

Section 1: Health Status

1.1. Would you say that in general your health is: (72)

Please Read

1	Excellent
2	Very good
3	Good
4	Fair
	or
5	Poor

Do not read 7 Don't know/Not sure
these responses 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?

(73-74)

__ __	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?

(75-76)

__ __	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

14. 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?

(77-78)

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

Section 2: 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? (79)

- 1 Yes
- 2 No **Go to Q2.3**
- 7 Don't know/Not sure **Go to Q2.3**
- 9 Refused **Go to Q2.3**

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)

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

2.3. Do you have one person you think of as your personal doctor or health care provider? (81)

- 1 Yes, only one
 - 2 More than one
 - 3 No
 - 7 Don't know/Not sure
 - 9 Refused
- If "no," ask "Is there more than one or is there no person who you think of?"⁹

Section 3: Exercise

3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)

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

Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

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

4.2. Are you currently taking medicine for your high blood pressure? (84)

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

Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

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

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

Read Only if Necessary

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

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

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

Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (88)

- 1 Yes
- 2 No **Go to Q7.1**
- 7 Don=t know/Not sure **Go to Q7.1**
- 9 Refused **Go to Q7.1**

6.2. Do you still have asthma? (89)

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

Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

If "Yes" and female, ask "Was this only when you were pregnant?"	1	Yes
	2	Yes, but female told only during pregnancy
	3	No
	7	Don=t know/Not sure
	9	Refused

Section 8: Arthritis

8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (91)

- 1 Yes
- 2 No **Go to Q8.5**
- 7 Don't know/Not sure **Go to Q8.5**
- 9 Refused **Go to Q8.5**

8.2. Were these symptoms present on most days for at least one month? (92)

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

8.3. Are you now limited in any way in any activities because of joint symptoms? (93)

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

8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)

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

8.5. Have you ever been told by a doctor that you have arthritis? (95)

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

8.6. Are you currently being treated by a doctor for arthritis? (96)

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

Section 9: Immunization

9.1. During the past 12 months, have you had a flu shot? (97)

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

9.2. 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. (98)

- 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? (99)

- | | | |
|--------------------------------|---|--|
| 5 packs
= 100
cigarettes | 1 | Yes |
| | 2 | No Go to Q11.1 |
| | 7 | Don=t know/Not sure Go to Q11.1 |
| | 9 | Refused Go to Q11.1 |

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

- | | |
|---|-------------------------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all Go to Q11.1 |
| 9 | Refused Go to Q11.1 |

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

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

Section 11: Alcohol Consumption

11.1. 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 often have you had at least one drink of any alcoholic beverage? (102-104)

- 1 _ _ Days per week
- 2 _ _ Days in past 30
- 8 8 8 No drinks in past 30 days **Go to Q12.1**
- 7 7 7 Don't know/Not sure **Go to Q12.1**
- 9 9 9 Refused **Go to Q12.1**

11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

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

11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

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

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

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

Section 13: Demographics

13.1. What is your age? (110-111)

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

13.2. Are you Hispanic or Latino? (112)

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

13.3. Which one or more of the following would you say is your race? (113-118)

- | | | |
|------------------------------------|---|---|
| | | Please Read |
| Mark all that apply | 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] |
| | 8 | No additional choices |
| Do not read these responses | 7 | Don't know/Not sure |
| | 9 | Refused |

If more than one response to Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (119)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other [specify]
- 7 Don't know/Not sure
- 9 Refused

13.5. Are you: (120)

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

13.6. How many children less than 18 years of age live in your household ? (121-122)

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

13.7. What is the highest grade or year of school you completed? (123)

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

13.8. Are you currently: (124)

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

13.9. Is your annual household income from all sources: (125-126)

Read as Appropriate

- If respondent** 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
refuses at (\$20,000 to less than \$25,000)
- any income** 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
level, code (\$15,000 to less than \$20,000)
- refused** 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read 7 7 Don=t know/Not sure
these responses 9 9 Refused

13.10. About how much do you weigh without shoes? (127-129)

- Round** — — — **Weight**
- fractions up** pounds
- 7 7 7 Don=t know/Not sure
- 9 9 9 Refused

13.11. About how tall are you without shoes? (130-132)

Round ___/___ ___ Height
fractions ft/inches
down 7 7 7 Don=t know/Not sure
 9 9 9 Refused

13.12. What county do you live in? (133-135)

___ ___ ___ FIPS county code
 7 7 7 Don=t know/Not sure
 9 9 9 Refused

13.13. 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. (136)

1 Yes
 2 No **Go to Q13.15**
 7 Don=t know/Not sure **Go to Q13.15**
 9 Refused **Go to Q13.15**

13.14. How many of these are residential numbers? (137)

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

13.15. How many adult members of your household currently use a cell phone for any purpose? (138)

___ Number of adults
 8 None
 7 Don=t know/Not sure
 9 Refused

13.16. Indicate sex of respondent. **Ask only if necessary** (139)

1 Male **Go to Q14.1**
 2 Female

If respondent 45 years old or older, go to Q14.1

13.17. To your knowledge, are you now pregnant? (140)

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

Section 14: Disability

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

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

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

14.2. 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? (142)

- Include occasional use or use in certain circumstances** 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 15: Physical Activity

If "employed" or "self-employed" to core Q13.8, continue. Otherwise go to Q15.2.

- 15.1. When you are at work, which of the following best describes what you do? (143)

Would you say: **Please Read**

If respondent has multiple jobs, include all jobs	1	Mostly sitting or standing
	2	Mostly walking
	3	Mostly heavy labor or physically demanding work
Do not read these responses	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.

- 15.2. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q13.8]** 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 small increases in breathing or heart rate? (144)

1	Yes
2	No Go to Q15.5
7	Don=t know/Not sure Go to Q15.5
9	Refused Go to Q15.5

- 15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (145-146)

— —	Days per week
7 7	Don=t know/Not sure
9 9	Refused

15.4. 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? (147-149)

__:__ Hours and minutes per day
7 7 7 Don=t know/Not sure
9 9 9 Refused

15.5. Now thinking about the vigorous physical activities you do [**fill in (when you are not working) if "employed" or "self-employed" to core Q13.8**] 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? (150)

1 Yes
2 No **Go to Q16.1**
7 Don=t know/Not sure **Go to Q16.1**
9 Refused **Go to Q16.1**

15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)

__ Days per week
7 7 Don=t know/Not sure
9 9 Refused

15.7. 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? (153-155)

__:__ Hours and minutes per day
9 9 9 Refused

7 7 7

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q17.1

16.1. 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? (156)

1 Yes

- 2 No **Go to Q16.3**
- 7 Don=t Know/not Sure **Go to Q16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last PSA test? (157)

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years)
- 3 Within the past 3 years (2 to 3 years)
- 4 Within the past 5 years (3 to 5 years)
- 5 5 or more years ago
- 7 Don=t know
- 9 Refused

16.3. 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? (158)

- 1 Yes
- 2 No **Go to Q16.5**
- 7 Don=t know/Not sure **Go to Q16.5**
- 9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (159)

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

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)

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

16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)

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

Section 17: Colorectal Cancer Screening

If respondent 49 years old or younger, go to HIV/AIDS Section

17.1. 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? (162)

- 1 Yes
- 2 No **Go to Q17.3**
- 7 Don't know/Not sure **Go to Q17.3**
- 9 Refused **Go to Q17.3**

17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

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

17.3. 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? (164)

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

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165)

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 Within the past 10 years (5 to 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Section 18: HIV/AIDS

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

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

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.

18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

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

18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

- 1 True
- 2 False **Go to Q18.4**
- 7 Don't know/Not Sure **Go to Q18.4**
- 9 Refused **Go to Q18.4**

18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

- Please Read**
- 1 Very effective
- 2 Somewhat effective
- or
- 3 Not at all effective
- 7 Don't know/Not sure
- 9 Refused

**Do not read
these responses**

18.4. How important do you think it is for people to know their HIV status by getting tested?
(169)

Would you say:

- | | | |
|------------------------|---|----------------------|
| | | Please Read |
| | 1 | Very important |
| | 2 | Somewhat important |
| | | or |
| | 3 | Not at all important |
| Do not read | 7 | Don=t know/Not sure |
| these responses | 9 | Refused |

18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.
(170)

- | | | |
|---------------------|---|--|
| Include | 1 | Yes |
| saliva tests | 2 | No Go to Q18.9 |
| | 7 | Don=t know/Not sure Go to Q18.9 |
| | 9 | Refused Go to Q18.9 |

18.6. Not including blood donations, in what month and year was your last HIV test?
(171-174)

- | | | |
|---------------------|---------------|---------------------|
| Include | __ __ / __ __ | Code month and year |
| saliva tests | 7 7 7 7 | Don=t know/Not sure |
| | 6 6 6 6 | Refused |

18.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]?
(175-176)

— —	Reason code
	Read Only if Necessary
0 1	For hospitalization or surgical procedure
0 2	To apply for health insurance
0 3	To apply for life insurance
0 4	For employment
0 5	To apply for a marriage license
0 6	For military induction-or military service
0 7	For immigration
0 8	Just to find out if you were infected
0 9	Because of referral by a doctor
1 0	Because of pregnancy
1 1	Referred by your sex partner
1 3	For routine check-up
1 4	Because of occupational exposure
1 5	Because of illness
1 6	Because I am at risk for HIV
8 7	Other
7 7	Don=t know/Not sure
9 9	Refused

18.8. Where did you have the HIV test in [fill in date from Q18.6]? (177-178)

- | | |
|-----|---|
| — — | Facility code |
| | Read Only if Necessary |
| 0 1 | Private doctor, HMO |
| 0 2 | Blood bank, plasma center, Red Cross |
| 0 3 | Health department |
| 0 4 | AIDS clinic, counseling, testing site |
| 0 5 | Hospital, emergency room, outpatient clinic |
| 0 6 | Family planning clinic |
| 0 7 | Prenatal clinic, obstetrician=s office |
| 0 8 | Tuberculosis clinic |
| 0 9 | STD clinic |
| 1 0 | Community health clinic |
| 1 1 | Clinic run by employer |
| 1 2 | Insurance company clinic |
| 1 3 | Other public clinic |
| 1 4 | Drug treatment facility |
| 1 5 | Military induction or military service site |
| 1 6 | Immigration site |
| 1 7 | At home, home visit by nurse or health worker |
| 1 8 | At home using self-sampling kit |
| 1 9 | In jail or prison |
| 8 7 | Other |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

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

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

- | | |
|---|---------------------|
| 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

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

Module 1: Diabetes

To be asked following core Q7.1 if response is "yes"

1. How old were you when you were told you have diabetes? (180-181)

__ __	Code age in years [97 = 97 and older]
9 8	Don=t know/Not sure
9 9	Refused

2. Are you now taking insulin? (182)

1	Yes
2	No
9	Refused

3. Are you now taking diabetes pills? (183)

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. (184-186)

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.

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? (190)

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? (191-192)

___ Number of times
 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"? (193-194)

___ 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? (195-196)

—	—	Number of times
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. (197)

Read Only if Necessary

1	Within the past month (0 to 1 month ago)
2	Within the past year (1 to 12 months ago)
3	Within the past 2 years (1 to 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? (198)

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? (199)

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

Module 5: Women=s Health

If respondent is male, go to next module

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (247)
 - 1 Yes
 - 2 No **Go to Q4**
 - 7 Don't know/Not sure **Go to Q4**
 - 9 Refused **Go to Q4**

2. How long has it been since you had your last mammogram? (248)

Read only if Necessary

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

3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (249)
 - 1 Routine checkup
 - 2 Breast problem other than cancer
 - 3 Had breast cancer
 - 7 Don't know/Not sure
 - 9 Refused

4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (250)
 - 1 Yes
 - 2 No **Go to Q7**
 - 7 Don't know/Not sure **Go to Q7**
 - 9 Refused **Go to Q7**

5. How long has it been since your last breast exam? (251)

Read Only if Necessary

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

6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (252)

- 1 Routine checkup
- 2 Breast problem other than cancer
- 3 Had breast cancer
- 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? (253)

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

8. How long has it been since you had your last Pap smear? (254)

Read Only if Necessary

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

9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (255)

- 1 Routine exam
- 2 Check current or previous problem
- 3 Other
- 7 Don't know/Not sure
- 9 Refused

10. Have you had a hysterectomy? (256)

**A hysterec-
tomy is an
operation
to remove the
uterus (womb)**

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

Module 8: Heart Attack and Stroke

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

1. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.
 - a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (282)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (283)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - c. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (284)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - d. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (285)

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

e. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (286)

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

f. (Do you think) shortness of breath (is a symptom of a heart attack?) (287)

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

2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you=re not sure. (288)

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke?

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

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (289)

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

c. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (290)

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

d. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (291)

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

e. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (292)

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

f. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (293)

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

3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (294)

Please Read

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

Do not read these responses 7 Don=t know/Not sure
9 Refused

Module 10: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (314-316)

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

2. Not counting juice, how often do you eat fruit? (317-319)

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

3. How often do you eat green salad? (320-322)

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

4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (323-325)

- 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

5. How often do you eat carrots? (326-328)

- 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

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (329-331)

- Example:**
- A serving of** 1 ___ ___ Per day
 - vegetables at** 2 ___ ___ Per week
 - both lunch** 3 ___ ___ Per month
 - and dinner** 4 ___ ___ Per year
 - would be two** 5 5 5 Never
 - servings** 7 7 7 Don't know/Not sure
 - 9 9 9 Refused

Module 11: Weight Control

1. Are you now trying to lose weight? (332)

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

2. Are you now trying to maintain your current weight, that is to keep from gaining weight? (333)

- 1 Yes
- 2 No **Go to Q6**
- 7 Don't know/Not sure **Go to Q6**
- 9 Refused **Go to Q6**

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

lose weight? [**if "Yes" on Q1**]

keep from gaining weight? [**if "Yes" on Q2**] (334)

**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

4. Are you using physical activity or exercise to...

lose weight? [**if "Yes" on Q1**]

keep from gaining weight? [**if "Yes" on Q2**] (335)

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

5. How much would you like to weigh? (336-338)

___ ___ ___ Weight
 pounds
 7 7 7 Don't know/Not sure
 9 9 9 Refused

6. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (339)

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

Module 12: Folic Acid

1. Do you currently take any vitamin pills or supplements? (340)

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

Include liquid supplements

2. Do any of the vitamin pills or supplements you take contain folic acid? (342)

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

3. How often do you take this vitamin pill or supplement? (343-345)

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

4. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects? (346)

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

Do not read these responses

Module 13: Tobacco Indicators

If "yes" to core Q10.1, continue. Otherwise, go to Q7.

Previously you said you have smoked cigarettes.

5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? (354)

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

Module 3: Family Planning

If respondent is male or age 45 years old or older, go to next module.

The next few questions ask about pregnancy and ways to prevent pregnancy.

If pregnant now ("Yes" to core Q10.11), go to Q2a.

- | | |
|--|-------|
| 1. Have you been pregnant in the last 5 years? | (222) |
| a. Yes | 1 |
| b. No Go to Q3 | 2 |
| Don't know/Not sure Go to Q3 | 7 |
| Refused Go to Q3 | 9 |
| 2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? | (223) |

Would you say: **Please Read**

- | | |
|--|---|
| a. You wanted to be pregnant sooner Go to Q3 | 1 |
| b. You wanted to be pregnant later Go to Q3 | 2 |
| c. You wanted to be pregnant then Go to Q3 | 3 |
| d. You didn't want to be pregnant then or at anytime in the future Go to Q3 | 4 |
| or | |
| e. You don't know Go to Q3 | 7 |

Do not read Refused **Go to Q3** 9
3. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (224)

Would you say: **Please Read**

- a. You wanted to be pregnant sooner 1
- b. You wanted to be pregnant later 2
- c. You wanted to be pregnant then 3
- d. You didn't want to be pregnant then or at any time in the future 4
- or**
- e. You don't know 7

Do not read Refused 9

If respondent had hysterectomy ("Yes" to core Q11.10) or is pregnant now ("Yes" to core Q11.11), go to Q6.

If respondent has no sex partners ("None" to Q1 in Sexual Behavior module), go to Q6.

4. Are you or your **[fill in (husband/partner) from core Q10.4]** using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (225)

- a. Yes 1
- b. No **Go to Q5** 2
- c. Not sexually active **Go to Q6** 3
- Don't know/Not sure **Go to Q6** 7
- Refused **Go to Q6** 9

5. What kinds of birth control are you or your **[fill in (husband/partner) from core Q10.4]** using now? (226-227)

Kind Code

Read Only if Necessary

- a. Tubes tied (sterilization) **Go to Q6** 0 1
- b. Vasectomy (sterilization) **Go to Q6** 0 2
- c. Pill **Go to Q6** 0 3
- d. Condoms **Go to Q6** 0 4
- e. Foam, jelly, cream **Go to Q6** 0 5
- f. Diaphragm **Go to Q6** 0 6
- g. Norplant **Go to Q6** 0 7
- h. Shots (Depo-Provera) **Go to Q6** 0 8
- I. Withdrawal **Go to Q6** 0 9
- j. Other **[specify]**_____ **Go to Q6** 8 7
- Don't know/Not sure **Go to Q6** 7 7
- Refused **Go to Q6** 9 9

If more than one, code other and specify each method code e.

6. What are your reasons for not using any birth control now?
229) (228-

Reason Code

Read Only if Necessary

If more than one, code other and specify each method code	a. I am not having sex	0 1
	b. I want to get pregnant	0 2
	c. I don't want to use birth control	0 3
	d. My husband or partner doesn't want to use birth control	0 4
	e. I don't think I can get pregnant	0 5
	f. I can't pay for birth control	0 6
	g. Other [specify] _____	8 7
	Don't know/Not sure	7 7
	Refused	9 9

7. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns? (230)

Would you say: **Please Read**

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

8. Have you ever used the services at a family planning clinic? (231)

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

9. How long has it been since you used the services at a family planning clinic? (232)

Read Only if Necessary

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

Immunization module question:

State-added:

SA1. You may have already answered this question, but did you receive a flu shot between September and December of LAST year, between January and May of THIS year, both times, or neither?

September-December 2000	<i>Go to SA3</i>	1
January-May 2001		2
Neither	<i>Go to SA2, SKIP SA3</i>	3
Both	<i>Go to SA3</i>	4
Don't know/Not sure	<i>Go to next topic</i>	7
Refused	<i>Go to next topic</i>	9

SA2. What is the main reason you didn't get a flu shot between September and December of LAST year?

Record response: _____

READ THE FOLLOWING ONLY IF RESPONDENT DOESN'T KNOW

- a. Didn't know I needed it
- b. Doctor didn't recommend it
- c. Didn't think of it/forgot/missed it
- d. Tried to get a flu shot, but no flu shots were available
- e. Tried to get a flu shot, but my doctor said I didn't need it
- f. Didn't think it would work
- g. Don't need a flu shot/not at risk/flu not serious
- h. Shot could give me the flu/allergic reaction/other health problem
- i. Doctor recommended against getting the shot/allergic to shot/medical reasons
- j. Don't like shots or needles / don't want it
- k. Other [specify] _____

Record prompted response: _____

SA3. At what kind of place did you get your last flu shot {before June 2001}?

Place code _____

Read Only if Necessary

- a. A doctor's office or health maintenance organization
 - b. A health department
 - c. Another type of clinic or health center
 [*Example: a community health center*]
 - d. A senior, recreation, or community center
 - e. A store [*Examples: supermarket, drug store*]
 - f. A hospital or emergency room
 - g. Workplace
 - h. Other [*specify*]_____
- Don't know/Not sure
- Refused

If S8.5 is yes,

SA1. Do you use any complimentary healing practices to help manage your pain of arthritis?

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

**Do not read
these responses**

If "no children" to core Q13.6, go to next module

SAQ10. Earlier you said there were [**fill in number from core Q13.6**] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (278-279)

- ____ Number of children
- 8 8 None **Go to Next Module**
- 7 7 Don=t know **Go to Next Module**
- 9 9 Refused **Go to Next Module**

SAQ11. [Fill in (Does this child/How many of these children) from Q10] still have asthma?

(280-281)

—	—	Number of children
8	8	None
7	7	Don=t know
9	9	Refused

Health Insurance

If yes to Q2.1

2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

- a. Yes
- b. No

2.3. What type of health care coverage do you use to pay for most of your medical care?

- a. Your employer **Go to HIPLAN**
 - b. Someone else's employer **Go to HIPLAN**
 - c. A plan that you or someone else buys on your own **Go to HIPLAN**
 - d. Medicare **Go to HIPLAN**
 - e. Medicaid or Medical Assistance **Go to HIPLAN**
 - f. The military, CHAMPUS, TriCare, or the VA **Go to HIPLAN**
 - g. The Indian Health Service **Go to HIPLAN**
 - h. Some other source **Go to HIPLAN**
- None **Go to HINOCOV**

If q2.1 is no,

2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- i. None **Go to HINOCOV**

HIPLAN. What is your primary health insurance plan?

If response is COBRA, then ask what Cobra plan they are under.
If response is QUEST, then ask what Quest plan they are under.

Aetna
Aloha Care - Quest
Blue Cross/Blue Shield
ChampUS/TriCare
HMSA
HMSA Quest
Island Care
Kaiser
Kaiser Quest
Kapiolani Health
Kapiolani Quest
Medicaid
Medicare
Prudential
Queen's
Queen's Quest
Quest
Straub
Straub Quest
University Health Alliance
Other (specify)

COVERAGE. Which of the following care plans are covered by your medical insurance?

- a. basic medical care? (Y/N)
- b. prescription drugs and medicine? (Y/N)
- c. dental care? (Y/N)
- d. vision and eye care? (Y/N)

HINOCOV. Why are you not covered by health insurance?

Lost job or changed employers **Go to Q 2.5**

Spouse or parent lost job or changed employer **Go to Q 2.5**

Became ineligible because of age or left school **Go to Q 2.5**

Employer stopped offering coverage **Go to Q 2.5**

Employment cutback to part time **Go to Q 2.5**

Couldn't afford to pay premiums **Go to Q 2.5**

Insurance company refused coverage **Go to Q 2.5**

Other (specify) **Go to Q 2.5**

2.5. About how long has it been since you had health care coverage?

- a. Within the past 6 months (1 to 6 months ago)
 - b. Within the past year (6 to 12 months ago)
 - c. Within the past 2 years (1 to 2 years ago)
 - d. Within the past 5 years (2 to 5 years ago)
 - e. 5 or more years ago
- Never

2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- a. Yes
- b. No

SIRACE. What is your race?

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian/Part
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/Alaska Native
- 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 Other Pacific Islander
- 22 Other Asian
- 23 Other specify
- 24 Don't know
- 25 Refused
- 77 Don't know
- 99 Refused

MRACE1-4. Of what race is your mother?

Accepts up to 4 answers

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

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian/Part
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/Alaska Native
- 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 Other Pacific Islander
- 22 Other Asian
- 23 Other specify
- 24 Don't know
- 25 Refused
- 77 Don't know
- 99 Refused

FRACE1-4. Of what race is your father?

Accepts up to 4 answers

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

- 1 Caucasian (includes European, German, Irish, Italian, English)
- 2 Hawaiian/Part
- 3 Chinese
- 4 Filipino
- 5 Japanese
- 6 Korean
- 7 Samoan
- 8 Black
- 9 American Indian/Alaska Native
- 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 Other Pacific Islander
- 22 Other Asian
- 23 Other specify
- 24 Don't know
- 25 Refused
- 77 Don't know
- 99 Refused

Island If county is Maui,
What island do you live on?

Island code

ZIPCODE. What is your residential zip code?

MAILOUT. Do you recall receiving a letter from the Department of Health notifying you that this survey was being conducted and that your household could be contacted?

If anyone in the household knows of the letter, then code as YES.

- a. Yes
- b. No