

# 1999 North Carolina Behavioral Risk Factor Surveillance System (BRFSS) Questionnaire

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HELLO, I'm \_\_\_\_\_ calling for the North Carolina Department of Health and Human Services. We're doing a study of the health practices of North Carolina residents. Your phone number has been chosen randomly by the health department 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 North Carolina Department of Health and Human Services. I'm a member of a special research team. We're doing a study of North Carolina 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

1.1. Would you say that in general your health is: ..... (77)

### Please Read

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

**Do not  
read these  
responses**

1.2. 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?..... (78-79)

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

1.3. 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? (80-81)

- a. Number of days ..... \_ \_
- b. None **If Q1.2 also "None," go to Q2.1 (p. 5)**..... 8 8
- Don't know/Not sure..... 7 7
- Refused..... 9 9

1.4. 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? ..... (82-83)

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

## Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?..... (84)
- a. Yes..... 1
  - b. No **Go to Q2.3a (p. 7)**..... 2
    - Don't know/Not sure **Go to Q2.6 (p. 8)** ..... 7
    - Refused **Go to Q2.6 (p. 8)**..... 9
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?..... (85)
- a. Yes **Go to Q2.6 (p. 8)** ..... 1
  - b. No ..... 2
    - Don't know/not sure ..... 7
    - Refused ..... 9

2.3. What type of health care coverage do you use to pay for most of your medical care?(86-87)

Is it coverage through: Coverage Code ..... \_\_\_\_

**Please Read**

- |  |     |
|--|-----|
| a. Your employer <b>Go to Q2.4 (p. 8)</b> .....  | 0 1 |
| b. Someone else's employer <b>Go to Q2.4 (p. 8)</b> .....  | 0 2 |
| c. A plan that you or someone else buys on<br>your own <b>Go to Q2.4 (p. 8)</b> .....                            | 0 3 |
| d. Medicare <b>Go to Q2.6 (p. 8)</b> .....   | 0 4 |
| e. Medicaid or Medical Assistance [ <b>or substitute<br/>state program name</b> ] <b>Go to Q2.4 (p. 8)</b> ..... | 0 5 |
| f. The military, CHAMPUS, TriCare, or the VA<br>[ <b>or CHAMP-VA</b> ] <b>Go to Q2.4 (p. 8)</b> .....            | 0 6 |
| g. The Indian Health Service [ <b>or the Alaska<br/>Native Health Service</b> ] <b>Go to Q2.4 (p. 8)</b> .....   | 0 7 |
| or   |     |
| h. Some other source <b>Go to Q2.4 (p. 8)</b> .....  | 0 8 |
| None <b>Go to Q2.5 (p. 8)</b> .....  | 8 8 |
| Don't know/Not sure <b>Go to Q2.4 (p. 8)</b> .....   | 7 7 |
| Refused <b>Go to Q2.4 (p. 8)</b> .....   | 9 9 |

**Do not  
read these  
responses**

- 2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following ..... (88-89)

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 <b>Go to Q2.6 (p. 8)</b> .....   | 0 4 |
| e. Medicaid or Medical Assistance [ <b>or substitute state program name</b> ]..... | 0 5 |
| f. The military, CHAMPUS, TriCare, or the VA [ <b>or CHAMP-VA</b> ].....           | 0 6 |
| g. The Indian Health Service [ <b>or the Alaska Native Health Service</b> ].....   | 0 7 |
| <b>or</b>  |     |
| h. Some other source.....  | 0 8 |
| None <b>Go to Q2.5 (p. 8)</b> .....  | 8 8 |
| Don't know/Not sure <b>Go to Q2.6 (p. 8)</b> .....                                 | 7 7 |
| Refused <b>Go to Q2.6 (p. 8)</b> .....   | 9 9 |

**Do not read these responses**

2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (90 )

- a. Yes **Go to Q2.6** ..... 1
- b. No **Go to Q2.6** ..... 2
- Don't know/Not sure **Go to Q2.6** ..... 7
- Refused **Go to Q2.6** ..... 9

2.5. About how long has it been since you had health care coverage? ..... (91 )

**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

2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?..... (92 )

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



2.7. About how long has it been since you last visited a doctor for a routine checkup?.....(93)

**Read Only if Necessary**

**A routine  
checkup is a  
general phys-  
ical exam, not  
an exam for  
a specific  
injury, ill-  
ness, or con-  
dition**

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

3.1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?..... (94)

#### Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago)..... 1
- b. Within the past year (6 to 12 months ago) ..... 2
- c. Within the past 2 years (1 to 2 years ago)..... 3
- d. Within the past 5 years (2 to 5 years ago) ..... 4
- e. 5 or more years ago..... 5
- Don't know/Not sure..... 7
- Never **Go to Q4.1 (p. 11)**..... 8
- Refused..... 9

3.2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?..... (95)

- a. Yes..... 1
- b. No **Go to Q4.1 (p. 11)**..... 2
- Don't know/Not sure **Go to Q4.1 (p. 11)** ..... 7
- Refused **Go to Q4.1 (p. 11)**..... 9

3.3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?..... (96)

- a. More than once..... 1
- b. Only once ..... 2
- Don't know/Not sure..... 7
- Refused..... 9

**Section 4: Cholesterol Awareness**

4.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? ..... (97)

- a. Yes..... 1
- b. No **Go to Q5.1 (p. 12)**..... 2
  - Don't know/Not sure **Go to Q5.1 (p. 12)** ..... 7
  - Refused **Go to Q5.1 (p. 12)**..... 9

4.2. About how long has it been since you last had your blood cholesterol checked?..... (98)

**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

4.3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (99)

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

**Section 5: Diabetes**

5.1. Have you ever been told by a doctor that you have diabetes?..... (100 )

**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: Oral Health**

6.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (101 )

**Read only if necessary**

**Include visits to dental specialists, such as orthodontists**

- 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

6.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. .... (102 )

**Include teeth lost due to "infection"**

- a. 5 or fewer..... 1
- b. 6 or more but not all ..... 2
- c. All ..... 3
- d. None ..... 8
- Don't know/Not sure ..... 7
- Refused ..... 9

If "never" to Q6.1 or "all" to Q6.2, go to Q7.1 (p. 15).

6.3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist? (103)

**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 7: Skin Cancer

- 7.1. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? ..... (104)
- a. Yes..... 1
  - b. No **Go to Q8.1 (p. 16)**..... 2
    - Don't know/Not sure **Go to Q8.1 (p. 16)**..... 7
    - Refused **Go to Q8.1 (p. 16)**..... 9
- 7.2. Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? ..... (105)
- a. One ..... 1
  - b. Two..... 2
  - c. Three..... 3
  - d. Four ..... 4
  - e. Five..... 5
  - f. Six or more..... 6
    - Don't know/Not sure ..... 7
    - Refused..... 9

**Section 8: Tobacco Use**

8.1. Have you smoked at least 100 cigarettes in your entire life? .....(106 )

**5 packs  
= 100  
cigarettes**

- a. Yes..... 1
- b. No **Go to Q9.1 (p. 18)**..... 2
  - Don't know/Not sure **Go to Q9.1 (p. 18)** ..... 7
  - Refused **Go to Q9.1 (p. 18)**..... 9

8.2. Do you now smoke cigarettes everyday, some days, or not at all? ..... (107)

- a. Everyday..... 1
- b. Some days **Go to Q8.3a** ..... 2
- c. Not at all **Go to Q8.5 (p. 17)**..... 3
  - Refused **Go to Q9.1 (p. 18)**..... 9

8.3. On the average, about how many cigarettes a day do you now smoke?.....(108-109)

**1 pack = 20  
cigarettes**

- Number of cigarettes [**76 = 76 or more**]  
**Go to Q8.4 (p. 17)**..... \_ \_
- Don't know/Not sure **Go to Q8.4 (p. 17)** ..... 7 7
- Refused **Go to Q8.4 (p. 17)**..... 9 9

8.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? .....(110-111)

**1 pack = 20  
cigarettes**

- Number of cigarettes [**76 = 76 or more**]  
**Go to Q9.1 (p. 18)**..... \_ \_
- Don't know/Not sure **Go to Q9.1 (p. 18)** ..... 7 7
- Refused **Go to Q9.1 (p. 18)**..... 9 9



8.4. During the past 12 months, have you quit smoking for 1 day or longer? .....(112)

- a. Yes **Go to Q9.1 (p. 18)** ..... 1
- b. No **Go to Q9.1 (p. 18)**..... 2
- Don't know/Not sure **Go to Q9.1 (p. 18)** ..... 7
- Refused **Go to Q9.1 (p. 18)**..... 9

8.5. About how long has it been since you last smoked cigarettes regularly, that is, daily?.(113-114)

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

**Section 9: Alcohol Consumption**

- 9.1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? ..... (115)
- a. Yes..... 1
  - b. No **Go to Q10.1 (p. 20)**..... 2
  - Don't know/Not sure **Go to Q10.1 (p. 20)** ..... 7
  - Refused **Go to Q10.1 (p. 20)**..... 9
- 9.2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? ..... (116-118)
- a. Days per week..... 1 \_ \_
  - b. Days per month ..... 2 \_ \_
  - Don't know/Not sure **Go to Q9.4** ..... 7 7 7
  - Refused **Go to Q9.4** ..... 9 9 9
- 9.3. 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? ..... (119-120)
- Number of drinks ..... \_ \_
  - Don't know/Not sure..... 7 7
  - Refused..... 9 9
- 9.4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? ..... (121-122)
- a. Number of times ..... \_ \_
  - b. None ..... 8 8
  - Don't know/Not sure..... 7 7
  - Refused..... 9 9

- 9.5. During the past month, how many times have you driven when you've had perhaps too much to drink? ..... (123-124)
- a. Number of times ..... - -
  - b. None ..... 8 8
  - Don't know/Not sure..... 7 7
  - Refused..... 9 9

**Section 10: Demographics**

10.1. What is your age? ..... (125-126)

Code age in years..... --

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

Refused..... 0 9

10.2. What is your race? ..... (127)

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**

10.3. Are you of Spanish or Hispanic origin? ..... (128)

a. Yes..... 1

b. No ..... 2

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

Refused..... 9

10.4. Are you: ..... (129)

**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

10.5. 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? .....\_ (130)
- b. 5 through 12 years old? .....\_ (131)
- c. 13 through 17 years old? .....\_ (132)

10.6. What is the highest grade or year of school you completed? ..... (133)

**Read Only if Necessary**

- a. Never attended school or only attended kindergarten ..... 1
- b. Grades 1 through 8 (Elementary) ..... 2
- c. Grades 9 through 11 (Some high school) ..... 3
- d. Grade 12 or GED (High school graduate)..... 4
- e. College 1 year to 3 years (Some college or technical school)..... 5
- f. College 4 years or more (College graduate)..... 6
- Refused..... 9

10.7. Are you currently:..... (134)

**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

10.8. Is your annual household income from all sources: ..... (135-136)

**Read as Appropriate**

- a. Less than \$25,000 **If "no," ask e; if "yes," ask b**  
    (\$20,000 to less than \$25,000) ..... 0 4
- 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

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

**Do not  
read these  
responses**

10.9. About how much do you weigh without shoes?.....(137-139 )

**Round  
fractions  
up**

Weight ..... \_ \_ \_  
pounds

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

Refused..... 9 9 9

10.10. About how tall are you without shoes? .....(140-142)

**Round  
fractions  
down**

Height..... \_/\_ \_  
ft/inches

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

Refused..... 9 9 9

10.11. What county do you live in?.....(143-145)

FIPS county code..... \_ \_ \_

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

Refused..... 9 9 9

10.11a. What is your zip code?..... (415-419)

**Record first 5 digits only.** ..... \_ \_ \_ \_ \_

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

Refused..... 9 9 9 9 9

10.12. Do you have more than one telephone number in your household? .....(146)

a. Yes..... 1

b. No **Go to Q10.14 (p. 24)** ..... 2

Refused **Go to Q10.14 (p. 24)**..... 9

10.13. How many residential telephone numbers do you have? .....(147)

**Exclude dedicated fax and computer lines**

Total telephone numbers [**8 = 8 or more**] .....

Refused..... 9

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

10.14. Indicate sex of respondent. **Ask Only if Necessary** .....(148)

Male **Go to Q12.1 (p. 29)** ..... 1

Female ..... 2



**Section 11: Women's Health**

11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? .....(149)

- a. Yes..... 1
- b. No **Go to Q11.4 (p. 26)** ..... 2
  - Don't know/Not sure **Go to Q11.4 (p. 26)** ..... 7
  - Refused **Go to Q11.4 (p. 26)**..... 9

11.2. How long has it been since you had your last mammogram? .....(150)

**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

11.3. 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?.....(151)

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

11.4. 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? .....(152)

- a. Yes..... 1
- b. No **Go to Q11.7 (p. 27)** ..... 2
- Don't know/Not sure **Go to Q11.7 (p. 27)** ..... 7
- Refused **Go to Q11.7 (p. 27)**..... 9

11.5. How long has it been since your last breast exam? .....(153)

**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

11.6. 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?.....(154)

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

11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?...(155)

- a. Yes..... 1
- b. No **Go to Q11.10 (p. 28)** ..... 2
- Don't know/Not sure **Go to Q11.10 (p. 28)** ..... 7
- Refused **Go to Q11.10 (p. 28)**..... 9

11.8. How long has it been since you had your last Pap smear? .....(156)

**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

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? .....(157)

- a. Routine exam..... 1
- b. Check current or previous problem..... 2
- Other..... 3
- Don't know/Not sure..... 7
- Refused..... 9

11.10. Have you had a hysterectomy?.....(158)

- a. Yes **Go to Q12.1 (p. 29)** ..... 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 Q12.1 (p. 29)**

11.11. To your knowledge, are you now pregnant? .....(159)

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

**Section 12: Immunization**

12.1. During the past 12 months, have you had a flu shot? .....(160)

- a. Yes..... 1
- b. No **Go to Q12.3** ..... 2
- Don't know/Not sure **Go to Q12.3** ..... 7
- Refused **Go to Q12.3** ..... 9

12.2 At what kind of place did you get your last flu shot? ..... (161-162)  
 Place code..... \_ \_

**Read Only if Necessary**

- a. A doctor’s office or health maintenance organization.....0 1
- b. A health department .....0 2
- c. Another type of clinic or health center  
**[Example: a community health center]** .....0 3
- d. A senior, recreation, or community center .....0 4
- e. A store **[Examples: supermarket, drug store]** .....0 5
- f. A hospital or emergency room .....0 6
- g. Workplace.....0 7
- h. Other **[specify]**.....0 8
- Don’t know/Not sure .....7 7
- Refused.....9 9

12.3. Have you ever had a pneumonia vaccination?.....(163)

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

**Section 13: Colorectal Cancer Screening**

**If respondent 40 years or older, continue with Q13.1. Otherwise, go to Q14.1 (p. 31).**

13.1. 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? ..... (164)

- a. Yes..... 1
- b. No **Go to Q13.3** ..... 2
- Don't know/Not sure **Go to Q13.3** ..... 7
- Refused **Go to Q13.3** ..... 9

13.2. When did you have your last blood stool test using a home kit?..... (165)

**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

13.3. A sigmoidoscopy or colonoscopy 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?..... (166)

- a. Yes..... 1
- b. No **Go to Q14.1 (p. 32)** ..... 2
- Don't know/Not sure **Go to Q14.1 (p. 32)** ..... 7
- Refused **Go to Q14.1 (p. 32)**..... 9

13.4. When did you have your last sigmoidoscopy or colonoscopy? .....(167)

**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 14: Injury Control**

**If core Q10.5a, b, and c are all "None," go to Q14.3 (p. 33).**

14.1. What is the age of the oldest child in your household under the age of 16? ..... (168-169)

**Code  
<1 yr.  
as "01"**

- a. Code age in years..... \_ \_
- b. No children under age 16 **Go to Q14.3 (p. 33)**..... 8 8
- Don't know/Not sure **Go to Q14.3 (p. 33)** ..... 7 7
- Refused **Go to Q14.3 (p. 33)**..... 9 9

**If oldest child 5 years or older, continue with Q14.2. Otherwise, go to Q14.3 (p. 33).**

14.2. During the past year, how often has the [fill in age from Q14.1]-year-old child worn a bicycle helmet when riding a bicycle? ..... (170)

Would you say: **Please Read**

- a. Always ..... 1
- b. Nearly Always ..... 2
- c. Sometimes ..... 3
- d. Seldom..... 4
- or**
- e. Never ..... 5
- Don't know/Not sure..... 7
- Never rides a bicycle ..... 8
- Refused..... 9

**Do not  
read these  
responses**



14.3. When was the last time you or someone else deliberately tested all of the smoke detectors in your home? .....(171)

**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 15: HIV/AIDS**

**If respondent is 65 years old or older, go to Module 8.**

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.

15.1. 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? ..... (172-173)

**Code 01  
through 12**

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

15.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (174)

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

15.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (175)

- Would you say: **Please Read**
- a. High..... 1
  - b. Medium..... 2
  - c. Low..... 3
  - or**
  - d. None..... 4
  - Not applicable **Go to Q15.7a (p. 35)**..... 5
  - Don't know/Not sure..... 7
  - Refused..... 9

**Do not  
read these  
responses**

15.4. Have you donated blood since March 1985?.....(176)

- a. Yes..... 1
- b. No **Go to Q15.6a (p. 35)**..... 2
- Don't know/Not sure **Go to Q15.6a (p. 35)**..... 7
- Refused **Go to Q15.6a (p. 35)**..... 9

15.5. Have you donated blood in the past 12 months?.....(177)

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

15.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?  
(178)

- a. Yes **Go to Q15.7 (p. 35)**..... 1
- b. No **Go to Module 3**..... 2
- Don't know/Not sure **Go to Module 3**..... 7
- Refused **Go to Module 3**..... 9

**Include  
saliva  
tests**

15.6a. Have you ever been tested for HIV? .....(179)

**Include  
saliva  
tests**

- a. Yes **Go to Q15.7a** ..... 1
- b. No **Go to Module 3** ..... 2
  - Don't know/Not sure **Go to Module 3**..... 7
  - Refused **Go to Module 3** ..... 9

15.7. Not including your blood donations, have you been tested for HIV in the past 12 months? (180)

**Include  
saliva  
tests**

- a. Yes **Go to Q15.8 (p. 36)** ..... 1
- b. No **Go to Module 3** ..... 2
  - Don't know/Not sure **Go to Module 3**..... 7
  - Refused **Go to Module 3** ..... 9

15.7a. Have you been tested for HIV in the past 12 months?.....(181)

**Include  
saliva  
tests**

- a. Yes..... 1
- b. No **Go to Module 3** ..... 2
  - Don't know/Not sure **Go to Module 3**..... 7
  - Refused **Go to Module 3** ..... 9

15.8. What was the main reason you had your last test for HIV?..... (182-183)

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 3**.....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

15.9. Where did you have your last test for HIV? ..... (184-185)  
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

15.10. Did you receive the results of your last test? .....(186)

- a. Yes ..... 1
- b. No **Go to Module 3** ..... 2
  - Don't know/Not sure **Go to Module 3** ..... 7
  - Refused **Go to Module 3** ..... 9

15.11. Did you receive counseling or talk with a health care professional about the results of your test? .....(187)

- 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? ..... (188-189)  
 Code age in years **[76 = 76 and older]** ..... \_ \_  
 Don't know/Not sure..... 7 7  
 Refused..... 9 9
  
2. Are you now taking insulin? .....(190)  
 a. Yes..... 1  
 b. No **Go to Q4** ..... 2  
 Refused **Go to Q4** ..... 9
  
3. Currently, about how often do you use insulin? ..... (191-193)  
 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. .... (194-196)  
 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"? (197)
- 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? ..... (198-199)
- 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"? ..... (200-201)
- 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? ..... (202-203)
- 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. ....(204)

**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? .....(205)

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? ..... (206)

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? ..... (207)

Would you say: **Please Read**

a. All of the time ..... 1

b. Most of the time ..... 2

c. Some of the time ..... 3

d. A little bit of the time ..... 4

**or**

e. None of the time ..... 5

**Do not  
read these  
responses**

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

Refused ..... 9

**Module 3: Family Planning**

**If respondent is male or age 45 years old or older, go to next module.**

The next few questions ask about pregnancy and ways to prevent pregnancy.

**If pregnant now ("Yes" to core Q11.11), go to Q2a.**

- 1. Have you been pregnant in the last 5 years?.....(222)
  - a. Yes..... 1
  - b. No **Go to Q3** ..... 2
    - Don't know/Not sure **Go to Q3**..... 7
    - Refused **Go to Q3** ..... 9

- 2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?.....(223)

Would you say: **Please Read**

- a. You wanted to be pregnant sooner **Go to Q3**..... 1
- b. You wanted to be pregnant later **Go to Q3** ..... 2
- c. You wanted to be pregnant then **Go to Q3** ..... 3
- d. You didn't want to be pregnant then or  
at anytime in the future **Go to Q3** ..... 4
- or**
- e. You don't know **Go to Q3** ..... 7

- Do not read** Refused **Go to Q3** ..... 9

2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?.....(224)

Would you say: **Please Read**

- a. You wanted to be pregnant sooner ..... 1
- b. You wanted to be pregnant later ..... 2
- c. You wanted to be pregnant then..... 3
- d. You didn't want to be pregnant then or at any time in the future ..... 4
- or**
- e. You don't know ..... 7
- Do not read** Refused..... 9

**If respondent had hysterectomy ("Yes" to core Q11.10) or is pregnant now ("Yes" to core Q11.11), go to Q6.**

3. Are you or your [fill in (husband/partner) from core Q10.4] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.(225)

- a. Yes..... 1
- b. No **Go to Q5** ..... 2
- c. Not sexually active **Go to Q6**..... 3
- Don't know/Not sure **Go to Q6** ..... 7
- Refused **Go to Q6** ..... 9

4. What kinds of birth control are you or your **[fill in (husband/partner) from core Q10.4]** using now? (226-227)

Kind Code..... \_ \_

**Read Only if Necessary**

- a. Tubes tied (sterilization) **Go to Q6**.....0 1
- b. Vasectomy (sterilization) **Go to Q6**.....0 2
- c. Pill **Go to Q6**.....0 3
- d. Condoms **Go to Q6**.....0 4
- e. Foam, jelly, cream **Go to Q6**.....0 5
- f. Diaphragm **Go to Q6**.....0 6
- g. Norplant **Go to Q6**.....0 7
- h. Shots (Depo-Provera) **Go to Q6**.....0 8
- i. Withdrawal **Go to Q6**.....0 9
- j. Other **[specify]**\_\_\_\_\_ **Go to Q6** ..... 8 7
- Don't know/Not sure **Go to Q6**.....7 7
- Refused **Go to Q6** .....9 9

**If more than one, code other and specify each method code**

5. What are your reasons for not using any birth control now?..... (228-229)

Reason Code..... \_ \_

**Read Only if Necessary**

**If more than one, code other and specify each method code**

- a. I am not having sex .....0 1
- b. I want to get pregnant.....0 2
- c. I don't want to use birth control .....0 3
- d. My husband or partner doesn't want to use birth control .....0 4
- e. I don't think I can get pregnant .....0 5
- f. I can't pay for birth control.....0 6
- g. Other [specify]\_\_\_\_\_ 8 7
- Don't know/Not sure.....7 7
- Refused.....9 9

6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns? .....(230)

Would you say: **Please Read**

- a. A family planning clinic [Example: a Planned Parenthood clinic] Go to Q8 ..... 1
- b. A health department clinic ..... 2
- c. A community health center ..... 3
- d. A private gynecologist ..... 4
- e. A general or family physician ..... 5
- or**
- f. Some other kind of place ..... 8
- Don't know/not sure..... 7
- Refused..... 9

**Do not read these responses**

7. Have you ever used the services at a family planning clinic? ..... (231)

**Example:  
a Planned  
Parenthood  
clinic**

- 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

8. How long has it been since you used the services at a family planning clinic?.....(232)

**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



**Module 8: Cardiovascular Disease**

1. To lower your risk of developing heart disease or stroke, has a doctor advised you to...

**Please Read**

	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Eat fewer high fat or high cholesterol foods	1	2	7	9	(261 )
b. Exercise more	1	2	7	9	(262)

2. To lower your risk of developing heart disease or stroke, are you?

**Please Read**

	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Eating fewer high fat or high cholesterol foods?	1	2	7	9	(263)
b. Exercising more?	1	2	7	9	(264)

3. Has a doctor ever told you that you had any of the following?

**Please Read**

	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Heart attack or myocardial infarction	1	2	7	9	(265)
b. Angina or coronary heart disease	1	2	7	9	(266)
c. Stroke	1	2	7	9	(267)

**If respondent 35 years old or older continue with Q4. Otherwise, go to next module.**

4. Do you take aspirin daily or every other day?.....	(268)
a. Yes <b>Go to Q6</b> .....	1
b. No.....	2
Don't know/Not sure.....	7
Refused.....	9

5. Do you have a health problem or condition that makes taking aspirin unsafe for you? (269 )

**If yes, ask "Is this a stomach condition?" Code upset stomachs as stomach problems**

- a. Yes, not stomach related **Go to Q7** ..... 1
- b. Yes, stomach problems **Go to Q7** ..... 2
- c. No **Go to Q7**..... 3
- Don't know/Not sure **Go to Q7** ..... 7
- Refused **Go to Q7** ..... 9

6. Why do you take aspirin?

<b>Please Read</b>	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. To relieve pain	1	2	7	9	(270)
b. To reduce the chance of a heart attack	1	2	7	9	(271)
c. To reduce the chance of a stroke	1	2	7	9	(272)

**If respondent is male or is pregnant ("Yes" to core Q11.11), go to next module.**

The next few questions are about menopause, or what some women refer to as the "change of life."

**If respondent had hysterectomy ("Yes" to core Q11.10) or if respondent is age 65 or older, go to Q8.**

7. Have you gone through or are you now going through menopause?.....(273)

**Probe for which**

- a. Yes, have gone through menopause ..... 1
- b. Yes, now going through menopause ..... 2
- c. No **Go to Next Module**..... 3
- Don't know/Not sure **Go to Next Module** ..... 7
- Refused **Go to Next Module** ..... 9

- 8. Estrogens such as Premarin and progestins such as Provera are female hormones that may be prescribed around the time of menopause, after menopause, or after a hysterectomy. Has your doctor discussed the benefits and risks of estrogen with you? .....(274)
  - a. Yes..... 1
  - b. No..... 2
  - Don't know/Not sure..... 7
  - Refused..... 9

**Do not  
include  
estrogen  
patches**

- 9. Other than birth control pills, has your doctor ever prescribed estrogen pills for you? .....(275)
  - 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

**Do not  
include  
estrogen  
patches**

- 10. Are you currently taking estrogen pills? .....(276)
  - a. Yes..... 1
  - b. No..... 2
  - Don't know/Not sure **Go to Next Module** ..... 7
  - Refused **Go to Next Module** ..... 9

## 11. Why...

are you taking...[if "Yes" to Q10]

did you take...[if "No" to Q10]

...estrogen pills?

	<b>Please Read</b>	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Never took</u>	<u>Ref</u>	
a.	To prevent a heart attack	1	2	7	8	9	(277)
b.	To treat or prevent bone thinning, bone loss, or osteoporosis	1	2	7	8	9	(278)
c.	To treat symptoms of menopause such as hot flashes	1	2	7	8	9	(279)

**Module 13: Folic Acid**

1.	Do you currently take any vitamin pills or supplements?.....	(337)
<b>Include liquid supplements</b>	a. Yes.....	1
	b. No <b>Go to Q5</b> .....	2
	Don't know/Not sure <b>Go to Q5</b> .....	7
	Refused <b>Go to Q5</b> .....	9
2.	Are any of these a multivitamin?.....	(338)
	a. Yes <b>Go to Q4</b> .....	1
	b. No.....	2
	Don't know/Not sure.....	7
	Refused.....	9
3.	Do any of the vitamin pills or supplements you take contain folic acid?.....	(339)
	a. Yes.....	1
	b. No <b>Go to Q5</b> .....	2
	Don't know/Not sure <b>Go to Q5</b> .....	7
	Refused <b>Go to Q5</b> .....	9
4.	How often do you take this vitamin pill or supplement?.....	(340-342)
	a. Times per day .....	1 _ _
	b. Times per week .....	2 _ _
	c. Times per month.....	3 _ _
	Don't know/Not sure.....	7 7 7
	Refused.....	9 9 9

**If respondent is 45 years old or older, go to next module.**

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (343)

**Please Read**

- a. To make strong bones..... 1
- b. To prevent birth defects ..... 2
- c. To prevent high blood pressure ..... 3
- or**
- d. Some other reason ..... 4
- Don't know/Not sure ..... 7
- Refused..... 9

**Do not  
read these  
responses**

**Module 16: Tobacco Use Prevention**

1. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?.....(357)
  - a. Yes..... 1
  - b. No..... 2
  - Don't know/Not sure ..... 7
  - Refused..... 9

**If "Employed," or "Self-employed" to core Q10.7 continue. Otherwise, go to Q5.**

2. While working at your job, are you indoors most of the time? .....(358)
  - 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? .....(359)

**Please Read**

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

- a. Not allowed in any public areas ..... 1
- b. Allowed in some public areas ..... 2
- c. Allowed in all public areas..... 3
- d. No official policy ..... 4

**Do not read these responses**

- 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? .....(360)

**Please Read**

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

- a. Not allowed in any work areas ..... 1
- b. Allowed in some work areas, or..... 2
- c. Allowed in all work areas..... 3
- d. No official policy ..... 4

**Do not read these responses**

- 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?

<b>Please Read</b>	<u>All Areas</u>	<u>Some Areas</u>	<u>Not Allowed</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Restaurants	1	2	3	7	9	(361)
b. Schools	1	2	3	7	9	(362)
c. Day care centers	1	2	3	7	9	(363)
d. Indoor work areas	1	2	3	7	9	(364)



**Module NC1: Osteoporosis Prevention**

- 1. 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? (420)

**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

**If needed for explanation, say:  
“Osteoporosis is a bone disease that can lead to fractures and other bone problems.”**

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

**Module NC2: Skin Cancer**

Now I am going to ask you some other 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? (421)
  - 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? (422)
  - a. Yes..... 1
  - b. No..... 2
  - Don't know/Not sure ..... 7
  - Refused..... 9

**If core Q. 10.5a=0 and core Q. 10.5b=0 (i.e., no children in the household under the age of 13), go to Module NC3.**

- 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? (423)

Would you say: **Please Read**

- a. Always..... 1
- b. Nearly always..... 2
- c. Sometimes ..... 3
- d. Seldom ..... 4
- or**
- e. Never..... 5
- Don't know/Not sure ..... 7
- Refused..... 9

**Do not  
read these  
responses**

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? (424)

Would you say: **Please Read**

- a. Always..... 1
- b. Nearly always..... 2
- c. Sometimes..... 3
- d. Seldom..... 4
- or**
- e. Never..... 5
  
- Don't know/Not sure..... 7
  
- Refused..... 9

**Do not  
read these  
responses**

**Module NC3: Hypertension Knowledge**

1. Which one of the following is the **best** definition for the word “hypertension”? (425)

- Would you say: **Please read**
- a. It’s a nervous condition? ..... 1
  - b. It’s high blood pressure? ..... 2
  - c. It’s high stress or high tension? ..... 3
  - or**
  - d. It’s being overactive? ..... 4
- Do not read these responses**
- Don't know/Not sure ..... 7
  - Refused ..... 9

2. Which one of the following **does not** lead to high blood pressure? (426)

- Would you say: **Please read**
- a. Being overweight? ..... 1
  - b. Headaches? ..... 2
  - or**
  - c. High blood pressure running in one’s family? ..... 3
- Do not read these responses**
- Don't know/Not sure ..... 7
  - Refused ..... 9

3. Do all people who are told they have high blood pressure have symptoms, such as headaches or dizziness? (427)

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

4. Which one of the following is **not** related to high blood pressure? (428)

Would you say: **Please read**

- a. Kidney trouble? ..... 1
- b. Arthritis? ..... 2
- c. Stroke?..... 3
- or**
- d. Heart attack? ..... 4
  
- Don't know/Not sure ..... 7
- Refused..... 9

**Do not  
read these  
responses**

**Module NC4: Disability, Activity Limitations, and Quality of Life**

1. How often do you get the social and emotional support that you need?  
Would you say: (373)

**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: (374)

**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.

3a. A disability can be physical, mental, emotional, or communication related.  
Do you consider yourself to have a disability? (429)

- If yes, ask:  
“Would you  
say your  
disability is  
mild, moderate,  
or severe?”**
- a. Yes, mild ..... 1
  - b. Yes, moderate ..... 2
  - c. Yes, severe ..... 3
  - d. No **Go to Q3** ..... 4
  - Don't know / Not sure **Go to Q3** ..... 7
  - Refused **Go to Q3** ..... 9

3b. When did your disability begin? (430)

- If after birth  
but before age 1,  
record as  
“ages 0-11.”**
- a. Have had disability since birth (congenital; includes birth defects) ..... 1
  - b. Ages 0-11 (infancy/childhood) ..... 2
  - c. Ages 12-19 (adolescence) ..... 3
  - d. Ages 20-39 (young adulthood) ..... 4
  - e. Ages 40-55 (middle adulthood) ..... 5
  - f. Age 56 or older (older adulthood) ..... 6
  - Don't know / Not sure ..... 7
  - Refused ..... 9

3. Are you limited in the kind or amount of work you can do because of any  
impairment or health problem? (375)

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

4. Because of any impairment or health problem do you have any trouble learning, remembering, or concentrating? (376)

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

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

**Code up to three responses** (377-382)

- a. No special equipment or help used **Go to Q8**..... 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
- l. Oxygen/special breathing equipment..... 12
- m. Other (specify): \_\_\_\_\_ ..... 13
- Don't know / Not sure ..... 77
- Refused ..... 99

**Includes a guide dog or seeing-eye dog.**



6. Using special equipment or help, what is the farthest distance that you can go?  
Would you say: (383)

**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

7. What is the farthest distance you can walk by yourself, without any special  
equipment or help from others? Would you say: (384)

**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

8. Are you limited in any way in any activities because of any impairment or health problem? (385)

- a. Yes ..... 1
- b. No **If “yes” to Q3a, 3, 4, or 8, or “b-m” on Q5, continue. Otherwise, go to Q14.** ..... 2
- Don’t know/Not sure **If “yes” to Q3a, 3, 4, or 8, or “b-m” on Q5, continue. Otherwise, go to Q14.** ..... 7
- Refused **If “yes” to Q3a, 3, 4, or 8, or “b-m” on Q5, continue. Otherwise, go to Q14.** ..... 9

9. What is the MAJOR impairment or health problem that limits your activities?  
 Record open-ended response (up to 50 characters) (450-499)]

**Code up to three responses** (Jan & Feb: 431-432; Mar-Dec: 500-505)

- a. Circulatory 01
- b. Respiratory 02
- c. Musculoskeletal 03
- d. Central nervous system 04
- e. Immunological 05
- f. Metabolic/digestive 06
- g. Skin 07
- h. Endurance 08
- I. Unspecified pain 09
- j. Cancer 10
- k. Mental/emotional 11
- l. Moving from place to place 12
- m. Bodily movement 13
- n. Seeing 14
- o. Hearing 15
- p. Learning 16
- q. Communicating 17
- r. Personal care 18
- s. Routine activities 19
- t. Other 20
  
- Don’t know / Not sure 77
- No other impairments or health problems reported (2nd, 3rd codes) 87
- No impairment or health problem reported (1st code only) 88
- Refused 99

10. Is this impairment or health problem the result of a work-related illness or injury? (388)
- a. Yes ..... 1
  - b. No ..... 2
  - Don't know / Not sure ..... 7
  - Refused ..... 9

11. For HOW LONG have your activities been limited because of your major impairment or health problem? (389-391)
- 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

- 12a. How much does your disability, impairment, or health problem limit the amount or type of work you can do at a job, at school, or around the house? Would you say: (433)
- a. Not at all ..... 1
  - b. Slightly..... 2
  - c. Moderately..... 3
  - d. Severely ..... 4
  - Don't know/not sure ..... 7
  - Refused ..... 9

- 12b. How much does your disability, impairment, or health problem limit you in other activities, such as sports, social and community life, or family life? Would you say: (434)
- a. Not at all ..... 1
  - b. Slightly..... 2
  - c. Moderately ..... 3
  - d. Severely ..... 4
  - Don't know/not sure ..... 7
  - Refused ..... 9

The next few questions ask about your experiences with issues that people with health problems or disabilities sometimes face.

- 12c. Would you say that **poor access to public facilities** is a major problem, a minor problem, or not a problem for you? (435)
- a. Major problem ..... 1
  - b. Minor problem ..... 2
  - c. **Not** a problem ..... 3
  - Don't know/not sure ..... 7
  - Refused ..... 9
- 12d. Would you say that **negative public attitudes toward your disability** are a major problem, a minor problem, or not a problem for you? (436)
- a. Major problem ..... 1
  - b. Minor problem ..... 2
  - c. **Not** a problem ..... 3
  - Don't know/not sure ..... 7
  - Refused ..... 9

12. 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? (392)
- a. Yes ..... 1
  - b. No ..... 2
  - Don't know / Not sure ..... 7
  - Refused ..... 9
13. 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? (393)
- a. Yes ..... 1
  - b. No ..... 2
  - Don't know / Not sure ..... 7
  - Refused ..... 9
14. 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? (394-395)
- a. Number of days..... \_ \_
  - b. None..... 8 8
  - Don't know / Not sure ..... 7 7
  - Refused ..... 9 9

- 15. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED? (396-397)
  - a. Number of days..... \_ \_
  - b. None..... 8 8
  - Don't know / Not sure ..... 7 7
  - Refused ..... 9 9
  
- 16. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS? (398-399)
  - a. Number of days..... \_ \_
  - b. None..... 8 8
  - Don't know / Not sure ..... 7 7
  - Refused ..... 9 9
  
- 17. During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP? (400-401)
  - a. Number of days..... \_ \_
  - b. None..... 8 8
  - Don't know / Not Sure..... 7 7
  - Refused ..... 9 9
  
- 18. During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY? (402-403)
  - a. Number of days..... \_ \_
  - b. None..... 8 8
  - Don't know / Not Sure..... 7 7
  - Refused ..... 9 9

19a. Have you ever heard or read anything about a law called the Americans with Disabilities Act, or ADA? (437)

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

**If number of adults in household equals 1 and core Q10.5a, Q10.5b, and Q10.5c are all “none” (all=8), go to Q21.**

19. Is there anyone [insert “else” if “yes” to Q3a, 3, 4, or 8, or “b-m” on Q5] in your household who has a disability or who is limited in any way in any activities because of any impairment, or health problem? (404)

- a. Yes ..... 1
- b. No **Go to Q21**..... 2
- Don’t know / Not sure **Go to Q21**..... 7
- Refused **Go to Q21**..... 9

20. How old are these people?

- a. Person 1 ..... \_\_\_\_(405-406)
- b. Person 2 ..... \_\_\_\_(407-408)
- c. Person 3 ..... \_\_\_\_(409-410)
- d. Person 4 ..... \_\_\_\_(411-412)
- e. Person 5..... \_\_\_\_(413-414)

**Codes:**  
**Ages 97 and older = 97;**  
**Don’t know/ Not sure = 98;**  
**Refused = 99**

21. 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? (438)

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



### Module NC5: Sexual Assault

These last couple questions may be hard for you to answer, but the information is very important and will be kept strictly confidential. These questions are about things that might or might not have happened to you since you were 18 years old.

1. Has a stranger ever forced you to have sex or to do sexual things? (439)

<b>If yes, ask: “Has this happened to you in the past 12 months?”</b>	a. Yes, within the past 12 months .....	1
	b. Yes, more than 12 months ago.....	2
	c. No.....	3
	Don't know / Not sure .....	7
	Refused .....	9

2. Has a partner or ex-partner ever forced you to have sex or to do sexual things? By partner, I mean your current or ex-(husband/wife) or (boyfriend/girlfriend). (440)

<b>If yes, ask: “Has this happened to you in the past 12 months?”</b>	a. Yes, within the past 12 months .....	1
	b. Yes, more than 12 months ago.....	2
	c. No.....	3
	Don't know / Not sure .....	7
	Refused .....	9

3. Has someone you knew, **not including** a partner or ex-partner, ever forced you to have sex or to do sexual things? (441)

**If yes, ask:  
“Has this  
happened to  
you in the past  
12 months?”**

- a. Yes, within the past 12 months ..... 1
- b. Yes, more than 12 months ago..... 2
- c. No..... 3
- 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.