

## Section 1: Health Status

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

**Please read**

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

**Or**

- 5 Poor

**Do not read**

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

## Section 2: Healthy Days - Health-related Quality of Life

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

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

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

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

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

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

### Section 3: Health Care Access

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

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

- 3.2. Do you have one person you think of as your personal doctor or health care provider?

**(If "No," ask: "Is there more than one or is there no person who you think of?")** (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?"**

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

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

### Section 4: Exercise

- 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (83)

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

## Section 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

- 5.1. Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building? (84)

**Read if necessary:**

If you are experiencing an illness or symptom within the past 12 months that was caused by something in the air you encountered over 12 months ago, the answer is “Yes”.

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

- 5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors? (85)

**Read if necessary:**

This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is “Yes”.

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

## Section 6: 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.

6.1 Have you had a sunburn within the past 12 months? (86)

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

6.2 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? (87)

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

## Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life? (88)

<b>5 packs</b>	1	Yes
<b>= 100</b>	2	No <b>Go to next section</b>
<b>cigarettes</b>	7	Don't know / Not sure <b>Go to next section</b>
	9	Refused <b>Go to next section</b>

7.2. Do you now smoke cigarettes every day, some days, or not at all? (89)

1	Every day
2	Some days
3	Not at all <b>Go to next section</b>
9	Refused <b>Go to next section</b>

7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (90)

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

## Section 8: Alcohol Consumption

- 8.1. 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? (91-93)

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**

- 8.2. On the days when you drank, about how many drinks did you drink on the average? (94-95)

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

- 8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (96-97)

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

- 8.4 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (98-99)

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

## Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (100)

- 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? (101)

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

## Section 10: Diabetes

10.1. Have you ever been told by a doctor that you have diabetes? (102)  
 (If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")  
 (If Respondent says pre-diabetes or borderline diabetes, use response code 4.)

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

## Section 11: Oral Health

11.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (103)

### Read Only if Necessary

- |  |   |   |
|--|---|---|
| <b>Include visits to dental specialists, such as orthodontists</b> | 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                                       |
|  | 8 | Never   |
|  | 9 | Refused   |

- 11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (104)

<b>Include teeth</b>	1	1 to 5
<b>lost due to</b>	2	6 or more but not all
<b>“infection”</b>	3	All
	8	None
	7	Don't know / Not sure
	9	Refused

**IF Q11.1 = 8/NEVER OR Q11.2 = 3/ALL, SKIP TO NEXT SECTION**

- 11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (105)

**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
8	Never
9	Refused



**Section 12: Immunization**

12.1. During the past 12 months, have you had a flu shot? (106)

**Read if necessary: We want to know if you had a flu shot injected in your arm.**

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

12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? (107)

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

12.3. 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. (108)

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

### Section 13: Demographics

13.1. What is your age? (109-110)

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

13.2. Are you Hispanic or Latino? (111)

- 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? (112-117)  
**(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 Q13.3, continue. Otherwise, go to Q13.5**

13.4. Which one of these groups would you say best represents your race? (118)

- 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

13.5 Are you? (119)

**Please read**

- 1 Married
  - 2 Divorced
  - 3 Widowed
  - 4 Separated
  - 5 Never married
- or**
- 6 A member of an unmarried couple

**Do not read**

- 9 Refused

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

- \_\_\_ Number of children
- 8 8 None
  - 9 9 Refused

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

**Read only if necessary**

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

13.8. Are you currently? (123)

**Please read**

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

**or**

- 8 Unable to work

**Do not read**

- 9 Refused

13.9 Is your annual household income from all sources? (124-125)

**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

13.10. About how much do you weigh without shoes? (126-129)

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

**Round fractions up**

\_\_\_ \_\_\_ \_\_\_ \_\_\_ Weight  
*pounds/kilograms*  
 7 7 7 7 Don't know / Not sure  
 9 9 9 9 Refused

13.11. About how tall are you without shoes? (130-133)

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

**Round fractions down**

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ Height  
*ft / inches/meters/centimeters*  
 7 7 7 7 Don't know / Not sure  
 9 9 9 9 Refused

13.12. What county do you live in? (134-136)

\_\_\_ \_\_\_ \_\_\_ 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.

(137)

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 phone numbers are residential numbers? (138)

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

13.15. During the past 12 months, has your household been without telephone service for 1 week or more? (139)

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

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

13.16. Indicate sex of respondent. Ask only if necessary. (140)

- 1 Male **Go to next section**
- 2 Female

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

13.17. To your knowledge, are you now pregnant? (141)

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

## **Section 14: Veteran's Status**

14.1 The next question relates to military service. 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? (142)

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

14.2 Which of the following best describes your service in the United States Military? (143)

**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**)

- 14.3 In the last 12 months have you received some or all of your health care from VA facilities? (144)

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

## Section 15: Women's Health

**If respondent is male go to next section**

- 15.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (145)

- 1 Yes
- 2 No **Go to Q15.3**
- 7 Don't know / Not sure **Go to Q15.3**
- 9 Refuse **Go to Q15.3**

- 15.2. How long has it been since you had your last mammogram? (146)

**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

- 15.3. A clinical breasts exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you ever had a clinical breasts exam? (147)

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

15.4. How long has it been since your last breast exam? (148)

**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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (149)

- 1 Yes
- 2 No **Go to Q15.7**
- 7 Don't know / Not sure **Go to Q15.7**
- 9 Refused **Go to Q15.7**

15.6 How long has it been since you had your last Pap smear? (150)

**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

If response to Q13.17 is 1 (is pregnant) go to next section

15.7. Have you had a hysterectomy? (151)

- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- A hysterectomy is an operation to remove the uterus (womb)**



## 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? (152)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't know / Not sure **Go to Q 16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last PSA test? (153)

**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

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? (154)

- 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? (155)

- 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

16.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (156)

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

## Section 17: Colorectal Cancer Screening

**If respondent is 49 years old or younger, go to Q18.1**

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? (157)

- 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? (158)

**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

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view colon for signs of cancer or other health problems. Have you ever had either of these exams? (159)

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

- 17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy?  
(160)

**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

## **Section 18: Family Planning**

**If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.**

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

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

(161)

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

- 1 Yes
- 2 No (**Go to Q18.3**)
- 3 No partner/not sexually active **Go to next section**
- 4 Same sex partner **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

- 18.2. What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert you, if male, insert her] from getting pregnant? (162-163)

**Read only if necessary**

- 01 Tubes tied **Go to next section**
- 02 Hysterectomy (female sterilization) **Go to next section**
- 03 Vasectomy ( male sterilization) **Go to next section**
- 04 Pill, all kinds (Seasonale, etc.) **Go to Q18.4**
- 05 Condoms (male or female) **Go to Q18.4**
- 06 Contraceptive implants (Jadelle or Implants) **Go to Q18.4**
- 07 Shots (Depo-Provera) **Go to Q18.4**
- 08 Shots (Lunelle) **Go to Q18.4**
- 09 Contraceptive Patch **Go to Q18.4**
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) **Go to Q18.4**
- 11 IUD (including Mirena) **Go to Q18.4**
- 12 Emergency contraception (EC) **Go to Q18.4**
- 13 Withdrawal **Go to Q18.4**
- 14 Not having sex at certain times (rhythm) **Go to Q18.4**
- 15 Other method (foam, jelly, cream, etc.) **Go to Q18.4**
- 77 Don't know / Not sure **Go to Q18.4**
- 99 Refused **Go to Q18.4**

- 18.3 What is the main reason for not doing anything to keep [if female, insert “you,” if male, insert “your wife/partner”] from getting pregnant? (164-165)

**Read only if necessary**

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

**Do not read**

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

- 18.4 How do you feel about having a child now or sometime in the future? Would you say: (166)

**Please read**

- 1 You don't want to have one **Go to next section**
- 2 You do want to have one **Go to Q18.5**
- 3 You're not sure if you do or don't **Go to next section**

**Do not read**

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

- 18.5 How soon would you want to have a child? Would you say: (167)

**Please read**

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 5 or more years from now

**Do not read**

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

## Section 19: Disability

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

19.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (168)

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

19.2. 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? (169)

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

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

## Section 20: 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. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. 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 she will pass the virus on to her baby. (170)

- 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. (171)

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

20.3. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (172)

- 1 Yes **Include**
- 2 No **Go to Q20.10** **saliva tests**
- 7 Don't know/ Not sure **Go to Q20.10**
- 9 Refused **Go to Q20.10**

20.4. In the past 12 months, how many times have you been tested for HIV, including times you did not get your results: (173-174)

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

20.5. Not including blood donations, in what month and year was your last HIV test? (175-180)

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

<b>Include</b>	__ __ / __ __ __ __	Code month and year
<b>saliva tests</b>	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? (181-182)

\_\_ \_\_ Reason Code

- 01 It was required
  - 02 Someone suggested you should be tested
  - 03 You thought you may have gotten HIV through sex or drugs
  - 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 part of a routine medical check-up
  - 08 Or you were tested for some other reason
- Do not read**
- 7 7 Don't know / Not sure
  - 9 9 Refused

- 20.7. Where did you have your last HIV test - at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else? (183-184)

Facility code

- 01 Private doctor or HMO
  - 02 Counseling and testing site
  - 03 Hospital
  - 04 Clinic
  - 05 Jail or prison
  - 06 Drug treatment facility
  - 07 At home
  - 08 Somewhere else
- Do not read**
- 7 7 Don't know / Not sure
  - 9 9 Refused



**If Q20.7 is “04” (clinic) continue, if Q20.7 is “07” (at home) go to Q20.9, else go to Q20.10**

20.8. What type of clinic did you go to for your last HIV test? (185)

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure
- 9 Refused

20.9 Was this test done by a nurse or other health worker, or with a home testing kit? (186)

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know / Not sure
- 9 Refused

20.10. 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.

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? (187)

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

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

In the past 12 months, has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use?  
(188)

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

## Section 21: Firearms

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

21.1. Are any firearms kept in or around your home? (189)

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

21.2. Are any of these firearms now loaded? (190)

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

21.3. Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (191)

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

**Go to closing statement or Transition to Modules and/or State-added Questions**

## 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 Q10.1 if response is "Yes" (code=1).

1. How old were you when you were told you have diabetes? (195-196)

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

2. Are you now taking insulin? (197)

1 Yes  
 2 No  
 9 Refused

3. Are you now taking diabetes pills? (198)

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. (199 - 201)

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. (202 - 204)

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? (205)

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? (206-207)

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

8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (208-209)

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

**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? (210-211)

— — 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. (212)

**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? (213)

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? (214)

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

## Module 8: Influenza

1. At what kind of place did you get your last flu shot? (254-255)

### Read only if necessary

Would you say:

- 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
- 77 Don't know
- 99 Refused

## Module 9: Adult Asthma History

### 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 or other health professional that you had asthma? (256-257)

- \_\_\_ 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? (258)

- 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? (259-260)

\_\_\_ \_\_\_ 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?  
 (261-262)

\_\_\_ \_\_\_ 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? (263-264)

\_\_\_ \_\_\_ 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? (265-267)

\_\_\_ \_\_\_ \_\_\_ 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? (268)

**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? (269)

Would you say? **Please read**

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten
- or**
- 5 More than ten
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

9. During the past 30 days, how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. (270)

**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 Two or more times every day
- Do not read**
- 7 Don't know / Not sure
- 9 Refused



## Module 10: Childhood Asthma

**If response to core Q13.6 is '88' (none) or '99' (refused) go to next module.**

1. 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? (271-272)

\_\_\_ \_\_\_ Number of children  
 8 8 None **Go to next module**  
 7 7 Don't know / Not sure **Go to next module**  
 9 9 Refused **Go to next module**

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

**If only one child from Q1 and response is "Yes" to Q2, code '01'. If response is "No", to Q2 code '88'.** (273-274)

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

**STATE ADDED QUESTIONS****Ask everyone**

2. Which of the following best describes the water that you drink at home **most often**?

(361)

**Please read**

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water
- 4 Water from another source

**Do not read**

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

3. During the past 12 months, on how many days were pesticides, sprays, or chemicals applied inside your home to kill bugs, mice, or other pests?

(362-364)

**Note: Include pesticide powders, but do not include pest traps, pest strips, or herbal treatments.**

**Note: If response is '777' probe for approximate number of days**

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

- T1. Which statement best describes the rules about smoking inside your home?

(365)

**Please read**

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home

**Or**

- 4 There are no rules about smoking inside your home

**Do not read**

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

**If response to core Q7.2 is "1 or 2," continue.**

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

T2. In the past 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

(491-492)

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

T3. In the past 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

(367-368)

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

**Ask everyone**

T4 What is the country of your birth?

(369)

- 1.the United State, state of Hawaii
- 2.in the United States but not in the state of Hawaii
- 3.outside the United States
4. don't know
5. refused

If answer to T4 is 3,

T5. How long have you been in the United States?

(370-371)

\_\_ \_\_ Years if stay in the US (01-76)

- 88 Less than one year  
 77 Don't know / Not sure  
 99 Refused

**Module 21: Fruit and Vegetables**

Ask everyone

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?  
 (372-374)

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

2. Not counting juice, how often do you eat fruit? (375-377)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 555 Never
  - 777 Don't know / Not sure
  - 999 Refused
3. How often do you eat green salad? (378-380)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 555 Never
  - 777 Don't know / Not sure
  - 999 Refused
4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (381-383)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 555 Never
  - 777 Don't know / Not sure
  - 999 Refused
5. How often do you eat carrots? (384-386)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 555 Never
  - 777 Don't know / Not sure
  - 999 Refused

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.)

(387-389)

- 1\_\_ \_\_ Per day
- 2\_\_ \_\_ Per week
- 3\_\_ \_\_ Per month
- 4\_\_ \_\_ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

## Module 22: Weight control

Start with asking everyone

22.1. Are you now trying to lose weight?

(390)

- 1 Yes [**Go to Q22.3**]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

22.2. Are you now trying to maintain your current weight that is to keep from gaining weight?

(391)

- 1 Yes
- 2 No [**Go to Q22.5**]
- 7 Don't know / Not sure [**Go to Q22.5**]
- 9 Refused [**Go to Q22.5**]

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

(392)

- lose weight? [**if "Yes" to Q22.1**]
- keep from gaining weight? [**If "Yes", to Q22.2**]

### 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

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

(393)

- lose weight? [**If "Yes" to Q22.1**]

keep from gaining weight? [If “Yes” to Q22.2]

- 1 Yes
- 2 No
- 7 Don’t know / Not sure
- 8 Refused

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

**Probe for which:**

(394)

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

22.6 How much would you like to weigh?

(491-493)

— — — Weight  
pounds  
7 7 7 Don’t know / Not sure  
9 9 9 Refused

## Module 23: Physical Activity

If "employed" or "self-employed" to core Q13.8 continue, otherwise go to Q23.2.

23.1. When you are at work, which of the following best describes what you do? Would you say?

(395)

*If respondent has multiple jobs, include all jobs*

**Please read:**

- 1 Mostly sitting or standing
- 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.*

23.2. 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?

(396)

- 1 Yes
- 2 No **[Go to Q23.5]**
- 7 Don't know / Not sure **[Go to Q23.5]**
- 9 Refused **[Go to Q23.5]**

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

(397-398)

- \_\_ \_\_ Days per week
- 7 7 Don't know / Not sure **[Go to Q23.5]**
- 8 8 Do not do any moderate physical activity for at least 10 minutes **at a time** **[Go to Q 23.5.]**
- 9 9 Refused **[Go to Q23.5]**

23.4. 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?

(399-401)

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

23.5. 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?

(402)

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

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

(403-404)

- \_\_ \_\_ Days per week
- 7 7 Don't know / Not sure **[Go to next module]**
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to next module]**
- 9 9 Refused **[Go to next module]**

23.7. 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?

(405-407)

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

7 7 7 Don't know / Not sure

9 9 9 Refused

**Next Module**ISLAND. What island do you live in? **(408)**

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

ZIPCODE. What is your residential zip code? **(409-413)**

9 6 \_ \_ \_

SIRACE. Which one or more of the following would you say is your ethnicity?

**(Check all that apply)****(414-421)***Accept four answers.*

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* **(422-441)**
- 23 Other (specify) *record the specified in* **(422-441)**

**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> (422-441)**

**Siracebest:**

For those who mentioned more than one ethnicity.

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

Read only when necessary. (442-443)

- 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 (444-463)  
23 Other (specify) record the specified in (444-463)  
24

**Do not read**

- 24 Don't know/not sure  
25 Refused  
**26** No additional choices

**siracebestothers:** Populated for respondents who answered “other” or ‘other Asian’ as one of the four races of their mother (444-463)

**Additional asthma questions**

**If yes (code 1) in question 9.1 else go to SAQ intimate partner violence**

**Lead-in statement: “Previously you said you were told by a health professional that you had asthma.”**

2. Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had? (464)

**If “no”ask:“Have you ever held a job outside the home?”**  
(Prompt not used in CA)

- 1 YES  
2 NO  
3 Never worked outside the home. **GO TO Section “\_\_”**  
7 Don’t Know/Not Sure  
9 Refused

3. Did you ever tell a doctor or other medical person that your asthma was related to any job you ever had? (465)

- 1 YES  
2 NO  
7 Don’t Know/Not Sure  
9 Refused

#### SAQ Intimate Partner Violence

Ask everyone

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?

(466)

- 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?

(467)

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

*Now I'd like to ask you: some questions about violence by an intimate partner. An intimate partner is a current or ex-husband or wife, current or ex-boyfriend or girlfriend, or a current or former partner (the term partner here includes all of the*

*above, but also means "in a 'steady' romantic relationship, who may or may not be living with you"). Intimate partner violence includes physical violence (such as hitting, slapping, punching, shoving, pushing, choking, shaking, kicking, etc.), sexual violence (being forced to participate in a sex act against one's will), and emotional abuse (putting a person down, calling names, trying to control behavior-- such as what a person ""hears, where he or she goes, or not allowing contact with family or friends, statements that make one afraid of their life or safety.).*

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 (468)  
 2=Yes, I have been the victim of sexual violence (469)  
 3=Yes, I have been the victim of emotional abuse (470)  
 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?

IF code 1, 2, 3 else if code go to SIPV5

(471)

- 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

Ask everyone

SIPV5. IN the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of an intimate partner? (472)

1 = Yes 2= No 3= Don't know/not sure 4=Refused

**Faith-based initiatives**

**Ask everyone**

F1. Ask everyone:

I'm going to read a list, please tell me which you think would be the best locations for health classes in your community? (473)

1. Worksite or workplace,
2. community groups or community organizations
3. parks
4. hospitals
5. church location, church groups or church organizations

Do not read 6 and 7

6. Don't know
7. Refused

F2. Ask everyone:

In the past year, have you attended any classes or support groups that teach you how to be healthier? (474)

1. Yes
  2. no
- Do not read 3 and 4
3. don't know
  4. refused

F3. If F4 is 1 or yes ask: What type of class was that? Pick all that apply

1. weight loss or healthy eating (475)
  2. exercise (476)
  3. smoking cessation (477)
  4. diabetes education (478)
  5. alcohol control/ treatment (479)
  6. drug or substance abuse control/ treatment (480)
  7. mental health support (481)
  8. parenting classes (482)
- Do not read 9 and 10
9. don't know (483)
  10. refused (484-485)

F4. At the present time, what is your religious preference? (486-487)

1. Assembly of God
2. Baptist
3. Buddhist
4. Calvary chapel
5. Christian Church (Disciples of Christ)
6. Foursquare Gospel (Hope chapel, New Hope)
7. Independent
8. Jewish
9. Latter Day Saints = Mormon
10. Lutheran
11. Methodist
12. Muslim –Islamic
13. Non-denominational
14. Orthodox catholic (Eastern, Greek, Russian, Serbian, Ethiopian)
15. Pentecostal
16. Presbyterian
17. Roman catholic
18. Seventh Day Adventist
19. Shinto
20. United Church of Christ = Congregational

- 21. Other
- 22. NONE
- Do not read 23. Don't know
- Do not read 24. Refused

- F5. If F4 was anything other than 'NONE': ask (488)  
 How often do you attend a church or religious service?
- 1. less than once per year
  - 2. about once or twice a year
  - 3. about once a month
  - 4. 2-3 times a week
  - 5. nearly every week
  - 6. every week
  - 7. several times a week
  - 8. NEVER
- DO not read 9 and 10
- 9. Don't know
  - 10. Refused

- F6. If F5 answer is 4 to 7, ask  
 If your church offered classes or programs on being healthier, how likely is it  
 that you would participate? (489)
- 1. Very likely
  - 2. somewhat likely
  - 3. possibly
  - 4. not likely
- Do not read 5 and 6
- 5. don't know
  - 6. refused

- F7. (If Q13.8=1 employed) If your employer offered classes or programs on being  
 healthier, do you think you would be interested in participating?
- 1. Very likely (490)
  - 2. somewhat likely
  - 3. possibly
  - 4. not likely
- Do not read 5 and 6
- 5. don't know
  - 6. refused

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