <b>Go to next module</b>	9 9

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

**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)
		a. Yes	1
		b. No <b>Go to next module</b>	2
		Don't know/Not sure <b>Go to next module</b>	7
		Refused <b>Go to next module</b>	9

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<sup>4</sup>

**or**

e. Poor 5

Not applicable/don't use any health services 8

Don't know/Not sure 7

Refused 9

**Do not  
read these  
responses**

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
  - Don't have usual place 6
  - Don't know/Not sure 7
  - Refused 9
- Do not read these responses**

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?"

- |  |   |
|--|---|
| a. Yes, only one                             | 1 |
| b. More than one <b>Go to next module</b>    | 2 |
| c. No <b>Go to next module</b>               | 3 |
| Don't know/Not sure <b>Go to next module</b> | 7 |
| Refused <b>Go to next module</b>             | 9 |

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

**Read only if necessary**

"Doctors"  
includes other  
health  
professionals

- |   |   |
|---|---|
| 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 |
| f. Never <b>Go to next module</b>             | 8 |
| Don't know/Not sure <b>Go to next module</b>  | 7 |
| Refused <b>Go to next module</b>              | 9 |

9.	Why did you change doctors that last time?	(195-196)
<b>"Doctors" includes other health professionals</b>	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?"**

- |  |   |
|--|---|
| 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 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?"**

- |  |   |
|--|---|
| 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 |



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)

<b>If yes, ask "About how long ago was it?"</b>	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)

<b>If yes, ask "About how long ago was it?"</b>	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
<b>Osteoporosis is a bone disease that can lead to fractures and other bone problems.</b>	e. No	5
	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 <b>Go to next module</b>  | 2     |
|                                     | Don't know/Not sure <b>Go to next module</b>  | 7     |
|                                     | Refused <b>Go to next module</b>  | 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: <b>Please read</b>  |       |
|                                     | a. <u>Not</u> allowed in <u>any</u> public areas  | 1     |
|                                     | b. Allowed in <u>some</u> public areas  | 2     |
|                                     | <b>or</b>   |       |
|                                     | c. Allowed in <u>all</u> public areas   | 3     |
| <b>Don't read<br/>this response</b> | Not applicable<br>(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? (362)

Include incidents involving intimates, acquaintances, &/or strangers, and incidents occurring in childhood &/or adulthood	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

2. Do you mean forced sexual intercourse? (363)

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

### Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.