

## Core Sections

### Section 1:

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#### Health Status

- 1.1 Would you say that in general your health is: (73)

**Please read:**

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

**Or**

- 5 Poor

**Do not read:**

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

- 1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

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

- 1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

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

- 1.4 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

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

## Section 2:

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### Health Care Access

- 2.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 2.2** 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?"*) (81)
- 1 Yes, only one
  - 2 More than one
  - 3 No
  - 7 Don't know / Not sure
  - 9 Refused
- 2.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? (82)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

## Section 3:

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### Exercise

- 3.1** 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? (83)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 4:

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### Diabetes

4.1 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?"*)

- (84)
- |   |  |
|---|--|
| 1 | Yes  |
| 2 | Yes, but female told only during pregnancy |
| 3 | No   |
| 7 | Don't know / Not sure                      |
| 9 | Refused                                    |

### Optional Module 1: as state added question

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### Diabetes

To be asked following core Q4.1 if response is "Yes"

1. How old were you when you were told you have diabetes? (205-206)
- \_\_\_ \_\_\_ Code age in years [**97 = 97 and older**]
- |   |   |                      |
|---|---|----------------------|
| 9 | 8 | Don't know/ Not sure |
| 9 | 9 | Refused              |
2. Are you now taking insulin? (207)
- |   |         |
|---|---------|
| 1 | Yes     |
| 2 | No      |
| 9 | Refused |
3. Are you now taking diabetes pills? (208)
- |   |                       |
|---|-----------------------|
| 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.

(209-211)

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

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.

(212-214)

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

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

(215)

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?

(216-217)

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

8. A test for hemoglobin "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 hemoglobin "A one C"?

(218-219)

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

**If "no feet" to Q5, 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?

(220-221)

\_\_\_ \_\_\_ Number of times [**76 = 76 or more**]

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 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.

(222)

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

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

(223)

- 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?

(224)

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

## Section 5:

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### Hypertension Awareness

- 5.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
- (If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")**
- (85)
- 1 Yes
  - 2 Yes, but female told only during pregnancy **[Go to next section]**
  - 3 No **[Go to next section]**
  - 7 Don't know / Not sure **[Go to next section]**
  - 9 Refused **[Go to next section]**
- 5.2 Are you currently taking medicine for your high blood pressure?
- (86)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 6:

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### Cholesterol Awareness

- 6.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?
- (87)
- 1 Yes
  - 2 No **[Go to next section]**
  - 7 Don't know / Not sure **[Go to next section]**
  - 9 Refused **[Go to next section]**
- 6.2 About how long has it been since you last had your blood cholesterol checked?
- (88)
- Read only if necessary:**
- 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years ago)
  - 3 Within the past 5 years (2 years but less than 5 years ago)
  - 4 5 or more years ago
  - 7 Don't know / Not sure
  - 9 Refused
- 6.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?
- (89)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 7:

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### 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.

- 7.1** How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused
- 7.2** Not counting juice, how often do you eat fruit? (93-95)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused
- 7.3** How often do you eat green salad? (96-98)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused
- 7.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (99-101)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

- 7.5** How often do you eat carrots? (102-104)
- 1\_\_ \_\_ Per day  
 2\_\_ \_\_ Per week  
 3\_\_ \_\_ Per month  
 4\_\_ \_\_ Per year  
 5 5 5 Never  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused
- 7.6** Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (105-107)
- 1\_\_ \_\_ Per day  
 2\_\_ \_\_ Per week  
 3\_\_ \_\_ Per month  
 4\_\_ \_\_ Per year  
 5 5 5 Never  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

## Section 8:

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### Weight Control

- 8.1** Are you now trying to lose weight? (108)
- 1 Yes **[Go to Q8.3]**  
 2 No  
 7 Don't know / Not sure  
 9 Refused
- 8.2** Are you now trying to maintain your current weight that is to keep from gaining weight? (109)
- 1 Yes  
 2 No **[Go to Q8.6]**  
 7 Don't know / Not sure **[Go to Q8.6]**  
 9 Refused **[Go to Q8.6]**
- 8.3** Are you eating either fewer calories or less fat to... (110)
- lose weight? **[if "Yes" to Q8.1]**  
 keep from gaining weight? **[If "Yes", to Q8.2]**
- Probe for which:**
- 1 Yes, fewer calories  
 2 Yes, less fat  
 3 Yes, fewer calories and less fat  
 4 No  
 7 Don't know / Not sure  
 9 Refused



**8.4** Are you using physical activity or exercise to .... (111)  
lose weight? **[If "Yes" to Q8.1]**

keep from gaining weight? **[If "Yes" to Q8.2]**

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

**Note: Former Q8.5 about desired weight has been moved as question 14.11 in the demographics section 14. Below is the new Q8.5 formerly Q8.6.**

**8.5** In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

**Probe for which:** (112)

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

## Section 9:

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### Asthma

**9.1** Have you ever been told by a doctor, nurse or other health professional that you had asthma? (113)

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

**9.2** Do you still have asthma? (114)

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

## Module 6: used as State Added Question

### Adult Asthma History

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If "Yes" to core Q9.1, continue. .

Previously you said you were told by a doctor, nurse 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? (244-245)

\_\_\_ \_\_\_ Age in years 11 or older [**96 = 96 and older**]  
9 7 Age 10 or younger  
9 8 Don't know / Not sure  
9 9 Refused

If "Yes" to core Q9.2, continue. .

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (246)

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? (247-248)

\_\_\_ \_\_\_ Number of visits [**87 = 87 or more**]  
8 8 None  
9 8 Don't know / Not sure  
9 9 Refused

4. **[If one or more visits to Q3, fill in (*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? (249-250)

\_\_\_ \_\_\_ Number of visits [**87 = 87 or more**]  
8 8 None  
9 8 Don't know / Not sure  
9 9 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? (251-252)

\_\_\_ \_\_\_ Number of visits [**87 = 87 or more**]  
8 8 None  
9 8 Don't know / Not sure  
9 9 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?

(253-255)

___	___	___	Number of days
8	8	8	None
7	7	7	Don't know / Not sure
9	9	9	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?

(256)

**Please read:**

Would you say?

- 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?

(257)

**Please read:**

Would you say?

- 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 often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler.

(258)

**Please read:**

Would you say?

- 8 Didn't take any
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Once every day

**Or**

- 5 2 or more times every day

**Do not read:**

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

## Section 10:

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### Immunization

- 10.1 During the past 12 months, have you had a flu shot?

(115)

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

- 10.2 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

(116)

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

## Module 4: used as State Added Question

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### Influenza

**Note: If Core Q10.1 = 1 continue; otherwise go to next module**

1. At what kind of place did you get your last flu shot? (237-238)

**Read only if necessary:**

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center **(Example: a community health center)**
- 04 A senior, recreation, or community center
- 05 A store **(Examples: supermarket, drug store)**
- 06 A hospital or emergency room
- 07 Workplace

**Or**

- 08 Some other kind of place

**Do not read:**

- 77 Don't know
- 99 Refused

### Section 11:

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### Tobacco Use

- 11.1 Have you smoked at least 100 cigarettes in your entire life? (117)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No **[Go to SAQ T1]**
- 7 Don't know / Not sure **[Go to SAQ T1]**
- 9 Refused **[Go SAQ T1]**

- 11.2 Do you now smoke cigarettes every day, some days, or not at all? (118)

- 1 Everyday
- 2 Some days
- 3 Not at all **[Go to SAQ T2]**
- 9 Refused **[Go to SAQ T1]**

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (119)

- 1 Yes [Go to SAQ T3]
- 2 No [Go to SAQ T3]
- 7 Don't know / Not sure [Go to SAQ T3]
- 9 Refused [Go to SAQ T3]

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**State Added Question for tobacco**

**If "not at all" (code 3) of core Q11.2, continue. Otherwise (if code 1 or 2 of core Q11.2), go to T3.**

Previously you said you have smoked cigarettes.

T2. About how long has it been since you last smoked cigarettes regularly? (346)

**Read Only if Necessary**

- 1 Within the past month (anytime less than 1 month ago) **Continue to T3**
- 2 Within the past 3 months (1 month but less than 3 months ago) **Continue to T3**
- 3 Within the past 6 months (3 months but less than 6 months ago) **Continue to T3**
- 4 Within the past year (6 months but less than 1 year ago) **Continue to T3**
- 5 Within the past 5 years (1 year but less than 5 years ago) **Go to T 1**
- 6 Within the past 10 years (5 years but less than 10 years ago) **Go to T 1**
- 7 10 or more years ago **Go to T 1**
- 8 Don't know/Not sure **Go to T 1**
- 9 Refused **Go to T 1**

T3. In the past 12 months, have you seen a doctor or other health professional to get any kind of care for yourself? (347)

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

T4. In the past 12 months, has a doctor or other health professional advised you to quit smoking? (348)

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

**Ask everyone**

T1. Which statement best describes the rules about smoking inside your home? (345)

**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 the home
- or
- 4 There are no rules about smoking inside the home
- 7 Don't know/Not sure
- 9 Refused

**Do not read**

## Section 12:

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### Alcohol Consumption

- 12.1** A drink of alcohol 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. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (120-122)
- 1\_\_ \_\_ Days per week  
2\_\_ \_\_ Days in past 30  
8 8 8 No drinks in past 30 days **[Go to next section]**  
7 7 7 Don't know / Not sure  
9 9 9 Refused **[Go to next section]**
- 12.2** On the days when you drank, about how many drinks did you drink on the average? (123-124)
- \_\_ \_\_ Number of drinks  
7 7 Don't know / Not sure  
9 9 Refused
- 12.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (125-126)
- \_\_ \_\_ Number of times  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

## Section 13:

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### Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

- 13.1** Have you had a sunburn within the past 12 months? (127)
- 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 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (128)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

## Section 14:

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### Demographics

14.1 What is your age? (129-130)

\_\_ \_\_ Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

14.2 Are you Hispanic or Latino? (131)

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

14.3 Which one or more of the following would you say is your race? (132-137)  
(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, Alaska Native

**Or**

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

**Do not read:**

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

**If more than one response to Q14.3, continue. Otherwise, go to Q14.5**



- 14.4** Which one of these groups would you say best represents your race? (138)
- 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] \_\_\_\_\_
  - 7 Don't know / Not sure
  - 9 Refused

- 14.5** Are you? (139)
- 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

- 14.6** How many children less than 18 years of age live in your household? (140-141)
- \_\_\_\_\_ Number of children
- 8 8 None
  - 9 9 Refused

## SAQ optional Module 7:

### Childhood Asthma

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**If "No children" to core Q14.6, go to core section question 14.7**

1. Earlier you said there were **[fill in number from core Q14.6]** children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (259-260)
- \_\_\_\_\_ Number of children
- 8 8 None **[go to core section question 14.7]**
  - 7 7 Don't know / Not sure **[go to core section question 14.7]**
  - 9 9 Refused **[go to core section question 14.7]**

2. [Fill in (*Does this child/How many of these children*) from Q1] still have asthma?  
(261-262)

If only one child from Q1 and response is "Yes" to Q2 code '01'. If response is "No" code '88'.

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

**Back to core section 14.7**

- 14.7 What is the highest grade or year of school you completed? (142)

**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)  
9 Refused

- 14.8 Are you currently? (143)

**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

14.9 Is your annual household income from all sources?

(144-145)

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

**Read as appropriate:**

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

14.10 About how much do you weigh without shoes?

(146-148)

**Round fractions up**

\_\_\_ \_\_\_ \_\_\_ Weight

*pounds*

7 7 7 Don't know / Not sure

9 9 9 Refused

Note: *Q14.11 used to be Q8.5 under weight control section 8.*

**14.11 How much would you like to weigh?**

(149-151)

\_\_\_ \_\_\_ \_\_\_ Weight

*pounds*

7 7 7 Don't know / Not sure

9 9 9 Refused

**14.12** About how tall are you without shoes? (152-154)

**Round fractions down**

\_\_\_/\_\_\_ \_\_\_ Height

*ft / inches*

7 7 7 Don't know / Not sure

9 9 9 Refused

**14.13** What county do you live in? (155-157)

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

7 7 7 Don't know / Not sure

9 9 9 Refused

**14.14** 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. (158)

1 Yes

2 No **[Go to Q14.16]**

7 Don't know / Not sure **[Go to Q14.16]**

9 Refused **[Go to Q14.16]**

**14.15** How many of these phone numbers are residential numbers? (159)

\_\_\_ Residential telephone numbers **[6=6 or more]**

7 Don't know / Not sure

9 Refused

**14.16** During the past 12 months, has your household been without telephone service for 1 week or more?

**Note: Do not include interruptions of phone service due to weather or natural disasters.** (160)

1 Yes

2 No

7 Don't know/ Not sure

9 Refused

**14.17** Indicate sex of respondent. Ask only if necessary. (161)

1 Male **[Go to next section]**

2 Female

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

**14.18** To your knowledge, are you now pregnant? (162)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

## Section 15:

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### Arthritis

**15.1** "The next questions refer to your joints. Please do **NOT** include the back or neck. **"DURING THE PAST 30 DAYS**, have you had any symptoms of pain, aching, or stiffness in or around a joint?

(163)

- 1 Yes
- 2 No **[Go to Q15.4]**
- 7 Don't Know / Not Sure **[Go to Q15.4]**
- 9 Refused **[Go to Q15.4]**

**15.2** Did your joint symptoms **FIRST** begin more than 3 months ago?

(164)

- 1 Yes
- 2 No **[Go to Q15.4]**
- 7 Don't Know / Not Sure **[Go to Q15.4]**
- 9 Refused **[Go to Q15.4]**

**15.3** Have you **EVER** seen a doctor or other health professional for these joint symptoms?

(165)

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

**15.4** 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?

(166)

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

**Interviewer note: Arthritis diagnoses include:**

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

**IF EITHER Q15.2= 1 OR Q15.4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION**

- 15.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (167)
- 1 Yes
  - 2 No
  - 7 Don't Know / Not Sure
  - 9 Refused

**NOTE: If a respondent question arises about medication, then the interviewer should reply:**

"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

**\* IF AGE IS BETWEEN 18-64 CONTINUE, OTHERWISE GO TO NEXT SECTION**

- 15.6** "In this next question we are referring to work for pay. "Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (168)

**NOTE: If respondent says he\she is retired or out-of-work, reply: "Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"**

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

## Section 16:

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### Falls

**To be asked only of people 45 years or older.**

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

- 16.1** In the past 3 months, have you had a fall? (169)
- 1 Yes
  - 2 No **[Go to next section]**
  - 7 Don't know / Not sure **[Go to next section]**
  - 9 Refused **[Go to next section]**

- 16.2** Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (170)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 17:

---

### Disability

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

- 17.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (171)

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

- 17.2** 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? (172)

**Include occasional use or use in certain circumstances**

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

## Section 18:

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### Physical Activity

**If "employed" or "self-employed" to core Q14.8 continue, otherwise go to Q18.2.**

- 18.1** When you are at work, which of the following best describes what you do? Would you say? (173)

**If respondent has multiple jobs, include all jobs**

**Please read:**

- 1 Mostly sitting or standing
- 2 Mostly walking
- or
- 3 Mostly heavy labor or physically demanding work

**Do not read:**

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

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

**18.2** Now, thinking about the moderate activities you do [fill in (when you are not working,) if “employed” or self-employed] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

(174)

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

**18.3** How many days per week do you do these moderate activities for at least 10 minutes?

(175-176)

\_\_\_ Days per week

- 7 7 Don't know / Not sure [Go to Q18.5]
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q18.5]
- 9 9 Refused [Go to Q18.5]

**18.4** On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(177-179)

\_\_:\_\_ Hours and minutes per day

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

**18.5** Now, thinking about the vigorous activities you do [fill in (when you are not working) if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

(180)

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

**18.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(181-182)

\_\_\_ Days per week

- 7 7 Don't know / Not sure [Go to next section]
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
- 9 9 Refused [Go to next section]

**18.7** On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(183-185)

\_\_:\_\_ Hours and minutes per day

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



## Section 19:

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### Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

**19.1** 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? (186)

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

**19.2** Which of the following best describes your service in the United States military? (187)

**Please read:**

- 1 Currently on active duty **[Go to next section]**
- 2 Currently in a National Guard or Reserve unit **[Go to next section]**
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

**Do not read:**

- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

**19.3** In the last 12 months have you received some or all of your health care from VA facilities? (188)

**If "yes" probe for "all" or "some" of the health care.**

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

## Section 20:

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### HIV / AIDS

**If respondent is 65 years old or older, go to next section.**

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.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

**20.1** A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (189)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

**20.2** There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

**20.3** How important do you think it is for people to know their HIV status by getting tested? (191)

**Please read:**

Would you say?

- 1 Very important
  - 2 Somewhat important
- Or**
- 3 Not at all important

**Do not read:**

- 8 Depends on risk
- 7 Don't know / Not sure
- 9 Refused

20.4 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

(192)

**[Include saliva tests]**

- 1 Yes
- 2 No **[Go to Q20.8]**
- 7 Don't know / Not Sure **[Go to Q20.8]**
- 9 Refused **[Go to 20.8]**

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

**[include saliva tests]**

(193-198)

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

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

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

(199-200)

**Please read:**

\_\_\_ \_\_\_ Reason code

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as a part of a routine medical check-up
- 08 Or you were tested for some other reason

**Do not read:**

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

- 20.7** 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, at home, or somewhere else?  
(201-202)

\_\_ \_\_ Facility code

- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 In a jail or prison (or other correctional facility)
- 06 Home
- 07 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

- 20.8** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.  
(203)

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

Do any of these situations apply to you?

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

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

- 20.9** In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?  
(204)

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

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 and/or State-added Questions.

## **OPTIONAL MODULES**

### **Module 3:**

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#### **Women's Health**

**If Q14.17 = 2 (female) continue, otherwise go to next section. If respondent is male age 40 years and older go to module 14.**

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?  
(228)
  - 1 Yes
  - 2 No **[Go to Q5]**
  - 7 Don't know/Not sure **[Go to Q5]**
  - 9 Refused **[Go to Q5]**
  
2. How long has it been since you had your last mammogram?  
(229)

**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
  - 7 Don't know / Not sure **[Go to Q4]**
  - 9 Refused **[Go to Q4]**
- 
3. You said your most recent mammogram was **{CATI WILL BE USED TO INSERT TIME FRAME FROM PREVIOUS QUESTION}**. How long before **THAT** mammogram was the last one?  
(230)

**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

4. 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.

(231)

*If Q3 coded 1-5, 7 or 9 then ask:*

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

*If Q3 coded 6 or Q2 coded 7 or 9 then ask:*

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

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

5. 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?

(232)

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

6. How long has it been since your last breast exam?

(233)

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

7. A pap smear is a test for cancer of the cervix. Have you ever had a pap smear?

(234)

- 1 Yes
- 2 No **[Go to Q9]**
- 7 Don't know / Not Sure **[Go to Q9]**
- 9 Refused **[Go to Q9]**

8. How long has it been since you had your last pap smear?

(235)

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

**NOTE: If response to core Q14.18 = 1 (is pregnant) then go to ~~next~~ module 15.**

9. Have you had a hysterectomy?

(236)

**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

**Module 14:**

---

**Prostate Cancer Screening (Male only 40 years and older)**

**If respondent is 39 years old or younger, or is female, go to SAQ.**

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? (326)

- 1 Yes
- 2 No **[Go to Q3]**
- 7 Don't Know / Not Sure **[Go to Q3]**
- 9 Refused **[Go to Q3]**

2. How long has it been since you had your last PSA test? (327)

**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
- 7 Don't know
- 9 Refused

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? (328)
- 1 Yes
  - 2 No **[Go to Q5]**
  - 7 Don't know / Not sure **[Go to Q5]**
  - 9 Refused **[Go to Q5]**
4. How long has it been since your last digital rectal exam? (329)
- 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
  - 7 Don't know / Not sure
  - 9 Refused
5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (330)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 15:

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### Colorectal Cancer Screening Ask only for 50 years and older male or female.

If respondent 49 years old or younger, go to SAQ.

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? (331)
- 1 Yes
  - 2 No **[Go to Q15.3]**
  - 7 Don't know / Not sure **[Go to Q15.3]**
  - 9 Refused **[Go to Q15.3]**
2. How long has it been since you had your last blood stool test using a home kit? (332)
- Read only if necessary:**
- 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years ago)
  - 3 Within the past 5 years (2 years but less than 5 years ago)
  - 4 5 or more years ago
  - 7 Don't know / Not sure
  - 9 Refused



3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (333)

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

4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (334)

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

**SAQ STATE Added Questions**

ISLAND. What island do you live in? (349)

Islandcode 1=Oahu 2=Hawaii 3=Kauai 4=Maui 5=Molokai 6=Lanai

ZIPCODE. What is your residential zip code? (350-354)

9 6

SIRACE. What is your race? (355-362)  
Accept four answers. Read only when necessary.

- 1Caucasian (example:European,German,Irish,Italian,English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/Alaska Native/Eskimo/Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican
- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian (specify) record the specified in (363-382)
- 23 Other (specify) **record the specified in col (363-382)**

**Do not read** 24 Don't know/not sure

25 Refused

**26** No additional choices

SI\_OTH Populated for respondents who answered "other" or "other Asian" to self-identified race  
<SIRACE> (363-382)

MRACE1-4. Of what race is your mother?

(383-390)

Accepts up to 4 answers. If answer is "part" or "mixed", probe for all of the "parts".

Read only when necessary.

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/Alaska Native/Eskimo/Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican
- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian (specify) record the specified in (391-410)
- 23 Other (specify) **record the specified in col (391-410)**

**Do not read**

24 Don't know/not sure

25 Refused

**26** No additional choices

MRACE\_O Populated for respondents who answered "other" or 'other Asian' as one of the four races of their mother (391-410)

FRACE1-4. Of what race is your father?

(411-418)

Accepts up to 4 answers

If answer is "part" or "mixed", probe for all of the "parts".

Read only when necessary.

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/Alaska Native/Eskimo/Inuit
- 10 Vietnamese
- 11 Asian Indian
- 12 Portuguese
- 13 Guamanian/Chamorro
- 14 Puerto Rican
- 15 Mexican
- 16 Tongan
- 17 Laotian
- 18 Cambodian
- 19 Malaysian
- 20 Fijian
- 21 Micronesian
- 22 Other Asian (specify) record the specified in (419-438)
- 23 Other (specify) **record the specified in col (419-438)**

**Do not read** 24 Don't know/not sure

25 Refused

**26** No additional choices

FRACE\_O Populated for respondents who answered "other" or 'other Asian' of their father <FRACE1-4> (419-438)

## SAQ Intimate Partner Violence

SIPV1. Looking back on your childhood, did you ever have bruises, cuts, welts, a black eye, or broken bones as a result of being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by an adult?

(439)

1=Yes

2=No

7=Don't Know/Not Sure

9=Refused

SIPV2. As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked or otherwise physically hurt by his/her spouse or partner? (440)

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

SIPV3. In the past twelve months, have you been a victim of physical or sexual violence and/or emotional abuse by an intimate partner?

Answer all that applies

- 1=Yes, I have been the victim of physical violence (441)
- 2=Yes, I have been the victim of sexual violence (442)
- 3=Yes, I have been the victim of emotional abuse (443)
- 4=No
- 7=Don't know/Not Sure
- 9=Refused

SIPV4. What was your relationship to the LAST person who physically, sexually and/or emotionally abused you in the past 12 months? (444)

- 1=Spouse/Partner
- 2=Ex-Spouse/Ex-Partner
- 3=Boyfriend/Girlfriend
- 4=Ex-Boyfriend/Ex-Girlfriend
- 5=Date
- 7=Don't Know/Not Sure
- 9=Refused

**NOTE: YOU MUST PLACE THE NUMBER ONE (1) IN POSITION 700.**