

Riley County BRFSS Questionnaire

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HELLO, I'm _____ calling for the _____. We're doing a study of the health practices of _____ residents. Your phone number has been chosen randomly by the _____ to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this _____?..... No

Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence?

No Thank you very much, but we are only interviewing private residences. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. Go to page 3

If "no" May I speak with him or her? Go to "correct respondent" at bottom of page

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.

.....
.....

to page 3

If "you," go

To correct respondent

Hello, I'm _____ calling for the _____ I'm a member of a special research team. We're doing a study of _____ residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is:

Please Read

- | | | |
|----|-----------|---|
| a. | Excellent | 1 |
| b. | Very good | 2 |
| c. | Good | 3 |
| d. | Fair | 4 |
| | or | |
| e. | Poor | 5 |

**Do not
read these
responses**

- | | | |
|--|---------------------|---|
| | Don't know/Not Sure | 7 |
| | Refused | 9 |

Section 2: Health Care Access

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 4b (p. 6) | 2 |
| Don't know/Not sure Go to Q. 7 (p. 7) | 7 |
| Refused Go to Q. 7 (p. 7) | 9 |

3. Do you have Medicare?

- | | | |
|--|---------------------------------|---|
| Medicare is a coverage plan for people 65 or over and for certain disabled people | a. Yes Go to Q. 7 (p. 7) | 1 |
| | b. No | 2 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

4a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

- | | | | |
|----|---|--------------------------------|-----|
| a. | Your employer | Go to Q. 6 (p. 7) | 0 1 |
| b. | Someone else's employer | Go to Q. 6 (p. 7) | 0 2 |
| c. | A plan that you or someone else buys on your own | Go to Q. 6 (p. 7) | 0 3 |
| d. | Medicare | Go to Q. 6 (p. 7) | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | Go to Q. 6 (p. 7) | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA] | Go to Q. 6 (p. 7) | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service] | Go to Q. 6 (p. 7) or | 0 7 |
| h. | Some other source | Go to Q. 6 (p. 7) | 0 8 |
| | None | Go to Q. 5 (p. 6) | 8 8 |
| | Don't know/Not sure | Go to Q. 6 (p. 7) | 7 7 |
| | Refused | Go to Q. 6 (p. 7) | 9 9 |

**Do not
read these
responses**

4b. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through: **Please Read**

| | | |
|--|--|-----|
| If more than one, ask "Which type do you use to pay for most of your medical care?" | a. Your employer Go to Q.6 (p. 7) | 0 1 |
| | b. Someone else's employer Go to Q.6 (p. 7) | 0 2 |
| | c. A plan that you or someone else buys on your own Go to Q.6 (p. 7) | 0 3 |
| | d. Medicare Go to Q.6 (p. 7) | 0 4 |
| | e. Medicaid or Medical Assistance [or substitute state program name] Go to Q.6 (p. 7) | 0 5 |
| | f. The military, CHAMPUS, or the VA [or CHAMP-VA] Go to Q.6 (p. 7) | 0 6 |
| | g. The Indian Health Service [or the Alaska Native Health Service] Go to Q.6 (p. 7) or | 0 7 |
| | h. Some other source Go to Q.6 (p. 7) | 0 8 |
| Do not read these responses | None | 8 8 |
| | Don't know/Not sure Go to Q. 7 (p. 7) | 7 7 |
| | Refused Go to Q. 7 (p. 7) | 9 9 |

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

Read Only if Necessary

- | | | |
|----|--|-------------------|
| a. | Within the past 6 months (1 to 6 months ago) | |
| | Go to Q. 7 | 1 |
| b. | Within the past year (6 to 12 months ago) | |
| | Go to Q. 7 | 2 |
| c. | Within the past 2 years (1 to 2 years ago) | |
| | Go to Q. 7 | 3 |
| d. | Within the past 5 years (2 to 5 years ago) | |
| | Go to Q. 7 | 4 |
| e. | 5 or more years ago | Go to Q. 7 |
| | | 5 |
| | Don't know/Not sure | Go to Q. 7 |
| | | 7 |
| | Never | Go to Q. 7 |
| | | 8 |
| | Refused | Go to Q. 7 |
| | | 9 |

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

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

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

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

8. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

| | | |
|--|---------------------|---|
| If "no," ask "Is there <u>more</u> <u>than one</u> or is there <u>no</u> usual doctor who you go to?" | a. Yes, only one | 1 |
| | b. More than one | 2 |
| | c. No | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

9. About how long has it been since you last visited a doctor for a routine checkup?

Read Only if Necessary

| | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

Section 3: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never Go to Q. 13 (p. 10) | 8 |
| Refused | 9 |

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

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 13 (p. 10) | 2 |
| Don't know/Not sure Go to Q. 13 (p. 10) | 7 |
| Refused Go to Q. 13 (p. 10) | 9 |

12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- | | |
|---------------------|---|
| a. More than once | 1 |
| b. Only once | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 4: Cholesterol Awareness

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 16 (p. 11) | 2 |
| Don't know/Not sure Go to Q. 16 (p. 11) | 7 |
| Refused Go to Q. 16 (p. 11) | 9 |

14. About how long has it been since you last had your blood cholesterol checked?

Read Only if Necessary

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

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 5: Diabetes

16. Have you ever been told by a doctor that you have diabetes?

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

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

17. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 27 (p. 15) | 2 |
| Don't know/Not sure Go to Q. 27 (p. 15) | 7 |
| Refused Go to Q. 27 (p. 15) | 9 |

18. What type of physical activity or exercise did you spend the most time doing during the past month?

Activity (specify): _____ **See coding list A** _____

Refused **Go to Q. 22 (p. 13)** 9 9

Ask Q. 19 only if answer to Q. 18 is running, jogging, walking, or swimming. All others, go to Q. 20.

19. How far did you usually walk/run/jog/swim?

| | | | | |
|---|---------------------|-------|-------|-------|
| See coding list B if response is not in miles and tenths | Miles and tenths | _____ | _____ | _____ |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

20. How many times per week or per month did you take part in this activity during the past month?

- | | | | |
|---------------------|---|-------|-------|
| a. Times per week | 1 | _____ | _____ |
| b. Times per month | 2 | _____ | _____ |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

21. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

| | | | | |
|---------------------|---|---|---|---|
| Hours and minutes | — | : | — | — |
| Don't know/Not sure | 7 | | 7 | 7 |
| Refused | 9 | | 9 | 9 |

22. Was there another physical activity or exercise that you participated in during the last month?

| | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 27 (p. 15) | 2 |
| Don't know/Not sure Go to Q. 27 (p. 15) | 7 |
| Refused Go to Q. 27 (p. 15) | 9 |

23. What other type of physical activity gave you the next most exercise during the past month?

| | | |
|------------------------------------|---|---|
| Activity (specify): _____ | — | — |
| See coding list A | | |
| Refused Go to Q. 27 (p. 15) | 9 | 9 |

Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25 (p. 14).

24. How far did you usually walk/run/jog/swim?

See coding list B if response is not in miles and tenths

| | | | |
|---------------------|---|---|---|
| Miles and tenths | — | — | — |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

25. How many times per week or per month did you take part in this activity?

| | | | |
|---------------------|---|-----|-----|
| a. Times per week | 1 | ___ | ___ |
| b. Times per month | 2 | ___ | ___ |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

| | | | | |
|---------------------|-----|---|-----|-----|
| Hours and minutes | ___ | : | ___ | ___ |
| Don't know/Not sure | 7 | 7 | 7 | |
| Refused | 9 | 9 | 9 | |

Section 7: Seat Belt Use

27. How often do you use seatbelts when you drive or ride in a car?

Would you say: **Please Read**

| | | |
|--|------------------------------|---|
| | a. Always | 1 |
| | b. Nearly Always | 2 |
| | c. Sometimes | 3 |
| | d. Seldom | 4 |
| | or | |
| | e. Never | 5 |
| Do not read these responses | Don't know/Not sure | 7 |
| | Never drive or ride in a car | 8 |
| | Refused | 9 |

28. What is the age of the oldest child in your household under the age of 16?

| | | | |
|---------------------------------------|-----------------------------|----------------------------|-----|
| Code <1 yr. as "01" | a. Code age in years | | |
| | b. No children under age 16 | Go to Q. 30 (p. 16) | 8 8 |
| | Don't know/Not sure | Go to Q. 30 (p. 16) | 7 7 |
| | Refused | Go to Q. 30 (p. 16) | 9 9 |

29. How often does the [fill in age from Q. 22]-year-old child in your household use a...

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

- | | | |
|----|----------------------|---|
| a. | Always | 1 |
| b. | Nearly always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| | or | |
| e. | Never | 5 |
| | Don't know/Not sure | 7 |
| | Never rides in a car | 8 |
| | Refused | 9 |

**Do not
read these
responses**

Section 8: Tobacco Use

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

**5 packs
= 100
ciga-
rettes**

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 35 (p. 19) | 2 |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 |
| Refused Go to Q. 35 (p. 19) | 9 |

31. Do you now smoke cigarettes everyday, some days, or not at all?

- | | |
|--|---|
| a. Everyday | 1 |
| b. Some days Go to Q. 32a | 2 |
| c. Not at all Go to Q. 34 (p. 18) | 3 |
| Refused Go to Q. 35 (p. 19) | 9 |

32. On the average, about how many cigarettes a day do you now smoke?

**1 pack
= 20
ciga-
rettes**

- | | |
|---|-----|
| Number of cigarettes Go to Q. 33 (p. 18) | |
| Don't know/Not sure Go to Q. 33 (p. 18) | 7 7 |
| Refused Go to Q. 33 (p. 18) | 9 9 |

32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

**1 pack
= 20
ciga-
rettes**

- | | |
|---|-----|
| Number of cigarettes Go to Q. 35 (p. 19) | |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 7 |
| Refused Go to Q. 35 (p. 19) | 9 9 |

33. During the past 12 months, have you quit smoking for 1 day or longer?

- | | |
|--|---|
| a. Yes Go to Q. 35 (p. 19) | 1 |
| b. No Go to Q. 35 (p. 19) | 2 |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 |
| Refused Go to Q. 35 (p. 19) | 9 |

34. About how long has it been since you last smoked cigarettes regularly, that is, daily?

Read Only if Necessary

- | | |
|---|-----|
| a. Within the past month (0 to 1 month ago) | 0 1 |
| b. Within the past 3 months (1 to 3 months ago) | 0 2 |
| c. Within the past 6 months (3 to 6 months ago) | 0 3 |
| d. Within the past year (6 to 12 months ago) | 0 4 |
| e. Within the past 5 years (1 to 5 years ago) | 0 5 |
| f. Within the past 15 years (5 to 15 years ago) | 0 6 |
| g. 15 or more years ago | 0 7 |
| Don't know/Not sure | 7 7 |
| Never smoked regularly | 8 8 |
| Refused | 9 9 |

Section 9: Smokeless Tobacco Use

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

| | | |
|--|--|---|
| Probe for chewing tobacco, snuff, or both | a. Yes, chewing tobacco | 1 |
| | b. Yes, snuff | 2 |
| | c. Yes, both | 3 |
| | d. No, neither Go to Q. 37 (p. 20) | 4 |
| | Don't know/Not sure Go to Q. 37 (p. 20) | 7 |
| | Refused Go to Q. 37 (p. 20) | 9 |

36. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?

| | | |
|--|-------------------------|---|
| "Yes" includes occa- sional use | a. Yes, chewing tobacco | 1 |
| | b. Yes, snuff | 2 |
| | c. Yes, both | 3 |
| | d. No, neither | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 10: Demographics

37. What is your age?

Code age in years

Don't know/Not sure 0 7

Refused 0 9

38. What is your race?

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

or

e. Other: (specify) _____ 5

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

39. Are you of Spanish or Hispanic origin?

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

40. Are you:

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

41. How many children live in your household who are...

Please Read

Code 1-9
7 = 7 or more
8 = None
9 = Refused

- | | |
|-----------------------------|--|
| a. less than 5 years old? | |
| b. 5 through 12 years old? | |
| c. 13 through 17 years old? | |

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

Read Only if Necessary

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

If the respondent is aged 65 and older go to Q. 43 (p. 3)

On Q42a if the respondent is not married or a member of an unmarried couple then only "you" will be read. If they are married "you or your spouse will be read". If they are a member of an unmarried couple "you or your partner will be read".

42a. Are you (or your spouse/partner) currently on active duty in the military?

1. Yes, myself 1

b. Yes, spouse/partner 2

1. Yes, both myself and my spouse/partner 3

2. **include**

No
4

Don't know/Not sure 7

Refused 9

If 'Yes'
probe for
which

Do not

guard or
reserve
duty

43. Are you currently:

Please Read

a. Employed for wages 1

b. Self-employed 2

c. Out of work for more than 1 year 3

d. Out of work for less than 1 year 4

e. Homemaker 5

f. Student 6

g. Retired 7

h. Unable to work 8

Refused 9

44. Is your annual household income from all sources:

Read as Appropriate

| | | |
|--|---|-----|
| If res- pondent refuses at any income level, code refused | a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000) | 0 4 |
| | b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000) | 0 3 |
| | c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000) | 0 2 |
| | d. Less than \$10,000 If "no," code c | 0 1 |
| | e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000) | 0 5 |
| | f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000) | 0 6 |
| | g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000) | 0 7 |
| | h. \$75,000 or more | 0 8 |
| Do not read these responses | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

45. About how much do you weigh without shoes?

| | | |
|-----------------------------------|---------------------|--------|
| Round fractions up | Weight | pounds |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |

46. About how tall are you without shoes?

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

47. What is your zip code?

| | |
|---------------------|-----------|
| Zip code | |
| Don't know/not sure | 7 7 7 7 7 |
| Refused | 9 9 9 9 9 |

48. Do you have more than one telephone number in your household?

| | |
|----------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 50 | 2 |
| Refused Go to Q. 50 | 9 |

49. How many residential telephone numbers do you have?

| | | |
|---|--|---|
| Exclude ded- icated fax and computer lines | Total telephone numbers [8=8 or more] | |
| | Refused | 9 |

50. Indicate sex of respondent. **Ask Only if Necessary**

| | |
|---------------------------------|---|
| Male Go to Q. 62 (p. 28) | 1 |
| Female | 2 |

Section 11: Women's Health

These next few questions ask about medical exams you may have received.

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

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 54 (p. 25) | 2 |
| Don't know/Not sure Go to Q. 54 (p. 25) | 7 |
| Refused Go to Q. 54 (p. 25) | 9 |

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

Read only if Necessary

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

53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- | | |
|-------------------------------------|---|
| a. Routine checkup | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

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

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 57 (p. 26) | 2 |
| Don't know/Not sure Go to Q. 57 (p. 26) | 7 |
| Refused Go to Q. 57 (p. 26) | 9 |

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

Read Only if Necessary

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

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

- | | |
|-------------------------------------|---|
| a. Routine Checkup | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

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

- a. Yes 1
- b. No **Go to Q. 60 (p. 27)** 2
- Don't know/Not sure **Go to Q. 60 (p. 27)** 7
- Refused **Go to Q. 60 (p. 27)** 9

58. How long has it been since you had your last Pap smear?

Read Only if Necessary

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

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

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

60. Have you had a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb)

- | | | |
|--------|---------------------|---|
| a. Yes | Go to Q. 62 (p. 28) | 1 |
| b. No | | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If respondent 45 years old or older, go to Q. 62 (p. 28).

61. To your knowledge, are you now pregnant?

- | | | |
|--------|---------------------|---|
| a. Yes | | 1 |
| b. No | | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 12: Immunization

62. During the past 12 months, have you had a flu shot?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

63. Have you ever had a pneumonia vaccination?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

64. During the past ten years have you received a tetanus shot?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 13: HIV/AIDS

If respondent is 65 years old or older, go to Section 14 (p. 33).

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.

65. What are your chances of getting infected with HIV, the virus that causes AIDS?

| Would you say: | Please Read | |
|----------------|---|---|
| a. High | | 1 |
| b. Medium | | 2 |
| c. Low | | 3 |
| | or | |
| d. None | | 4 |
| | Not applicable (Have HIV) Go to Q. 67 (p. 29) | 5 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Do not read these responses

66. Have you ever had your blood tested for HIV?

| | | |
|--------|---|---|
| a. Yes | | 1 |
| b. No | Go to Q. 71 (p. 33) | 2 |
| | Don't know/Not sure Go to Q. 71 (p. 33) | 7 |
| | Refused Go to Q. 71 (p. 33) | 9 |

67. When was your last blood test for HIV?

| | |
|---------------------|-----------|
| Code month and year | ____/____ |
| Don't know/Not sure | 7 7 7 7 |
| Refused | 9 9 9 9 |

68. What was the main reason you had your last blood test for HIV?

Reason code

Read only if necessary

| | | |
|----|---|-----|
| a. | For hospitalization or surgical procedure | 0 1 |
| b. | To apply for health insurance | 0 2 |
| c. | To apply for life insurance | 0 3 |
| d. | For employment | 0 4 |
| e. | To apply for a marriage license | 0 5 |
| f. | For military induction or military service | 0 6 |
| g. | For immigration | 0 7 |
| h. | Just to find out if you were infected | 0 8 |
| i. | Because of referral by a doctor | 0 9 |
| j. | Because of pregnancy | 1 0 |
| k. | Referred by your sex partner | 1 1 |
| l. | Because it was part of a blood donation process | 1 2 |
| m. | For routine check-up | 1 3 |
| n. | Because of occupational exposure | 1 4 |
| o. | Because of illness | 1 5 |
| p. | Because I am at risk for HIV | 1 6 |
| q. | Other | 8 7 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

69. Where did you have your last blood test for HIV?

Facility Code

Read only if necessary

| | |
|--|-----|
| a. Private doctor, HMO | 0 1 |
| b. Blood bank, plasma center, Red Cross | 0 2 |
| c. Health department | 0 3 |
| d. AIDS clinic, counseling, testing site | 0 4 |
| e. Hospital, emergency room, outpatient clinic | 0 5 |
| f. Family planning clinic | 0 6 |
| g. Prenatal clinic, obstetrician's office | 0 7 |
| h. Tuberculosis clinic | 0 8 |
| i. STD clinic | 0 9 |
| j. Community health clinic | 1 0 |
| k. Clinic run by employer | 1 1 |
| l. Insurance company clinic | 1 2 |
| m. Other public clinic | 1 3 |
| n. Drug treatment facility | 1 4 |
| o. Military induction or military service site | 1 5 |
| p. Immigration site | 1 6 |
| q. At home, home visit by nurse or health worker | 1 7 |
| r. At home using self-sampling kit | 1 8 |
| s. In jail or prison | 1 9 |
| t. Other | 8 7 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

70. Did you receive the results of your last test?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 14: Quality of Life

These next questions are about limitations you may have in your daily life.

71. Are you limited in any way in any activities because of any impairment or health problem?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 76 | 2 |
| Don't know/Not sure Go to Q. 76 | 7 |
| Refused Go to Q. 76 | 9 |

72. What is the major impairment or health problem that limits your activities?

- | | |
|---|-----|
| a. Arthritis/rheumatism | 0 1 |
| b. Back or neck problem | 0 2 |
| c. Fractures, bone/joint injury | 0 3 |
| d. Walking problem | 0 4 |
| e. Lung/breathing problem | 0 5 |
| f. Hearing problem | 0 6 |
| g. Eye/vision problem | 0 7 |
| h. Heart problem | 0 8 |
| i. Stroke problem | 0 9 |
| j. Hypertension/high blood pressure | 1 0 |
| k. Diabetes | 1 1 |
| l. Cancer | 1 2 |
| m. Depression/anxiety/emotional problem | 1 3 |
| n. Other impairment/problem | 1 4 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

73. For how long have your activities been limited because of your major impairment or health problem?

- | | |
|---------------------|-------|
| a. Days | 1 |
| b. Weeks | 2 |
| c. Months | 3 |
| d. Years | 4 |
| Don't know/Not Sure | 7 7 7 |
| Refused | 9 9 9 |

74. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

75. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

76. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

| | | |
|---------------------|---|---|
| a. Number of days | | |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

77. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

| | | |
|---------------------|---|---|
| a. Number of days | — | — |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

78. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

| | | |
|---------------------|---|---|
| a. Number of days | — | — |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

79. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

| | | |
|---------------------|---|---|
| a. Number of days | | |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

80. During the past 30 days, for about how many days have you felt very healthy and full of energy?

| | | |
|---------------------|---|---|
| a. Number of days | — | — |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

Module 1: Health of Children

If core questions Q. 41a, Q. 41b, and Q. 41c are all "None" then go to the Next Module.

These next few questions will focus on the health of children.

1. What is the age of the youngest child in your household?
 - a. Age

| | | |
|---|---|---|
| Don't Know/Not Sure | 7 | 7 |
| No Children Under Age 18 Go to Next Module | 8 | 8 |
| Refused | 9 | 9 |

2. All of our questions will focus on the youngest child who lives in your household. How is the youngest child in your household related to you?
 - a. Daughter 0 1
 - b. Stepdaughter 0 2
 - c. Son 0 3
 - d. Stepson 0 4
 - e. Brother or Stepbrother 0 5
 - f. Sister or Stepsister 0 6
 - g. Grandson 0 7
 - h. Granddaughter 0 8
 - i. Other 0 9
 - Don't Know/Not Sure 7 7
 - Refused 9 9

3. Would you say that in general the youngest child's health is:

Please Read

- | | |
|---------------------|---|
| a. Excellent | 1 |
| b. Very Good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

4. Is the youngest child limited in any way in any activities because of any impairment or health problem?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. About how long has it been since the youngest child last visited a doctor for a routine checkup?

Read only if necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

6. Was there a time during the last 12 months when the youngest child needed to see a doctor, but could not because of the cost?
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
7. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if the youngest child is sick or you need advice about the youngest child's health
- a. Yes 1
 - b. More than one place 2
 - c. No 3
 - Don't Know/Not Sure 7
 - Refused 9
8. Does the youngest child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- a. Yes 1
 - b. No **Go to Q. 10 (p. 42)** 2
 - Don't know/Not sure **Go to Q. 11 (p. 42)** 7
 - Refused **Go to Q. 11 (p. 42)** 9

9. What type of health care coverage do you use to pay for most of the youngest child's medical care?

Is it coverage through: **Please Read**

| | | | |
|----|---|----------------------------|-----|
| a. | Your employer | Go to Q. 11 (p. 42) | 0 1 |
| b. | Someone else's employer | Go to Q. 11 (p. 42) | 0 2 |
| c. | A plan that you or someone else buys on your own | Go to Q. 11 (p. 42) | 0 3 |
| d. | Medicare | Go to Q. 11 (p. 42) | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | Go to Q. 11 (p. 42) | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA] | Go to Q. 11 (p. 42) | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service] | Go to Q. 11 (p. 42) | 0 7 |
| | or | | |
| h. | Some other source | Go to Q. 11 (p. 42) | 0 8 |
| | None | Go to Q. 10 (p. 41) | 8 8 |
| | Don't know/Not sure | Go to Q. 11 (p. 42) | 7 7 |
| | Refused | Go to Q. 11 (p. 42) | 9 9 |

**Do not
read these
responses**

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

Coverage through: **Please Read**

| | | |
|---|--|-----|
| If more than one, ask "Which type do you use to pay for most of your medical care?" | a. Your employer | 0 1 |
| | b. Someone else's employer | 0 2 |
| | c. A plan that you or someone else buys on your own | 0 3 |
| | d. Medicare | 0 4 |
| | e. Medicaid or Medical Assistance [or substitute state program name] | 0 5 |
| | f. The military, CHAMPUS, or the VA [or CHAMP-VA] | 0 6 |
| | g. The Indian Health Service [or the Alaska Native Health Service] or | 0 7 |
| | h. Some other source | 0 8 |
| Do not read these responses | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

11. Did anyone in this household get food stamps at any time during the last 12 months?

| | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If the respondent is male and Q. 2 (p. 37) is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to Q. 13 (p. 42).

12. Does the youngest child's father live in this household?

- | | |
|---------------------------------------|---|
| a. No | 1 |
| b. Yes, Father | 2 |
| c. Yes, Stepfather or adoptive father | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If the respondent is female and Q. 2 (p. 37) is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to the Next Module.

13. Does the youngest child's mother live in this household?

- | | |
|---------------------------------------|---|
| a. No | 1 |
| b. Yes, Mother | 2 |
| c. Yes, Stepmother or adoptive mother | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 2: Sexual Behavior

If respondent 50 years old or older, go to next module

1. During the past 12 months, with how many different people have you had sexual intercourse?
 - a. Number (76 = 76 or more)
 - b. None **Go to Q. 5 (p. 45)** 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

2. Was a condom used the last time you had sexual intercourse?
 - a. Yes 1
 - b. No **Go to Q. 4 (p. 43)** 2
 - Don't know/Not sure **Go to Q. 4 (p. 43)** 7
 - Refused **Go to Q. 4 (p. 43)** 9

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

Please Read

| | | |
|-------------------|--|---|
| | a. To prevent pregnancy | 1 |
| | b. To prevent diseases like syphilis, gonorrhea, and AIDS | 2 |
| | c. For both of these reasons | 3 |
| | or | |
| | d. For some other reason | 4 |
| Do not | Don't know/Not sure | 7 |
| read these | | |
| responses | Refused | 9 |

4. How many new sex partners did you have during the past 12 months?

| | | |
|----------------------|-----------------------------|-----|
| A new sex | a. Number [76 = 76 or more] | |
| partner is | | |
| someone | b. None | 8 8 |
| the respon- | Don't know/Not sure | 7 7 |
| dent had sex | | |
| with for the | Refused | 9 9 |
| first time in | | |
| the past 12 | | |
| months | | |

5. 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 injectable drugs in the past year

You tested positive for having HIV, the virus that causes AIDS

You had anal sex without a condom in the past year

Do any of these situations apply to you?

- | | |
|--|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
| | |
| 6. In the past five years, have you been treated for a sexually transmitted or venereal disease? | |
| a. Yes | 1 |
| b. No Go to Next Module | 2 |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |
| | |
| 7. Were you treated at a local health department? | |
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 3: Family Planning

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

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

If pregnant now ("Yes" to core Q. 61), go to Q.3 (p. 47).

1. Have you been pregnant in the last 5 years?

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 4 (p. 47) | 2 |
| Don't know/Not sure Go to Q. 4 (p. 47) | 7 |
| Refused Go to Q. 4 (p. 47) | 9 |

2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

Would you say: **Please Read**

- | | |
|---|---|
| a. You wanted to be pregnant sooner Go to Q. 4 (p. 47) | 1 |
| b. You wanted to be pregnant later Go to Q. 4 (p. 47) | 2 |
| c. You wanted to be pregnant then Go to Q. 4 (p. 47) | 3 |
| d. You didn't want to be pregnant then or at anytime in the future Go to Q. 4 (p. 47) | 4 |
| e. You don't know Go to Q. 4 (p. 47) | 7 |

| | | |
|--------------------|-----------------------------------|---|
| Do not read | Refused Go to Q. 4 (p. 47) | 9 |
|--------------------|-----------------------------------|---|

3. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?

Would you say: **Please Read**

- | | | |
|--------------------|--|---|
| a. | You wanted to be pregnant sooner | 1 |
| b. | You wanted to be pregnant later | 2 |
| c. | You wanted to be pregnant then | 3 |
| d. | You didn't want to be pregnant then or at any time in the future | 4 |
| e. | You don't know | 7 |
| Do not read | Refused | 9 |

If respondent had hysterectomy ("Yes" to core Q. 60) or is pregnant now ("Yes" to core Q. 61), go to Q. 7 (p. 49). If Module 2: Sexual Behavior Question 1 is None go to Q. 7 (p. 49).

4. Are you or your [fill in (husband/partner) from core Q40] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.

- | | | |
|----|---------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q. 6 | 2 |
| c. | Not sexually active Go to Q. 7 | 3 |
| | Don't know/Not sure Go to Q. 7 | 7 |
| | Refused Go to Q. 7 | 9 |

5. What kinds of birth control are you or your [fill in (husband/partner) from core Q40] using now?

Kind Code

Read Only if Necessary

- | | | | |
|----|----------------------------|--------------------|-----|
| a. | Tubes tied (sterilization) | Go to Q. 7 (p. 48) | 0 1 |
| b. | Vasectomy (sterilization) | Go to Q. 7 (p. 48) | 0 2 |
| c. | Pill | Go to Q. 7 (p. 48) | 0 3 |
| d. | Condoms | Go to Q. 7 (p. 48) | 0 4 |
| e. | Foam, jelly, cream | Go to Q. 7 (p. 48) | 0 5 |
| f. | Diaphragm | Go to Q. 7 (p. 48) | 0 6 |
| g. | Norplant | Go to Q. 7 (p. 48) | 0 7 |
| h. | Shots (Depo-Provera) | Go to Q. 7 (p. 48) | 0 8 |
| i. | Withdrawal | Go to Q. 7 (p. 48) | 0 9 |
| j. | Other (specify: _____) | Go to Q. 7 (p. 48) | 8 7 |
| | Don't know/Not sure | Go to Q. 7 (p. 48) | 7 7 |
| | Refused | Go to Q. 7 (p. 48) | 9 9 |

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

6. What are your reasons for not using any birth control now?

Reason Code

Read Only if Necessary

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

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

Would you say: **Please Read**

| | | | |
|------------------------------------|---------|---|---|
| Do not read these responses | a. | A family planning clinic [Example: a Planned Parenthood clinic] Go to Q. 9 (p. 50) | 1 |
| | b. | A health department clinic | 2 |
| | c. | A community health center | 3 |
| | d. | A private gynecologist | 4 |
| | e. | A general or family physician | 5 |
| | f. | Some other kind of place | 8 |
| | | Don't know/not sure | 7 |
| | Refused | 9 | |

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

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

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

Read Only if Necessary

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

Module 4: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 2, go to next module.

I asked you previously about your health care coverage.

If "None" to core Q. 4a or core Q. 4b, continue. Otherwise, go to Q. 2 (p. 52).

1. What is the main reason you are without health care coverage?

- | | |
|--|-----|
| a. Lost job or changed employers Go to Next Module | 0 1 |
| b. Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change] Go to Next Module | 0 2 |
| c. Became divorced or separated Go to Next Module | 0 3 |
| d. Spouse or parent died Go to Next Module | 0 4 |
| e. Became ineligible because of age or because left school Go to Next Module | 0 5 |
| f. Employer doesn't offer or stopped offering coverage Go to Next Module | 0 6 |
| g. Cut back to part time or became temporary employee Go to Next Module | 0 7 |
| h. Benefits from employer or former employer ran out Go to Next Module | 0 8 |
| i. Couldn't afford to pay the premiums Go to Next Module | 0 9 |
| j. Insurance company refused coverage Go to Next Module | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility Go to Next Module | 1 1 |
| l. Other Go to Next Module | 8 7 |
| Don't know/Not sure Go to Next Module | 7 7 |
| Refused Go to Next Module | 9 9 |

2. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 3, Q. 4a, or Q. 4b], do you have any other type of health care coverage?

Do not
include
plans that
only cover
one type of
service or
care

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If respondent 66 years old or older, go to next module.

If respondent answered 'Yes' to Q. 3 go to next module.

If respondent answered "no", "don't know", or "refused" to core Q. 6 then go to next module.

3. What was the main reason you were without health care coverage?

- | | |
|--|-----|
| a. Lost job or changed employers | 0 1 |
| b. Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change] | 0 2 |
| c. Became divorced or separated | 0 3 |
| d. Spouse or parent died | 0 4 |
| e. Became ineligible because of age or because left school | 0 5 |
| f. Employer doesn't offer or stopped offering coverage | 0 6 |
| g. Cut back to part time or became temporary employee | 0 7 |
| h. Benefits from employer or former employer ran out | 0 8 |
| i. Couldn't afford to pay the premiums | 0 9 |
| j. Insurance company refused coverage | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility | 1 1 |
| l. Other | 8 7 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

Module 5: Health Care Utilization

Now I am going to ask you some questions about the health care you receive.

1. How would you rate your satisfaction with your overall health care?

Would you say: **Please read**

- | | |
|--|---|
| a. Excellent | 1 |
| b. Very Good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |
| Not applicable/don't use any health services | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

**Do not
read these
responses**

2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- | | |
|--|---|
| a. Yes Go to Q. 5 (p. 55) | 1 |
| b. More than one place Go to Q. 4 (p. 54) | 2 |
| c. No | 3 |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

3. What is the main reason you do not have a usual source of medical care?

- | | |
|--|-----|
| a. Two or more usual places | 0 1 |
| b. Have not needed a doctor Go to Next Module | 0 2 |
| c. Do not like/trust/believe in doctors Go to Next Module | 0 3 |
| d. Do not know where to go Go to Next Module | 0 4 |
| e. Previous doctor is not available/moved Go to Next Module | 0 5 |
| f. No insurance/cannot afford Go to Next Module | 0 6 |
| g. Speak a different language Go to Next Module | 0 7 |
| h. No place is available/close enough/convenient Go to Next Module | 0 8 |
| i. Other Go to Next Module | 0 9 |
| Don't know/Not sure Go to Next Module | 7 7 |
| Refused Go to Next Module | 9 9 |

4. Is there one of these places that you go to most often when you are sick or need advice about your health?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Next Module | 2 |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

5. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?

| | |
|--|-----|
| a. Doctor's office or private clinic | 0 1 |
| b. Company or school health clinic/center | 0 2 |
| c. Community/migrant/rural clinic/center | 0 3 |
| d. County/city/public hospital outpatient clinic | 0 4 |
| e. Private/other hospital outpatient clinic | 0 5 |
| f. Hospital emergency room | 0 6 |
| g. HMO/prepaid group | 0 7 |
| h. Psychiatric hospital or clinic | 0 8 |
| i. VA hospital or clinic | 0 9 |
| j. Military health care facility | 1 0 |
| k. Some other kind of place | 1 1 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

6. Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place?

Would you say: **Please read**

| | |
|------------------------|---|
| a. Excellent | 1 |
| b. Very Good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |
| Don't have usual place | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

**Do not
read these
responses**

7. When did you last change doctors?

Read only if necessary

| | | |
|--|---|---|
| "Doctors" includes other health professionals | a. Within the past year (1 to 12 months ago) | 1 |
| | b. Within the past 2 years (1 to 2 years ago) | 2 |
| | c. Within the past 3 years (2 to 3 years ago) | 3 |
| | d. Within the past 5 years (3 to 5 years ago) | 4 |
| | e. 5 or more years ago | 5 |
| | f. Never Go to Next Module | 8 |
| | Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 | |

8. Why did you change doctors that last time?

| | | |
|--|---|-----|
| "Doctors" includes other health professionals | a. Changed residence or moved | 0 1 |
| | b. Changed jobs | 0 2 |
| | c. Changed health care coverage | 0 3 |
| | d. Provider moved or retired | 0 4 |
| | e. Dissatisfied with former provider or liked new provider better | 0 5 |
| | f. Former provider no longer reimbursed by my health care coverage | 0 6 |
| | g. Owed money to former provider | 0 7 |
| | h. Medical care needs changed | 0 8 |
| | i. Other | 8 7 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

Module 6: Alcohol Consumption

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
 - a. Yes 1
 - b. No **Go to Next Module** 2
 - Don't know/Not sure **Go to Next Module** 7
 - Refused **Go to Next Module** 9

2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
 - a. Days per week 1
 - b. Days per month 2
 - Don't know/Not sure **Go to Q. 4 (p. 57)** 7 7 7
 - Refused **Go to Q. 4 (p. 57)** 9 9 9

3. A drink 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. On the days when you drank, about how many drinks did you drink on the average?

Number of drinks

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

4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
 - a. Number of times
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

5. During the past month, how many times have you driven when you've had perhaps too much to drink?
- a. Number of times
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

Module 7: Preventive Counseling Services

The next questions are about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

1. Has a doctor or other health professional ever talked with you about your diet or eating habits?

| | | |
|---|--|---|
| If yes, ask "About how long ago was it?" | a. Yes, within the past 12 months (1 to 12 months ago) | 1 |
| | b. Yes, within the past 3 years (1 to 3 years ago) | 2 |
| | c. Yes, 3 or more years ago | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

2. Has a doctor or other health professional ever talked with you about physical activity or exercise?

| | | |
|---|--|---|
| If yes, ask "About how long ago was it?" | a. Yes, within the past 12 months (1 to 12 months ago) | 1 |
| | b. Yes, within the past 3 years (1 to 3 years ago) | 2 |
| | c. Yes, 3 or more years ago | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

3. (Has a doctor or other health professional ever talked with you) about injury prevention, such as safety belt use, helmet use, or smoke detectors?

| | | |
|---|--|---|
| If yes, ask "About how long ago was it?" | a. Yes, within the past 12 months (1 to 12 months ago) | 1 |
| | b. Yes, within the past 3 years (1 to 3 years ago) | 2 |
| | c. Yes, 3 or more years ago | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

4. (Has a doctor or other health professional ever talked with you) about drug abuse?

| | | |
|---|--|---|
| If yes, ask "About how long ago was it?" | a. Yes, within the past 12 months (1 to 12 months ago) | 1 |
| | b. Yes, within the past 3 years (1 to 3 years ago) | 2 |
| | c. Yes, 3 or more years ago | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

5. (Has a doctor or other health professional ever talked with you) about alcohol use?

| | | |
|---|--|---|
| If yes, ask "About how long ago was it?" | a. Yes, within the past 12 months (1 to 12 months ago) | 1 |
| | b. Yes, within the past 3 years (1 to 3 years ago) | 2 |
| | c. Yes, 3 or more years ago | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If "No" to core Q. 30 or "Not at all" to core Q. 31, go to Q. 7 (p. 61)

6. (Has a doctor or other health professional) ever advised you to quit smoking?

| | | |
|---|--|---|
| If yes, ask "About how long ago was it?" | a. Yes, within the past 12 months (1 to 12 months ago) | 1 |
| | b. Yes, within the past 3 years (1 to 3 years ago) | 2 |
| | c. Yes, 3 or more years ago | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If respondent 65 years old or older, go to next module

7. (Has a doctor or other health professional) ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?

| | | |
|---|--|---|
| If yes, ask "About how long ago was it?" | a. Yes, within the past 12 months (1 to 12 months ago) | 1 |
| | b. Yes, within the past 3 years (1 to 3 years ago) | 2 |
| | c. Yes, 3 or more years ago | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Module 8: Women's Health

These next few questions deal with the women's health screenings I asked about earlier.

1. Have you ever done a self breast exam?

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 4 (p. 63) | 2 |
| Don't know/Not Sure Go to Q. 5 (p. 64) | 7 |
| Refused Go to Q. 5 (p. 64) | 9 |

2. How long as it been since you last did a self breast examination?

Read only if necessary

- | | |
|---|---|
| a. Within the past month | 1 |
| b. Within the past 3 months (1 to 3 months ago) | 2 |
| c. Within the past 6 months (3 to 6 months ago) | 3 |
| d. Within the past 12 months (6 to 12 months ago) | 4 |
| e. More than a year ago | 5 |
| Never Go to Q. 4 (p. 63) | 6 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

3. How did you learn to do a self breast examination?
- | | | |
|-----------------------------------|--------------------|---|
| a. Doctor | Go to Q. 5 (p. 64) | 1 |
| b. Nurse | Go to Q. 5 (p. 64) | 2 |
| c. Other health care professional | Go to Q. 5 (p. 64) | 3 |
| d. Friend or Relative | Go to Q. 5 (p. 64) | 4 |
| e. Book, pamphlet, or video | Go to Q. 5 (p. 64) | 5 |
| f. No instruction | Go to Q. 5 (p. 64) | 6 |
| g. Other _____ | Go to Q. 5 (p. 64) | 8 |
| Don't Know/Not sure | Go to Q. 5 (p. 64) | 7 |
| Refused | Go to Q. 5 (p. 64) | 9 |
4. What is the main reason why you have never done a self breast examination?
- | | |
|----------------------------------|---|
| a. I don't know how to | 1 |
| b. Embarrassing | 2 |
| c. Hurts/Painful | 3 |
| d. Fear of finding a lump | 4 |
| e. I don't need to/Not necessary | 5 |
| f. No time/Too busy | 6 |
| g. Other _____ | 8 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

If Q. 57 is "No" then go to Q. 5 (p. 64).

If Q. 57 is "Don't know" or "Refused" go to Q. 7 (p. 65)

If Q. 58 is coded 3, 4, or 5 then go to Q. 6 (p. 65).

If Q. 58 is coded 1, 2, 7, or 9 then go to Q. 7 (p. 65).

5. What is the main reason why you have never had a pap smear test?

- | | | |
|---|---------------------------|-----|
| a. Doctor did not suggest it/No referral | Go to Q. 7 (p. 65) | 0 1 |
| b. Don't need one/not necessary/no symptoms | Go to Q. 7 (p. 65) | 0 2 |
| c. Cost/No insurance/Can't afford | Go to Q. 7 (p. 65) | 0 3 |
| d. Hurts/Painful | Go to Q. 7 (p. 65) | 0 4 |
| e. Don't Know Where to Go | Go to Q. 7 (p. 65) | 0 5 |
| f. No time/Too busy | Go to Q. 7 (p. 65) | 0 6 |
| g. Fear of what it might find | Go to Q. 7 (p. 65) | 0 7 |
| h. Other _____ | Go to Q. 7 (p. 65) | 0 8 |
| i. No reason | Go to Q. 7 (p. 65) | 0 9 |
| Don't know/Not sure | Go to Q. 7 (p. 65) | 7 7 |
| Refused | Go to Q. 7 (p. 65) | 9 9 |

6. What is the main reason why you did not have a pap smear test during the past two years?

| | |
|---|-----|
| a. Doctor did not suggest it/No referral | 0 1 |
| b. I did not need one/not necessary/no symptoms | 0 2 |
| c. Cost/No insurance/Can't afford | 0 3 |
| d. Hurts/Painful | 0 4 |
| e. Don't Know Where to Go | 0 5 |
| f. No time/Too busy | 0 6 |
| g. Fear of what it might find | 0 7 |
| h. Other _____ | 0 8 |
| i. No reason | 0 9 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

7. Do you know at what age a woman should start having a mammogram every year?

Age

| | |
|---------------------|-----|
| Don't Know/Not Sure | 7 7 |
| Refused | 9 9 |

If respondent is aged 18-39 then go to next module.

If respondent is aged 40 or older and Q. 51 is "No" then go to Q. 8 (p. 66)

If respondent is aged 40 or older and Q. 52 is coded 3, 4, or 5 then go to Q. 9 (p. 67)

If respondent is aged 40 or older and Q. 52 is coded 1, 2, 7, or 9 then go to Q. 10 (p. 67)

8. What is the main reason why you have never had a mammogram?
- | | |
|---|-----|
| a. Doctor did not suggest it/No referral Go to Next Module | 0 1 |
| b. I did not need one/not necessary/no symptoms Go to Next Module | 0 2 |
| c. Cost/No insurance/Can't afford Go to Next Module | 0 3 |
| d. Hurts/Painful Go to Next Module | 0 4 |
| e. Don't Know Where to Go Go to Next Module | 0 5 |
| f. No time/Too busy Go to Next Module | 0 6 |
| g. Fear of what it might find Go to Next Module | 0 7 |
| h. Other _____ Go to Next Module | 0 8 |
| i. No reason Go to Next Module | 0 9 |
| Don't know/Not sure Go to Next Module | 7 7 |
| Refused Go to Next Module | 9 9 |

9. What is the main reason why you did not have a mammogram during the past two years?

| | |
|---|-----|
| a. Doctor did not suggest it/No referral | 0 1 |
| b. I did not need one/not necessary/no symptoms | 0 2 |
| c. Cost/No insurance/Can't afford | 0 3 |
| d. Hurts/Painful | 0 4 |
| e. Don't Know Where to Go | 0 5 |
| f. No time/Too busy | 0 6 |
| g. Fear of what it might find | 0 7 |
| h. Other _____ | 0 8 |
| i. No reason | 0 9 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

10. Why did you decide to get your last mammogram?

| | |
|---|---|
| a. Routine check-up | 1 |
| b. Doctor suggested it/Doctor's referral | 2 |
| c. Family or friends suggested it | 3 |
| d. Breast problem (pain, lump, discharge) | 4 |
| e. Radio, television, or newspaper messages | 5 |
| f. Breast Cancer | 6 |
| g. Other _____ | 8 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

Module 9: Violence and Crime

These next few questions deal with violence or crime.

1. How afraid are you to leave your home at night? Would you say:

Please Read

- a. Very afraid1
- b. Somewhat afraid2
- c. A little afraid3
- or**
- d. Not afraid4
- DON'T KNOW/NOT SURE7
- REFUSED9

2. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

Read Only if Necessary

- a. Within the past week1
- b. Within the past month2
- c. Within the past year3
- d. One or more years ago4
- e. Never5
- DON'T KNOW/NOT SURE7
- REFUSED9

3. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- a. Yes1
- b. No2
- DON'T KNOW/NOT SURE7
- REFUSED9

Module 10: Male Family Planning

If respondent is female or aged 45 or older, go to next module.
 If respondent is male and answered "none" to Q. 1 in the Sexual Behavior Module then go to next module.

1. Are you or your [fill in (wife/partner) from core Q40] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.

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

2. What kinds of birth control are you or your [fill in (wife/partner) from core Q47] using now?

Kind Code

Read Only if Necessary

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

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

Module 11: Oral Health

1. How long has it been since you last visited the dentist or a dental clinic?

Read Only if Necessary

| | |
|---|---|
| a. Within the past year (1 to 12 months ago) Go to Q. 3 (p. 71) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure Go to Q. 3 (p. 71) | 7 |
| Never | 8 |
| Refused Go to Q. 3 (p. 71) | 9 |

2. What is the main reason you have not visited the dentist in the last year?

| | |
|--|-----|
| Reason code | — — |
| Read only if necessary | |
| a. Fear, apprehension, nervousness, pain, dislike going | 0 1 |
| b. Cost | 0 2 |
| c. Do not have/know a dentist | 0 3 |
| d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 0 4 |
| e. No reason to go (no problems, no teeth) | 0 5 |
| f. Other priorities | 0 6 |
| g. Have not thought of it | 0 7 |
| h. Other | 0 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

3. 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.

- | | |
|--------------------------|---|
| a. 5 or fewer | 1 |
| b. 6 or more but not all | 2 |
| c. All | 3 |
| d. None | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal?

**If YES,
probe for
which
services**

- | | |
|---|---|
| a. Yes, fillings, caps or crowns, or root canal | 1 |
| b. Yes, teeth pulled, dentures, or partials | 2 |
| c. Yes, both | 3 |
| d. No | 4 |
| Don't Know/Not sure | 7 |
| Refused | 9 |

Module 12: Cigar Smoking

1. Have you ever smoked a cigar, even just a few puffs?

| | | |
|--|---------------------|---------------------|
| cigar = large cigar cigarillo, or small cigar | a. Yes | 1 |
| | b. No | Go to Next Module 2 |
| | Don't know/Not sure | Go to Next Module 7 |
| | Refused | Go to Next Module 9 |

2. When was the last time you smoked a cigar?

Time code _____

Read Only if Necessary

| | |
|--|-----------------------|
| a. Within the past month (0 to 1 month ago) | 0 1 |
| b. Within the past 3 months (1 to 3 months ago) Go to Next Module | 0 2 |
| c. Within the past 6 months (3 to 6 months ago) Go to Next Module | 0 3 |
| d. Within the past year (6 to 12 months ago) Go to Next Module | 0 4 |
| e. Within the past 5 years (1-5 years ago) Go to Next Module | 0 5 |
| f. Within the past 15 years (5-15 years ago) Go to Next Module | 0 6 |
| g. 15 or more years ago | Go to Next Module 0 7 |
| Don't know/not sure | Go to Next Module 7 7 |
| Refused | Go to Next Module 9 9 |

3. In the past month, did you smoke cigars:

Please Read

- | | | |
|----|-------------------------|---|
| a. | Everyday | 1 |
| b. | Several times per week | 2 |
| c. | Once per week | 3 |
| | or | |
| d. | Less than once per week | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

**Do not
read these
responses**

Module 13: Prostate Cancer Screening

If the respondent is female go to the Next module

If the respondent is a male aged 18-39 go to the Next Module

1. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer or other health problems. Have you ever had this exam?

a. Yes 1

b. No **Go to Q. 3 (p. 75)** 2

Don't know/Not Sure **Go to Q. 3 (p. 75)** 7

Refused **Go to Q. 3 (p. 75)** 9

2. When did you have your last digital rectal exam?

Read Only if Necessary

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 5 years (2 to 5 years ago) 3

d. 5 or more years ago 4

Don't know/Not sure 7

Refused 9

3. A prostate-specific antigen blood test or PSA test is a blood test to check for prostate cancer. Have you ever had a PSA test?

- a. Yes 1
- b. No **Go to Next Module** 2
- Don't know/Not Sure **Go to Next Module** 7
- Refused **Go to Next Module** 9

4. When did you have your last PSA test?

Read Only if Necessary

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

Module 14: Social Context

These next questions are about your daily life.

1. How safe from crime do you consider your neighborhood to be?

Would you say: **Please Read**

- | | |
|---------------------|---|
| a. Extremely safe | 1 |
| b. Quite safe | 2 |
| c. Slightly safe | 3 |
| d. Not at all safe | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

2. Do you own or rent your home?

- | | |
|---------|---|
| a. Own | 1 |
| b. Rent | 2 |
| Refused | 9 |

3. How long have you lived at your current address?

Read Only if Necessary

- | | |
|---|---|
| a. Less than six months (1 to 6 months) | 1 |
| b. Less than one year (6 to 12 months) | 2 |
| c. Less than two years (1 to 2 years) | 3 |
| d. 2 or more years | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4. How many close friends or relatives would help you with your emotional problems or feelings if you needed it?
- | | |
|---------------------|---|
| a. 3 or more | 1 |
| b. 2 | 2 |
| c. 1 | 3 |
| d. None | 4 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
5. In the past 30 days, have you been concerned about having enough food for you or your family?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

Module 15: Asthma

1. Has anyone in your household been told by a doctor that they currently have asthma?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Closing Statement | 2 |
| Don't know/Not Sure Go to Closing Statement | 7 |
| Refused Go to Closing Statement | 9 |

2. How many persons in your household with asthma are...

Please Read

Code 1-99

- | |
|----------------------------|
| a. 0 to 17 years old? |
| b. 18 years old and older? |
- 77 = Don't Know**
88 = None
99 = Refused

If 2b is "None", "Don't know", or "Refused" Go to Closing Statement

3. Do you currently have asthma?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Closing Statement | 2 |
| Don't know/Not Sure Go to Closing Statement | 7 |
| Refused Go to Closing Statement | 9 |

4. Have you taken any medication for asthma during the past 12 months?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

Closing Statement

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in our community. Thank you very much for your time and cooperation.