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

Do not read these responses

Don't know/Not Sure 7

Refused 9

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

Do not read these responses

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

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

Do not read these responses

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

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

Do not read these responses

Don't know/Not sure 7

Refused 9

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 ***Go to Q39*** 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 ***Go to Q41 (p. 22)*** 2

Don't know/Not sure ***Go to Q41 (p. 22)*** 7

Refused ***Go to Q41 (p. 22)*** 9

39. Are you eating either fewer calories or less fat to...

lose weight? ***[if "Yes" on Q37]***

keep from gaining weight? ***[if "Yes" on Q38]*** (110)

Probe for which

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

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 primary 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

Do not read these responses

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

Refused..... 9

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

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

a. less than 5 years old? ..... __ (122)

b. 5 through 12 years old? ..... __ (123)

c. 13 through 17 years old? ..... __ (124)

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 respondent 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

Do not read these responses

Don't know/Not sure 7 7

Refused 9 9

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 ***Go to Q58 (p. 28)*** 2

Refused ***Go to Q58 (p. 28)*** 9

57. How many residential telephone numbers do you have? (142)

Exclude dedicated fax and computer lines

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

Refused 9

58. Indicate sex of respondent. ***Ask Only if Necessary*** (143)

Male ***Go to Section 10: HIV/AIDS (p. 33)*** 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 hysterectomy is an operation to remove the uterus (womb)

a. Yes ***Go to Section 10: HIV/AIDS (p. 33)*** 1

b. No 2

Don't know/Not sure 7

Refused 9

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

Do not read these responses

Don't know/Not sure 7

Refused 9

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)

Include saliva tests

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

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)

Yes 1
No ***Go to Module 1: Diabetes)***..... ……2
Don't know/Not sure ***Go to Module 1: Diabetes)***……. 7
Refused ***Go to Module 1: Diabetes)***.....…… 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

Do not read these responses

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

Refused..... 9

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (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

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? (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

Do not read these responses

Don't know/Not sure 7

Refused 9

Module 2: Sexual Behavior

If respondent 50 years old or older, go to next module.

Next few questions concerning sexual behavior are strictly confidential**.** They are very sensitive in nature and you can always refuse if you prefer.

1. During the past 12 months, with how many people have you had sexual intercourse?

_ _	Number **[11 = 11 or more]**
8 8	None **Go to Next Module**
7 7	Don't know/Not sure
9 9	Refused

2. Was a condom used the last time you had sexual intercourse?

1	Yes
2	No **Go to Q4**
7	Don't know/Not sure **Go to Q4**
9	Refused **Go to Q4**

3. The last time you had sexual intercourse, was the condom used ...

Please Read

	1	To prevent pregnancy
	2	To prevent diseases like syphilis, gonorrhea, and AIDS
	3	For both of these reasons
or		
	4	For some other reason
Do not read	7	Don't know/Not sure
these responses	9	Refused

4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say:

Please Read

	1	Very effective
	2	Somewhat effective
or		
	3	Not at all effective
Do not read	4	Don't know how effective
these responses	5	Don't know method
	9	Refused

5.How many sex partners have you had in the last 12 months?

_ _	Number **[76 = 76 or more]**
8 8	None **Go to Next Module**
7 7	Don't know/Not sure
9 9	Refused

Module 3: Family Planning

If respondent is male, OR Female age 45 years old or older, go to next module.
The next few questions ask about pregnancy and ways to prevent pregnancy.

1. Have you been pregnant in the last 5 years?

Yes..... 1
No **Go to Q3a** .....….. 2
Don't know/Not sure **Go to Q3a** 7
Refused **Go to Q3a** 9

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

Would you say: **Please Read**

You wanted to be pregnant sooner..... .1
You wanted to be pregnant later.....…2
You wanted to be pregnant then..... .3
You didn't want to be pregnant then or
at anytime in the future.....…… 4
or
e. You don′t know.....7
Do not read Refused..... 9

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

Would you say: **Please Read**
You wanted to be pregnant sooner .....…...1
You wanted to be pregnant later .....….2
You wanted to be pregnant then..... ..3
You didn′t want to be pregnant then or at any
time in the future .....…….4
or
You don't know.....….7
Do not read Refused.....9

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. (581)
Yes..... 1
No **Go to Q5** .....…. 2

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 Q47]** using now?

Kind Code..... _ _
Read Only if Necessary

Tubes tied (sterilization) **Go to Q6** 0 1
Vasectomy (sterilization) **Go to Q6**.....0 2
Pill **Go to Q6**.....0 3
Condoms **Go to Q6**..... 0 4
Foam, jelly, cream **Go to Q6**.....0 5
Diaphragm **Go to Q6**.....0 6
Norplant **Go to Q6**.....0 7
Shots (Depo-Provera) **Go to Q6** 0 8
Withdrawal **Go to Q6** 0 9
Other **Go to Q6**.....8 7
Don't know/Not sure **Go to Q6**.....7 7
Refused **Go to Q6** 9 9

5. What are your reasons for not using any birth control now?

Reason Code..... _ _
Read Only if Necessary

If more than one reasons, choose the first reason

I am not having sex.....0 1
I want to get pregnant.....…….....0 2
I don't want to use birth control.....0 3
My husband or partner doesn't want to use birth control.....…….....0 4
I don't think I can get pregnant 0 5
I can't pay for birth control.....0 6
Other.....…….....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?

Would you say: **Please Read**

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

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

Example:	Yes	1
a Planned.	No **Go to Next Module**	2
Parenthood	Don't know/not sure **Go to Next Module**	7
Clinic	Refused **Go to Next Module**	9

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

Read Only if Necessary

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

Module 3: Health Care Coverage

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

I asked you previously about your health care coverage.

➔ If "None" to core Q. 7a or core Q. 7b, continue. Otherwise, go to Q. 2.

1. What is the main reason you are without health care coverage?

Reason Code . . . . . __ __

a. Lost job or changed employers
Go to Next Module 0 1

b. Spouse or parent lost job or changed employers
[includes any person who had been providing insurance prior to job loss or change]
Go to Next Module 0 2

c. Became divorced or separated ***Go to Next Module*** 0 3

d. Spouse or parent died ***Go to Next Module*** 0 4

e. Became ineligible because of age or because left school
Go to Next Module 0 5

f. Employer doesn't offer or stopped offering coverage
Go to Next Module 0 6

g. Cut back to part time or became temporary employee
Go to Next Module 0 7

h. Benefits from employer or former employer ran out
Go to Next Module 0 8

i. Couldn't afford to pay the premiums
Go to Next Module 0 9

j. Insurance company refused coverage
Go to Next Module 1 0

k. Lost Medicaid or Medical Assistance eligibility
Go to Next Module 1 1

l. Other ***Go to Next Module*** 8 7

Don't know/Not sure ***Go to Next Module*** 7 7

Refused ***Go to Next Module*** 9 9

2.About how long have you had (fill in type Medicare/Medicaid/the particular health coverage) from core Q.6.Q.7 or Q7a?

(If necessary say the coverage you use now to pay for most of your medical care)

For less than 12 months……..1
For less than two years……...2
For less than 3 years ……..3
For less than 5 years ……..4
For5 or more years…….5
Don't know/Not Sure…….7
Refused……..9

3.Is there a list of doctors associated with your (fill in type Medicare/Medicaid/the particular health coverage) from core Q.6.Q.7 or Q7a plan?

(If necessary say the coverage you use now to pay for most of your medical care)
(If /Dk/Ns probe" Is there a certain number you are supposed to call to find a doctor to go")

Yes……1
No…….2
Don't know/Not Sure……...7
Refused…….……9

4.Does you health care plan require you to select a certain doctor or clinic for all of your routine care?

Yes……1
No…….2
Don't know/Not Sure……...7
Refused…….……9

5 Other than ***[fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 6, Q. 7a, or Q. 7b]***, do you have any other type of health care coverage? (181)

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

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

6. What was the main reason you were without health care coverage?

Reason Code . . . . . __ __

a. Lost job or changed employers 0 1

b. Spouse or parent lost job or changed employers
[includes any person who had been providing insurance prior to job loss or change] 0 2

c. Became divorced or separated 0 3

d. Spouse or parent died 0 4

e. Became ineligible because of age or because left school 0 5

f. Employer doesn't offer or stopped offering coverage 0 6

g. Cut back to part time or became temporary employee 0 7

h. Benefits from employer or former employer ran out 0 8

i. Couldn't afford to pay the premiums 0 9

j. Insurance company refused coverage 1 0

k. Lost Medicaid or Medical Assistance eligibility 1 1

l. Other 8 7

Don't know/Not sure 7 7

Refused 9 9

Module 5: Health Care Utilization

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

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

Would you say: ***Please Read***

a. Excellent 1

b. Very Good 2

c. Good 3

d. Fair 4

or

e. Poor 5

Do not read these responses

Not applicable/don't use any health services 8

Don't know/Not sure 7

Refused 9

2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (186)

a. Yes ***Go to Q. 5*** 1

b. More than one place ***Go to Q. 4*** 2

c. No 3

Don't know/Not sure ***Go to Next Module*** 7

Refused ***Go to Next Module*** 9

3. What is the main reason you do not have a usual source of medical care? (187-188)

Reason Code . . . . . __ __

a. Two or more usual places 0 1

b. Have not needed a doctor ***Go to Next Module*** 0 2

c. Do not like/trust/believe in doctors
Go to Next Module 0 3

d. Do not know where to go ***Go to Next Module*** 0 4

e. Previous doctor is not available/moved
Go to Next Module 0 5

f. No insurance/cannot afford ***Go to Next Module*** 0 6

g. Speak a different language ***Go to Next Module*** 0 7

h. No place is available/close enough/convenient
Go to Next Module 0 8

i. Other ***Go to Next Module*** 0 9

Don't know/Not sure ***Go to Next Module*** 7 7

Refused ***Go to Next Module*** 9 9

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

a. Yes 1

b. No ***Go to Next Module*** 2

Don't know/Not sure ***Go to Next Module*** 7

Refused ***Go to Next Module*** 9

5. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place? (190-191)

Facility Code . . . . . __ __

a. Doctor's office or private clinic 0 1

b. Company or school health clinic/center 0 2

c. Community/migrant/rural clinic/center 0 3

d. County/city/public hospital outpatient clinic 0 4

e. Private/other hospital outpatient clinic 0 5

f. Hospital emergency room 0 6

g. HMO/prepaid group 0 7

h. Psychiatric hospital or clinic 0 8

i. VA hospital or clinic 0 9

j. Military health care facility 1 0

k. Some other kind of place 1 1

Don't know/Not sure 7 7

Refused 9 9

6. Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place? (192)

Would you say: ***Please Read***

a. Excellent 1

b. Very Good 2

c. Good 3

d. Fair 4

or

e. Poor 5

Do not read these responses

Don't have usual place 6

Don't know/Not sure 7

Refused 9

7. Is there one particular doctor or health professional who you usually go to when you need routine medical care? (193)

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

a. Yes, only one 1

b. More than one ***Go to Next Module*** 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. When did you last change doctors? (194)

Read only if necessary

"Doctors" includes other health professionals

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

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

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

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago 5

f. Never ***Go to Next Module*** 8

Don't know/Not sure ***Go to Next Module*** 7

Refused ***Go to Next Module*** 9

9. Why did you change doctors that last time? (195-196)

"Doctors" includes other health professionals

Reason Code . . . . . __ __

a. Changed residence or moved 0 1

b. Changed jobs 0 2

c. Changed health care coverage 0 3

d. Provider moved or retired 0 4

e. Dissatisfied with former provider
or liked new provider better 0 5

f. Former provider no longer reimbursed
by my health care coverage 0 6

g. Owed money to former provider 0 7

h. Medical care needs changed 0 8

i. Other 8 7

Don't know/Not sure 7 7

Refused 9 9

Module 6: Oral Health

1. How long has it been since you last visited the dentist or a dental clinic?

Read Only if Necessary

a. Within the past year (1 to 12 months ago) ***Go to Q. 3*** 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 Q. 3*** 7

Never 8

Refused ***Go to Q. 3*** 9

2. What is the main reason you have not visited the dentist in the last year?

Reason code . . . . . __ __

Read only if necessary

a. Fear, apprehension, nervousness, pain, dislike going 0 1

b. Cost 0 2

c. Do not have/know a dentist 0 3

d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) 0 4

e. No reason to go (no problems, no teeth) 0 5

f. Other priorities 0 6

g. Have not thought of it 0 7

h. Other 0 8

Don't know/Not sure 7 7

Refused 9 9

3. 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. (200)

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

4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (201)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Module 7: Preventive Counseling Services

The next questions are about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

1. Has a doctor or other health professional ever talked with you about your diet or eating habits? (202)

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 3 years (1 to 3 years ago) 2

c. Yes, 3 or more years ago 3

d. No 4

Don't know/Not sure 7

Refused 9

2. Has a doctor or other health professional ever talked with you about physical activity or exercise? (203)

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 3 years (1 to 3 years ago) 2

c. Yes, 3 or more years ago 3

d. No 4

Don't know/Not sure 7

Refused 9

3. (Has a doctor or other health professional ever talked with you) about injury prevention, such as safety belt use, helmet use, or smoke detectors? (204)

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 3 years (1 to 3 years ago) 2

c. Yes, 3 or more years ago 3

d. No 4

Don't know/Not sure 7

Refused 9

4. (Has a doctor or other health professional ever talked with you) about drug abuse? (205)

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 3 years (1 to 3 years ago) 2

c. Yes, 3 or more years ago 3

d. No 4

Don't know/Not sure 7

Refused 9

5. (Has a doctor or other health professional ever talked with you) about alcohol use? (206)

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 3 years (1 to 3 years ago) 2

c. Yes, 3 or more years ago 3

d. No 4

Don't know/Not sure 7

Refused 9

➔ If "No" to core Q. 26 or "Not at all" to core Q. 27, go to Q. 7

6. (Has a doctor or other health professional) ever advised you to quit smoking? (207)

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 3 years (1 to 3 years ago) 2

c. Yes, 3 or more years ago 3

d. No 4

Don't know/Not sure 7

Refused 9

→ If respondent 65 years old or older, go to next module

7. (Has a doctor or other health professional) ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms? (208)

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 3 years (1 to 3 years ago) 2

c. Yes, 3 or more years ago 3

d. No 4

Don't know/Not sure 7

Refused 9

Module 8: Hypertension Awareness

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

Read Only if Necessary

a. Within the past 6 months (1 to 6 months ago) 1

b. Within the past year (6 to 12 months ago) 2

c. Within the past 2 years (1 to 2 years ago) 3

d. Within the past 5 years (2 to 5 years ago) 4

e. 5 or more years ago 5

Don't know/Not sure 7

Never ***Go to next Module*** 8

Refused 9

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

a. Yes 1

b. No ***Go to Next Module*** 2

Don't know/Not sure ***Go to Next Module*** 7

Refused ***Go to Next Module*** 9

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

a. More than once 1

b. Only once 2

Don't know/Not sure 7

Refused 9

Module 9: Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

1	Yes
2	No **Go to Next Module**
7	Don't know/Not sure **Go to Next Module**
9	Refused **Go to Next Module**

2. About how long has it been since you last had your blood cholesterol checked?

Read Only if Necessary

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	Don't know/Not sure
9	Refused

3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

1	Yes
2	No
7	Don't know/Not sure
9	Refused

Module 10: Colorectal Cancer Screening

If respondent 40 years or older continue with this module else go to next module

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?

Yes		1
No	**Go to Q3**	2
Don't know/Not sure	**Go to Q.3**	7
Refused	**Go to Q.3**	9

2. How long has it been since you had your last blood stool test using a home kit?

Read Only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years)	2
Within the past 5 years (2 to 5 years)	3
5 or more years ago	4
Don't know	7
Refused	9

3. Sigmoidoscopy or protoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had this exams?

Yes		1
No	**Go to Next Module**	2
Don't know/Not sure	**Go to Next Module**	7
Refused	**Go to Next Module**	9

4. How long has it been since you had your last sigmoidoscopy or protoscopy?

Read Only if Necessary

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years)	2
Within the past 5 years (2 to 5 years)	3
5 or more years ago	4
Don't know	7
Refused	9

Module 11:Immunization

1.During the past 12 months have you had a flu shot?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

2.Have you ever had a pneumonia vaccination?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Module 12: INJURY CONTROL

1.How often do you use seatbelts when you drive or ride in a car?

Would you say:

Always…….1
Nearly always……..2
Sometimes…….. 3
Seldom ……4
Or Never …….5

Do not read these responses:
Don't know/Not sure…….. 7
Never drive/ride in a car…. 8
Refused……9

2.What is the age of the oldest living child?

Code age in years……. _ _ (code<1 year as 01)
No children under age 15…… 8 8
(Go to Q.5) ← Don't know/Not sure……7 7
Refused……9 9

3.How often does the oldest child (of children under age 15) in your household use a car safety seat (for child under 5) or seatbelt (for child 5 or older)?

Would you say:

Always…….1
Nearly always……..2
Sometimes…….. 3
Seldom ……4
Or Never …….5

Do not read these responses:
Don't know/Not sure…….. 7
Never drive/ride in a car…. 8
Refused……9

4.During the past year ,how often has the (fill in age from Q.2) year-old-child worn a bicycle helmet when riding a car?

Would you say:

	Always…….1
	Nearly always……..2
	Sometimes…….. 3
	Seldom ……4
	Or Never …….5
Do not read these responses	Don't know/Not sure…….. 7
	Never drive/ride in a car…. 8
	Refused……9

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

Within the past month	1
Within the past 6 months	2
Within the past year	3
One or more years	4
Never	5
No smoke detectors in home	6
Don't know/Not sure	7
Refused	9

Module 13 : Alcohol Consumption

1.During the past month, have you had at atleast one drink of any alcoholic beverage such as beer, wine,wine coolers or liquor?

Yes…….1
No……..2
(Go to Module) ← Don't know/Not Sure……3
Refused……..4

2.During the past month, how many days per week or per month did you drink any beer?

Days per week…… 1 _ _
Or
Days per month……... 2 _ _
Don't know /Not sure (Go to Q.4). 7 7 7
Refused…. (Go to Q.4)……... 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 beer how many drinks did you drink on the average?

Number of drinks…… _ _
Don't know/Not sure……. 77
Refused……...99

4.Considering all types of alcoholic beverages, that is beer, wine, wine coolers, cocktails and liquor as drinks, how many times during the past month did you have 5 or more drinks on an occasion?

Number of times……...__
None……. 88
Don't Know/Not Sure……. 77
Refused……..99

5.And during the past month, how many times have driven when you've had perhaps too much to drink?

Number of times……...__
None……. 88
Don't Know/Not Sure……. 77
Refused……..99

Module14: Cardiovascular Disease

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

Please Read	Yes	No	Dk/Ns	Ref	
a. Eat fewer high fat or high cholesterol foods	1	2	7	9	(209)
b. Exercise more	1	2	7	9	(210)

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

Please Read	Yes	No	Dk/Ns	Ref	
a. Eating fewer high fat or high cholesterol foods?	1	2	7	9	(211)
b. Exercising more?	1	2	7	9	(212)

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

Please Read	Yes	No	Dk/Ns	Ref	
a. Heart attack or myocardial infarction	1	2	7	9	(213)
b. Angina or coronary heart disease	1	2	7	9	(214)
c. Stroke	1	2	7	9	(215)

➔ If respondent 35 years old or older continue with Q. 4. Otherwise, go to next module.

4. Do you take aspirin daily or every other day? (216)

a. Yes ***Go to Q. 6*** 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? (217)

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

a. Yes, not stomach related ***Go to Q. 7*** 1

b. Yes, stomach problems ***Go to Q. 7*** 2

c. No ***Go to Q. 7*** 3

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

Refused ***Go to Q. 7*** 9

6. Why do you take aspirin?

Please Read	Yes	No	Dk/Ns	Ref	
a. To relieve pain	1	2	7	9	(218)
b. To reduce the chance of a heart attack	1	2	7	9	(219)
c. To reduce the chance of a stroke	1	2	7	9	(220)

➔ If respondent is male or is female and pregnant, go to next module.

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

➔ If "yes" to core Q. 59 or if respondent is age 65 or older, go to Q. 8.

7. Have you gone through or are you now going through menopause? (221)

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? (222)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

9. Other than birth control pills, has your doctor ever prescribed estrogen pills for you? (223)

Do not include estrogen patches

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

10. Are you currently taking estrogen pills? (224)

Do not include estrogen patches

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 Q. 10]***

did you take...***[if "No" to Q. 10]***

...estrogen pills?

Please Read	Yes	No	Dk/Ns	Never took	Ref	
a. To prevent a heart attack	1	2	7	8	9	(225)
b. To treat or prevent bone thinning, bone loss, or osteoporosis	1	2	7	8	9	(226)
c. To treat symptoms of menopause such as hot flashes	1	2	7	8	9	(227)

Module15: Arthritis

1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (228)

   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

2. Were these symptoms present on most days for at least one month? (229)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

3. Are you now limited in any way in any activities because of joint symptoms? (230)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

4. Have you ever been told by a doctor that you have arthritis? (231)

a. Yes 1

b. No ***Go to Next Module*** 2

Don't know/Not sure ***Go to Next Module*** 7

Refused ***Go to Next Module*** 9

5. What type of arthritis did the doctor say you have? (232-233)

Type Code . . . . . __ __

Read Only if Necessary

a. Osteoarthritis/degenerative arthritis 0 1

b. Rheumatism 0 2

c. Rheumatoid Arthritis 0 3

d. Lyme disease 0 4

e. Other(specify)_____ 0 7

f. Never saw a doctor 8 8

Don't know/Not sure 7 7

Refused 9 9

6. Are you currently being treated by a doctor for arthritis? (234)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Module 16: Quality of Life

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

1. Are you limited in any way in any activities because of any impairment or health problem? (235)

   a. Yes 1

   b. No ***Go to Q. 6*** 2

   Don't know/Not sure ***Go to Q. 6*** 7

   Refused ***Go to Q. 6*** 9

2. What is the major impairment or health problem that limits your activities? (236-237)

   Reason Code . . . . . __ __

   a. Arthritis/rheumatism 0 1

   b. Back or neck problem 0 2

   c. Fractures, bone/joint injury 0 3

   d. Walking problem 0 4

   e. Lung/breathing problem 0 5

   f. Hearing problem 0 6

   g. Eye/vision problem 0 7

   h. Heart problem 0 8

   i. Stroke problem 0 9

   j. Hypertension/high blood pressure 1 0

   k. Diabetes 1 1

   l. Cancer 1 2

   m. Depression/anxiety/emotional problem 1 3

   n. Other impairment/problem 1 4

   Don't know/Not sure 7 7

   Refused 9 9

3. For how long have your activities been limited because of your major impairment or health problem? (238-240)

   a. Days . . . . . 1 __ __

   b. Weeks . . . . . 2 __ __

   c. Months . . . . . 3 __ __

   d. Years . . . . . 4 __ __

   Don't know/Not Sure 7 7 7

   Refused 9 9 9

4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (241)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (242)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

6. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (243-244)

   a. Number of days . . . . . __ __

   b. None 8 8

   Don't know/Not sure 7 7

   Refused 9 9

7. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (245-246)

   a. Number of days . . . . . __ __

   b. None 8 8

   Don't know/Not sure 7 7

   Refused 9 9

8. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (247-248)

   a. Number of days . . . . . __ __

   b. None 8 8

   Don't know/Not sure 7 7

   Refused 9 9

9. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (249-250)

   a. Number of days . . . . . __ __

   b. None 8 8

   Don't know/Not sure 7 7

   Refused 9 9

10. During the past 30 days, for about how many days have you felt very healthy and full of energy? (251-252)

a. Number of days . . . . . __ __

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

Module 17: Folic Acid

1. Do you currently take any vitamin pills or supplements? (303)

Include liquid supplements

a. Yes 1

b. No ***Go to Q. 5*** 2

Don't know/Not sure ***Go to Q. 5*** 7

Refused ***Go to Q. 5*** 9

2. Are any of these a multivitamin? (304)

a. Yes ***Go to Q. 4*** 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? (305)

a. Yes 1

b. No ***Go to Q. 5*** 2

Don't know/Not sure ***Go to Q. 5*** 7

Refused ***Go to Q. 5*** 9

4. How often do you take this vitamin pill or supplement? (306-308)

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 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... (309)

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

Do not read these responses

Don't know/Not sure 7

Refused 9

Module 18: Firearms

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (310)

   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

2. Are any of the firearms handguns, such as pistols or revolvers? (311)

   a. Yes 1

   b. No ***Go to Q. 4*** 2

   Don't know/Not sure 7

   Refused 9

3. Are any of the firearms long guns, such as rifles or shotguns? (312)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

4. What is the main reason that there are firearms in or around your home? (313)

Would you say for...

Please Read

a. Hunting or sport 1

b. Protection 2

c. Work 3

or

d. Some other reason 4

Don't know/Not sure 7

Refused 9

5. Is there a firearm in or around your home that is now both loaded and unlocked? (314)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

➔ Read the following if "employed" or "self-employed" on core Q. 42. Otherwise, go directly to Q. 6.

The next three questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm-use associated with your job.

6. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people? (315)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

7. During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm? (316)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

8. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else? (317)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

9. In the past three years, have you attended a firearm safety workshop, class, or clinic? (318)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

10. Do any of the firearms kept in or around your home belong to you, personally? (319)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

Module 19: Social Context

These next questions are about your daily life.

1. How safe from crime do you consider your neighborhood to be? (320)

   Would you say: ***Please Read***

   a. Extremely safe 1
   b. Quite safe 2
   c. Slightly safe 3
   d. Not at all safe 4
   Don't know/Not sure 7
   Refused 9

2. Do you own or rent your home? (321)

   a. Own 1
   b. Rent 2
   Refused 9

3. How long have you lived at your current address? (322)

   Read Only if Necessary

   a. Less than six months (1 to 6 months) 1
   b. Less than one year (6 to 12 months) 2
   c. Less than two years (1 to 2 years) 3
   d. 2 or more years 4
   Don't know/Not sure 7
   Refused 9

4. How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (323)

   a. 3 or more 1

   b. 2 2

   c. 1 3

   d. None 4

   Don't know/Not Sure 7

   Refused 9

5. In the past 30 days, have you been concerned about having enough food for you or your family? (324)

   a. Yes 1

   b. No 2

   Don't know/Not Sure 7

   Refused 9

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

   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

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?

(344)

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

or

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?

Please Read	All Areas	Some Areas	Not Allowed	Dk/Ns	Ref	
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 21: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (325)

Probe for chewing tobacco, snuff, or both

a. Yes, chewing tobacco 1

b. Yes, snuff 2

c. Yes, both 3

d. No, neither ***Go to Closing Statement*** 4

Don't know/Not sure ***Go to Closing Statement*** 7

Refused ***Go to Closing Statement*** 9

2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (326)

"Yes" includes occa-sional use

a. Yes, chewing tobacco 1

b. Yes, snuff 2

c. Yes, both 3

d. No, neither 4

Don't know/Not sure 7

Refused 9