



**2011**

**South Carolina  
Behavioral Risk Factor Surveillance System  
Questionnaire**

**January 20, 2011**

# Behavioral Risk Factor Surveillance System 2011 Draft Questionnaire

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## Interviewer's Script

HELLO, I'm calling for the South Carolina Department of Health and Environmental Control. My name is (name). We are gathering information about the health of South Carolina residents. This project is conducted by the Department of Health and Environmental Control with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

**If "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 in **South Carolina**?

**If "no,"**

Thank you very much, but we are only interviewing private residences in (state) . **STOP**

Is this a cellular telephone?

**[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."]**

**If "yes,"**

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to 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?

\_\_\_ Number of adults

**If "1,"**

Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

**If "no,"**

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

\_\_\_ Number of men

\_\_\_ Number of women

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," go to page 5**



**To the correct respondent:**

HELLO, I'm calling for the South Carolina Department of Health and Environmental Control. My name is **(name)**. We are gathering information about the health of South Carolina residents. This project is conducted by the Department of Health and Environmental Control with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

## Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 1-800-476-3803 to get more information.

### Section 1: Health Status

---

1.1 Would you say that in general your health is—? (73)

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

### Section 2: Healthy Days — Health-Related Quality of Life

---

2.1 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? (74–75)

- – Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2 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? (76–77)

- – Number of days
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused
- [If Q2.1 and Q2.2 = 88 (None), go to next section]**

**2.3** 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? (78-79)

– – Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

### Section 3: Health Care Access

---

**3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services? (80)

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

**3.2** Do you have one person you think of as your personal doctor or health care provider?  
**If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”** (81)

1 Yes, only one  
2 More than one  
3 No  
7 Don't know / Not sure  
9 Refused

**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

**3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

## Section 4: Hypertension Awareness

---

- 4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84)

**Read only if necessary:** By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

**If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to next section]
- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

- 4.2** Are you currently taking medicine for your high blood pressure? (85)

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

## Section 5: Cholesterol Awareness

---

- 5.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (86)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

**5.2** About how long has it been since you last had your blood cholesterol checked? (87)

**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

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**5.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (88)

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

## Section 6: Chronic Health Conditions

---

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

**6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (89)

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

**6.2** (Ever told) you had angina or coronary heart disease? (90)

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

**6.3** (Ever told) you had a stroke? (91)

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

**6.4** (Ever told) you had asthma? (92)

- 1 Yes
- 2 No [Go to Q6.6]
- 7 Don't know / Not sure [Go to Q6.6]
- 9 Refused [Go to Q6.6]

**6.5** Do you still have asthma? (93)

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

**6.6** (Ever told) you had skin cancer? (94)

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

**6.7** (Ever told) you had any other types of cancer? (95)

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

**6.8** (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis? (96)

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

- 6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (97)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,
- polyarteritis nodosa)

- 6.10** (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (98)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 6.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (99)
- INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 6.12** Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses? (100)
- 1 Yes
  - 2 No
  - 3 Not applicable (blind)
  - 7 Don't know / Not sure
  - 9 Refused

**6.13** (Ever told) you have diabetes? (101)

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q6.13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.**

## Section 7: Tobacco Use

---

**7.1** Have you smoked at least 100 cigarettes in your entire life? (102)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**7.2** Do you now smoke cigarettes every day, some days, or not at all? (103)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q7.4]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**7.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (104)

- 1 Yes [Go to Q7.5]
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

**7.4** How long has it been since you last smoked a cigarette, even one or two puffs? (105-106)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

**7.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**Snus (rhymes with 'goose')**

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

(107)

- 1 Every day
- 2 Some days
- 3 Not at all

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

## Section 8: Demographics

---

**8.1** What is your age? (108-109)

- - Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

**8.2** Are you Hispanic or Latino? (110)

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

**8.3** Which one or more of the following would you say is your race?

(111-116)

**(Check all that apply)**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify]\_\_\_\_\_

**Do not read:**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

**8.4** Which one of these groups would you say best represents your race?

(117)

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify]\_\_\_\_\_

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**8.5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(118)

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**8.6** Are you...? (119)

**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

**8.7** How many children less than 18 years of age live in your household? (120-121)

- — Number of children
- 8 8 None
- 9 9 Refused

**8.8** What is the highest grade or year of school you completed? (122)

**Read only if necessary:**

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

**Do not read:**

- 9 Refused

**8.9** Are you currently...? (123)

**Please read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

8 Unable to work

**Do not read:**

9 Refused

**8.10** Is your annual household income from all sources—

(124-125)

**If respondent refuses at ANY income level, code '99' (Refused)**

**Read only if necessary:**

0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 **If "no," code 02**

0 5 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 **If "no," code 08**  
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

**Do not read:**

7 7 Don't know / Not sure

9 9 Refused

**8.11** About how much do you weigh without shoes?

(126-129)

**NOTE: If respondent answers in metrics, put "9" in column 126.**

**Round fractions up**

— — — —	Weight
(pounds/kilograms)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

**8.12** About how tall are you without shoes? (130-133)

**NOTE: If respondent answers in metrics, put "9" in column 130.**

**Round fractions down**

__ / __	Height
(f t / inches/meters/centimeters)	
7 7 / 7 7	Don't know / Not sure
9 9 / 9 9	Refused

**8.13** What county do you live in? (134-136)

__ __ __	ANSI County Code (formerly FIPS county code)
7 7 7	Don't know / Not sure
9 9 9	Refused

**8.14** What is the ZIP Code where you live? (137-141)

__ __ __ __	ZIP Code
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

**8.15** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (142)

1	Yes	
2	No	<b>[Go to Q8.17]</b>
7	Don't know / Not sure	<b>[Go to Q8.17]</b>
9	Refused	<b>[Go to Q8.17]</b>

**8.16** How many of these telephone numbers are residential numbers? (143)

__	Residential telephone numbers <b>[6 = 6 or more]</b>
7	Don't know / Not sure
9	Refused

**8.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (144)

1	Yes	<b>[Go to Q8.19]</b>
2	No	

- 7 Don't know / Not sure
- 9 Refused

**8.18** Do you share a cell phone for personal use (at least one-third of the time) with other adults? (145)

- 1 Yes [Go to Q8.20]
- 2 No [Go to Q8.21]
- 7 Don't know / Not sure [Go to Q8.21]
- 9 Refused [Go to Q8.21]

**8.19** Do you usually share this cell phone (at least one-third of the time) with any other adults? (146)

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

**8.20** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (147-149)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**8.21** Do you own or rent your home? (150)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE:** "Other arrangement" may include group home, staying with friends or family without paying rent.

**NOTE:** Home is defined as the place where you live most of the time/the majority of the year.

**8.22** Indicate sex of respondent. Ask only if necessary. (151)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

**8.23** To your knowledge, are you now pregnant?

(152)

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

## Section 9: Fruits and Vegetables

---

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

**INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"**

**9.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

(153-155)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.**

**Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.**

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 9.6.**

**DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.**

**9.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (156-158)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."**

**INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.**

**Do not include dried fruit in ready-to-eat cereals.**

**Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.***

**Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.**

**Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).**

**9.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (159-161)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."**

**INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

**9.4** During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(162-164)

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.**

**INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.**

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**

**9.5** During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(165-167)

1 \_ \_ Per day  
2 \_ \_ Per week  
3 \_ \_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."**

**FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.**

**Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).**

**Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.**

**Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebiisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.**

**Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).**

**9.6** Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(168-170)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Read only if needed: “Do not count vegetables you have already counted and do not include fried potatoes.”**

**INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.**

**Include any form of the vegetable (raw, cooked, canned, or frozen).**

**Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.**

**Do include tomato juice if respondent did not count in fruit juice.**

**Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).**

**Do not include rice or other grains.**

## Section 10: Exercise (Physical Activity)

---

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

**INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.**

**10.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(171)

- 1 Yes
- 2 No **[Go to Q10.8]**
- 7 Don't know / Not sure **[Go to Q10.8]**
- 9 Refused **[Go to Q10.8]**

**10.2.** What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)

- |     |                       |                            |
|-----|-----------------------|----------------------------|
| __  | (Specify)             | <b>[See Coding List A]</b> |
| 7 7 | Don't know / Not Sure | <b>[Go to Q10.8]</b>       |
| 9 9 | Refused               | <b>[Go to Q10.8]</b>       |

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".**

**INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".**

**10.3** How many times per week or per month did you take part in this activity during the past month? (174-176)

- |       |                       |
|-------|-----------------------|
| 1__   | Times per week        |
| 2__   | Times per month       |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

**10.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

- |       |                       |
|-------|-----------------------|
| _:__  | Hours and minutes     |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

**10.5** What other type of physical activity gave you the next most exercise during the past month? (180-181)

- |     |                       |                            |
|-----|-----------------------|----------------------------|
| __  | (Specify)             | <b>[See Coding List A]</b> |
| 8 8 | No other activity     | <b>[Go to Q10.8]</b>       |
| 7 7 | Don't know / Not Sure | <b>[Go to Q10.8]</b>       |
| 9 9 | Refused               | <b>[Go to Q10.8]</b>       |

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".**

**INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".**

**10.6** How many times per week or per month did you take part in this activity during the past month? (182-184)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**10.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

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

**10.8** During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (188-190)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

## Section 11: Disability

---

The following questions are about health problems or impairments you may have.

**11.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)

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

**11.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (192)

**NOTE: Include occasional use or use in certain circumstances.**

- 1 Yes
- 2 No

- 7 Don't know / Not Sure  
9 Refused

## State1: Disability

---

**CATI note: If Core Q11.1 = 1 (Yes) or Q11.2 = 1 (Yes), then ask SC1.1 and SC1.2. Otherwise, go to next section.**

**SC1.1** What are the medical conditions or health problems that limit your activities or require you to use special equipment?

(551-556)

**Read only if needed: "For example, someone may be limited in activity because of arthritis, or may need to use special equipment as a result of Muscular Dystrophy (MD). Please list all conditions that apply to you."**

**Do not read:  
Physical Health Condition/Chronic Disease**

- 0 1 Arthritis/Rheumatism
- 0 2 Asthma
- 0 3 Cancer
- 0 4 Diabetes
- 0 5 Heart Disease
- 0 6 Hypertension/High Blood Pressure
- 0 7 Kidney Disease/Kidney Failure
- 0 8 Lung Disease/Emphysema/COPD
- 0 9 Obesity/Overweight
- 1 0 Osteoporosis
- 1 1 Stroke

**Neurological Disorder**

- 1 2 Epilepsy/Seizure disorder
- 1 3 Eye/Vision Problem (complete or legally blind)
- 1 4 Hearing Problems (deaf or needs hearing aid)
- 1 5 Multiple Sclerosis (MS)
- 1 6 Lou Gehrig Disease (ALS)
- 1 7 Parkinson's Disease
- 1 8 Spinal Cord Injury/or other Paralysis
- 1 9 Traumatic Brain Injury (TBI)/or other Head Trauma

**Learning/Cognition /Developmental Delay**

- 2 0 Alzheimer's Disease/Dementia
- 2 1 Autism/Asperger syndrome
- 2 2 Cerebral Palsy (CP)
- 2 3 Down's Syndrome/Fragile X
- 2 4 Spina Bifida
- 2 5 Mental Retardation (MR)/Intellectual Disability (ID)
- 2 6 Muscular Dystrophy (MD)

**Mental Health**

- 2 7 Anxiety
- 2 8 Bipolar/Manic Depression
- 2 9 Depression
- 3 0 Schizophrenia

**Other**

- 3 1 Amputation (Chronic Disease related)
- 3 2 Amputation (not Chronic Disease related)
- 3 3 Back problem/injury
- 3 4 Broken bones/Fractures
- 3 5 Frailty/Old age
- 3 6 Other orthopedic issues (e.g. bad knee, foot problem,...)
- 3 7 Other Specify: \_\_\_\_\_
  
- 7 7 Don't know / Not sure
- 9 9 Refused

**SC1.2** How are you impaired as a result of this/these condition(s)?

(557-562)

**Read only if needed: "For example, because of their condition someone may have difficulty breathing or be unable to walk. Please list all that apply to you."**

**Interviewer Note:** In order to determine the impact of the respondent's impairment, vague responses such as "I am unable to work" should be followed by asking "Why is that?" or "How so?".

**Do not read:  
Impairments**

- 0 1 Unable to Walk
- 0 2 Difficult to Walk/Limited mobility/Balance problem
- 0 3 Learning/Memory problems
- 0 4 Problems using arms/hands
- 0 5 Mental health problems
- 0 6 Completely/legally blind
- 0 7 Vision problems (but able to see)
- 0 8 Deaf in both ears
- 0 9 Hard of hearing
- 1 0 Breathing problems
- 1 1 General weakness/fatigue
- 1 2 Chest pain/Heart problems
- 1 3 Pain
- 1 4 Other Specify: \_\_\_\_\_

## Section 12: Arthritis Burden

---

**If Q6.9 = 1 (yes) then continue, else go to next section.**

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

**12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(193)

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

**INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment status.**

**12.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (194)

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

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

**12.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (195)

**Please read [1-3]:**

- 1 A lot
- 2 A little
- 3 Not at all

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

**12.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.* (196-197)

\_ \_ Enter number [00-10]

7 7 Don't know / Not sure  
 9 9 Refused

## Section 13: Seatbelt Use

---

**13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (198)

**Please read:**

1 Always  
 2 Nearly always  
 3 Sometimes  
 4 Seldom  
 5 Never

**Do not read:**

7 Don't know / Not sure  
 8 Never drive or ride in a car  
 9 Refused

## Section 14: Immunization

---

**14.1** Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (199)

1 Yes  
 2 No [Go to Q14.4]  
 7 Don't know / Not sure [Go to Q14.4]  
 9 Refused [Go to Q14.4]

**14.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (200-205)

-- / -- -- -- Month / Year  
 77 / 7777 Don't know / Not sure  
 99 / 9999 Refused

**14.3** At what kind of place did you get your last flu shot/vaccine? (206-207)

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

**Do not read:**

- 9 9 Refused

**14.4** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (208)

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

## Section 15: Alcohol Consumption

---

**15.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (209-211)

- 1 \_ \_ Days per week
- 2 \_ \_ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

**15.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (212-213)

**NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

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

**15.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [CATI **X = 5 for men, X = 4 for women**] or more drinks on an occasion? (214-215)

- \_\_ \_\_ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**15.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

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

## Section 16: HIV/AIDS

---

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 do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**16.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (218)

- 1 Yes
- 2 No [Go to Q16.3]
- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

**16.2** Not including blood donations, in what month and year was your last HIV test? (219-224)

**NOTE: If response is before January 1985, code "Don't know."**

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

- \_\_ / \_\_ \_\_ \_\_ \_\_ Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused / Not sure

**16.3** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(225)

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

## Optional Modules

### Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.13 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years? (245)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**CATI NOTE: If Core Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).**

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (246)
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | Yes, during pregnancy |
| 3 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

### Module 2: Diabetes

---

**To be asked following Core Q6.13; if response is "Yes" (code = 1)**

1. How old were you when you were told you have diabetes? (247-248)
- |     |                                       |
|-----|---------------------------------------|
| — — | Code age in years [97 = 97 and older] |
| 9 8 | Don't know / Not sure                 |
| 9 9 | Refused                               |

2. Are you now taking insulin? (249)

- 1 Yes
- 2 No
- 9 Refused

3. 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. (250-252)

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (253-255)

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

- \_ \_ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (258-259)

- \_ \_ Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure

9 9 Refused

**CATI NOTE: If Q4 = 555 “No feet”, go to Q8.**

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

— — Number of times [76 = 76 or more]  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

8. 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. (262)

**Read only if necessary:**

1 Within the past month (anytime less than 1 month ago)  
2 Within the past year (1 month but less than 12 months ago)  
3 Within the past 2 years (1 year but less than 2 years ago)  
4 2 or more years ago

**Do not read:**

7 Don't know / Not sure  
8 Never  
9 Refused

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)

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

## Module 5: Preconception Health / Family Planning

---

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

The next question is about discussions that occurred as part of a routine health care visit. **DO NOT** include visits while pregnant, also called prenatal care visits.

1. Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby? (281)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential. (282)

2. Have you ever been pregnant?

**INTERVIEWER NOTE: If respondent is currently pregnant, code Yes.**

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

3. Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant? (283)

- 1 Yes
- 2 No [Go to Q5]
- 3 No partner/not sexually active [Go to Q6]
- 4 Same sex partner [Go to Q6]
- 7 Don't know / Not sure [Go to Q6]
- 9 Refused [Go to Q6]

4. What did you or your husband/partner do the last time you had sex to keep you from getting pregnant? (284-285)

**INTERVIEWER NOTE: If respondent reports using MORE THAN ONE method, please code the method that occurs first on the list.**

**INTERVIEWER NOTE: If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."**

**INTERVIEWER NOTE: If respondent reports using an "IUD" probe to determine if "levonorgestrel IUD" or "copper-bearing IUD."**

**INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.**

**Read only if necessary:**

- 01. Female sterilization (ex. tubal ligation, Essure, Adiana) [Go to Q7]
- 02. Male sterilization (vasectomy) [Go to Q7]
- 03. Contraceptive implant (ex. Implanon) [Go to Q6]
- 04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena) [Go to Q6]
- 05. Copper-bearing IUD (ex. ParaGard) [Go to Q6]
- 06. IUD, type unknown [Go to Q6]
- 07. Shots (ex. Depo-Provera) [Go to Q6]
- 08. Birth control pills, any kind [Go to Q6]
- 09. Contraceptive patch (ex. Ortho Evra) [Go to Q6]
- 10. Contraceptive ring (ex. NuvaRing) [Go to Q6]
- 11. Male condoms [Go to Q6]
- 12. Diaphragm, cervical cap, sponge [Go to Q6]
- 13. Female condoms [Go to Q6]
- 14. Not having sex at certain times (rhythm or natural family planning) [Go to Q6]
- 15. Withdrawal (or pulling out) [Go to Q6]
- 16. Foam, jelly, film, or cream [Go to Q6]
- 17. Emergency contraception (morning after pill) [Go to Q6]
- 18. Other method [Go to Q6]
  
- 77. Don't know / Not sure [Go to Q6]
- 99. Refused [Go to Q6]

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

- 5. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (286-287)

**INTERVIEWER NOTE: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.**

**Read only if necessary:**

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it/don't care if you get pregnant
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/side effects
- 06 You couldn't pay for birth control
- 07 You had a problem getting birth control when you needed it
- 08 Religious reasons
- 09 Lapse in use of a method
- 10 Don't think you or your partner can get pregnant (infertile or too old)
- 11 You had tubes tied (sterilization) [Go to next module]

- 12 You had a hysterectomy [Go to next module]
- 13 Your partner had a vasectomy (sterilization) [Go to next module]
- 14 You are currently breast-feeding
- 15 You just had a baby/postpartum
- 16 You are pregnant now [Go to Q7]
- 17 Same sex partner
- 18 Other reason

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused

6. How do you feel about having a child now or sometime in the future? Would you say: (288)

**Please read:**

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

7. How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin? (289)

- 1 0 times a week
- 2 1 to 3 times a week
- 3 4 to 6 times a week
- 4 Every day of the week
- 7 Don't know / Not sure
- 9 Refused

## Module 9: Cardiovascular Health

---

I would like to ask you a few more questions about your cardiovascular or heart health.

**CATI NOTE: If Core Q6.1 = 1 (Yes), continue. If Core Q6.1 = 2, 7, or 9 (No, Don't know, or Refused), skip Q1.**

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (312)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI NOTE: If Core Q6.3 = 1 (Yes), ask Q2. If Core Q6.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.**

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (313)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**[Question 3 is asked of all respondents.]**

3. Do you take aspirin daily or every other day? (314)
- 1 Yes **[Go to next module]**
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (315)
- If "Yes", ask "Is this a stomach condition?" Code upset stomach as stomach problems.**
- 1 Yes, not stomach related
  - 2 Yes, stomach problems
  - 3 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 10: Actions to Control High Blood Pressure

---

**CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next module.**

Earlier you stated that you had been diagnosed with high blood pressure.

Are you now doing any of the following to help lower or control your high blood pressure?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (316)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (317)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (319)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (320)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (321)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (322)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (323)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (324)

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

10. Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure? (325)

**If "Yes" and respondent is *female*, ask: "Was this only when you were pregnant?"**

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

## Module 11: Heart Attack and Stroke

---

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me "yes," "no," or you're "not sure."

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)

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

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (327)

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

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (328)

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

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (329)

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

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (330)

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

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (331)

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

Which of the following do you think is a symptom of a stroke? For each, tell me “yes,” “no,” or you’re “not sure.”

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (332)

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

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (333)

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

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (334)

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

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (335)

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

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (336)

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

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (337)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (338)

**Please read:**

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

**Or**

- 5 Do something else

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

## Module 18: Arthritis Management

---

**CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to next module.**

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (394)

**Please read:**

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (395)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (396)

**NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.**

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (397)

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

## Module 27: Cognitive Impairment

---

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (453)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.**

**CATI NOTE: If number of adults > 1, go to Q2.**

2. **[If Q1 = 1];** Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months? (454)

- Number of people **[6 = 6 or more]**
- 8 NONE
- 7 Don't know / Not sure
- 9 Refused

**CATI NOTE:** If Q1 = 1 and Q2 > 6, go to Q4.

**CATI NOTE:** If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.

**CATI NOTE:** If Q2 < 7; go to Q3. Otherwise, go to next module.

3. Of these people, please select the person who had the most recent birthday. How old is this person?

(455-456)

**Read only if necessary:**

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90 +

**Do not read:**

- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI NOTE:** If Q1 ≠ 1 (Yes); read: “ For the next set of questions we will refer to the person you identified as ‘this person’.”

**INTERVIEWER NOTE:** Repeat definition only as needed: “For these questions, please think about confusion or memory loss that is happening more often or getting worse.”

4. During the past 12 months, how often **[If Q1 = 1 (Yes): insert “have you;” otherwise, insert “has this person”]** given up household activities or chores **[If Q1 = 1 (Yes): insert “you;” otherwise, insert “they”]** used to do, because of confusion or memory loss that is happening more often or is getting worse?

(457)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

5. As a result of **[If Q1 = 1 (Yes): insert “your;” otherwise, insert “this person’s”]** confusion or memory loss, in which of the following four areas **[If Q1 = 1 (Yes): insert “do you;” otherwise, insert “does this person”]** need the MOST assistance?

- 1 Safety **[read only if necessary:** such as forgetting to turn off the stove or falling]
- 2 Transportation **[read only if necessary:** such as getting to doctor's appointments]
- 3 Household activities **[read only if necessary:** such as managing money or housekeeping]
- 4 Personal care **[read only if necessary:** such as eating or bathing]

**Do not read:**

- 5 Needs assistance, but not in those areas
- 6 Doesn't need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

6. During the past 12 months, how often has confusion or memory loss interfered with **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** ability to work, volunteer, or engage in social activities? (459)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

7. During the past 30 days, how often **[If Q1 = 1 (Yes): insert "has;" otherwise, insert "have you,"]** a family member or friend provided any care or assistance for **[If Q1 = 1 (Yes): "you;" otherwise, insert "this person"]** because of confusion or memory loss? (460)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

8. Has anyone discussed with a health care professional, increases in **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss? (461)
- 1 Yes
  - 2 No **[Go to next module]**
  - 7 Don't know / Not sure **[Go to next module]**
  - 9 Refused **[Go to next module]**
9. **[If Q1 = 1 (Yes): insert "Have you;" otherwise, insert "Has this person"]** received treatment such as therapy or medications for confusion or memory loss? (462)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
10. Has a health care professional ever said that **[If Q1 = 1 (Yes): insert "you have;" otherwise, insert "this person has"]** Alzheimer's disease or some other form of dementia? (463)
- 1 Yes, Alzheimer's Disease
  - 2 Yes, some other form of dementia but not Alzheimer's Disease
  - 3 No diagnosis has been given
  - 7 Don't know / Not sure
  - 9 Refused

## State Added

### State 2: Carbon Monoxide Sources and Detectors

---

Carbon monoxide is a colorless, odorless, poisonous gas produced whenever certain fuels are burned. The following questions are about carbon monoxide sources and CO detectors used in a home.

**SC2.1** When used in a home, which of the following sources do you think could produce dangerous levels of carbon monoxide? Would you say... (563-567)

- A. a gas or wood burning fireplace
- B. an electric space heater
- C. a gas or diesel powered generator
- D. a propane or kerosene space heater
- E. household gas appliances

**Interviewer Note: If asked “household gas appliances include ovens, stoves, ranges, water heaters, and clothes dryers”**

**Please read** (for each):

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't Know/Not Sure
- 9 Refused

**SC2.2** A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Do you have a carbon monoxide detector in your home? (568)

**Please read:**

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't Know/Not Sure
- 9 Refused

### State 3: Fish Consumption

---

Now, I am going to ask you some questions about eating fish. When thinking about the fish you ate, *please do not include shellfish such as shrimp, crab, lobster, or clams.*

The next few questions are about local sport caught-fish. Sport-caught fish are those caught by you or someone else from rivers, lakes, streams, ponds or the ocean in or off the coast of South Carolina. These are not fish purchased from a store, market or restaurant.

**SC3.1** During the past 12 months, on average, how often did you eat sport-caught fish? Would you say... (569)

- 1 3 or more times a week
- 2 1 to 2 times a week
- 3 1 to 3 times a month
- 4 Less than 1 time a month
- 5 You didn't eat any sport-caught fish **[Go to SC3.5]**

**Do not read:**

- 7 Don't know / Not sure **[Go to SC3.5]**
- 9 Refused **[Go to SC3.5]**

**SC3.2** Which group of sport-caught fish did you eat the most? (570)

- 1 **Group 1:** Largemouth bass, bowfin (or mudfish), tuna, shark, king mackerel or swordfish
- 2 **Group 2:** Pan fish or bream/brim (such as crappie, sunfish or bluegill), mahi mahi, striped bass or catfish
- 3 **Group 3:** Saltwater species other than tuna, shark, king mackerel, swordfish or mahi mahi
- 4 Other

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**SC3.3** Which type, or body, of water did the sport-caught fish you ate the most come from? (571)

**INTERVIEWER NOTE: If asked, "saltwater river, creek, beach or pier" includes harbors, bays, jetties (wharfs), inlets and marshes.**

- 1 A freshwater river or creek
- 2 A saltwater river, creek, beach or pier
- 3 A large public lake or reservoir
- 4 A pond
- 5 The open ocean **[Go to SC3.5]**

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**SC3.4** Thinking only about the sport-caught fish you ate the most, what area of the state did the fish come from? (572)

- 1 The Upstate (including the mountains and places in and near Greenville, Spartanburg and Clemson)
- 2 The Midlands (including places in and near Columbia, Newberry, and Rock Hill)
- 3 The Pee Dee (including places in and near Florence, Myrtle Beach and Georgetown)
- 4 The areas near the Edisto River (including places in and near Orangeburg and Walterboro)
- 5 The Low Country (including places in and near Charleston and Beaufort)
- 6 Other

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

Now I'm going to ask you about eating commercial fish. Commercial fish are those that are purchased from a store or market (fresh or frozen and including canned tuna and other canned fish) or fish ordered from a restaurant. Again, when thinking about the fish you ate, *please do not include shellfish such as shrimp, crab, lobster, or clams.*

**SC3.5** During the past 12 months, on average, how often did you eat commercial fish? Would you say... (573)

- 1 3 or more times a week
- 2 1 to 2 times a week
- 3 1 to 3 times a month
- 4 Less than 1 time a month
- 5 You didn't eat any commercial fish **[Go to SC4.1]**

**Do not read:**

- 7 Don't know / Not sure **[Go to SC4.1]**
- 9 Refused **[Go to SC4.1]**

**SC3.6** What kind of commercial fish did you eat most? (574)

- 1 Canned fish, such as tuna
- 2 Fresh or frozen fish from a store or market
- 3 Fish served at a restaurant
- 4 Other

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

## State 4: Salt Awareness

---

The following questions are about your knowledge of salt in foods you may eat.

- SC4.1** Which of the following do you think is the maximum amount of salt that is recommended for adults daily? Would you say... (575)

**Please read:**

- 1 1/4 teaspoon (600 mg)
- 2 1/2 teaspoon (1,200 mg)
- 3 3/4 teaspoon (1,800 mg)
- 4 1 teaspoon (2,300 mg)
- 5 2 teaspoons (4,600 mg)

**Do not Read:**

- 7 Don't know **Interviewer Note:** Ask "Would you be willing to take a guess?"
- 9 Refused

**Interviewer Note:** If asked for the correct answer, say "According to USDA guidelines a healthy adult should consume no more than **2,300 mg** or approximately **1 teaspoon** of salt per day."

**Next I will read a list of regular everyday food items.**

- SC4.2** For each of these, please tell me if you think it is **high** or **low** in salt content. (576-583)

**Interviewer Note:** Items in italics are considered high in salt.

**Foods**

- A. *Chicken noodle soup* (1 cup)
- B. Cola or Soda pop (12 fl oz)
- C. *Canned ham* (3 oz)
- D. *Spaghetti sauce* (1 cup)
- E. Frosted mini-wheats (1 cup)
- F. Fresh carrots (1 cup)
- G. *Cottage cheese* (1 cup)
- H. Ground beef (3 oz)

**Do not Read:**

- 1 High
- 2 Low
- 7 Don't Know
- 9 Refused

- SC4.3** Which of the following do you think is the main source of salt in food? (584)

**Interviewer Note:** The correct answer is in italics.

**Please read:**

- 1 Salt added while cooking or at the table
- 2 *Salt from processed foods such as breads and frozen dinners*
- 3 Salt from natural sources such as fruits and vegetables



**Do not Read:**

- 7 Don't Know
- 9 Refused

## Closing Statement

**Please read:**

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

## Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

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### Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	

