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?”)

1 Yes, only one
2 More than one
3 No
7 Don’t know / Not sure
9 Refused

3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (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  [Go to next section]
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)

<table>
<thead>
<tr>
<th>5 packs</th>
<th>1 Yes</th>
<th>2 No</th>
<th>7 Don’t know/Not sure</th>
<th>9 Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1 Every day</th>
<th>2 Some days</th>
<th>3 Not at all</th>
<th>9 Refused</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>1 Yes</th>
<th>2 No</th>
<th>7 Don’t know/Not sure</th>
<th>9 Refused</th>
</tr>
</thead>
</table>
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? 

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? 

___ ___ 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?  

___ ___ 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?  

___ ___ 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?  

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?  

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?  
(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?  

Read Only if Necessary 

<table>
<thead>
<tr>
<th>Include</th>
<th>Read Only if Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>visits</td>
<td>Within the past year (anytime less than 12 months ago)</td>
</tr>
<tr>
<td>to</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>dental</td>
<td>Within the past 5 years (2 years but less than 5 years ago)</td>
</tr>
<tr>
<td>spec-</td>
<td>5 or more years ago</td>
</tr>
<tr>
<td>ialists,</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>such</td>
<td>Never</td>
</tr>
<tr>
<td>as</td>
<td>Refused</td>
</tr>
<tr>
<td>ortho-</td>
<td></td>
</tr>
<tr>
<td>dentists</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Include teeth</th>
<th>1 to 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>lost due to</td>
<td>6 or more but not all</td>
</tr>
<tr>
<td>“infection”</td>
<td>All</td>
</tr>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**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?

<table>
<thead>
<tr>
<th>Read only if necessary</th>
<th>Within the past year (anytime less than 12 months ago)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>2</td>
<td>Within the past 5 years (2 years but less than 5 years ago)</td>
</tr>
<tr>
<td>4</td>
<td>5 or more years ago</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>8</td>
<td>Never</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
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
8. 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?  

**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  
8. Unable to work  

**Do not read**

9. Refused  

13.9. Is your annual household income from all sources?  

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?

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

**Round fractions up**

<table>
<thead>
<tr>
<th></th>
<th>Weight</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pounds/kg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>7 7 7 7</td>
<td>Don’t know / Not sure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>9 9 9 9</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 13.11. About how tall are you without shoes?

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

**Round fractions down**

<table>
<thead>
<tr>
<th></th>
<th>Height</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ft/inches/meters/cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>7 7 7 7</td>
<td>Don’t know / Not sure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>9 9 9 9</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 13.12. What county do you live in?

<table>
<thead>
<tr>
<th></th>
<th>FIPS county code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>7 7 7</td>
<td>Don’t know / Not sure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>9 9 9</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td><a href="#">Go to Q13.15</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td><a href="#">Go to Q13.15</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td><a href="#">Go to Q13.15</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 13.14. How many of these phone numbers are residential numbers?

<table>
<thead>
<tr>
<th></th>
<th>Residential telephone numbers [6=6 or more]</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13.15. During the past 12 months, has your household been without telephone service for 1 week or more? 

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

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

13.16. Indicate sex of respondent. Ask only if necessary.

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?

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?

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?

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 Refused 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 **A hysterectomy is an operation**
2. No **to remove the**
7. Don’t’ know / Not sure **uterus (womb)**
9. Refused
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?

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?

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?

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?

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?

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
6. Don’t know / Not sure
7. 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?

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?

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?

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.

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 saliva tests
2 No Go to Q20.10
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”

Include / saliva tests
7 7 7 7 7 7 7 Code month and year
9 9 9 9 9 9 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
77 Don’t know / Not sure
99 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
7. Other
8. 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
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?

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?

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?

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?

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.)

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?

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?

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...

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
2 No
7 Don’t know / Not sure
9 Refused

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

lose weight? [If “Yes” to Q22.1]
keep from gaining weight? [If “Yes” to Q22.2]

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<td>1</td>
<td>Yes</td>
<td>2</td>
<td>No</td>
<td>7</td>
<td>Don’t know / Not sure</td>
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<td>8</td>
<td>Refused</td>
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22.5. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

**Probe for which:**

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<tr>
<td>1</td>
<td>Yes, lose weight</td>
<td>2</td>
<td>Yes, gain weight</td>
<td>3</td>
<td>Yes, maintain current weight</td>
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<td>4</td>
<td>No</td>
<td>7</td>
<td>Don’t know / Not sure</td>
<td>9</td>
<td>Refused</td>
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22.6 How much would you like to weigh?

```
  ___ ___ 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?

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

Please read:

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<td>1</td>
<td>Mostly sitting or standing</td>
<td>3</td>
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Do not read:

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<td>7</td>
<td>Don’t know / Not sure</td>
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*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?

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?

__ __ 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?

__:__: __ 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?

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?

__ __ 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?
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? (414-421)

(Check all that apply)
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

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.