HELLO, I’m_______________________________calling for the____________________________. We’re doing a study of the health practices of__________________________ residents. Your phone number has been chosen randomly by the___________________________ to be included in the study, and we’d like to ask some questions about things people do which may affect their health.

Is this ____________________________________________? Thank you very much, but we are only interviewing private residences. STOP

Is this a private residence? ____________________________________________? 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

Call Disposition Codes

01 - Completed interview.
02 - Refused interview.
03 - Nonworking number.
04 - No answer (multiple times).
05 - Business phone.
06 - No eligible respondent at this number.
07 - No eligible respondent could be reached during time period.
08 - Language barrier prevented completion of interview.
09 - Interview terminated within questionnaire.
10 - Line busy (multiple tries).
11 - Selected respondent unable to respond because of physical or mental impairment.

Edited by: ____________________________
Date: __/__/____
Final disposition of telephone call: ____________________________
Wind down: ____________________________
Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If “1” Are you the adult?

   If “yes” Then you are the person I need to speak with. Go to page 3

   If “no” May I speak with him or her? Go to “correct respondent” at bottom of page

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

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
   Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
   Etc.

Suffix: ____ _____ _____ _____

<table>
<thead>
<tr>
<th>Last digit of phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
<tr>
<td>7.</td>
</tr>
<tr>
<td>8.</td>
</tr>
</tbody>
</table>

The person in your household that I need to speak with is______________________________.

If “you,” go to page 3

To correct respondent

Hello, I’m__________________________ calling for the__________________________. I’m a member of a special research team. We’re doing a study of__________________ residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.
The interview will only take a short time, and all the information obtained in this study will be confidential.

**Section 1: Health Status**

1. Would you say that in general your health is: (33)

   **Please Read**

   a. Excellent ............................................. 1
   b. Very good ............................................. 2
   c. Good .................................................. 3
   d. Fair ................................................... 4
   or
e. Poor .................................................... 5

   Don’t know/Not sure ................................. 7
   Refused .................................................. 9

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

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

   b. None .................................................. 8  8
   Don’t know/Not sure ................................. 7  7
   Refused .................................................. 9  9

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (36-37)

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

   b. None  *If Q. 2 also "None," go to Q. 5 (p. 5)* .......... 8  8
   Don’t know/Not sure ................................. 7  7
   Refused .................................................. 9  9
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38-39)

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

   b. None ......................................................................... 8 8
   Don’t know/Not sure .................................................. 7 7
   Refused ................................................................. 9 9
## Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (40)
   
   a. Yes  *Go to Q. 7* ......................................................... 1  
   b. No ................................................................. 2  
      Don’t know/Not sure  *Go to Q. 7* ................................. 7  
      Refused  *Go to Q. 7* .................................................. 9

6. About how long has it been since you had health care coverage? (41)
   
   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

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (42)
   
   a. Yes ................................................................. 1  
   b. No ................................................................. 2  
      Don’t know/Not sure ............................................. 7  
      Refused ........................................................... 9
8. About how long has it been since you last visited a doctor for a routine checkup? (43)

*Read Only if Necessary*

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

9. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (44)

   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 Q. 12 (p. 8) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 8
   Refused . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9

10. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (45)

    a. Yes . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1
    b. No Go to Q. 12 (p. 8) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2
    Don’t know/Not sure Go to Q. 12 (p. 8) . . . . . . . . . . . . . . . . . . . . . . . 7
    Refused Go to Q. 12 (p. 8) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9

11. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (46)

    a. More than once . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1
    b. Only once . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2
    Don’t know/Not sure . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 7
    Refused . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9
Section 4: Cholesterol Awareness

12. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (47)
   a. Yes ................................................................. 1
   b. No  \textit{Go to Q. 15 (p. 9)} ........................................ 2
      Don’t know/Not sure  \textit{Go to Q. 15 (p. 9)} ...................... 7
      Refused \textit{Go to Q. 15 (p. 9)} ........................................ 9

13. About how long has it been since you last had your blood cholesterol checked? (48)

   \textit{Read Only if Necessary}
   a. Within the past year (1 to 12 months ago) ......................... 1
   b. Within the past 2 years (1 to 2 years ago) ......................... 2
   c. Within the past 5 years (2 to 5 years ago) ......................... 3
   d. 5 or more years ago .................................................. 4
      Don’t know/Not sure ................................................... 7
      Refused ................................................................. 9

14. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (49)
   a. Yes ................................................................. 1
   b. No ................................................................. 2
      Don’t know/Not sure ................................................... 7
      Refused ................................................................. 9
## Section 5: Diabetes

15. Have you ever been told by a doctor that you have diabetes?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Yes</td>
<td>1</td>
</tr>
<tr>
<td>b. Yes, but female told only during pregnancy</td>
<td>2</td>
</tr>
<tr>
<td>c. No</td>
<td>3</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

If "yes" and female, ask "Was this only when you were pregnant?"
Section 6: Injury Control

16. How often do you use seatbelts when you drive or ride in a car? (51)

Would you say:

Please Read

a. Always ................................................................. 1
b. Nearly Always ................................................... 2
c. Sometimes ......................................................... 3
d. Seldom ................................................................. 4
or
e. Never ................................................................. 5

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

17. What is the age of the oldest child in your household under the age of 16? (52-53)

Code <1 yr. as “01”

a. Code age in years ............................................... __ __
b. No children under age 16 Go to Q. 20 (p. 12) ............ 8 8
Don’t know/Not sure Go to Q. 20 (p. 12) .................... 7 7
Refused Go to Q. 20 (p. 12) ........................................ 9 9
18. How often does the [fill in age from Q. 17]-year-old child in your household use a . . .

car safety seat [for child under 5]
seatbelt [for child 5 or older]

. . . when they ride in a car?

Would you say:                      Please Read (54)
a. Always ................................................. 1
b. Nearly always ....................................... 2
c. Sometimes ............................................... 3
d. Seldom .................................................... 4
e. Never ...................................................... 5

or

Don’t know/Not sure .............................. 7
Never rides in a car ............................... 8
Refused ..................................................... 9

If oldest child is 5 years or older, continue with Q. 19. Otherwise, go to Q. 20 (p. 12).

19. During the past year, how often has the [fill in age from Q. 17]-year-old child worn a bicycle helmet when riding a bicycle?

Would you say:                      Please Read (55)
a. Always ................................................. 1
b. Nearly always ....................................... 2
c. Sometimes ............................................... 3
d. Seldom .................................................... 4
e. Never ...................................................... 5

or

Don’t know/Not sure .............................. 7
Never rides a bicycle ............................. 8
Refused ..................................................... 9
20. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them? (56)

**Read Only if Necessary**

a. Within the past month (0 to 1 month ago) .................. 1

b. Within the past 6 months (1 to 6 months ago) ............ 2

c. Within the past year (6 to 12 months ago) ............... 3

d. One or more years ago ........................................ 4

e. Never .............................................................. 5

f. No smoke detectors in home ................................. 6

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

Refused ............................................................... 9
Section 7: Tobacco Use

21. Have you smoked at least 100 cigarettes in your entire life? (57)
   a. Yes ................................................................. 1
   b. No Go to Q. 27 (p. 15) .............................................. 2
      Don’t know/Not sure Go to Q. 27 (p. 15) ......................... 7
      Refused Go to Q. 27 (p. 15) ........................................... 9

22. Do you smoke cigarettes now? (58)
   a. Yes ................................................................. 1
   b. No Go to Q. 26 (p. 14) .............................................. 2
      Refused Go to Q. 27 (p. 15) ........................................... 9

23. On how many of the past 30 days did you smoke cigarettes? (59-60)
   a. Number of days If less than 30, go to Q. 24a (p. 14) ...... __ __
   b. None Go to Q. 26 (p. 14) ........................................... 8 8
      Don’t know/Not sure ................................................. 7 7
      Refused ................................................................. 9 9

24. On the average, about how many cigarettes a day do you now smoke? (61-62)
   Number of cigarettes Go to Q. 25 (p. 14) ......................... __ __
   Don’t know/Not sure Go to Q. 25 (p. 14) ......................... 7 7
   Refused Go to Q. 25 (p. 14) ............................................ 9 9
24a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (63-64)

<table>
<thead>
<tr>
<th>Number of cigarettes</th>
<th>Go to Q. 27 (p. 15)</th>
<th>Don’t know/Not sure</th>
<th>Go to Q. 27 (p. 15)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 7</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
<td>9 9</td>
</tr>
</tbody>
</table>

1 pack = 20 cigarettes

25. During the past 12 months, have you quit smoking for 1 day or longer? (65)

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to Q. 27 (p. 15)</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to Q. 27 (p. 15)</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>Go to Q. 27 (p. 15)</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>Go to Q. 27 (p. 15)</td>
<td>9</td>
</tr>
</tbody>
</table>

26. About how long has it been since you last smoked cigarettes regularly, that is, daily? (66-67)

Read Only if Necessary

| Within the past month (0 to 1 month ago) | 0 1                  |
| Within the past 3 months (1 to 3 months ago) | 0 2                 |
| Within the past 6 months (3 to 6 months ago) | 0 3              |
| Within the past year (6 to 12 months ago) | 0 4               |
| Within the past 5 years (1 to 5 years ago) | 0 5             |
| Within the past 15 years (5 to 15 years ago) | 0 6            |
| 15 or more years ago | 0 7              |
| Don’t know/Not sure  | 7 7               |
| Never smoked regularly | 8 8            |
| Refused              | 9 9               |
Section 8: Alcohol Consumption

27. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (68)
   a. Yes .................................................. 1
   b. No  Go to Q. 32 (p. 17) ......................... 2
   Don’t know/Not sure  Go to Q. 32 (p. 17) ............... 7
   Refused  Go to Q. 32 (p. 17) ........................ 9

28. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (69-71)
   a. Days per week ........................................ 1 __ __
   b. Days per month ....................................... 2 __ __
   Don’t know/Not sure  Go to Q. 30 .................. 7 7 7
   Refused  Go to Q. 30 .................................. 9 9 9

29. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (72-73)
   Number of drinks ...................................... __ __
   Don’t know/Not sure .................................... 7 7
   Refused .................................................. 9 9

30. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (74–75)
   a. Number of times ..................................... __ __
   b. None .................................................. 8 8
   Don’t know/Not sure .................................... 7 7
   Refused .................................................. 9 9
31. During the past month, how many times have you driven when you’ve had perhaps too much to drink? (76-77)

   a. Number of times ........................................... __ __
   
   b. None ..........................................................  8  8
      Don’t know/Not sure .................................  7  7
      Refused ..................................................  9  9
Section 9: Demographics

32. What is your age? (78-79)

   Code age in years .................................  __ __
   Don’t know/Not sure ............................... 0 7
   Refused ................................. 0 9

33. What is your race? (80)

   Would you say:  
   Please Read
   a. White ................................................. 1
   b. Black .................................................. 2
   c. Asian, Pacific Islander .............................. 3
   d. American Indian, Alaska Native ................. 4
   or
e. Other: (specify) _____________________________ 5
   Don’t know/Not sure ............................... 7
   Refused ................................................. 9

34. Are you of Spanish or Hispanic origin? (81)

   a. Yes ....................................................... 1
   b. No ....................................................... 2
   Don’t know/Not sure ............................... 7
   Refused ................................................. 9
35. Are you:

**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

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

**Please Read**

a. Less than 5 years old? ............................. __ (83)
b. 5 through 12 years old? ......................... __ (84)
c. 13 through 17 years old? ....................... __ (85)

37. What is the highest grade or year of school you completed?

**Read Only if Necessary**

a. Never attended school or kindergarten only . 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
38. Are you currently: (87)

*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

39. Is your annual household income from all sources: (88–89)

*Please Read*

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>0</td>
</tr>
<tr>
<td>($20,000 to less than $25,000)</td>
<td>4</td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>0</td>
</tr>
<tr>
<td>($15,000 to less than $20,000)</td>
<td>3</td>
</tr>
<tr>
<td>Less than $15,000</td>
<td>0</td>
</tr>
<tr>
<td>($10,000 to less than $15,000)</td>
<td>2</td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>0</td>
</tr>
<tr>
<td>Less than $75,000</td>
<td>0</td>
</tr>
<tr>
<td>($50,000 to less than $75,000)</td>
<td>7</td>
</tr>
<tr>
<td>$75,000 or more</td>
<td>0</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
40. About how much do you weigh without shoes? (90–92)

Weight ........................................... __ __ __

pounds

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

Refused ........................................... 9 9 9

41. About how tall are you without shoes? (93-95)

Height ........................................... ___ / ___ __

ft / inches

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

Refused ........................................... 9 9 9

42. What county do you live in? (96-98)

FIPS county code ................................ __ __ __

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

Refused ........................................... 9 9 9

43. Do you have more than one telephone number in your household? (99)

a. Yes ........................................... 1

b. No Go to Q. 45 ............................... 2

Refused Go to Q. 45 ........................... 9

44. How many residential telephone numbers do you have? (100)

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

Refused ........................................... 9

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

45. Indicate sex of respondent. (101)

Ask Only if Necessary

Male Go to Q. 58 (p. 25) ............................. 1

Female ............................................. 2
Section 10: Women’s Health

46. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (102)

   a. Yes ................................................................. 1
   b. No  Go to Q. 50 (p. 22) ................................. 2
      Don’t know/Not sure  Go to Q. 50 (p. 22) .............. 7
      Refused  Go to Q. 50 (p. 22) ............................. 9

47. How long has it been since you had your last mammogram? (103)

   Read Only if Necessary
   a. Within the past year (1 to 12 months ago) ............... 1
   b. Within the past 2 years (1 to 2 years ago) ............... 2
   c. Within the past 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  Go to Q. 49 (p. 22) ............... 5
      Don’t know/Not sure ............................................ 7
      Refused ........................................................... 9

48. About how many mammograms have you had in the last five years? (104-105)

   Number of mammograms ........................................... __ __
   None ................................................................. 8  8
   Don’t know/Not sure ................................................ 7  7
   Refused ................................................................. 9  9
49. 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? (106)

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

50. 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? (107)

   a. Yes .......................................................... 1
   b. No  Go to Q. 53 (p. 23) ................................................. 2
      Don’t know/Not sure  Go to Q. 53 (p. 23)  .................... 7
      Refused  Go to Q. 53 (p. 23) ........................................ 9

51. How long has it been since your last breast exam? (108)

   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
52. 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? (109)

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

53. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (110)

   a. Yes .............................................................................. 1
   b. No  Go to Q. 56 (p. 24) .............................................. 2
      Don’t know/Not sure  Go to Q. 56 (p. 24) ...................... 7
      Refused  Go to  Go to Q. 56 (p. 24) ............................ 9

54. How long has it been since you had your last Pap smear? (111)

      Read Only if Necessary

   a. Within the past year (1 to 12 months ago) ............... 1
   b. Within the past 2 years (1 to 2 years ago) ............... 2
   c. Within the past 3 years (2 to 3 years ago) ............... 3
   d. Within the past 5 years (3 to 5 years ago) ............... 4
   e. 5 or more years ago ................................................. 5
      Don’t know/Not sure ............................................... 7
      Refused ............................................................... 9
55. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?  

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

56. Have you had a hysterectomy?  

   (113)

   a. Yes  Go to Q. 58 (p. 25) ...................................... 1
   b. No ................................................................. 2
   Don’t know/Not sure .............................................. 7
   Refused ............................................................... 9

   If respondent 45 years old or older, go to Q. 58 (p. 25).

57. To your knowledge, are you now pregnant?  

   (114)

   a. Yes ............................................................... 1
   b. No ................................................................. 2
   Don’t know/Not sure .............................................. 7
   Refused ............................................................... 9
Section 11: Immunization

58. During the past 12 months, have you had a flu shot?  (115)
   a. Yes ................................................................. 1
   b. No ................................................................. 2
      Don’t know/Not sure ............................................. 7
      Refused .............................................................. 9

59. Have you ever had a pneumonia vaccination?  (116)
   a. Yes ................................................................. 1
   b. No ................................................................. 2
      Don’t know/Not sure ............................................. 7
      Refused .............................................................. 9

If respondent 40 years old or older, continue with Q. 60. Otherwise, go to Section 13: HIV/AIDS (p. 28).
Section 12: Colorectal Cancer Screening

60. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam? (117)
   a. Yes ................................................................. 1
   b. No  Go to Q. 62 ....................................................... 2
   Don’t know/Not sure  Go to Q. 62 ............................... 7
   Refused  Go to Q. 62 .................................................. 9

61. When did you have your last digital rectal exam? (118)
   Read Only if Necessary
   a. Within the past year (1 to 12 months ago) ................... 1
   b. Within the past 2 years (1 to 2 years ago) .................... 2
   c. Within the past 5 years (2 to 5 years ago) .................... 3
   d. 5 or more years ago ............................................... 4
   Don’t know/Not sure ............................................... 7
   Refused ............................................................... 9

62. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam? (119)
   a. Yes ................................................................. 1
   b. No  Go to Section 13: HIV/AIDS (p. 28) ..................... 2
   Don’t know/Not sure  Go to Section 13: HIV/AIDS (p. 28) ... 7
   Refused  Go to Section 13: HIV/AIDS (p. 28) .................. 9
63. When did you have your last proctoscopic exam? (120)

Read Only if Necessary

a. Within the past year (1 to 12 months ago) ................. 1
b. Within the past 2 years (1 to 2 years ago) ................. 2
c. Within the past 5 years (2 to 5 years ago) ................. 3
d. 5 or more years ago ............................................ 4

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

Refused ............................................................. 9
Section 13: AIDS Knowledge and Testing

If respondent is 65 years old or older, go to Closing Statement.

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.

64. 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? (121-122)
   a. Grade .......................................................... __ __
   b. Kindergarten .................................................. 5 5
   c. Never .......................................................... 8 8
      Don’t know/Not sure ........................................ 7 7
      Refused ......................................................... 9 9

65. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (123)
   a. Yes .............................................................. 1
   b. No .............................................................. 2
      Would give other advice .................................... 3
      Don’t know/Not sure ........................................ 7
      Refused ......................................................... 9
66. What are your chances of getting infected with HIV, the virus that causes AIDS? (124)

Would you say: 

- High .......................................................... 1
- Medium ......................................................... 2
- Low ............................................................... 3
- None ............................................................. 4

Do not read these responses.
- Not applicable Go to Q. 68 (p. 30) ......................... 5
- Don’t know/Not sure ........................................ 7
- Refused ....................................................... 9

67. Have you ever had your blood tested for HIV? (125)

- Yes Go to Q. 68 (p. 30) ................................. 1
- No ............................................................... 2
- Don’t know/Not sure ........................................ 7
- Refused ....................................................... 9

68a. Have you donated blood since March 1985? (126)

- Yes Go to Q. 73 (p. 32) ................................. 1
- No Go to Q. 73 (p. 32) ........................ .......... 2
- Don’t know/Not sure Go to Q. 73 (p. 32) ............ 7
- Refused Go to Q. 73 (p. 32) ............................. 9

69a. When did you last donate blood? (127-130)

Code month and year Go to Q. 73 (p. 32) .......... ___/___
- Don’t know/Not sure Go to Q. 73 (p. 32) .......... 7 7 7 7
- Refused Go to Q. 73 (p. 32) ............................. 9 9 9 9
68. When was your last blood test for HIV? (131-134)

   Code month and year ............................. __/__/ __

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

   Refused ............................................ 9 9 9 9

69. What was the main reason you had your last blood test for HIV? (135-136)

   Reason code ....................................... __ __

   Read Only if Necessary

   a. For hospitalization or surgical procedure ................. 01
   b. To apply for health insurance ............................ 02
   c. To apply for life insurance ............................. 03
   d. For employment .................................... 04
   e. To apply for a marriage license ......................... 05
   f. For military induction or military service .............. 06
   g. For immigration .................................... 07
   h. Just to find out if you were infected .................... 08
   i. Because of referral by a doctor ......................... 09
   j. Because of pregnancy ................................ 10
   k. Referred by your sex partner ......................... 11
   l. Because it was part of a blood donation process ........ 12
   m. For routine checkup ................................ 13
   n. Because of occupational exposure ..................... 14
   o. Because of illness ................................ 15
   p. Other ............................................. 87

   Don’t know/Not sure ................................. 77

   Refused ............................................ 99
70. Where did you have your last blood test for HIV?  

<table>
<thead>
<tr>
<th>Facility Code</th>
<th>Faciliti Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Private doctor, HMO</td>
</tr>
<tr>
<td>02</td>
<td>Blood bank, plasma center, Red Cross</td>
</tr>
<tr>
<td>03</td>
<td>Health department</td>
</tr>
<tr>
<td>04</td>
<td>AIDS clinic, counseling, testing site</td>
</tr>
<tr>
<td>05</td>
<td>Hospital, emergency room, outpatient clinic</td>
</tr>
<tr>
<td>06</td>
<td>Family planning clinic</td>
</tr>
<tr>
<td>07</td>
<td>Prenatal clinic</td>
</tr>
<tr>
<td>08</td>
<td>Tuberculosis clinic</td>
</tr>
<tr>
<td>09</td>
<td>STD clinic</td>
</tr>
<tr>
<td>10</td>
<td>Community health clinic</td>
</tr>
<tr>
<td>11</td>
<td>Clinic run by employer</td>
</tr>
<tr>
<td>12</td>
<td>Insurance company clinic</td>
</tr>
<tr>
<td>13</td>
<td>Other public clinic</td>
</tr>
<tr>
<td>14</td>
<td>Drug treatment facility</td>
</tr>
<tr>
<td>15</td>
<td>Military induction or military service site</td>
</tr>
<tr>
<td>16</td>
<td>Immigration site</td>
</tr>
<tr>
<td>17</td>
<td>At home, home visit by nurse or health worker</td>
</tr>
<tr>
<td>18</td>
<td>At home, using self-testing kit</td>
</tr>
<tr>
<td>87</td>
<td>Other</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>
71. Did you receive the results of your last test?  (139)
   a. Yes ......................................................... 1
   b. No  Go to Q. 73 .......................................... 2
       Don’t know/Not sure  Go to Q. 73 ...................... 7
       Refused  Go to Q. 73 ...................................... 9

72. Did you receive counseling or talk with a health care professional about
    the results of your test?  (140)
   a. Yes ............................................................. 1
   b. No ............................................................... 2
       Don’t know/Not sure ......................................... 7
       Refused .......................................................... 9

73. 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?  (141)

   Would you say:  Please Read
   a. Very effective ................................................. 1
   b. Somewhat effective .......................................... 2
   c. Not at all effective ........................................... 3
        or
        Don’t know how effective ................................. 4
        Don’t know method ......................................... 5
        Refused .......................................................... 9
74. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months?

a. Yes .................................................. 1

b. No  Go to Closing Statement  .......................... 2

Don’t know/Not sure  Go to Closing Statement  .............. 7

Refused  Go to Closing Statement  .......................... 9

75. Have you:

Please Read

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Dk/Ns</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Had sexual intercourse with only one partner?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>b. Used condoms for protection?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>c. Been more careful in selecting sexual partners?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

Closing Statement

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

or

Transition to Modules or State-added Questions, or both

Finally, I have just a few questions left about some other health topics.
Module 1: Smokeless Tobacco Use

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

   a. Yes, chewing tobacco .................................................. 1
   b. Yes, snuff ................................................................. 2
   c. Yes, both ................................................................. 3
   d. No, neither  Go to Next Module ................................. 4

   Don’t know/Not sure  Go to Next Module .................... 7

   Refused  Go to Next Module ................................. 9

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

   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

"Yes" includes occasional use.

Probe for chewing tobacco, snuff, or both.
Module 2: 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.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (148–150)
   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

2. Not counting juice, how often do you eat fruit? (151–153)
   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
3. How often do you eat green salad? (154–156)

   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

4. How often do you eat potatoes, not including french fries, fried potatoes, or potato chips? (157–159)

   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
5. How often do you eat carrots? (160–162)

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

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (163–165)

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
Module 3: Diabetes

1. How old were you when you were told you have diabetes?  (166-167)
   
   Code age in years  \[76 = 76 \text{ and older}\]  ...............  __ __
   
   Don’t know/Not sure ................................. 7 7
   
   Refused ............................................. 9 9

2. Are you now taking insulin?  (168)
   
   a. Yes .............................................. 1
   
   b. No  \textit{Go to Q. 4}  ...................................... 2
   
   Refused  \textit{Go to Q. 4}  ...................................... 9

3. Currently, about how often do you use insulin?  (169-171)
   
   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.  (172-174)
   
   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”?  

   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?  

   a. Number of times ........................................... ___ ___  
   b. None Go to Q. 9 ............................................. 8 8  
       Don’t know/Not sure Go to Q. 9 ............................ 7 7  
       Refused Go to Q. 9 .......................................... 9 9  

   🔄 If “No,” “Dk/Ns,” or “Refused” to Q. 5, go to Q. 8.  

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”?  

   a. Number of times [6=6 or more] ................................ __  
   b. None ................................................................. 8  
       Don’t know/Not sure ........................................ 7  
       Refused .................................................... 9  

8. About how many times in the last year has a health professional checked your feet for any sores or irritations?  

   a. Number of times [6=6 or more] ............................. __  
   b. None ................................................................. 8  
       Don’t know/Not sure ........................................ 7  
       Refused .................................................... 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. (180)

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? (181)

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? (182)

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

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

or

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

Refused ................................................................. 9

Do not read these responses.

12. How much of the time does your vision limit you in watching television? (183)

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

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

or

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

Refused ................................................................. 9

Do not read these responses.
Module 4: Exercise

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

1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (184)
   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. What type of physical activity or exercise did you spend the most time doing during the past month? (185–186)
   Activity (specify): _________________________   __ __
   See coding list A
   Refused Go to Q. 6 ................................. 9 9

Ask Q. 3 only if answer to Q. 2 is running, jogging, walking, or swimming. All others go to Q. 4.

3. How far did you usually walk/run/jog/swim? (187–189)
   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

4. How many times per week or per month did you take part in this activity during the past month? (190–192)
   a. Times per week .................................................. 1 __ __
   b. Times per month .................................................. 2 __ __
      Don’t know/Not sure ............................................. 7 7 7
      Refused .............................................................. 9 9 9
5. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (193–195)

   Hours and minutes ............................................ __:__ __
   Don’t know/Not sure ........................................... 7 7 7
   Refused .......................................................... 9 9 9

6. Was there another physical activity or exercise that you participated in during the last month? (196)

   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

7. What other types of physical activity gave you the most exercise during the past month? (197–198)

   Activity (specify):____________________________________ __ __
   See coding list A
   Refused Go to Next Module ........................................... 9 9

   Ask Q. 8 only if answer to Q. 7 is running, jogging, walking, or swimming. All others go to Q. 9.

8. How far did you usually walk/run/jog/swim? (199–201)

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

See coding list B if response is not in miles and tenths.
9. How many times per week or per month did you take part in this activity? (202–204)
   a. Times per week . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1 □ □
   b. Times per month . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2 □ □
      Don’t know/Not sure . . . . . . . . . . . . . . . . . . . . . . . . . . 7 7 7
      Refused . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9 9 9

10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (205–207)
    Hours and minutes . . . . . . . . . . . . . . . . . . . . . . . . . . . __ : __ __
    Don’t know/Not sure . . . . . . . . . . . . . . . . . . . . . . . . . . . 7 7 7
    Refused . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9 9 9
Activity Codes and Intensity Factors for Common Leisure Activities

Coding List A

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

Coding List B

<table>
<thead>
<tr>
<th>Lap Swimming</th>
<th>Running/Jogging/Walking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Size pool</strong></td>
<td><strong>Laps</strong></td>
</tr>
<tr>
<td>50 ft. pool</td>
<td>10 laps = .1 mile</td>
</tr>
<tr>
<td>100 ft. pool</td>
<td>5 laps = .1 mile</td>
</tr>
<tr>
<td>50 meter pool</td>
<td>3 laps = .1 mile</td>
</tr>
</tbody>
</table>
Module 5: Weight Control

1. Are you now trying to lose weight? (208)
   a. Yes Go to Q. 3 ........................................ 1
   b. No ......................................................... 2
      Don’t know/Not sure ....................................... 7
      Refused .................................................... 9

2. Are you now trying to maintain your current weight, that is to keep from gaining weight (209)
   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

3. Are you eating either fewer calories or less fat to...
   lose weight? [if “Yes” on Q. 1]
   keep from gaining weight? [if “Yes” on Q. 2] (210)
   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
4. Are you using physical activity or exercise to...

lose weight? [if “Yes” on Q. 1]

keep from gaining weight? [if “Yes” on Q. 2] (211)

   a. Yes ................................................................. 1
   b. No ................................................................. 2

   Don’t know/Not sure ................................. 7
   Refused ............................................................ 9

5. How much would you like to weigh?  (212-214)

   Weight ............................................................... ___ ___ ___ pounds

   Don’t know/Not sure ................................. 7 7 7
   Refused ............................................................ 9 9 9

6. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?  (215)

   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
Module 6: Years of Healthy Life

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

If respondent is 65 years old or older, go to Section B.

Section A: Ages 18-64

1. What were you doing most of the past 12 months? (216)

   Please Read

   a. Working at a job or business .................... 1
   b. Keeping house Go to Q. 4 .......................... 2
   c. Going to school Go to Q. 6 .......................... 3
   d. Something else Go to Q. 6 .......................... 4
   Do not read these responses.
   Don’t know/Not sure Go to Next Module .............. 7
   Refused Go to Next Module ........................... 9

2. Does any impairment or health problem now keep you from working at a job or business? (217)

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

3. Are you limited in the kind or amount of work you can do because of any impairment or health problem? (218)

   a. Yes Go to Q. 9 ......................................... 1
   b. No Go to Q. 8 ......................................... 2
   Don’t know/Not sure Go to Q. 8 .......................... 7
   Refused Go to Q. 8 ......................................... 9
4. Does any impairment or health problem NOW keep you from doing any housework at all? (219)
   a. Yes  Go to Q. 6  ...........................................  1
   b. No .........................................................  2
       Don’t know/Not sure ........................................  7
       Refused ....................................................  9

5. Are you limited in the kind or amount of housework you can do because of any impairment or health problem? (220)
   a. Yes ..........................................................  1
   b. No ............................................................  2
       Don’t know/Not sure ........................................  7
       Refused ....................................................  9

6. Does any impairment or health problem keep you from working at a job or business? (221)
   a. Yes  Go to Q. 9  .............................................  1
   b. No ............................................................  2
       Don’t know/Not sure ........................................  7
       Refused ....................................................  9

7. Are you limited in the kind or amount of work you could do because of any impairment or health problem? (222)
   a. Yes  Go to Q. 9  .............................................  1
   b. No ............................................................  2
       Don’t know/Not sure ........................................  7
       Refused ....................................................  9

☐ If “Yes” to Q. 4 or “Yes” to Q. 5, go to Q. 9.
8. Are you limited in any way in any activities because of any impairment or health problem? (223)
   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

9. 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? (224)
   a. Yes ................................................................. 1
   b. No ................................................................. 2
      Don’t know/Not sure ............................................ 7
      Refused ........................................................... 9

10. 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? (225)
    a. Yes  *Go to Next Module* .................................... 1
    b. No  *Go to Next Module* .................................... 2
       Don’t know/Not sure  *Go to Next Module* ............. 7
       Refused  *Go to Next Module* ............................... 9
Section B: Ages 65 and Older

11. 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? (226)
   a. Yes ................................................................. 1
   b. No ................................................................. 2
      Don’t know/Not sure ........................................... 7
      Refused ........................................................... 9

12. 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? (227)
   a. Yes Go to Next Module ................................. 1
   b. No ................................................................. 2
      Don’t know/Not sure ........................................... 7
      Refused ........................................................... 9

13. Are you limited in any way in any activities because of an impairment or health problem? (228)
   a. Yes ................................................................. 1
   b. No ................................................................. 2
      Don’t know/Not sure ........................................... 7
      Refused ........................................................... 9
Module 7: 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? (229)
   a. Yes ................................................................. 1
   b. No \textit{Go to Q. 6} ........................................... 2
      Don’t know/Not sure \textit{Go to Q. 6} ......................... 7
      Refused \textit{Go to Q. 6} ...................................... 9

2. What is the major impairment or health problem that limits your activities? (230-231)
   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? (232-234)
   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? (235)
   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? (236)
   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?  
   (237-238)
   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?  
   (239-240)
   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?  
   (241-242)
   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?  
   (243-244)
   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? (245-246)

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

b. None .......................................................... 8  8

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

Refused ............................................................ 9  9
Module 8: Health Care Utilization

1. 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?  
   (247)
   
   a. Yes  \textit{Go to Q. 3} .................................................. 1
   
   b. More than one place .................................................. 2
   
   c. No  \textit{Go to Q. 4} .................................................. 3

   Don’t know/Not sure  \textit{Go to Next Module} ....................... 7
   
   Refused  \textit{Go to Next Module} ................................. 9

2. Is there one of these places that you go to most often when you are sick or need advice about your health?  
   (248)
   
   a. Yes ................................................................. 1
   
   b. No  \textit{Go to Next Module} ................................. 2

   Don’t know/Not sure .................................................. 7
   
   Refused ................................................................. 9
3. What kind of place is it — a clinic, a health center, a hospital, a doctor’s office, or some other place? (249-250)

a. Doctor’s office or private clinic  \textit{Go to Next Module} \hspace{1cm} 0 1

b. Company or school health clinic/center  \textit{Go to Next Module} \hspace{1cm} 0 2

c. Community/migrant/rural clinic/center  \textit{Go to Next Module} \hspace{1cm} 0 3

d. County/city/public hospital outpatient clinic  \textit{Go to Next Module} \hspace{1cm} 0 4

e. Private/other hospital outpatient clinic  \textit{Go to Next Module} \hspace{1cm} 0 5

f. Hospital emergency room  \textit{Go to Next Module} \hspace{1cm} 0 6

g. HMO/prepaid group  \textit{Go to Next Module} \hspace{1cm} 0 7

h. Psychiatric hospital or clinic  \textit{Go to Next Module} \hspace{1cm} 0 8

i. VA hospital or clinic  \textit{Go to Next Module} \hspace{1cm} 0 9

j. Military health care facility  \textit{Go to Next Module} \hspace{1cm} 1 0

k. Some other kind of place  \textit{Go to Next Module} \hspace{1cm} 1 1

Don’t know/Not sure  \textit{Go to Next Module} \hspace{1cm} 7 7

Refused  \textit{Go to Next Module} \hspace{1cm} 9 9
4. What is the main reason you do not have a usual source of medical care? (251-252)

a. Two or more usual places. .......................... 0  1
b. Have not needed a doctor. ........................... 0  2
c. Do not like/trust/believe in doctors. .................. 0  3
d. Do not know where to go. ............................. 0  4
e. Previous doctor is not available/moved. ............... 0  5
f. No insurance/cannot afford. ........................... 0  6
g. Speak a different language. ............................ 0  7
h. No place is available/close enough/convenient. ....... 0  8
i. Other. .................................................. 0  9
  Don’t know/Not sure. ...................................... 7  7
  Refused. ................................................ 9  9
**Module 9: Oral Health**

1. How long has it been since you last visited the dentist or a dental clinic? (253)
   - 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? (254-255)
   
   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.  
   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?  
   a. Yes ............................................................... 1  
   b. No ................................................................. 2  
      Don’t know/Not sure ............................................. 7  
      Refused .......................................................... 9
Module 10: Firearms

The next few questions are about firearms. We are interested only in firearms that work. This would include handguns, pistols, rifles, and automatic and semiautomatic weapons. We are not interested in BB and pellet guns, tear gas guns, and guns that can’t fire.

1. Are there any loaded or unloaded firearms in your home or the car, van, or truck you usually drive? This includes firearms stored in the basement, garage, or any attached buildings.
   (258)
   a. Yes ................................................................. 1
   b. No Go to Closing Statement ............................... 2
   Don’t know/Not sure Go to Closing Statement ......... 7
   Refused Go to Closing Statement ......................... 9

2. Are there any loaded firearms in the car, van, or truck you usually drive?
   (259)
   a. Yes ................................................................. 1
   b. No ................................. 2
   Don’t know/Not sure ................................. 7
   Don’t drive ........................................ 8
   Refused ........................................ 9

3. Not including firearms in a car, truck, or other vehicle, are there any loaded firearms in your home?
   (260)
   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. Are all of the loaded firearms in your home stored in a locked place that can only be opened with a key or combination, or with a trigger lock that can only be opened with a key or combination? (261)

a. Yes ................................................................. 1

b. No Go to Q. 9 .................................................... 2

Don’t know/Not sure Go to Q. 9 ................................. 7

Refused Go to Q. 9 .................................................. 9

5. Are there any unloaded firearms in your home? (262)

a. Yes ................................................................. 1

b. No Go to Q. 9 .................................................... 2

Don’t know/Not sure Go to Q. 9 ................................. 7

Refused Go to Q. 9 .................................................. 9

6. Are all of the unloaded firearms in your home stored in a locked place that can only be opened with a key or combination, or with a trigger lock that can only be opened with a key or combination? (263)

a. Yes Go to Q. 9 .................................................... 1

b. No ................................................................. 2

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

Refused ............................................................. 9

7. Is the ammunition for any of those unloaded and unlocked firearms stored in the same room as the firearms or in closets in the same room? (264)

a. Yes ................................................................. 1

b. No Go to Q. 9 .................................................... 2

Don’t know/Not sure Go to Q. 9 ................................. 7

Don’t own any ammunition Go to Q. 9 ......................... 8

Refused Go to Q. 9 .................................................. 9
8. Is the ammunition stored in a locked or unlocked place? (265)
   a. Locked ................................................................. 1
   b. Unlocked ............................................................ 2
   Don’t know/Not sure ................................................. 7
   Refused ................................................................. 9

9. Do you feel safer or less safe because there are firearms in your home or car, van, or truck? (266)
   a. Safer ................................................................. 1
   b. Less safe ............................................................ 2
   c. Neither ............................................................... 3
   Don’t know/Not sure ................................................. 7
   Refused ................................................................. 9

10. Excluding firearms you carry because of work, have you carried a loaded firearm on your person outside the home for protection during the past 30 days? (267)
   a. Yes ................................................................. 1
   b. No ................................................................. 2
   Don’t know/Not sure ................................................. 7
   Refused ................................................................. 9