

# 1998 North Carolina Behavioral Risk Factor Surveillance System (BRFSS) Questionnaire

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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: (35)

***Please Read***

- a. Excellent..... 1
- b. Very good..... 2
- c. Good..... 3
- d. Fair ..... 4
- or**
- e. Poor ..... 5
- Don't know/Not Sure..... 7
- Refused..... 9

Do not  
read these  
responses

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? (36-37)

- 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? (38-39)
- a. Number of days ..... — —
  - b. None *If Q2 also "None," go to Q5 (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? (40-41)
- 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? (42)
- a. Yes..... 1
  - b. No *Go to Q7a (p. 7)* ..... 2
  - Don't know/Not sure *Go to Q10 (p. 8)* ..... 7
  - Refused *Go to Q10 (p. 8)* ..... 9
6. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (43)
- a. Yes *Go to Q10 (p. 8)* ..... 1
  - b. No ..... 2
  - Don't know/not sure..... 7
  - Refused..... 9

7. What type of health care coverage do you use to pay for most of your medical care? (44-45)

Is it coverage through: Coverage Code..... — —

***Please Read***

- a. Your employer ***Go to Q8 (p. 8)*** ..... 0 1
- b. Someone else's employer ***Go to Q8 (p. 8)*** ..... 0 2
- c. A plan that you or someone else buys on  
your own ***Go to Q8 (p. 8)*** ..... 0 3
- d. Medicare ***Go to Q10 (p. 8)*** ..... 0 4
- e. Medicaid or Medical Assistance ***[or substitute state program name]***  
***Go to Q8 (p. 8)*** ..... 0 5
- f. The military, CHAMPUS, TriCare, or the VA  
***[or CHAMP-VA] Go to Q8 (p. 8)*** ..... 0 6
- g. The Indian Health Service ***[or the Alaska Native Health Service]***  
***Go to Q8 (p. 8)*** ..... 0 7
- or
- h. Some other source ***Go to Q8 (p. 8)*** ..... 0 8
- None ***Go to Q9 (p. 8)*** ..... 8 8
- Don't know/Not sure ***Go to Q8 (p. 8)*** ..... 7 7
- Refused ***Go to Q8 (p. 8)*** ..... 9 9

Do not  
read these  
responses

- 7a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (46-47)

Coverage through: Coverage Code..... \_ \_

***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 ***Go to Q10 (p. 8)***..... 0 4
- e. Medicaid or Medical Assistance [*or substitute state program name*] ..... 0 5
- f. The military, CHAMPUS, TriCare, or the VA [*or CHAMP-VA*]..... 0 6
- g. The Indian Health Service [*or the Alaska Native Health Service*] ..... 0 7
- or
- h. Some other source..... 0 8
- None ***Go to Q9 (p. 8)***..... 8 8
- Don't know/Not sure ***Go to Q10 (p. 8)*** ..... 7 7
- Refused ***Go to Q10 (p. 8)*** ..... 9 9

Do not read these responses



8. During the past 12 months, was there any time that you did not have any health insurance or coverage? (48)
- a. Yes *Go to Q10*..... 1
  - b. No *Go to Q10*..... 2
  - Don't know/Not sure *Go to Q10*..... 7
  - Refused *Go to Q10*..... 9
9. 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
10. 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

11. About how long has it been since you last visited a doctor for a routine checkup? (51)

*Read Only if Necessary*

A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition

- a. Within the past year (1 to 12 months ago) ..... 1
- b. Within the past 2 years (1 to 2 years ago) ..... 2
- c. Within the past 5 years (2 to 5 years ago) ..... 3
- d. 5 or more years ago ..... 4
- Don't know/Not sure ..... 7
- Never ..... 8
- Refused ..... 9

**Section 3: Diabetes**

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

**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 4: Exercise**

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

13. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (53)
- a. Yes..... 1
  - b. No *Go to Q23 (p. 14)* ..... 2
  - Don't know/Not sure *Go to Q23 (p. 14)* ..... 7
  - Refused *Go to Q23 (p. 14)* ..... 9

14. What type of physical activity or exercise did you spend the most time doing during the past month? (54-55)
- Activity (specify): \_\_\_\_\_ *See coding list A* \_\_\_\_\_
- Refused *Go to Q18 (p. 12)* ..... 9 9

Ask Q15 only if answer to Q14 is running, jogging, walking, or swimming. All others, go to Q16.

15. How far did you usually walk/run/jog/swim? (56-58)
- See coding list B if response is not in miles and tenths
- Miles and tenths ..... — — . —
  - Don't know/Not sure..... 7 7 7
  - Refused..... 9 9 9

16. How many times per week or per month did you take part in this activity during the past month? (59-61)
- a. Times per week ..... 1 — —
  - b. Times per month ..... 2 — —
  - Don't know/Not sure..... 7 7 7
  - Refused..... 9 9 9

17. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (62-64)

Hours and minutes.....:\_\_\_ \_\_  
 Don't know/Not sure..... 7 7 7  
 Refused..... 9 9 9

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

a. Yes..... 1  
 b. No *Go to Q23 (p. 14)* ..... 2  
 Don't know/Not sure *Go to Q23 (p. 14)* ..... 7  
 Refused *Go to Q23 (p. 14)* ..... 9

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

Activity (specify): \_\_\_\_\_  
*See coding list A*  
 Refused *Go to Q23 (p. 14)* ..... 9 9

Ask Q20 only if answer to Q19 is running, jogging, walking, or swimming. All others go to Q21 (p. 13).

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

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

Miles and tenths .....  
 Don't know/Not sure ..... 7 7 7  
 Refused..... 9 9 9

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

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

**Section 5: Tobacco Use**

23. Have you smoked at least 100 cigarettes in your entire life? (77)

5 packs  
= 100  
cigarettes

- a. Yes..... 1
- b. No *Go to Q28 (p. 16)* ..... 2
- Don't know/Not sure *Go to Q28 (p. 16)* ..... 7
- Refused *Go to Q28 (p. 16)* ..... 9

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

- a. Everyday..... 1
- b. Some days *Go to Q25a* ..... 2
- c. Not at all *Go to Q27 (p. 15)* ..... 3
- Refused *Go to Q28 (p. 16)* ..... 9

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

1 pack = 20  
cigarettes

- Number of cigarettes [*76 = 76 or more*]  
*Go to Q26 (p. 15)* ..... \_ \_
- Don't know/Not sure *Go to Q26 (p. 15)* ..... 7 7
- Refused *Go to Q26 (p. 15)* ..... 9 9

25a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (81-82)

1 pack = 20  
cigarettes

- Number of cigarettes [*76 = 76 or more*]  
*Go to Q28 (p. 16)* ..... \_ \_
- Don't know/Not sure *Go to Q28 (p. 16)* ..... 7 7
- Refused *Go to Q28 (p. 16)* ..... 9 9

- 26. During the past 12 months, have you quit smoking for 1 day or longer? (83)
  - a. Yes *Go to Q28 (p. 16)* ..... 1
  - b. No *Go to Q28 (p. 16)* ..... 2
  - Don't know/Not sure *Go to Q28 (p. 16)* ..... 7
  - Refused *Go to Q28 (p. 16)* ..... 9

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

Time code..... — —

***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



28. Have you ever smoked a cigar, even just a few puffs? (86)

Cigar =  
large cigar  
cigarillo,  
or small cigar

- a. Yes 1
- b. No *Go to Section 6: Fruits and Vegetables (p. 18)* ..... 2
  - Don't know/Not sure *Go to Section 6: Fruits and Vegetables (p. 18)* ..... 7
  - Refused *Go to Section 6: Fruits and Vegetables (p. 18)* ..... 9

29. When was the last time you smoked a cigar? (87-88)

Time code..... — —

***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)  
*Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 2
- c. Within the past 6 months (3 to 6 months ago)  
*Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 3
- d. Within the past year (6 to 12 months ago)  
*Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 4
- e. Within the past 5 years (1 to 5 years ago)  
*Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 5
- f. Within the past 15 years (5 to 5 years ago)  
*Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 6
- g. 15 or more years ago *Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 7
- Don't know/not sure *Go to Section 6: Fruits and Vegetables (p. 18)* ..... 7 7
- Refused *Go to Section 6: Fruits and Vegetables (p. 18)* ..... 9 9

30. In the past month, did you smoke cigars: (89)

*Please Read*

- a. Everyday..... 1
- b. Several times per week..... 2
- c. Once per week ..... 3
- or**
- d. Less than once per week..... 4
- Don't know/Not sure..... 7
- Refused..... 9

**Do not  
read these  
responses**

**Section 6: Fruits and Vegetables**

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

31. How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)
- a. Per day..... 1 \_ \_
  - b. Per week..... 2 \_ \_
  - c. Per month ..... 3 \_ \_
  - d. Per year..... 4 \_ \_
  - e. Never ..... 5 5 5
  - Don't know/Not sure..... 7 7 7
  - Refused..... 9 9 9

32. Not counting juice, how often do you eat fruit? (93-95)
- a. Per day..... 1 \_ \_
  - b. Per week..... 2 \_ \_
  - c. Per month ..... 3 \_ \_
  - d. Per year..... 4 \_ \_
  - e. Never ..... 5 5 5
  - Don't know/Not sure..... 7 7 7
  - Refused..... 9 9 9

33. How often do you eat green salad? (96-98)

a. Per day..... 1 \_ \_

b. Per week..... 2 \_ \_

c. Per month ..... 3 \_ \_

d. Per year..... 4 \_ \_

e. Never ..... 5 5 5

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

Refused..... 9 9 9

34. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (99-101)

a. Per day..... 1 \_ \_

b. Per week..... 2 \_ \_

c. Per month ..... 3 \_ \_

d. Per year..... 4 \_ \_

e. Never ..... 5 5 5

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

Refused..... 9 9 9

35. How often do you eat carrots? (102-104)

a. Per day..... 1 \_ \_

b. Per week..... 2 \_ \_

c. Per month ..... 3 \_ \_

d. Per year..... 4 \_ \_

e. Never ..... 5 5 5

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

Refused..... 9 9 9

36. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?  
(105-107)

**Example:**  
A serving of  
vegetables at  
both lunch  
and dinner  
would be two  
servings

- a. Per day..... 1 \_ \_
- b. Per week..... 2 \_ \_
- c. Per month..... 3 \_ \_
- d. Per year 4 \_ \_
- e. Never..... 5 5 5
- Don't know/Not sure..... 7 7 7
- Refused..... 9 9 9

**Section 7: Weight Control**

37.	Are you now trying to lose weight?	(108)
	a. Yes <b>Go to Q39</b> .....	1
	b. No .....	2
	Don't know/Not sure.....	7
	Refused.....	9
38.	Are you now trying to maintain your current weight, that is to keep from gaining weight?	(109)
	a. Yes.....	1
	b. No <b>Go to Q41 (p. 22)</b> .....	2
	Don't know/Not sure <b>Go to Q41 (p. 22)</b> .....	7
	Refused <b>Go to Q41 (p. 22)</b> .....	9
39.	Are you eating either fewer calories or less fat to...	
	lose weight? <i>[if "Yes" on Q37]</i>	
	keep from gaining weight? <i>[if "Yes" on Q38]</i>	(110)
	a. Yes, fewer calories .....	1
	b. Yes, less fat .....	2
	c. Yes, fewer calories and less fat .....	3
	d. No.....	4
	Don't know/Not sure.....	7
	Refused.....	9

**Probe  
for  
which**

40. Are you using physical activity or exercise to...  
 lose weight? *[if "Yes" on Q37]*  
 keep from gaining weight? *[if "Yes" on Q38]* (111)
- a. Yes..... 1
  - b. No..... 2
  - Don't know/Not sure..... 7
  - Refused..... 9

41. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (112)

**Probe  
for  
which**

- a. Yes, lose weight ..... 1
- b. Yes, gain weight..... 2
- c. Yes, maintain current weight..... 3
- d. No..... 4
- Don't know/Not sure..... 7
- Refused..... 9

42. In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications. (113)

**Include only  
pills taken  
for the pri-  
mary purpose  
of losing  
weight**

**Probe  
for  
which**

- a. Yes, I am currently taking them ..... 1
- b. Yes, I have taken them but I am not currently taking them ..... 2
- c. No, I have not taken them *Go to Q44 (p. 24)* ..... 3
- Don't know/Not sure *Go to Q44 (p. 24)* ..... 7
- Refused *Go to Q44 (p. 24)* ..... 9

43. How much did you weigh just before you started taking prescription weight loss pills for the first time? (114-116)

Round  
fractions  
up

Weight..... — — —  
pounds

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

Refused..... 9 9 9



**Section 8: Demographics**

44. What is your age? (117-118)

Code age in years..... — —

Don't know/Not sure..... 0 7

Refused..... 0 9

45. What is your race? (119)

Would you say: *Please Read*

a. White ..... 1

b. Black ..... 2

c. Asian, Pacific Islander..... 3

d. American Indian, Alaska Native ..... 4

**or**

e. Other: (specify)..... 5

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

Refused..... 9

**Do not  
read these  
responses**

46. Are you of Spanish or Hispanic origin? (120)

a. Yes..... 1

b. No..... 2

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

Refused..... 9

47. Are you: (121)

*Please Read*

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

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

*Please Read*

- a. less than 5 years old?..... (122)
- b. 5 through 12 years old?..... (123)
- c. 13 through 17 years old? ..... (124)

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

49. What is the highest grade or year of school you completed? (125)

*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

50. Are you currently: (126)

**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

51. Is your annual household income from all sources: (127-128)

**Read as Appropriate**

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

- a. Less than \$25,000 **If "no," ask e; if "yes," ask b**  
(\$20,000 to less than \$25,000)..... 0 4
- b. Less than \$20,000 **If "no," code a; if "yes," ask c**  
(\$15,000 to less than \$20,000)..... 0 3
- c. Less than \$15,000 **If "no," code b; if "yes," ask d**  
(\$10,000 to less than \$15,000)..... 0 2
- d. Less than \$10,000 **If "no," code c**..... 0 1
- e. Less than \$35,000 **If "no," ask f**  
(\$25,000 to less than \$35,000)..... 0 5
- f. Less than \$50,000 **If "no," ask g**  
(\$35,000 to less than \$50,000)..... 0 6
- g. Less than \$75,000 **If "no," code h**  
(\$50,000 to \$75,000)..... 0 7
- h. \$75,000 or more..... 0 8
- Don't know/Not sure..... 7 7
- Refused..... 9 9

Do not  
read these  
responses

52. About how much do you weigh without shoes? (129-131)

Round  
fractions  
up

Weight..... — — —  
pounds  
Don't know/Not sure..... 7 7 7  
Refused..... 9 9 9

53. How much would you like to weigh? (132-134)

Weight..... — — —  
pounds  
Don't know/Not sure..... 7 7 7  
Refused..... 9 9 9

54. About how tall are you without shoes? (135-137)

Round  
fractions  
down

Height..... — / — —  
ft/inches  
Don't know/Not sure..... 7 7 7  
Refused..... 9 9 9

55. What county do you live in? ..... (138-140)

FIPS county code..... — — —  
Don't know/not sure ..... 7 7 7  
Refused..... 9 9 9

55a. What is your zip code? (370-374)

**Record first 5 digits only**

Zip code..... — — — — —  
Don't know/not sure ..... 7 7 7 7 7  
Refused..... 9 9 9 9 9

56.	Do you have more than one telephone number in your household?	(141)
	a. Yes.....	1
	b. No <i>Go to Q58 (p. 28)</i> .....	2
	Refused <i>Go to Q58 (p. 28)</i> .....	9
57.	How many residential telephone numbers do you have?	(142)
	Total telephone numbers [ <i>8 = 8 or more</i> ] .....	—
	Refused.....	9
<b>Exclude ded- icated fax and computer lines</b>		
58.	Indicate sex of respondent. <i>Ask Only if Necessary</i>	(143)
	Male <i>Go to Section 10: HIV/AIDS (p. 33)</i> .....	1
	Female .....	2

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

**Section 9: Women's Health**

59. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (144)

- a. Yes..... 1
- b. No *Go to Q62 (p. 30)* ..... 2
- Don't know/Not sure *Go to Q62 (p. 30)* ..... 7
- Refused *Go to Q62 (p. 30)* ..... 9

60. How long has it been since you had your last mammogram? (145)

*Read only if Necessary*

- a. Within the past year (1 to 12 months ago) ..... 1
- b. Within the past 2 years (1 to 2 years ago) ..... 2
- c. Within the past 3 years (2 to 3 years ago) ..... 3
- d. Within the past 5 years (3 to 5 years ago) ..... 4
- e. 5 or more years ago ..... 5
- Don't know/Not sure..... 7
- Refused..... 9

61. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (146)

- a. Routine checkup..... 1
- b. Breast problem other than cancer..... 2
- c. Had breast cancer ..... 3
- Don't know/Not sure..... 7
- Refused..... 9

62. A 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? (147)

- a. Yes..... 1
- b. No *Go to Q65 (p. 31)* ..... 2
- Don't know/Not sure *Go to Q65 (p. 31)* ..... 7
- Refused *Go to Q65 (p. 31)* ..... 9

63. How long has it been since your last breast exam? (148)

***Read Only if Necessary***

- a. Within the past year (1 to 12 months ago) ..... 1
- b. Within the past 2 years (1 to 2 years ago) ..... 2
- c. Within the past 3 years (2 to 3 years ago) ..... 3
- d. Within the past 5 years (3 to 5 years ago) ..... 4
- e. 5 or more years ago ..... 5
- Don't know/Not sure..... 7
- Refused..... 9

64. Was your last 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? (149)

- a. Routine Checkup ..... 1
- b. Breast problem other than cancer ..... 2
- c. Had breast cancer ..... 3
- Don't know/Not sure ..... 7
- Refused ..... 9

65. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (150)

- a. Yes ..... 1
- b. No *Go to Q68 (p. 32)* ..... 2
- Don't know/Not sure *Go to Q68 (p. 32)* ..... 7
- Refused *Go to Q68 (p. 32)* ..... 9

66. How long has it been since you had your last Pap smear? (151)

***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



- 67. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (152)
  - a. Routine exam..... 1
  - b. Check current or previous problem..... 2
  - Other..... 3
  - Don't know/Not sure..... 7
  - Refused..... 9

- 68. Have you had a hysterectomy? (153)
  - a. Yes **Go to Section 10: HIV/AIDS (p. 33)**..... 1
  - b. No..... 2
  - Don't know/Not sure ..... 7
  - Refused..... 9

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

If respondent 45 years old or older, go to Section 10: HIV/AIDS (p. 33).

- 69. To your knowledge, are you now pregnant? (154)
  - a. Yes..... 1
  - b. No..... 2
  - Don't know/Not sure..... 7
  - Refused..... 9

Section 10: HIV/AIDS

If respondent is 65 years old or older, go to Module 20: Tobacco Use Prevention (p. 39).

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.

70. 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? (155-156)

Code 01 through 12

- a. Grade    \_ \_
- b. Kindergarten..... 5 5
- c. Never..... 8 8
- Don't know/Not sure..... 7 7
- Refused..... 9 9

71. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (157)

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

72. What are your chances of getting infected with HIV, the virus that causes AIDS? (158)

Would you say: *Please Read*

- a. High..... 1
- b. Medium..... 2
- c. Low..... 3
- or**
- d. None..... 4
- Not applicable *Go to Q76a (p. 35)*..... 5
- Don't know/Not sure..... 7
- Refused..... 9

Do not  
read these  
responses

73. Have you donated blood since March 1985? (159)

- a. Yes..... 1
- b. No *Go to Q75a (p. 35)* ..... 2
- Don't know/Not sure *Go to Q75a (p. 35)* ..... 7
- Refused *Go to Q75a (p. 35)* ..... 9

74. Have you donated blood in the past 12 months? (160)

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

75. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (161)

- a. Yes *Go to Q76 (p. 35)* ..... 1
- b. No *Go to Module 20: Tobacco Use Prevention (p. 39)* ..... 2
- Don't know/Not sure *Go to Module 20: Tobacco Use Prevention (p. 39)* . 7
- Refused *Go to Module 20: Tobacco Use Prevention (p. 39)* ..... 9

Include  
saliva  
tests

75a. Have you ever been tested for HIV? (162)

Include  
saliva  
tests

- a. Yes *Go to Q76a*..... 1
- b. No *Go to Module 20: Tobacco Use Prevention (p. 39)*..... 2
- Don't know/Not sure *Go to Module 20: Tobacco Use Prevention (p. 39)*. 7
- Refused *Go to Module 20: Tobacco Use Prevention (p. 39)*..... 9

76. Not including your blood donations, have you been tested for HIV in the past 12 months? (163)

Include  
saliva  
tests

- a. Yes *Go to Q77 (p. 36)*..... 1
- b. No *Go to Module 20: Tobacco Use Prevention (p. 39)*..... 2
- Don't know/Not sure *Go to Module 20: Tobacco Use Prevention (p. 39)*. 7
- Refused *Go to Module 20: Tobacco Use Prevention (p. 39)*..... 9

76a. Have you been tested for HIV in the past 12 months? (164)

Include  
saliva  
tests

- a. Yes..... 1
- b. No *Go to Module 20: Tobacco Use Prevention (p. 39)*..... 2
- Don't know/Not sure *Go to Module 20: Tobacco Use Prevention (p. 39)*. 7
- Refused *Go to Module 20: Tobacco Use Prevention (p. 39)*..... 9

77. What was the main reason you had your last test for HIV?

(165-166)

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 Module 20: Tobacco Use Prevention (p. 39)* ..... 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

78. Where did you have your last test for HIV? (167-168)

Facility Code ..... — —

**Read Only if Necessary**

- a. Private doctor, HMO ..... 0 1
- b. Blood bank, plasma center, Red Cross..... 0 2
- c. Health department ..... 0 3
- d. AIDS clinic, counseling, testing site ..... 0 4
- e. Hospital, emergency room, outpatient clinic..... 0 5
- f. Family planning clinic ..... 0 6
- g. Prenatal clinic, 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

79. Did you receive the results of your last test? (169)

- a. Yes ..... 1
- b. No *Go to Module 20: Tobacco Use Prevention (p. 39)* ..... 2
- Don't know/Not sure *Go to Module 20: Tobacco Use Prevention (p. 39)*.. 7
- Refused *Go to Module 20: Tobacco Use Prevention (p. 39)* ..... 9

80. Did you receive counseling or talk with a health care professional about the results of your test? (170)

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

**Transition to Modules and/or State-added Questions**

Finally, I have just a few questions left about some other health topics.

**Module 1: Diabetes**

1. How old were you when you were told you have diabetes? (171-172)
  - Code age in years [*76 = 76 and older*] ..... \_ \_
  - Don't know/Not sure..... 7 7
  - Refused..... 9 9
  
2. Are you now taking insulin?..... (173)
  - a. Yes..... 1
  - b. No *Go to Q4*..... 2
  - Refused *Go to Q4*..... 9
  
3. Currently, about how often do you use insulin? (174-176)
  - 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. (177-179)
  - 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"? (180)
  - 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? (181-182)
  - a. Number of times..... \_ \_
  - b. None **Go to Q9**..... 8 8
  - Don't know/Not sure **Go to Q9**..... 7 7
  - Refused **Go to Q9**..... 9 9

If "No," "Dk/Ns," or "Refused" to Q5, go to Q8.

- 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"? (183-184)
  - 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? (185-186)
  - 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. (187)

**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? (188)

Would you say: **Please Read**

- a. All of the time ..... 1
- b. Most of the time ..... 2
- c. Some of the time ..... 3
- d. A little bit of the time ..... 4
- or**
- e. None of the time ..... 5
- Don't know/Not sure..... 7
- Refused..... 9

**Do not  
read these  
responses**

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? (189)

Would you say: *Please Read*

- a. All of the time ..... 1
- b. Most of the time ..... 2
- c. Some of the time ..... 3
- d. A little bit of the time ..... 4
- or**
- e. None of the time ..... 5
- Don't know/Not sure..... 7
- Refused..... 9

Do not read these responses

12. How much of the time does your vision limit you in watching television? (190)

Would you say: *Please Read*

- a. All of the time ..... 1
- b. Most of the time ..... 2
- c. Some of the time ..... 3
- d. A little bit of the time ..... 4
- or**
- e. None of the time ..... 5
- Don't know/Not sure..... 7
- Refused..... 9

Do not read these responses

**Module 20: Tobacco Use Prevention**

- 1. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (341)
  - a. Yes..... 1
  - b. No..... 2
  - Don't know/Not sure..... 7
  - Refused..... 9

**If "Employed," or "Self-employed" to core Q50 continue. Otherwise, go to Q5.**

- 2. While working at your job, are you indoors most of the time? (342)
  - a. Yes..... 1
  - b. No **Go to Q5**..... 2
  - Don't know/Not sure **Go to Q5**..... 7
  - Refused **Go to Q5**..... 9
  
- 3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (343)

***Please Read***

**For workers who visit clients, "place of work" means their base location**

**Do not read these responses**

- a. Not allowed in any public areas ..... 1
- b. Allowed in some public areas ..... 2
- c. Allowed in all public areas..... 3
- or**
- d. No official policy..... 4
- Don't know/Not sure..... 7
- Refused..... 9

4. Which of the following best describes your place of work’s official smoking policy for work areas?

(344)

***Please Read***

For workers who visit clients, "place of work" means their base location

Do not read these responses

- a. Not allowed in any work areas ..... 1
- b. Allowed in some work areas, or ..... 2
- c. Allowed in all work areas ..... 3  
**or**
- d. No official policy..... 4
- Don't know/Not sure ..... 7
- Refused..... 9

5. In the following locations, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

	<u>All Areas</u>	<u>Some Areas</u>	<u>Not Allowed</u>	<u>Dk/Ns</u>	<u>Ref</u>	
<b><i>Please Read</i></b>						
a. Restaurants.....	1	2	3	7	9	(345)
b. Schools .....	1	2	3	7	9	(346)
c. Day care centers .....	1	2	3	7	9	(347)
d. Indoor work areas ....	1	2	3	7	9	(348)

- 6. Do you think that billboards that advertise tobacco products should be allowed near places frequented by children, such as schools, playgrounds, and churches. (349)
  - a. Yes..... 1
  - b. No..... 2
  - Don't know/Not sure..... 7
  - Refused..... 9

**Module NC-1: 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? (375)
  - 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? (376)
  - 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? (377)

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. 48a=0 and core Q. 48b=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? (378)

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-2: Colorectal Cancer Screening (NC Modification)**

**If respondent is 40 years old or older, continue with this module. Otherwise, go to Module NC-3 (Prostate Cancer Screening).**

These next several questions are about other tests you may have had.

1. Has a doctor or other health professional ever talked with you about having any kind of screening test or exam to check for colorectal cancer? (409)

**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
- b. No ..... 5
- Don't know/Not sure ..... 7
- Refused ..... 9

2. 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? (379)

- a. Yes ..... 1
- b. No **Go to Q4** ..... 2
- Don't know/Not sure **Go to Q6** ..... 7
- Refused **Go to Q6** ..... 9

3. When did you have your last blood stool test using a home kit? (380)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) **Go to Q5** ..... 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 **Go to Q5** ..... 7
- Refused **Go to Q5** ..... 9

4. What is the main reason you have not had a blood stool test within the past year? (410-411)

**[For those who have never had a blood stool test:**  
What is the main reason you have never had a blood stool test?]

**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 colorectal problem..... 0 3
- d. Cost/too expensive/not covered by insurance ..... 0 4
- e. Too young to have/need blood stool test ..... 0 5
- f. Too old to have/need blood stool test ..... 0 6
- g. Haven't had the time ..... 0 7
- h. Embarrassing to do blood stool test ..... 0 8
- i. Afraid of results/what might be found ..... 0 9
- j. Never heard of blood stool test before ..... 1 0
- k. Never thought of having blood stool test ..... 1 1
- l. Other ..... 1 2
  - Don't know/Not sure..... 7 7
  - Refused..... 9 9

5. Was your last blood stool test done as part of a routine checkup, because of a problem other than cancer, or because you've previously had colon or rectal cancer? (381)

- a. Routine checkup ..... 1
- b. Colorectal problem other than cancer ..... 2
- c. Had colon or rectal cancer ..... 3
  - Don't know/Not sure ..... 7
  - Refused ..... 9

6. 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? (382)

**Do not include colonoscopy**

- a. Yes 1
- b. No **Go to Q8** ..... 2
- Don't know/Not sure **Go to Next Module** ..... 7
- Refused **Go to Next Module** ..... 9

7. When did you have your last sigmoidoscopy or proctoscopy? (383)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) **Go to Q9** ..... 1
- b. Within the past 2 years (1 to 2 years ago) **Go to Q9** ..... 2
- c. Within the past 5 years (2 to 5 years ago) **Go to Q9** ..... 3
- d. 5 or more years ago ..... 4
- Don't know/Not sure **Go to Q9** ..... 7
- Refused **Go to Q9** ..... 9

8. What is the main reason you have not had a sigmoidoscopy or proctoscopy within the past five years? (412-413)

**[For those who have never had a sigmoidoscopy/proctoscopy:**  
What is the main reason you have never had a sigmoidoscopy or proctoscopy?]

**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 colorectal problem..... 0 3
- d. Cost/too expensive/not covered by insurance ..... 0 4
- e. Too young to have/need sigmoidoscopy or proctoscopy..... 0 5
- f. Too old to have/need sigmoidoscopy or proctoscopy..... 0 6
- g. Haven't had the time ..... 0 7
- h. Embarrassing to have sigmoidoscopy or proctoscopy done..... 0 8
- i. Afraid of results/what might be found ..... 0 9
- j. Never heard of sigmoidoscopy or proctoscopy before..... 1 0
- k. Too uncomfortable or painful ..... 1 1
- l. Sigmoidoscopy/proctoscopy procedure too dangerous ..... 1 2
- m. Never thought of having sigmoidoscopy/proctoscopy ..... 1 3
- n. Other ..... 1 4
- Don't know/Not sure..... 7 7
- Refused..... 9 9

9. Was your last proctoscopy or sigmoidoscopy done as part of a routine checkup, because of a problem other than cancer, or because you've previously had colon or rectal cancer? (384)

- a. Routine checkup ..... 1
- b. Colon or rectal problem other than cancer ..... 2
- c. Had colon or rectal cancer ..... 3
- Don't know/Not sure..... 7
- Refused..... 9

**Module NC-3: Prostate Cancer Screening**

**If respondent is 40 years old or older and is male, continue with this module. Otherwise, go to Module NC-4 (Physical Activity Opportunities & Barriers).**

1. Has a doctor or other health professional ever talked with you about having any kind of screening test or exam to check for prostate cancer? (415)

**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
- b. No..... 5
- Don't know/Not sure..... 7
- Refused..... 9

2. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam? (416)

- a. Yes..... 1
- b. No **Go to Q. 4** ..... 2
- Don't know/Not sure **Go to Q. 4**..... 7
- Refused **Go to Q. 4**..... 9

3. When did you have your last digital rectal exam? (417)

**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

- 4. A PSA (or Prostate Specific Antigen) test is a blood test that is used to check for signs of prostate cancer. Have you ever had a PSA test? (418)
  - a. Yes..... 1
  - b. No **Go to Module NC-4 (Physical Activity)**..... 2
    - Don't know/Not sure **Go to Module NC-4 (Physical Activity)**..... 7
    - Refused **Go to Module NC-4 (Physical Activity)**..... 9
  
- 5. When did you have your last PSA test? (419)
  - 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

**Module NC-4: Physical Activity -- Readiness to Change**

I asked you earlier about your exercise habits.

- 1. For this next question, moderate activity would include activities that lead to slight sweating or a slight increase in breathing, like walking, gardening, or washing the car. How many days in a typical week do you usually get a total of at least 30 minutes of moderate physical activity? (389)

Number..... \_  
**[Record 0-7 for usual number of days per week]**  
 Don't know/Not sure..... 8  
 Refused..... 9

- 2. For about how long have you gotten this amount of moderate activity in a typical week? Would you say: (547)

**Please read**  
 a. Less than one month..... 1  
 b. One to three months ..... 2  
 c. Four to six months..... 3  
 or  
 d. Longer than six months ..... 4  
 Don't know/Not sure..... 7  
 Refused..... 9

- 3. Are you seriously **thinking about** being more physically active in the next six months? (548)

a. Yes..... 1  
 b. No **Go to Module NC-5 (Fruit & Vegetable Consumption)**..... 2  
 Don't know/Not sure **Go to Module NC-5 (Fruit & Vegetable Consumption)** ..... 7  
 Refused **Go to Module NC-5 (Fruit & Vegetable Consumption)** ... 9

4. Would you say that you are actually **planning** to be more physically active in the next month? (549)
- a. Yes..... 1
  - b. No..... 2
  - Don't know/Not sure..... 7
  - Refused..... 9



**Module NC-5: Fruit & Vegetable Consumption -- Readiness to Change**

Now I'd like to ask you a few more questions about the things you eat. In these questions, fruit includes 100% fruit juices like orange juice.

1. About how many total servings of fruits and vegetables do you usually eat each day? (403-404)
- Number [**None = 88**] ..... \_ \_
- Don't know/Not sure ..... 7 7
- Refused ..... 9 9

[Margin note for Q1: 1 serving = 1 piece of whole fruit, 1/2 cup of berries or sliced fruit, 1 cup (8 oz) of 100% fruit juice, 1 bowl of salad, or 1/2 cup of cooked or raw vegetables.]

**If Q1=77 (don't know), 88 (none), or 99 (refused), go to Q3; otherwise, continue to Q2.**

2. About how long have you been eating this number of servings of fruits and vegetables each day? Would you say: (405)
- a. Less than one month ..... 1
- b. One to three months ..... 2
- c. Four to six months ..... 3
- or d. Longer than six months ..... 4
- Don't know/Not sure ..... 7
- Refused ..... 9
3. Are you seriously **thinking about** eating more servings of fruits and vegetables starting sometime in the next six months?..... (406)
- a. Yes ..... 1
- b. No **Go to next module (Module NC-6: Arthritis)**..... 2
- Don't know/Not sure **Go to next module (Module NC-6: Arthritis)**.... 7
- Refused **Go to next module (Module NC-6: Arthritis)**..... 9

- 4. Would you say that you are **planning** to eat more servings of fruits and vegetables during the next 30 days? (407)
  - a. Yes ..... 1
  - b. No ..... 2
  - Don't know/Not sure ..... 7
  - Refused ..... 9

**Module NC-6: Arthritis**

This next question is about arthritis.

- 1. Have you ever been told by a doctor that you have arthritis? (408)
  - a. Yes ..... 1
  - b. No ..... 2
  - Don't know/Not sure ..... 7
  - Refused ..... 9

**Module NC-7: Disability, Activity Limitations, and Quality of Life**

1. How often do you get the social and emotional support that you need?  
Would you say: (510)

**Please Read**

- a. Always ..... 1
- b. Usually ..... 2
- c. Sometimes ..... 3
- d. Rarely ..... 4
- e. Never ..... 5
- Don't know / Not sure ..... 7
- Refused ..... 9

2. In general, how satisfied are you with your life?  
Would you say: (511)

**Please Read**

- a. Very satisfied ..... 1
- b. Satisfied ..... 2
- c. Dissatisfied ..... 3
- d. Very dissatisfied ..... 4
- Don't know / Not sure ..... 7
- Refused ..... 9

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

3. Do you have any type of disability? A disability can be physical,  
mental, emotional, or communication related. (533)

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

- 4. Are you limited in the kind or amount of work you can do because of any impairment or health problem? (512)
  - a. Yes .....1
  - b. No .....2
  - Don't know / Not sure .....7
  - Refused .....9
  
- 5. Because of any impairment or health problem do you have any trouble learning, remembering, or concentrating? (513)
  - a. Yes .....1
  - b. No .....2
  - Don't know / Not sure .....7
  - Refused .....9

6. If you use special equipment or help from others to get around, what type do you use?

<b>Code up to three responses</b>	(514-519)
a. No special equipment or help used <b>Go to Q8</b> .....	01
b. Other people.....	02
c. Cane or walking stick.....	03
d. Walker.....	04
e. Crutch or crutches .....	05
f. Manual wheelchair .....	06
g. Motorized wheelchair .....	07
h. Electric mobility scooter .....	08
i. Artificial leg.....	09
j. Brace .....	10
k. Service animal .....	11
(Margin note: Includes a guide dog or seeing-eye dog)	
l. Oxygen/special breathing equipment.....	12
m. Other (specify):_____ .....	13
Don't know / Not sure .....	77
Refused .....	99

7. Using special equipment or help, what is the farthest distance that you can go?  
Would you say: (520)

**Please read**

- a. Across a small room..... 1
- b. About the length of a typical house ..... 2
- c. About one or two city blocks ..... 3
- d. About one mile ..... 4
- e. More than one mile ..... 5
- Don't know / Not sure ..... 7
- Refused ..... 9

8. What is the farthest distance you can walk by yourself, without any special  
equipment or help from others? Would you say: (521)

**Please read**

**Do not  
read this  
response**

- a. Unable to walk ..... 1
- b. Across a small room ..... 2
- c. About the length of a typical house..... 3
- d. About one or two city blocks ..... 4
- e. About one mile..... 5
- or f. More than one mile..... 6
- Don't know / Not sure ..... 7
- Refused ..... 9

- 9. Are you limited in any way in any activities because of any impairment or health problem? (301)
  - a. Yes ..... 1
  - b. No **If “yes” to Q3, 4, 5, or 9, or “b-m” on Q6, continue. Otherwise, go to Q19.** ..... 2
  - Don’t know/Not sure **If “yes” to Q3, 4, 5, or 9, or “b-m” on Q6, continue. Otherwise, go to Q19.**..... 7
  - Refused **If “yes” to Q3, 4, 5, or 9, or “b-m” on Q6, continue. Otherwise, go to Q19.** ..... 9

- 10. What is the MAJOR impairment or health problem that limits your activities? (419-464)
 

**Please record response verbatim using up to 45 characters. Record “no activity limitation,” “don’t know/not sure,” or “refused” as appropriate.**

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- 11. In what MAIN ways are your activities limited? (465-509)
 

**Please record response verbatim using up to 45 characters. Record “no activity limitation,” “don’t know/not sure,” or “refused” as appropriate.**

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- 12. For HOW LONG have your activities been limited because of your major impairment or health problem? (304-306)
  - a. Days .....1 \_\_
  - b. Weeks .....2 \_\_
  - c. Months .....3 \_\_
  - d. Years .....4 \_\_
  - e. No limitation .....5 5 5
  - Don't know / Not sure .....7 7 7
  - Refused .....9 9 9

The next few questions ask about ACTIVITY LIMITATIONS due to BARRIERS.

- 13. Are you limited in any way in any activities because of PHYSICAL BARRIERS at home or in the community, such as a lack of accessible bathrooms, ramps, or Braille signs? (534)
  - a. Yes .....1
  - b. No .....2
  - Don't know / Not sure .....7
  - Refused .....9
  
- 14. Are you limited in any way in any activities by the WAYS PEOPLE REACT to your disability, impairment, or health problem at home or in the community? (535)
  - a. Yes .....1
  - b. No .....2
  - Don't know / Not sure .....7
  - Refused .....9

- 15. Are you limited in any way in any activities because of a LACK OF SUPPORT SERVICES such as personal assistance or home care? (536)
  - a. Yes ..... 1
  - b. No ..... 2
  - Don't know / Not sure ..... 7
  - Refused ..... 9
  
- 16. Are you limited in any way in any activities because of a LACK OF ACCESSIBLE TRANSPORTATION? (537)
  - a. Yes ..... 1
  - b. No ..... 2
  - Don't know / Not sure ..... 7
  - Refused ..... 9
  
- 17. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (307)
  - a. Yes ..... 1
  - b. No ..... 2
  - Don't know / Not sure ..... 7
  - Refused ..... 9
  
- 18. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (308)
  - a. Yes ..... 1
  - b. No ..... 2
  - Don't know / Not sure ..... 7
  - Refused ..... 9

19. When **by yourself**, do you use special equipment, assistive devices, or a service dog in handling your PERSONAL CARE or ROUTINE NEEDS? (538)
- a. Yes ..... 1
  - b. No ..... 2
  - Don't know / Not sure ..... 7
  - Refused ..... 9
20. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work or recreation? (309-310)
- a. Number of days ..... --
  - b. None ..... 8 8
  - Don't know / Not sure ..... 7 7
  - Refused ..... 9 9
21. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED? (311-312)
- a. Number of days ..... --
  - b. None ..... 8 8
  - Don't know / Not sure ..... 7 7
  - Refused ..... 9 9
22. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS? (313-314)
- a. Number of days ..... --
  - b. None ..... 8 8
  - Don't know / Not sure ..... 7 7
  - Refused ..... 9 9

23. During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP? (315-316)

- a. Number of days.....\_\_
- b. None.....8 8
- Don't know / Not Sure.....7 7
- Refused.....9 9

24. During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY? (317-318)

- a. Number of days.....\_\_
- b. None.....8 8
- Don't know / Not Sure.....7 7
- Refused.....9 9

**If number of adults in household equals 1 and core Q48a, Q48b, and Q48c are all "none" (all=8), go to Q28.**

25. Is there anyone [insert "else" if "yes" to Q3, 4, 5, or 9 or "b-m" on Q6] in your household who has a disability or who is limited in any way in any activities because of any impairment, or health problem? (539)

- a. Yes.....1
- b. No **Go to Q27**.....2
- Don't know / Not sure **Go to Q27**.....7
- Refused **Go to Q27**.....9

26. How old are these people?

- a. Person 1.....\_\_ (523-524)
- b. Person 2.....\_\_ (525-526)
- c. Person 3.....\_\_ (527-528)
- d. Person 4.....\_\_ (529-530)
- e. Person 5.....\_\_ (531-532)

[Margin note: Code ages 97 and older=97, Don't Know/Not Sure=98, Refused=99]

- 27. Does anyone in your household have any serious difficulty communicating so that people outside the family understand? Do not include children who are too young to speak or people for whom English is a second language. (540)
  - a. Yes ..... 1
  - b. No ..... 2
  - Don't know / Not sure ..... 7
  - Refused ..... 9
  
- 28. Would it be okay for us to contact your household for a follow-up survey on activity limitations and disability at a later point in time? (541)
  - 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.

**Activity List for Common Leisure Activities  
Coding List A**

**Code Description**

- |  |                                |
|--|--------------------------------|
| 01. Aerobics class   | 28. Racketball                 |
| 02. Backpacking  | 29. Raking lawn                |
| 03. Badminton  | 30. Running                    |
| 04. Basketball   | 31. Rope skipping              |
| 05. Bicycling for pleasure   | 32. Scuba diving               |
| 06. Boating (canoeing, rowing,<br>sailing for pleasure or camping) | 33. Skating - ice or roller    |
| 07. Bowling  | 34. Sledding, tobogganing      |
| 08. Boxing   | 35. Snorkeling                 |
| 09. Calisthenics   | 36. Snowshoeing                |
| 10. Canoeing/rowing - in competition                               | 37. Snow shoveling by hand     |
| 11. Carpentry  | 38. Snow blowing               |
| 12. Dancing-aerobics/ballet  | 39. Snow skiing                |
| 13. Fishing from river bank or boat                                | 40. Soccer                     |
| 14. Gardening (spading, weeding,<br>digging, filling)              | 41. Softball                   |
| 15. Golf   | 42. Squash                     |
| 16. Handball   | 43. Stair climbing             |
| 17. Health club exercise   | 44. Stream fishing in waders   |
| 18. Hiking - cross-country   | 45. Surfing                    |
| 19. Home exercise  | 46. Swimming laps              |
| 20. Horseback riding   | 47. Table tennis               |
| 21. Hunting large game - deer, elk                                 | 48. Tennis                     |
| 22. Jogging  | 49. Touch football             |
| 23. Judo/karate  | 50. Volleyball                 |
| 24. Mountain climbing  | 51. Walking                    |
| 25. Mowing lawn  | 52. Waterskiing                |
| 26. Paddleball   | 53. Weight lifting             |
| 27. Painting/papering house  | 54. Other _____                |
|  | 55. Bicycling machine exercise |
|  | 56. Rowing machine exercise    |

**Coding List B**

**Lap Swimming**

**Size pool/Laps  
(1 lap = 2 lengths)**

50 ft. pool  
5 laps (10 lengths) = .1 mile

100 ft. pool  
2½ laps (5 lengths) = .1 mile

50 meter pool  
1½ laps (3 lengths) = .1 mile

**Running/Jogging/Walking**

1/2 mile = .5 mile  
1/4 mile = .3 mile  
1/8 mile = .1 mile  
1 block = .1 mile