

<p>North Carolina 2006 QUESTIONNAIRE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (198 Questions)</p>

Table of Contents

Interviewer's Script.....	1
Core Sections (84)	2
Section 1: Health Status (1)	2
Section 2: Healthy Days — Health-Related Quality of Life (3)	2
Section 3: Health Care Access (4)	3
Section 4: Exercise (1)	4
Section 5: Diabetes (1)	4
Section 6: Oral Health (3)	4
Section 7: Cardiovascular Disease Prevalence (3)	5
Section 8: Asthma (2)	6
Section 9: Disability (2)	6
Section 10: Tobacco Use (3)	7
Section 11: Demographics (18)	7
Section 12: Veteran's Status (1)	11
Section 13: Alcohol Consumption (5)	11
Section 14: Immunization (5) /Adult Influenza Supplement (6)	12
Section 15: Falls (2)	16
Section 16: Seatbelt Use (1)	16
Section 17: Drinking and Driving (1)	16
Section 18: Women's Health (7)	17
Section 19: Prostate Cancer Screening (5)	18
Section 20: Colorectal Cancer Screening (4)	20
Section 21: HIV/AIDS (4)	21
Section 22: Emotional Support and Life Satisfaction (2)	22
Transition to Modules and/or State-Added Questions.....	22
CDC Optional Modules (32)	23
Module 4: Diabetes (12)	23
Module 7: Adult Asthma History (10)	25
Module 9: Folic Acid (5)	28
Module 10: Secondhand Smoke Policy (Ask July-December Only) (5)	29
State Added Questions (82)	31
NC Module 1: Periodic Breast Screening (2)	31
NC Module 2: Prostate Cancer Counseling (1)	31
NC Module 3: Diabetes Control (4)	32

NC Module 4: Random Child Selection (3)	33
NC Module 5: CHAMP Follow-up (3)	34
NC Module 6: Other Tobacco Products (3)	34
NC Module 7: Smoking Cessation (5)	35
NC Module 8: Quit Now NC (4)	36
NC Module 9: NC Tobacco Use Prevention (Ask January-June Only) (6)	37
NC Module 10: Skin Cancer Prevention Module (Ask July-December Only) (9)	38
NC Module 11: Environmental Policy (Ask January-March Only) (2)	41
NC Module 12: Physical Activity & Nutrition (11)	41
NC Module 13: Arthritis (Ask December Only) (5)	43
NC Module 14: Disability (2)	44
NC Module 15: Care Giving (4)	45
NC Module 16: Visual Impairment and Access to Eye Care (4)	46
NC Module 17: Diabetes Screening (2)	47
NC Module 18: Adult - Type of Insurance (NCBC/BS) (2)	48
NC Module 19: Family Planning (3)	50
NC Module 20: Sexual Behavior (Ask July-December Only) (7)	50
 Closing Statement.....	 52

Interviewer's Script

HELLO, I am calling for the North Carolina Department of Health and Human Services. My name is **(name)**. We are gathering information about the health of North Carolina residents. This project is conducted by the health department 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?

If "no," Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone? **Read only if necessary** "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone."

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).

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" below.**

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 **[random selection from CATI]**.

To the correct respondent:

HELLO, I am calling for the North Carolina Department of Health and Human Services. My name is **(name)**. We are gathering information about the health of North Carolina residents. This project is conducted by the health department 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 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, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1 Would you say that in general your health is—

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?

-- Number of days

88 None

77 Don't know / Not sure

99 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?

-- Number of days

88 None [If Q2.1 and Q2.2 = 88 (None), go to [next section](#)]

77 Don't know / Not sure

99 Refused

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?

- Number of days
- 88 None
- 77 Don't know / Not sure
- 99 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?

- 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?"

- 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?

- 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.

- 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: Exercise

4.1 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?

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

Section 5: Diabetes

5.1 Have you ever been told by a doctor that you have diabetes?
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 Yes, jump to [Optional Module 4](#), question 1.

Section 6: Oral Health

6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

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
- 8 Never
- 9 Refused

- 6.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

INTERVIEWER NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to [next module](#).

- 6.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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
- 8 Never
- 9 Refused

Section 7: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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."

- 7.1** (Ever told) you had a heart attack, also called a myocardial infarction?

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

7.2 (Ever told) you had angina or coronary heart disease?

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

7.3 (Ever told) you had a stroke?

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

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

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

8.2 Do you still have asthma?

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

Section 9: Disability

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

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

9.2 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?

Include occasional use or use in certain circumstances.

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

Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: 5 packs = 100 cigarettes

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

10.2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all [\[Go to next section\]](#)
- 7 Don't know/Not sure [\[Go to next section\]](#)
- 9 Refused [\[Go to next section\]](#)

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

Section 11: Demographics

11.1 What is your age?

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

11.2 Are you Hispanic or Latino?

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

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

(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

CATI note: If more than one response to Q11.3; continue. Otherwise, go to Q11.5

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

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

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

11.5 Are you...?

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

11.6 How many children less than 18 years of age live in your household?

- Number of children
- 88 None
- 99 Refused

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

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

11.8 Are you currently...?

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

11.9 Is your annual household income from all sources—

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

Read only if necessary:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03** (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02** (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01** (\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06** (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07** (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08** (\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

11.10 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put “9” in first blank.

Round fractions up

____ Weight (*pounds/kilograms*)
7777 Don't know / Not sure
9999 Refused

11.11 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put “9” in first blank.

Round fractions down

____ Height (*ft&inches/meters¢imeters*)
7777 Don't know / Not sure
9999 Refused

11.12 What county do you live in?

____ FIPS county code
777 Don't know / Not sure
999 Refused

11.13 What is your ZIP Code where you live?

____ ZIP Code
77777 Don't know / Not sure
99999 Refused

11.14 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.

1 Yes
2 No [Go to Q11.16]
7 Don't know / Not sure [Go to Q11.16]
9 Refused [Go to Q11.16]

11.15 How many of these telephone numbers are residential numbers?

_ Residential telephone numbers [6=6 or more]
7 Don't know / Not sure
9 Refused

11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

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

11.17 Indicate sex of respondent. **Ask only if necessary.**

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

11.18 To your knowledge, are you now pregnant?

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

Section 12: Veteran's Status

The next question relates to military service.

12.1 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?

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

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

1_ _ _ Days per week

2_ _ _ Days in past 30 days

888 No drinks in past 30 days [Go to [next section](#)]

777 Don't know / Not sure

999 Refused

13.3 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?

_ _ Number of drinks

77 Don't know / Not sure

99 Refused

13.4 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?

_ _ Number of times

88 None

77 Don't know / Not sure

99 Refused

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion?

_ _ Number of times

77 Don't know / Not sure

99 Refused

Section 14: Immunization/Adult Influenza Supplement

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

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

CATI note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.

NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.

14.3s During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray.

- Month / Year
- 777777 Don't know / Not sure (**Probe: "Was it before September 2005?" Code approximate month and year**)
- 999999 Refused

CATI note: If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue. Otherwise, go to Q14.5s.

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu season?

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar. '06.

Do not read answer choices below. Select category that best matches response.

- 01 Need: Do not think need it / not recommended
- 02 Concern about vaccine: side effects / can cause flu / does not work
- 03 Access / cost / inconvenience
- 04 Vaccine shortage: saving vaccine for people who need it more
- 05 Vaccine shortage: tried to find vaccine, but could not get it
- 06 Vaccine shortage: not eligible to receive vaccine
- 07 Some other reason
- 77 Don't know / Not sure (**Probe: "What was the main reason?"**)
- 99 Refused

14.5s Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

Read each problem listed below:

Lung problems, including asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

OR

Sickle Cell Anemia or other anemia

- 1 Yes
- 2 No [Go to Q14.8s]
- 7 Don't know / Not sure [Go to Q14.8s]
- 9 Refused [Go to Q14.8s]

14.6s Do you still have (this/any of these) problem(s)?

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

14.7s Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work.

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

14.8s Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

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

14.9 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?

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

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

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

The next question is about behaviors related to hepatitis B.

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You are a man who has had sex with other men, even just one time **(If female, do not read)**
- You have taken street drugs by needle, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you?

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to [Section 16](#).

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

15.1 In the past 3 months, how many times have you fallen?

- Number of times [76 = 76 or more]
- 88 None [Go to [Section 16](#)]
- 77 Don't know / Not sure [Go to [Section 16](#)]
- 99 Refused [Go to [Section 16](#)]

15.2 [Fill in “Did this fall (from Q15.1) cause an injury?”]. If only one fall from Q15.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- Number of falls [76 = 76 or more]
- 88 None
- 77 Don’t know / Not sure
- 99 Refused

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say—

- 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

CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to [Section 18](#) if female or [Section 19](#) if male; otherwise continue.

Section 17: Drinking and Driving

CATI note: If Core Section 13-Q13.1 = 2 (No); go to [Section 18](#) if female, [Section 19](#) if male.

This next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?

- Number of times
- 88 None
- 77 Don’t know / Not sure
- 99 Refused

Section 18: Women's Health

CATI note: If respondent is male, go to the [Section 19](#).

These next questions are about breast and cervical cancer.

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

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 How long has it been since you had your last mammogram?

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

CATI note: If Q18.2 is coded 1, 2, 3, 4, or 5 go to [NC Module 1: Periodic Breast Screening](#)

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.4 How long has it been since your last breast exam?

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No [Go to Q18.7]
- 7 Don't know / Not Sure [Go to Q18.7]
- 9 Refused [Go to Q18.7]

18.6 How long has it been since you had your last Pap test?

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

CATI note: If response to Core Q11.18 = 1 (is pregnant); then go to [Section 20](#).

18.7 Have you had a hysterectomy?

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Section 19: Prostate Cancer Screening

CATI: If respondent is male and ≥ 40 years of age, go to [NC Module 2: Prostate Counseling](#), or if ≤ 39 years of age, go to [Section 21](#). If respondent is female, go to [Section 20](#).

Now I will ask you some questions about prostate cancer screening.

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not Sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

19.2 How long has it been since you had your last PSA test?

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know
- 9 Refused

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

- 1 Yes
- 2 No **[Go to Q19.5]**
- 7 Don't know / Not sure **[Go to Q19.5]**
- 9 Refused **[Go to Q19.5]**

19.4 How long has it been since your last digital rectal exam?

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

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

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to [Section 21](#).

20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

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

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

20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

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

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy?

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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

Section 21: HIV/AIDS

CATI note: If respondent is ≥ 65 years old, go to [Section 22](#).

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.

21.1 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.

- 1 Yes
- 2 No [Go to Q21.4]
- 7 Don't know / Not Sure [Go to Q21.4]
- 9 Refused [Go to Q21.4]

21.2 Not including blood donations, in what month and year was your last HIV test?

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

----	Code month and year
777777	Don't know / Not sure
999999	Refused

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, drug treatment facility, at home, or somewhere else?

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

NOTE: Ask Q21.4 only if Q21.2 is within the last 12 months; otherwise go to [next section](#).

21.4 Was it a rapid test where you could get your results within a couple of hours?

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

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

22.1 How often do you get the social and emotional support you need?

Interviewer note: If asked, please say “Include support from any source.”

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life?

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

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

Transition to Modules and/or State-Added Questions

Please read:

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

CDC Optional Modules

Module 4: Diabetes

CATI: Ask Q1 if Core Q5.1 is "Yes" (Has diabetes); Otherwise, go to [Module 7](#).

Previously, you indicated you had diabetes.

1. How old were you when you were told you have diabetes?

- __ Code age in years [97 = 97 and older]
- 98 Don't know / Not sure
- 99 Refused

2. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills?

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

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.

- 1__ Times per day
- 2__ Times per week
- 3__ Times per month
- 4__ Times per year
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

5. 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.

1__ Times per day
2__ Times per week
3__ Times per month
4__ Times per year
555 No feet
888 Never
777 Don't know / Not sure
999 Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

__ Number of times [76 = 76 or more]
88 None
77 Don't know / Not sure
99 Refused

8. 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"?

__ Number of times [76 = 76 or more]
88 None
77 Don't know / Not sure
99 Refused

CATI Note: If Q5 = 555 (No feet), go to Q10.

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

__ Number of times [76 = 76 or more]
88 None
77 Don't know / Not sure
99 Refused

10. 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.

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

12. Have you ever taken a course or class in how to manage your diabetes yourself?

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

CATI Note: Go to [NC Module 3](#) Diabetes Control.

Module 7: Adult Asthma History

CATI: Ask Q1 if Core Q8.1 is "Yes" (Had asthma); otherwise, go to [Module 9](#).

Previously you said you were told by a doctor or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

- __ Age in years 11 or older [96 = 96 and older]
- 97 Age 10 or younger
- 98 Don't know / Not sure
- 99 Refused

CATI: Ask Q2 if Core Q8.2 is "Yes" (Still have asthma); otherwise, go to [Module 9](#).

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

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

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

- Number of visits [87 = 87 or more]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

4. **[If one or more visits to Q3, CATII fill: "Besides those emergency room visits,"]** During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- Number of visits [87 = 87 or more]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

- Number of visits [87 = 87 or more]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

- Number of days
- 888 None
- 777 Don't know / Not sure
- 999 Refused

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —

Please read:

- 8 Not at any time [Go to Q9]
1 Less than once a week
2 Once or twice a week
3 More than 2 times a week, but not every day
4 Every day, but not all the time
OR
5 Every day, all the time

Do not read:

- 7 Don't know / Not sure
9 Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

Please read:

- 8 None
1 One or two
2 Three to four
3 Five
4 Six to ten
OR
5 More than ten

Do not read:

- 7 Don't know / Not sure
9 Refused

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

Please read:

- 8 Never
1 1 to 14 days
2 15 to 24 days
3 25 to 30 days

Do not read:

- 7 Don't know / Not sure
9 Refused

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

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

Module 9: Folic Acid

1. Do you currently take any vitamin pills or supplements?
Include liquid supplements.

- 1 Yes
- 2 No [Go to Q5]
- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

2. Are any of these a multivitamin?

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

3. Do any of the vitamin pills or supplements you take contain folic acid?

- 1 Yes
- 2 No [Go to Q5]
- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

4. How often do you take this vitamin pill or supplement?

- 1__ Times per day
- 2__ Times per week
- 3__ Times per month
- 777 Don't know / Not sure
- 999 Refused

If respondent is 45 years old or older or age is missing (7 or 9), go to [NC Module 4](#) if month=Jan-June or to [Module 10](#) if month=July-Dec.

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

Please read:

- 1 To make strong bones
 - 2 To prevent birth defects
 - 3 To prevent high blood pressure
- OR
- 4 Some other reason

Do not read:

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

Module 10: Secondhand Smoke Policy (Ask July-December Only)

If month = January-June, go to [NC Module 4](#).

1. Which statement best describes the rules about smoking inside your home?

Please read:

- 1 Smoking is not allowed anywhere inside your home
 - 2 Smoking is allowed in some places or at some times
 - 3 Smoking is allowed anywhere inside your home
- OR
- 4 There are no rules about smoking inside your home

Do not read:

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

CATI Note: If response to Core Q11.8 = 1 (Employed) or = 2 (Self-employed), continue. Otherwise, go to [NC Module 4](#).

2. While working at your job, are you indoors most of the time?

- 1 Yes
- 2 No [\[Go to next module\]](#)
- 7 Don't Know / Not Sure [\[Go to next module\]](#)
- 9 Refused [\[Go to next module\]](#)

3. Which of the following best describes your place of work’s official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

NOTE: For workers who visit clients or work at home, “place of work” means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.

Please read:

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

OR

- 4 No official policy

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

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

Please read:

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

OR

- 4 No official policy

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

[Ask Q5 October – December]

5. To what degree do you support a tobacco-free policy for all North Carolina colleges, universities, and technical schools so that no one (not students, teachers, staff, nor visitors) could smoke or use other tobacco products on campus at any time?

Please read:

- 1 Strongly support
- 2 Moderately support
- 3 Do not support

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

State Added Questions

NC Module 1: Periodic Breast Screening

CATI Note: Ask Q1 after Core Section 18, Q18.2

1. You said your most recent mammogram was [CATI fill: time frame from Core Q18.2, for example, “Within the past year”]. How long before **THAT** mammogram was the last one?

Read only if necessary:

- 1 Less than 12 months before
 - 2 1 year but less than 2 years before
 - 3 2 years but less than 3 years before
 - 4 3 years but less than 5 years before
 - 5 5 or more years before
 - 6 Has had only one mammogram
 - 7 Don't know/Not sure
 - 9 Refused
2. Many mammograms are done as a routine check-up. Sometimes a mammogram is done to check something that might be a problem, such as a lump or discomfort.

If Q1 (above) coded 1-5, 7 or 9, then ask:

- a. Were either of your two most recent mammograms done to check a possible problem?

If Q1 (above) coded 6, then ask:

- b. Was your mammogram done to check a possible problem?

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

CATI: Go to Core [Section 18](#), Q18.3

NC Module 2: Prostate Cancer Counseling

CATI: Ask Q1 of all MALE respondents age ≥ 40 before first question of Core Section 19

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

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

CATI: Go to Core [Section 19](#), Q19.1

NC Module 3: Diabetes Control

CATI: Ask Q1 if Core Section 5, Q5.1 = 1 (has diabetes) OR Q5.1 = 4 (pre-diabetes or borderline).

We have a few more questions about diabetes.

1. Urine tests for protein (microalbuminuria test) check if your kidneys are working properly. When was the last time that you received a urine test for protein?

Read only if necessary

- 1 Within the last 12 months
 - 2 Within the past two years (1 year but less than two years ago)
 - 3 Two or more years
 - 8 Never
 - 7 Don Know/Not sure
 - 9 Refused
2. Has a doctor ever told you that diabetes has affected your kidneys?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 3. During the past 12 months, was there any time that you did not have testing supplies (strips, lancets, meter) or diabetes medicine due to lack of money?
 - 1 Yes, only testing supplies
 - 2 Yes, only medicines
 - 3 Yes, testing supplies and medicines
 - 4 No
 - 7 Don't know/Not sure
 - 9 Refused
 4. In the last year, have you had a hospitalization or emergency visit because of your diabetes?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI Note: Go to [Core Section 6](#) Oral Health.

NC Module 4: Random Child Selection

CATI: If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), Go to [NC Module 6](#).

If Core Q11.6 = 1; INTERVIEWER: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **Go to Q1**
If Core Q11.6 is > 1 and Core Q11.6 does not equal 88 or 99; INTERVIEWER: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [second/third/fourth, etc.] child.”

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.

INTERVIEWER: “I have some additional questions about one specific child. The child I will be referring to is the [**Fill: random number with format, e.g., 1st child**]. All of the following questions about children will be about that child.”

NOTE: If there are two children with the same birth date, randomly select one.

1. In what month and year was he/she born?
- | | |
|--------|---|
| ----- | Month / Year |
| 777777 | Don't know/Not sure (Probe by repeating the question) |
| 999999 | Refused |

CATI INSTRUCTION: COMPUTE CHILD AGE (see 2005 Questionnaire).

2. Is the child a boy or a girl?
- | | |
|---|---------|
| 1 | Boy |
| 2 | Girl |
| 9 | Refused |
3. Does he/she have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

NC Module 5: CHAMP Follow-up

Please read

“We are conducting a study to learn more about the health of children in North Carolina. The information we collect will help us improve child health services in our state. We would like to call you back in two weeks to ask some additional questions about this child.” **If needed** say, “the one we’ve just been talking about.”

1. All of the information we collect will be kept confidential. Would this be OK with you?

1 Yes
2 No **Go to [NC Module 6](#)**

2. Who in the household knows most about the about the health and health practices of this child?

INTERVIEWER: If respondent says “me,” then ask, “and what is your relationship to this child?”

Check one

01	Mother	06	Aunt
02	Father	07	Other (please record)_____
03	Grandmother	77	Don't know/Not sure
04	Grandfather	99	Refused
05	Uncle		

3. Just to make sure that we are talking about the same child when we call you back, please tell me the first name of this child.

_____ Child's name

If Parent refuses name - just ask for a **nick name, or initials.**

INTERVIEWER: “In our follow-up survey, we will be asking about the **child’s height and weight**. It would be helpful to have him/her weighed and measured before we call you back. Thank you very much for your cooperation.” [instructions added in Dec]

NC Module 6: Other Tobacco Products

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

Please read:

1 Yes
2 No **[Go to Q3]**

Do not read:

7 Don't know / Not sure **[Go to Q3]**
9 Refused **[Go to Q3]**

2. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

Please read:

- 1 Every day
2 Some days
3 Not at all

Do not read:

- 7 Don't know / Not sure
9 Refused

3. Do you currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, or any other tobacco product?

INTERVIEWER: Bidis are small, brown hand-rolled cigarettes from India and other southeast Asia countries.

Please read:

- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

CATI note: Go to [NC Module 9: Tobacco Use Prevention](#), if response to Core Q10.1 = 2 (never smoked 100+ cigarettes), = 7 (DNK) or = 9 (Refused).

NC Module 7: Smoking Cessation

CATI: Ask Q1 if response to Core Q10.2 = 3 (now smoke 'Not at all'); Otherwise, Go to Q2 if response to Core Q10.2 = 1 OR = 2 (now smoke 'Every day' or 'Some days').

Previously you said you have smoked cigarettes:

1. About how long has it been since you last smoked cigarettes?

Read only if necessary

- 01 Within the past month (anytime less than 1 month ago) **Go to Q2**
02 Within the past 3 months (1 month but less than 3 months ago) **Go to Q2**
03 Within the past 6 months (3 months but less than 6 months ago) **Go to Q2**
04 Within the past year (6 months but less than 1 year ago) **Go to Q2**
05 Within the past 5 years (1 year but less than 5 years ago) **Go to [NC Module 9](#)**
06 Within the past 10 years (5 years but less than 10 years ago) **Go to [NC Module 9](#)**
07 10 or more years ago **Go to [NC Module 9](#)**

Do not read

- 77 Don't know / Not sure **Go to [NC Module 9](#)**
99 Refused **Go to [NC Module 9](#)**

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

__ Number of times (01-76)
88 None **Go to [NC Module 9](#)**
77 Don't know / Not sure
99 Refused

3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

__ Number of visits (01-76)
88 None
77 Don't know / Not sure
99 Refused

4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?
(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)

__ Number of visits (01-76)
88 None
77 Don't know / Not sure
99 Refused

5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

__ Number of visits (01-76)
88 None
77 Don't know / Not sure
99 Refused

NC Module 8: Quit Now NC

CATI: Ask Q1 if response to Core Q10.1 = 1 ('Yes') AND response to Core Q10.2 = 1 or = 2 (now smoke 'Every day' or 'Some days').

These next few questions are about help for quitting smoking.

1. On the average, about how many cigarettes a day do you now smoke?
INTERVIEWER NOTE: 1 pack=20 cigarettes

___ Number of cigarettes
777 Don't know/Not sure
999 Refused

2. Do you usually smoke regular, lights, or ultra lights?

- 1 Regular
- 2 Lights
- 3 Ultra lights
- 7 Don't know/Not sure
- 9 Refused

3. Are you aware of Quit Now NC smoking cessation phone lines or Quit Now websites?

- 1 Yes
- 2 No **Go to [NC Module 9](#)**
- 7 DK/NS **Go to [NC Module 9](#)**
- 9 Refused **Go to [NC Module 9](#)**

4. If yes, how did you hear of the Quit Now NC smoking cessation service?

Please read:

- 1 Prompt from doctor
- 2 Other health care provider
- 3 Worksite
- 4 School
- 5 Media
- 6 Other: _____

Do not read:

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

NC Module 9: NC Tobacco Use Prevention (Ask January-June Only)

If month=July-December, go to [NC Module 10](#).

These next few questions are about smoking prevention.

1. States add a special tax to cigarettes in addition to any sales tax to those purchasing. The national average is \$0.91 (as of September 1, 2005) and the NC tax is \$0.25. How much additional tax on a pack of cigarettes, above the current 25 cents, would you be willing to support if a considerable portion of the money raised was used to fund smoking prevention programs for our youth and provide treatment options for tobacco users who want to quit?

Please read:

- 1 More than \$1.00
- 2 \$0.75 - \$1.00
- 3 \$0.50 - \$0.74
- 4 \$0.26 - \$0.49
- 5 \$0.01 - \$0.25
- 6 No new (or additional) tax

Do not read:

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

2. In the indoor dining area of restaurants, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

Do not read:

- 7 No opinion/Don't know
- 9 Refused

3. In the following locations, do you think that smoking should be allowed in all areas [1], some areas [2], or not allowed at all [3]?

a. Public Buildings (such as courts, city buildings, etc)

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all
- 7 No opinion/Don't know
- 9 Refused

b. Convenience Stores

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all
- 7 No opinion/Don't know
- 9 Refused

c. Indoor sporting events or concerts

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all
- 7 No opinion/Don't know
- 9 Refused

4. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes?

- _____ # of adults
- 88 None
- 77 Don't know/Not sure
- 99 Refused

NC Module 10: Skin Cancer Prevention Module (Ask July-December Only)

If month = January-March, go to [NC Module 11](#). If month = April-June, go to [NC Module 12](#).

These next questions are about sun exposure, tanning and sunburns.

1. Have you had a sunburn within the past 12 months - include anytime that even a small part of your skin was red for more than 12 hours?

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

2. In the past 12 months, have you tried to get a tan using a tanning lamp or tanning machine, whether it was at a tanning salon, at your home, or elsewhere?

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

3. In the past 12 months, have you tried to get a tan from the sun?

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

4. Question stem: [When you're outdoors during the summer for at least half an hour] How often do you protect your skin from the sun, such as by using sunscreens or sunblock or wearing hats or protective clothing?

Would you say:

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom

OR

- 5 Never

Do not read:

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

5. Question stem: [When you're outdoors during the summer for at least half an hour] How often do you stay in the shade?

Would you say:

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom OR
- 5 Never

Do not read:

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

CATI: If Core 11.6 =88 or 99 (no children in household or refused); Or if Core 11.6=1 (only one child in household) AND Randomly Selected Child is ≥ 13 years old, Go to [NC Module 11](#).

If Core 11.6=1 (only one child in household) AND Randomly Selected Child's age (ChldAge2) is coded 777777 or 999999 or 'Blank' (DNK, Refused, 'missing'), Go to Q6

If Core 11.6 >= 2 (two or more children in household) and Randomly Selected Child ≥ 13 years old, Go to Q6

If Core 11.6 >= 2 and Randomly Selected Child's age (ChldAge2) is coded 777777 or 999999 or 'Blank' (DNK, Refused, 'missing') Go to Q6

6. Earlier you said you had [CATI: fill from Core Q11.6] ___ child/children under age 18. Is your youngest child under age 13? [If Core Q11.6 =1, CATI fill: "Is your child under age 13?"]

- 1 Yes
- 2 No [Go to [NC Module 11](#)]
- 7 Don't know/not sure [Go to [NC Module 11](#)]
- 9 Refused [Go to [NC Module 11](#)]

7. When the youngest child in your household (if Core 11.6=1 then CATI fill: "When your child") is outdoors during the summer for at least half an hour, how often is his or her skin protected from the sun, such as by using sunscreens or sunblock or wearing hats or protective clothing?

Would you say:

Please read:

- 1 Always
 - 2 Nearly always
 - 3 Sometimes
 - 4 Seldom
- OR
- 5 Never
 - 6 Not born during summer
 - 8 Never outside

Do not read:

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

8. When the youngest child in your household (if Core 11.6=1 then CATI fill: "When your child") is outdoors during the summer for at least half an hour, how often does s/he stay in an area protected by shade?

Would you say:

Please read:

- 1 Always
 - 2 Nearly always
 - 3 Sometimes
 - 4 Seldom
- OR
- 5 Never

Do not read:

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

9. Has the youngest child in your household (if Core 11.6=1 then CATI fill: "Has your child") had a sunburn within the past 12 months? By sunburn, I mean reddening of the skin that lasted at least 12 hours?

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

NC Module 11: Environmental Policy (Ask January-March Only)

If month = April-December, go to [NC Module 12](#).

1. Do you believe that you would eat healthy foods and beverages more often if they were more available in places where you eat out?

- 1 Yes
 - 2 No
- Do not read:**
- 3 Never eat out
 - 7 Don't know/Not sure
 - 9 Refused

2. Do you believe you would increase your physical activity if your community had more accessible sidewalks or trails for walking or bicycling?

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

NC Module 12: Physical Activity & Nutrition

1. Are you currently trying to lose weight, maintain your current weight, that is keep from gaining weight, or do neither?

- 1 Lose weight
- 2 Maintain weight
- 3 Do neither
- 7 Don't know/Not sure
- 9 Refused

2a. Question stem: [Are you trying to reduce the amount of]
Fat in your diet?

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

2b. Question stem: [Are you trying to reduce the amount of]
Calories in your diet?

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

3. Are you trying to increase your daily amount of physical activity or exercise?

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

4a. Question stem: [Are you trying to increase the amount of]
Vegetables you eat every day?

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

4b. Question stem: [Are you trying to increase the amount of]
Fruits you eat every day?

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

5. When you are eating out, how likely are you to choose foods or beverages labeled as healthy?
Would you say:

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely
- 7 Don't know / Not sure
- 9 Refused

6. Which of the following beverages do you drink most often?

Please read:

- | | | | |
|---|-------------------------------|---------------------|---------------------------------|
| 1 | Coffee or tea, sweetened - or | 9 | Flavored fruit drink, sweetened |
| 2 | Coffee or tea, unsweetened | 10 | 100% fruit juice |
| 3 | Soda, sweetened | 11 | An alcoholic beverage |
| 4 | Diet soda | 12 | Other |
| 5 | Sports drink | | |
| 6 | Water | Do not read: | |
| 7 | Milk, regular or 2% - or | 77 | Don't know / Not sure |
| 8 | Milk, skim or low fat | 99 | Refused |

7. How would you describe your weight? Would you say—

Please read:

- 1 Very overweight
- 2 Somewhat overweight
- 3 Normal weight
- 4 Somewhat underweight
- 5 Very underweight

Do not read:

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

8a. Question stem: [Are you trying to decrease the non-work time you spend]
Watching TV or videos?

- 1 Yes
- 2 No

Do not read:

- 3 No TV/videos at home
- 7 Don't know / Not sure
- 9 Refused

8b. Question stem: [Are you trying to decrease the non-work time you spend]
Using the computer?

- 1 Yes
- 2 No

Do not read:

- 3 No computer at home
- 7 Don't know / Not sure
- 9 Refused

NC Module 13: Arthritis (Ask December Only)

If month = January-November, go to [NC Module 14](#).

1. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
 - 1 Yes **Go to Q13.2**
 - 2 No **Go to [NC Module 14](#)**
 - 7 Don't know / Not sure **Go to [NC Module 14](#)**
 - 9 Refused **Go to [NC Module 14](#)**

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

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

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

4. Have you ever taken a course or class on how to manage arthritis yourself?
 - 1 Yes
 - 2 No **Go to [NC Module 14](#)**
 - 7 Don't know/Not sure **Go to [NC Module 14](#)**
 - 9 Refused **Go to [NC Module 14](#)**

5. After taking the course, have you been able to reduce the pain or stiffness in your joints?
 - 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

NC Module 14: Disability

These next questions are about disability and care giving.

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

NOTE: If “YES”, ask: “Would you say your disability is mild, moderate, or severe”?

- 1 Yes, mild
 - 2 Yes, moderate
 - 3 Yes, severe
 - 4 No
- Do not read**
- 7 Don't know/Not sure
 - 9 Refused

2. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

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

NC Module 15: Care Giving

1. During the past month, did you provide any regular care or assistance to a family member or friend?

INTERVIEWER NOTE: If respondent asks what is meant by regular care, SAY: “**Regular care is care you provide that is expected to continue.**”

- 1 Yes
- 2 No **Go to [NC Module 16](#)**
- 7 Don't know/Not sure **Go to [NC Module 16](#)**
- 9 Refused **Go to [NC Module 16](#)**

2. What age is the person for whom you are giving care?

- 1 Under 18 years
- 2 18-59 years
- 3 60 years or older
- 7 Don't know/Not sure
- 9 Refused

3. For HOW LONG have you provided regular care or assistance to this person?

- 1 Less than 1 year
- 2 1 - 5 years
- 3 More than 5 years
- 7 Don't know / Not sure
- 9 Refused

4. Does this person you care for have a problem with memory loss or confusion or a disorder like Alzheimer's disease?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

NC Module 16: Visual Impairment and Access to Eye Care

CATI: If respondent is less than 40 years of age, go to [NC Module 17](#).

These next questions are about how much difficulty, if any, you have doing certain activities. If you usually wear glasses or contact lenses, please rate your ability to do them while wearing glasses or contact lenses.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to [NC Module 17](#)]**
- 9 Refused

2. How much difficulty, if any, do you have reading print in newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say—

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to [NC Module 17](#)]**
- 9 Refused

3. When was the last time you had your eyes examined by any doctor or eye care provider?

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) [Go to Q16.5]
- 2 Within the past year (1 month but less than 12 months ago) [Go to Q16.5]
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) [Go to [NC Module 17](#)]
- 9 Refused

4. What is the main reason you have not visited an eye care professional in the past 12 months?

Read only if necessary:

- 01 Cost/insurance
- 02 Do not have/know an eye doctor
- 03 Cannot get to the office/clinic (too far away, no transportation)
- 04 Could not get an appointment
- 05 No reason to go (no problem)
- 06 Have not thought of it
- 07 Other

Do not read:

- 77 Don't know / Not sure
- 08 Not Applicable (Blind) [Go to [NC Module 17](#)]
- 99 Refused

5. Do you have any kind of health insurance coverage for eye care?

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

NC Module 17: Diabetes Screening

CATI: Ask Q1 if Core Section 5 Q5.1 = 2 (No diabetes), if not go to [NC Module 18](#).

1. Have you ever had a blood test for high sugar or diabetes?

- 1 Yes
- 2 No (go to NC Module 18)
- 7 Don't know/ Not sure (go to NC Module 18)
- 9 Refused (go to NC Module 18)

2. How long has it been since you had your blood test for high sugar or diabetes?

- 1 Within the past three years
- 2 Within the past 5 years (3 years but less than 5 years ago)
- 3 Five or more years ago
- 7 Don't know/Not sure
- 9 Refused

NC Module 18: Adult - Type of Insurance (NCBC/BS)

CATI: if Core Section 3, Q3.1 = 2 (No), = 7 (Don't know), OR = 9 (Refused), Go to [NC Module 19](#).

These next questions are about health insurance coverage.

1. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?

INTERVIEWER NOTES: The State Employee Health Plan is also called the “North Carolina Teacher’s and Employee Health Plan (This is not Blue Cross and Blue Shield). Medicare is a federal health insurance program for people 65 and older or some younger people with disabilities. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.

Please read:

- 01 The State Employee Health Plan
- 02 Blue Cross Blue Shield of North Carolina ⇒ **Go to Q18.2**
- 03 Other private health insurance plan purchased from employer or workplace
- 04 Other private health insurance plan purchased directly from an insurance company
- 05 Medicare
- 06 Medicaid or Carolina ACCESS or Health Choice
- 07 The military, CHAMPUS, or the VA
- 08 The Indian Health Service
- 09 Other (government plan)
- OR
- 10 No health plan of any kind

Do not read:

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

CATI note: If response to Q1 does NOT = 2 (BC/BS of North Carolina) go to NC Module 19

2. What type of NC Blue Cross/Blue Shield coverage do you have?

INTERVIEWER: If more than one type, ask “Which type do you use to pay for most of your medical care.”

Read if necessary

- 01 Blue Care – an HMO (health maintenance organization)
- 02 Blue Choice – a POS (point of service plans)
- 03 Blue Options – a PPO (preferred provider organization)
- 04 Blue Advantage – purchased directly for self or family
- 05 Federal Employee Health Plan – PPO plan through federal employment
- 06 Other Blue Cross coverage
- 07 The State Employee Health Plan

Do not read:

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

NC Module 19: Family Planning

CATI: If respondent is female and ≥ 51 years of age, or has had a hysterectomy (Core Q18.7=1), or is pregnant (Core Q11.18 = 1), or is MALE ≥ 60 years of age, go to [Module 20](#) if month=July-Dec or to [Closing](#) if month=Jan-June.

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.

1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your **[CATI: If female, insert husband/partner,” if male, insert “wife/partner”]** doing anything now to keep **[CATI: If female, insert “you”, if male, insert “her”]** from getting pregnant?

NOTE: If more than one partner, consider usual partner.

- 1 Yes
- 2 No [Go to [Q19.3](#)]
- 3 No partner/not sexually active [Go to [Module 20](#)]
- 4 Same sex partner [Go to [Module 20](#)]
- 7 Don't know / Not sure [Go to [Module 20](#)]
- 9 Refused [Go to [Module 20](#)]

2. What are you or your **[CATI: If female, insert “husband/partner,” if male, insert wife/partner”]** doing now to keep **[CATI: If female, insert “you”, if male, insert “her”]** from getting pregnant?

Read only if necessary:

- 01 Tubes tied [Go to [Module 20](#)]
- 02 Hysterectomy (female sterilization) [Go to [Module 20](#)]
- 03 Vasectomy (male sterilization) [Go to [Module 20](#)]
- 04 Pill, all kinds (Seasonale, etc.) [Go to [Module 20](#)]
- 05 Condoms (male or female) [Go to [Module 20](#)]
- 06 Contraceptive implants (Jadelle or Implants) [Go to [Module 20](#)]

- | | | |
|---------------------|---|------------------------------------|
| 07 | Shots (Depo-Provera) | [Go to Module 20] |
| 08 | Shots (Lunelle) | [Go to Module 20] |
| 09 | Contraceptive Patch | [Go to Module 20] |
| 10 | Diaphragm, cervical ring, or cap (Nuvaring or others) | [Go to Module 20] |
| 11 | IUD (including Mirena) | [Go to Module 20] |
| 12 | Emergency contraception (EC) | [Go to Module 20] |
| 13 | Withdrawal | [Go to Module 20] |
| 14 | Not having sex at certain times (rhythm) | [Go to Module 20] |
| 15 | Other method (foam, jelly, cream, etc.) | [Go to Module 20] |
| Do not read: | | |
| 77 | Don't know / Not sure | [Go to Module 20] |
| 99 | Refused | [Go to Module 20] |

3. What is your main reason for not doing anything to keep [CATI: If female, insert “you”, if male, insert “her”] from getting pregnant?

Read only if necessary:

- | | |
|----|--|
| 01 | Didn't think you were going to have sex/no regular partner |
| 02 | You want a pregnancy |
| 03 | You or your partner don't want to use birth control |
| 04 | You or your partner don't like birth control/fear side effects |
| 05 | You can't pay for birth control |
| 06 | Lapse in use of a method |
| 07 | Don't think you or your partner can get pregnant |
| 08 | You or your partner had tubes tied (sterilization) |
| 09 | You or your partner had a vasectomy (sterilization) |
| 10 | You or your partner had a hysterectomy |
| 11 | You or your partner are too old |
| 12 | You or your partner are currently breast-feeding |
| 13 | You or your partner just had a baby/postpartum |
| 14 | Other reason |
| 15 | Don't care if you get pregnant |
| 16 | You or your partner are pregnant now |

Do not read:

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

NC Module 20: Sexual Behavior (Ask July-December Only)

If respondent is 50 years old or older or if month=January-June, go to [Closing](#) Statement.

These last few questions are about your personal behavior, and I want to remind you that your answers will be kept confidential.

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

- | | |
|-------|---|
| __ __ | Number [76 = 76 or more] |
| 88 | None [Go to closing statement] |
| 77 | Don't know / Not sure |
| 99 | Refused |

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

- 1 Yes
- 2 No [Go to Q20.4]
- 7 Don't know / Not sure [Go to Q20.4]
- 9 Refused [Go to Q20.4]

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

Please read:

- 1 To prevent pregnancy
 - 2 To prevent diseases like syphilis, gonorrhea, and AIDS
 - 3 For both of these reasons
- OR
- 4 For some other reason

Do not read:

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

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

Would you say:

Please read:

- 1 Very effective
 - 2 Somewhat effective
- OR
- 3 Not at all effective
 - 4 Don't know how effective

Do not read:

- 7 Don't know method
- 9 Refused

5. How many new sex partners did you have during the past twelve months?

NOTE: A new sex partner is someone the respondent had sex with for the first time in the past 12 months.

- Number [76 = 76 or more]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

6. In the past five years, have you been treated for a sexually transmitted or venereal disease?

- 1 Yes
- 2 No [Go to [closing statement](#)]
- 7 Don't know / Not sure [Go to [closing statement](#)]
- 9 Refused [Go to [closing statement](#)]

7. Were you treated at a health department STD clinic?

1 Yes [Go to [closing statement](#)]

2 No [Go to [closing statement](#)]

7 Don't know / Not sure [Go to [closing statement](#)]

9 Refused [Go to [closing statement](#)]

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.