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State of Washington  
Department of Health

**Behavioral Risk Factor Surveillance System  
Questionnaire  
1999**

Washington State Department of Health  
Center for Health Statistics  
and  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Office of Adult and Community Health  
Behavioral Surveillance Branch

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Washington State Department of Health  
Center for Health Statistics

**1999 Behavioral Risk Factor Surveillance System Questionnaire**

| Section  | Title  | Page |
|--|--|------|
|  | Introduction and Screening .....                           | iii  |
| <b><u>CDC CORE SECTIONS</u></b>                  |  |      |
| Section 1:                                       | Health Status .....  | 1    |
| Section 2:                                       | Health Care Access .....                                   | 2    |
| Section 3:                                       | Hypertension Awareness .....                               | 4    |
| Section 4:                                       | Cholesterol Awareness .....                                | 5    |
| Section 5:                                       | Diabetes (also Washington's questions) .....               | 6    |
| Section 6:                                       | Oral Health (also Washington's questions) .....            | 8    |
| Section 7:                                       | Skin Cancer .....  | 11   |
| Section 8:                                       | Tobacco Use .....  | 11   |
| Section 9:                                       | Alcohol Consumption .....                                  | 13   |
| Section 10:                                      | Demographics .....   | 14   |
| Section 11:                                      | Women's Health .....                                       | 19   |
| Section 12:                                      | HIV Testing and Counseling in Pregnancy (Washington) ..... | 22   |
| Section 13:                                      | Immunization .....   | 23   |
| Section 14:                                      | Colorectal Cancer Screening .....                          | 24   |
| Section 15:                                      | Injury Control .....                                       | 25   |
| Section 16:                                      | HIV/AIDS .....   | 26   |
| <b><u>WASHINGTON'S STATE-ADDED QUESTIONS</u></b> |  |      |
| Section 17:                                      | Sexual Behavior .....                                      | 31   |
| Section 18:                                      | Family Planning .....                                      | 33   |
| Section 19:                                      | Breast Cancer Screening Attitudes .....                    | 36   |
| Section 20:                                      | Breast Self-Exam .....                                     | 38   |
| Section 21:                                      | Asthma (Optional Module & Washington's questions) .....    | 39   |
| Section 22:                                      | Smokeless Tobacco (Optional Module) .....                  | 42   |
| Section 23:                                      | Hypertension .....   | 43   |
| Section 24:                                      | Cholesterol .....  | 44   |
| Section 25:                                      | Hunger .....   | 44   |
| Section 26:                                      | Health Care Use .....                                      | 45   |
| Section 27:                                      | Veteran Status .....                                       | 46   |
| Section 28:                                      | Disability Surveillance .....                              | 47   |
| Section 29:                                      | Family Violence .....                                      | 49   |
| Section 30:                                      | Interview .....  | 54   |





**Section 1: Health Status**

- 1.1 Would you say that in general your health is: (77)
- 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
- 
- 1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (78-79)
- a. Number of days
  - b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9
- 
- 1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (80-81)
- a. Number of days
  - b. None **If Q1.2 also "None," go to Q2.1** 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9
- 
- 1.4 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (82-83)
- a. Number of days
  - b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9

**Section 2: Health Care Access**

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (84)
- a. Yes 1
  - b. No *Go to Q2.3a* 2
    - Don't know/Not sure *Go to Q2.6* 7
    - Refused *Go to Q2.6* 9
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (85)
- a. Yes *Go to Q2.6* 1
  - b. No 2
    - Don't know/not sure 7
    - Refused 9
- 2.3. What type of health care coverage do you use to pay for most of your medical care? (86-87)
- Is it coverage through: **Please Read**
- a. Your employer *Go to Q2.4* 0 1
  - b. Someone else's employer *Go to Q2.4* 0 2
  - c. A plan that you or someone else buys on your own *Go to Q2.4* 0 3
  - d. Medicare *Go to Q2.6* 0 4
  - e. Medicaid or Medical Assistance *Go to Q2.4* 0 5
  - f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] *Go to Q2.4* 0 6
  - g. The Indian Health Service [or the Alaska Native Health Service] *Go to Q2.4* 0 7
- or**
- h. Some other source *Go to Q2.4* 0 8
- Do not read these responses**
- None *Go to Q2.5* 8 8
  - Don't know/Not sure *Go to Q2.4* 7 7
  - Refused *Go to Q2.4* 9 9

2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: Coverage through: (88-89)

**If more than one, ask "Which type do you use to pay for most of your medical care?"**

**Please Read**

- 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 **Go to Q2.6** 0 4
- e. Medicaid or Medical Assistance 0 5
- f. The military, CHAMPUS, TriCare, or the VA [**or CHAMP-VA**] 0 6
- g. The Indian Health Service [**or the Alaska Native Health Service**] 0 7
- or**
- h. Some other source 0 8

**Do not read these responses**

- None **Go to Q2.5** 8 8
- Don't know/Not sure **Go to Q2.6** 7 7
- Refused **Go to Q2.6** 9 9

2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (90)

- a. Yes **Go to Q2.6** 1
- b. No **Go to Q2.6** 2
- Don't know/Not sure **Go to Q2.6** 7
- Refused **Go to Q2.6** 9

2.5. About how long has it been since you had health care coverage? (91)

**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 8
- Refused 9

- 2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (92)
- a. Yes 1
  - b. No 2
    - Don't know/Not sure 7
    - Refused 9

- 2.7. About how long has it been since you last visited a doctor for a routine checkup? (93)  
**IF NEEDED: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.**

*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**

- 3.1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (94)

*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
- Do not read these responses**
- Don't know/Not sure 7
  - Never **Go to Q4.1** 8
  - Refused 9

- 3.2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (95)
- a. Yes 1
  - b. No **Go to Q4.1** 2
    - Don't know/Not sure **Go to Q4.1** 7
    - Refused **Go to Q4.1** 9
- 3.3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (96)
- a. More than once 1
  - b. Only once 2
    - Don't know/Not sure 7
    - Refused 9

**Section 4: Cholesterol Awareness**

- 4.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (97)
- a. Yes 1
  - b. No **Go to Next Section** 2
    - Don't know/Not sure **Go to Next Section** 7
    - Refused **Go to Next Section** 9
- 4.2. About how long has it been since you last had your blood cholesterol checked? (98)

***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

- 4.3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (99)
- a. Yes 1
  - b. No 2
    - Don't know/Not sure 7
    - Refused 9

**Section 5: Diabetes**

- 5.1. Have you ever been told by a doctor that you have diabetes? (100)  
**If "Yes" and female, ask "Was this only when you were pregnant?"**
- a. Yes 1
  - b. Yes, but female told only during pregnancy *Go to Next Section* 2
  - c. No *Go to Next Section* 3
    - Don't know/Not sure *Go to Next Section* 7
    - Refused *Go to Next Section* 9
- 5.2. How old were you when you were told you have diabetes?
- Code age in years [~~76~~=76 and older]
- Don't know/Not sure  $\overline{7} \overline{7}$
  - Refused 9 9
- 5.3. Are you now taking insulin?
- a. Yes 1
  - b. No *Go to Q. 5.5* 2
    - Refused *Go to Q. 5.5* 9
- 5.4. Currently, about how often do you use insulin?
- a. Times per day 1  $\underline{\quad}$   $\underline{\quad}$
  - b. Times per week 2  $\underline{\quad}$   $\underline{\quad}$
  - c. Use insulin pump 3 3 3
    - Don't know/Not sure 7 7 7
    - Refused 9 9 9

- 5.5. 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.
- |                     |   |    |    |
|---------------------|---|----|----|
| a. Times per day    | 1 | __ | __ |
| b. Times per week   | 2 | __ | __ |
| a. Times per month  | 3 | __ | __ |
| b. Times per year   | 4 | __ | __ |
| e. Never            | 8 | 8  | 8  |
| Don't know/Not sure | 7 | 7  | 7  |
| Refused             | 9 | 9  | 9  |
- 5.6. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
- 5.7. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?
- |  |    |    |
|--|----|----|
| a. Number of times                     | __ | __ |
| b. None <i>Go To Q5.10</i>             | 8  | 8  |
| Don't know/Not sure <i>Go To Q5.10</i> | 7  | 7  |
| Refused <i>Go To Q5.10</i>             | 9  | 9  |

**If "NO," "DK/NS," or "REFUSED" to Q5.6, Go to Q5.9.**

- 5.8. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"?
- |                     |    |    |
|---------------------|----|----|
| a. Number of times  | __ | __ |
| b. None             | 8  | 8  |
| Don't know/Not sure | 7  | 7  |
| Refused             | 9  | 9  |

5.9. About how many times in the last year has a health professional checked your feet for any sores or irritations?

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

5.10. 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.

***Read Only if Necessary***

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

**Section 6: Oral Health**

6.1. How long has it been since you last visited a dentist or a dental clinic for any reason? **Include visits to dental specialists, such as orthodontists** (101)

***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 |

- 6.2. 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. (102)

**Include teeth lost due to "infection."**

- |                          |   |
|--------------------------|---|
| a. 5 or fewer            | 1 |
| b. 6 or more but not all | 2 |
| c. All <i>Go to Q6.5</i> | 3 |
| d. None                  | 8 |
| Don't know/Not sure      | 7 |
| Refused                  | 9 |

**If never visited a dentist (Q6.1 = 8) or have no teeth (Q 6.2 = 3), go to Q6.4.**

- 6.3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist? (103)

***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 |

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

*Read Only if Necessary*

- |  |    |
|--|----|
| a. Fear, apprehension, nervousness, pain, dislike going  | 01 |
| b. Cost  | 02 |
| c. Do not have/know a dentist  | 03 |
| d. Cannot get to the office/clinic (too far away, no transportation,<br>no appointments available) | 04 |
| e. No reason to go (no problems, no teeth)   | 05 |
| f. Other priorities  | 06 |
| g. Have not thought of it  | 07 |
| h. Other reason ( <b>Specify:</b> _____)   | 08 |
| <b>Do not read these responses</b>   |    |
| Don't know/Not sure  | 77 |
| Refused  | 99 |

6.5 The last time you visited a health care provider for dental services, where did you go?

*Please Read*

- |  |   |
|--|---|
| a. Private dentist                           | 1 |
| b. Public health Center Clinic               | 2 |
| c. Community or Migrant Clinic               | 3 |
| d. Indian Health Service Clinic              | 4 |
| e. Some other place ( <b>Specify:</b> _____) | 5 |
| <b>Do not read these responses</b>           |   |
| Don't know/Not sure                          | 7 |
| Refused                                      | 9 |

6.6 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 |

### Section 7: Skin Cancer

- 7.1. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? (104)
- a. Yes 1
  - b. No **Go to Next Section** 2
  - Don't know/Not sure **Go to Next Section** 7
  - Refused **Go to Next Section** 9
- 7.2. 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? (105)
- a. One 1
  - b. Two 2
  - c. Three 3
  - d. Four 4
  - e. Five 5
  - f. Six or more 6
  - Don't know/Not sure 7
  - Refused 9

### Section 8: Tobacco Use

- 8.1. Have you smoked at least 100 cigarettes in your entire life? (106)
- 5 packs = 100 cigarettes**
- a. Yes 1
  - b. No **Go to Next Section** 2
  - Don't know/Not sure **Go to Next Section** 7
  - Refused **Go to Next Section** 9
- 8.2. Do you now smoke cigarettes everyday, some days, or not at all? (107)
- a. Everyday 1
  - b. Some days **Go to Q8.3a** 2
  - c. Not at all **Go to Q8.5** 3
  - Refused **Go to Next Section** 9

8.3. On the average, about how many cigarettes a day do you now smoke? (108-109)

**1 pack = 20 cigarettes**

Number of cigarettes [76 = 76 or more] *Go to Q8.4*

Don't know/Not sure *Go to Q8.4*

Refused *Go to Q8.4*

—  
7 7  
9 9

8.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (110-111)

**1 pack = 20 cigarettes**

Number of cigarettes [76 = 76 or more] *Go to Next Section*

Don't know/Not sure *Go to Next Section*

Refused *Go to Next Section*

—  
7 7  
9 9

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

a. Yes *Go to Next Section*

1

b. No *Go to Next Section*

2

Don't know/Not sure *Go to Next Section*

7

Refused *Go to Next Section*

9

8.5. About how long has it been since you last smoked cigarettes regularly, that is, daily? (113-114)

*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: Alcohol Consumption**

- 9.1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (115)
- a. Yes 1
  - b. No *Go to Next Section* 2
  - Don't know/Not sure *Go to Next Section* 7
  - Refused *Go to Next Section* 9
- 9.2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (116-118)
- a. Days per week 1 — —
  - b. Days per month 2 — —
  - Don't know/Not sure *Go to Q9.4* 7 7 7
  - Refused *Go to Q9.4* 9 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? (119-120)
- Number of drinks
- Don't know/Not sure 7 7
  - Refused 9 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? (121-122)
- a. Number of times
  - b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9
- 9.5. During the past month, how many times have you driven when you've had perhaps too much to drink? (123-124)
- a. Number of times
  - b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9

**Section 10: Demographics**

10.1. What is your age? (125-126)

Code age in years **Go to Q10.2**

Don't know/Not sure

Refused

7 7  
9 9

10.1a In which of these age categories do you belong? **Please read**

- a. 18-24 (= 21) 1
  - b. 25-34 (= 30) 2
  - c. 35-44 (= 40) 3
  - d. 45-54 (= 50) 4
  - e. 55-64 (= 60) 5
  - f. 65-74 (= 70) 6
  - g. 75 or older (= 80) 7
- Do not read this category**
- Refused 9

10.2. What is your race? (127)

**IF "HISPANIC" PROBE: "Are you white-Hispanic, black-Hispanic, Asian Hispanic, Pacific Islander and Hispanic, American Indian and Hispanic, Alaska Native and Hispanic, or other race and Hispanic?"**

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

10.3. Are you of Spanish or Hispanic origin? **IF “Hispanic” TO Q10.2, CODE “YES” (1) WITHOUT ASKING.** (128)

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

10.4. Are you: (129)

***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

10.5. How many children live in your household who are ... ***Please Read***  
**Code number of children 1-6, 7 = 7 or more, 8 = None, 9 = Refused**

- a. less than 5 years old? — (130)
- b. 5 through 12 years old? — (131)
- c. 13 through 17 years old? — (132)

10.6. What is the highest grade or year of school you completed? (133)

***Read Only if Necessary***

- a. Never attended school or only attended 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

10.7. Are you currently: (134)

**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 |
| <b>or</b>                           |   |
| h. Unable to work                   | 8 |
| Refused                             | 9 |

**IF NOT EMPLOYED, Q10.7, Code 3-9, Go to Q10.10**

**IF EMPLOYED, Q10.7, Code 1-2, ask:**

10.8. What kind of business or industry do you work in?  
99 = REFUSED

---

10.9. What is your job title? **IF NO JOB TITLE, SAY:** What type of work do you do?  
88 = OWNER/PROPRIETOR/SELF-EMPLOYED,  
99 = REFUSED

---

10.10. Is your annual household income from all sources: (135-136)

**If respondent refuses at any income level, code refused**

**Read as Appropriate**

- 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
- (if "no" to a, ask)**
- 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
    - Don't know/Not sure 7 7
    - Refused 9 9

10.11. About how much do you weigh without shoes? (137-139)

**Round Fractions up**

- Weight \_\_\_\_\_ pounds
- Don't know/Not sure  $\frac{\quad}{7} \frac{\quad}{7} \frac{\quad}{7}$
- Refused  $\frac{\quad}{9} \frac{\quad}{9} \frac{\quad}{9}$

10.12. About how tall are you without shoes? **EXAMPLE: 5'2" = 502, 6'11" = 611** (140-124)

**Round Fractions down**

- Height \_\_\_\_\_ ft/inches
- Don't know/Not sure  $\frac{\quad}{7} / \frac{\quad}{7} \frac{\quad}{7}$
- Refused  $\frac{\quad}{9} / \frac{\quad}{9} \frac{\quad}{9}$



- 10.17. Indicate sex of respondent. *Ask Only if Necessary* (148)
- Male *Go to Section 13, Immunization* 1
  - Female 2

**IF MALE, GO TO SECTION 13, IMMUNIZATION. IF FEMALE, CONTINUE.**

**Section 11: Women's Health**

- 11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (149)
- a. Yes 1
  - b. No *Go to Q11.4* 2
    - Don't know/Not sure *Go to Q11.4* 7
    - Refused *Go to Q11.4* 9

- 11.2. How long has it been since you had your last mammogram? (150)

*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
- 11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (151)
- a. Routine checkup 1
  - b. Breast problem other than cancer 2
  - c. Had breast cancer 3
    - Don't know/Not sure 7
    - Refused 9

- 11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (152)
- a. Yes 1
  - b. No **Go to Q11.7** 2
    - Don't know/Not sure **Go to Q11.7** 7
    - Refused **Go to Q11.7** 9
- 11.5. How long has it been since your last breast exam? (153)
- 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
- 11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (154)
- a. Routine Checkup 1
  - b. Breast problem other than cancer 2
  - c. Had breast cancer 3
    - Don't know/Not sure 7
    - Refused 9
- 11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (155)
- a. Yes 1
  - b. No **Go to Q11.10** 2
    - Don't know/Not sure **Go to Q11.10** 7
    - Refused **Go to Q11.10** 9

11.8. How long has it been since you had your last Pap smear? (156)

***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

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (157)

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

11.10. Have you had a hysterectomy? (158)

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

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

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

11.11. To your knowledge, are you now pregnant? (159)

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

**Section 12: HIV Testing and Counseling in Pregnancy**

12.1. Have you been pregnant at any time since January 1993? **If “Yes, I’m pregnant now” ask Q12.1b.**

12.1b. Have you been pregnant any other time since January, 1993?

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

12.2. What is the month and year that your last pregnancy ended? Please consider all pregnancies.

- Code Month and Year (Code leading zeros, e.g. January = “01”) \_/\_/\_
- Don't know/Not sure 77/77
  - Refused 99/09

12.3. At any time during your last pregnancy, did you visit a doctor, midwife or clinic for prenatal (pregnancy-related) care?

- a. Yes 1
- b. No **Go to Next Section** 2
- c. No, pregnancy ended early as a result of miscarriage or an abortion **Go to Next Section** 3
  - Don't know/Not sure **Go to Next Section** 7
  - Refused **Go to Next Section** 9

12.4. Which of the following is the main place that you received prenatal care?

**Please read a-h**

- a. Community Health Center Clinic 01
  - b. Health department clinic 02
  - c. Family planning clinic or prenatal clinic 03
  - d. Public hospital clinic 04
  - e. Private doctor 05
  - f. Private group practice, including a clinic or private hospital clinic 06
  - g. HMO or other prepaid group practice 07
  - h. Or somewhere else (SPECIFY: \_\_\_\_\_) 08
- Do not read these responses**
- Don't know/Not sure 77
  - Refused 99

- 12.5. At any time during your last pregnancy, did this health care provider discuss HIV or AIDS with you?
- a. Yes 1
  - b. No 2
    - Don't know/Not sure 7
    - Refused 9
- 12.6. At any time during your last pregnancy, did this health care provider offer to test you for HIV?
- a. Yes 1
  - b. No *Go to Next Section* 2
    - Don't know/Not sure *Go to Next Section* 7
    - Refused *Go to Next Section* 9
- 12.7. Were you tested for HIV during your last pregnancy?
- a. Yes 1
  - b. No 2
    - Don't know/Not sure 7
    - Refused 9

**Section 13: Immunization**

- 13.1. During the past 12 months, have you had a flu shot? (160)
- a. Yes 1
  - b. No *Go to Q13.3* 2
    - Don't know/Not sure *Go to Q13.3* 7
    - Refused *Go to Q13.3* 9

13.2 At what kind of place did you get your last flu shot? (161-162)

***Read Only if Necessary***

- a. A doctor's office or health maintenance organization 0 1
- b. A health department 0 2
- c. Another type of clinic or health center  
*[Example: a community health center]* 0 3
- d. A senior, recreation, or community center 0 4
- e. A store *[Examples: supermarket, drug store]* 0 5
- f. A hospital or emergency room 0 6
- g. Workplace 0 7
- h. Other *[specify]* \_\_\_\_\_ 0 8  
    Don't know/Not sure 7 7  
    Refused 9 9

13.3. Have you ever had a pneumonia vaccination? (163)

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

**Section 14: Colorectal Cancer Screening**

**If respondent 40 years or older, continue with Q14.1. Otherwise, Go to Next Section.**

14.1. 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? (164)

- a. Yes 1
- b. No ***Go to Q14.3*** 2  
    Don't know/Not sure ***Go to Q14.3*** 7  
    Refused ***Go to Q14.3*** 9

14.2. When did you have your last blood stool test using a home kit? (165)

***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 |

14.3. A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (166)

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

14.4. When did you have your last sigmoidoscopy or colonoscopy? (167)

***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 |

**Section 15: Injury Control**

**If there are no children in the household (core Q10.5a, b, and c are all "None," [= 8])  
Go To Q15.3.**

15.1. What is the age of the oldest child in your household under the age of 16? (168-169)

- |  |             |
|--|-------------|
| a. Code age in years (Code <1 yr. as "01," code leading zeros for age 1-9) | <u>    </u> |
| b. No children under age 16 <b><i>Go to Q15.3</i></b>                      | 8 8         |
| Don't know/Not sure <b><i>Go to Q15.3</i></b>                              | 7 7         |
| Refused <b><i>Go to Q15.3</i></b>  | 9 9         |

**If oldest child 5 years or older, continue with Q15.2. Otherwise, go to Q15.3.**

15.2. During the past year, how often has the *[fill in age from Q15.1]*-year-old child worn a bicycle helmet when riding a bicycle? (170)

Would you say: ***Please Read***

- a. Always 1
- b. Nearly Always 2
- c. Sometimes 3
- d. Seldom or 4
- e. Never 5

**Do not read these responses**

- Never rides a bicycle 8
- Don't know/Not sure 7
- Refused 9

15.3. When was the last time you or someone else deliberately tested all of the smoke detectors in your home? (171)

***Read Only if Necessary***

- a. Within the past month (0 to 1 month ago) 1
- b. Within the past 6 months (1 to 6 months ago) 2
- c. Within the past year (6 to 12 months ago) 3
- d. One or more years ago 4
- e. Never 5
- f. No smoke detectors in home 6
  - Don't know/Not sure 7
  - Refused 9

## **Section 16: 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.

- 16.1. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (172-173)
- |                                     |    |
|-------------------------------------|----|
| First grade (age 6-7)               | 01 |
| Second grade (age 7-8)              | 02 |
| Third grade (age 8-9)               | 03 |
| Fourth grade (age 9-10)             | 04 |
| Fifth grade (age 10-11)             | 05 |
| Sixth grade (age 11-12)             | 06 |
| Seventh grade (age 12-13)           | 07 |
| Eighth grade (age 13-14)            | 08 |
| Ninth grade (freshman) (age 14-15)  | 09 |
| Tenth grade (sophomore) (age 15-16) | 10 |
| Eleventh grade (junior) (age 16-17) | 11 |
| Twelfth grade (senior) (age 17-18)  | 12 |
| Kindergarten (age 5-6)              | 55 |
| Never                               | 88 |
| Don't know/Not sure                 | 77 |
| Refused                             | 99 |
- 16.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (174)
- |                         |   |
|-------------------------|---|
| a. Yes                  | 1 |
| b. No                   | 2 |
| Would give other advice | 3 |
| Don't know/Not sure     | 7 |
| Refused                 | 9 |
- 16.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (175)
- Would you say: **Please Read**
- |                                    |   |
|------------------------------------|---|
| a. High                            | 1 |
| b. Medium                          | 2 |
| c. Low                             | 3 |
| <b>or</b>                          |   |
| d. None                            | 4 |
| Not applicable <b>Go to Q16.7a</b> | 5 |
| <b>Do not read these responses</b> |   |
| Don't know/Not sure                | 7 |
| Refused                            | 9 |

- 16.4. Have you donated blood since March 1985? (176)
- a. Yes 1
  - b. No **Go to Q16.6a** 2
    - Don't know/Not sure **Go to Q16.6a** 7
    - Refused **Go to Q16.6a** 9
- 16.5. Have you donated blood in the past 12 months? (177)
- a. Yes 1
  - b. No 2
    - Don't know/Not sure 7
    - Refused 9
- 16.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (178)
- Include saliva tests**
- a. Yes **Go to Q16.7** 1
  - b. No **Go to Next Section** 2
    - Don't know/Not sure **Go to Next Section** 7
    - Refused **Go to Next Section** 9
- 16.6a. Have you ever been tested for HIV? (179)
- Include saliva tests**
- a. Yes **Go to Q16.7a** 1
  - b. No **Go to Next Section** 2
    - Don't know/Not sure **Go to Next Section** 7
    - Refused **Go to Next Section** 9
- 16.7. Not including your blood donations, have you been tested for HIV in the past 12 months? (180)
- Include saliva tests**
- a. Yes **Go to Q16.8** 1
  - b. No **Go to Next Section** 2
    - Don't know/Not sure **Go to Next Section** 7
    - Refused **Go to Next Section** 9

16.7a. Have you been tested for HIV in the past 12 months? (181)

***Include saliva tests***

- |  |   |
|--|---|
| a. Yes <b><i>Go to Q16.8</i></b>                     | 1 |
| b. No <b><i>Go to Next Section</i></b>               | 2 |
| Don't know/Not sure <b><i>Go to Next Section</i></b> | 7 |
| Refused <b><i>Go to Next Section</i></b>             | 9 |

16.8. What was the main reason you had your last test for HIV? (182-183)

***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 <b><i>Go to Next Section</i></b> | 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 |

16.9. Where did you have your last test for HIV? (184-185)

***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 |

16.10. Did you receive the results of your last test? (186)

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

16.11. Did you receive counseling or talk with a health care professional about the results of your test? (187)

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

### Section 17: Sexual Behavior

These next few questions are about your personal sexual behavior and I want to remind you that your answers are confidential.

17.1. During the past 12 months, with how many people have you had sexual intercourse? **IF NEEDED: By sexual intercourse, we mean vaginal, oral or anal intercourse.**

- |   |       |
|---|-------|
| a. Number [76=76 or more; code leading zeros for #s 1-9, e.g. "one" = 01] | _____ |
| b. None <b>Go to Next Section</b>   | 8 8   |
| Don't know/Not sure   | 7 7   |
| Refused   | 9 9   |

17.2. How many new sex partners did you have during the past 12 months? **IF NEEDED: A new sex partner is someone you had sex with for the first time in the past 12 months.**

- |   |       |
|---|-------|
| a. Number [76 = 76 or more, code leading zeros for #s 1-9, e.g. "one" = 01] | _____ |
| b. None   | 8 8   |
| Don't know/Not sure   | 7 7   |
| Refused   | 9 9   |

17.3. Was a condom used the last time you had sexual intercourse?

- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No <b>Go to Q17.5</b>               | 2 |
| Don't know/Not sure <b>Go to Q17.5</b> | 7 |
| Refused <b>Go to Q17.5</b>             | 9 |

17.4. 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 |
| <b>or</b>   |   |
| d. For some other reason                                  | 4 |
| Don't know/Not sure                                       | 7 |
| Refused   | 9 |

17.5. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose?

Would you say: **Please read**

- a. Very effective 1
- b. Somewhat effective 2
- or**
- c. Not at all effective 3
- Do not read these responses.**
- Don't know how effective 4
- Don't know method *Go to Q17.7* 5
- Refused 9

17.6. How effective do you think a properly used LATEX condom is for this purpose?

Would you say: **Please read**

- a. Very effective 1
- b. Somewhat effective 2
- or**
- c. Not at all effective 3
- Do not read these responses.**
- Don't know how effective 4
- Don't know method 5
- Refused 9

17.7. 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 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

### Section 18: Family Planning

If respondent is 50 years old or older and

Male: *Go to Section 21, Asthma.*

Female: *Go to Section 19, Breast Cancer Screening.*

If respondent is 18-49 years old and

Male: If answer to Q17.1, "During past 12 months, with how many people have you had sexual intercourse?" is "none," (88) *Go to Q18.7*

Female: If answer to Q17.1, "During past 12 months, with how many people have you had sexual intercourse?" is "none," (88) *Go to Q18.7*

**OR**

if answer to Q11.11, "Are you now pregnant?" is "yes," (1) *Go to Q18.7.*

The next few questions have to do with birth control. Your answers are confidential and you don't have to answer all the questions if you don't want to.

If respondent hesitates in answering any question in this series, repeat "You don't have to answer any question if you don't want to."

18.1 The last time you had sexual intercourse, did you or your partner use any method of birth control? **If needed: "Partner" means the person you had sex with the last time in the past twelve months.**

- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No <i>Go to Q18.4</i>               | 2 |
| Don't know/not sure <i>Go to Q18.7</i> | 7 |
| Refused <i>Go to Q18.7</i>             | 9 |

18.2 What was the primary method of birth control that you, personally, used?

**IF FEMALE (Q10.17 = 2), PLEASE READ**

- |   |   |
|---|---|
| a. Pill <i>Go to Q18.7</i>                                    | 1 |
| b. Sterilization (tubes tied/hysterectomy) <i>Go to Q18.7</i> | 2 |
| c. Depo Provera <i>Go to Q18.7</i>                            | 3 |
| d. Diaphragm/cervical cap <i>Go to Q18.7</i>                  | 4 |
| e. Relied on Partner's Method                                 | 5 |
| f. Other: (specify: _____) <i>Go to Q18.7</i>                 | 6 |
| <b>Do not read these responses</b>                            |   |
| Don't know/Not Sure <i>Go to Q18.7</i>                        | 7 |
| Refused <i>Go to Q18.7</i>                                    | 9 |

**IF MALE (Q10.17 = 1), PLEASE READ**

- a. Condom *Go to Q18.7* 1
  - b. Sterilization (vasectomy) *Go to Q18.7* 2
  - c. Relied on Partner's Method 5
  - d. Other: (SPECIFY: \_\_\_\_\_) *Go to Q18.7* 6
- Do not read these responses**
- Don't know/Not Sure *Go to Q18.7* 7
  - Refused *Go to Q18.7* 9

18.3 What was the method your partner used? **IF NEEDED: "Method" means "primary method of birth control"**

**IF FEMALE (Q10.17 = 2), PLEASE READ**

- a. Condom (rubbers) *Go to Q18.7* 1
  - b. Sterilization (vasectomy) *Go to Q18.7* 2
  - c. Other: (SPECIFY: \_\_\_\_\_) *Go to Q18.7* 3
- Do not read these responses**
- Don't know/Not Sure *Go to Q18.7* 7
  - Refused *Go to Q18.7* 9

**IF MALE (Q10.17 = 1), PLEASE READ**

- a. Pill *Go to Q18.7* 1
  - b. Sterilization (tubes tied/hysterectomy) *Go to Q18.7* 2
  - c. Depo Provera *Go to Q18.7* 3
  - d. Diaphragm/cervical cap *Go to Q18.7* 4
  - e. Other: (specify: \_\_\_\_\_) *Go to Q18.7* 5
- Do not read these responses**
- Don't know/Not Sure *Go to Q18.7* 7
  - Refused *Go to Q18.7* 9

18.4 Have you or your partner had a vasectomy, tubal ligation, hysterectomy, or are sterile for some other reason? **IF NEEDED, All I need is a "yes" or "no."**

- a. Yes *Go to Q18.7* 1
  - b. No 2
- Don't know/not sure 7
  - Refused 9

- 18.5 **FEMALES:** Are you currently trying to get pregnant?  
**MALES:** Is your partner currently pregnant or trying to get pregnant?
- a. Yes **Go to Q18.7** 1
  - b. No 2
    - Don't know/not sure 7
    - Refused 9
- 18.6 You indicated previously that you or your partner did not use a method of birth control the last time you had sexual intercourse. What was the main reason you did not use birth control the last time you had sexual intercourse?
- a. SPECIFY: \_\_\_\_\_ 77
    - Don't know/not sure 77
    - Refused 99

**QUESTIONS 18.7-18.9 SHOULD INCLUDE ALL 18-49 YEAR OLDS, REGARDLESS OF NUMBER OF SEXUAL PARTNERS.**

- 18.7. Have you ever visited a health care provider for birth control services, such as information, counseling, education, prescriptions or advice? **IF NEEDED: This refers only to a visit for the purpose of birth control.**
- a. Yes 1
  - b. No **Go to Next Section** 2
    - Don't know/not sure **Go to Next Section** 7
    - Refused **Go to Next Section** 9
- 18.8. When was the last time you visited a health care provider for birth control services? Please tell me what year it was.
- Year:
- |                     |          |          |          |          |
|---------------------|----------|----------|----------|----------|
| Don't Know/Not Sure | <u>7</u> | <u>7</u> | <u>7</u> | <u>7</u> |
| Refused             | 9        | 9        | 0        | 9        |

18.9. Where did you go the last time you visited a health care provider for birth control services?

**Read list and check only one answer.**

- |                                       |   |
|---------------------------------------|---|
| a. Private doctor or HMO              | 1 |
| b. Hospital or hospital clinic        | 2 |
| c. Planned Parenthood                 | 3 |
| d. Family Planning clinic             | 4 |
| e. Some Other Place: (specify: _____) | 5 |

**Do not read these responses**

- |            |   |
|------------|---|
| Don't Know | 7 |
| Refused    | 9 |

**If Male, (Q10.17 = 1), Go to Section 21, Asthma**

**Section 19: Breast Cancer Screening Attitudes**

I'm going to read you beliefs that some women may have. For each one, please tell me if you "agree" or "disagree." **FOR EACH: READ PHRASE THEN ASK:** Do you agree or disagree? Somewhat or strongly?"

19.1. A woman can live longer if breast cancer is found early.

- |                      |   |
|----------------------|---|
| a. Agree Strongly    | 1 |
| b. Agree Somewhat    | 2 |
| c. Disagree Somewhat | 3 |
| d. Disagree Strongly | 4 |

**Do not read these responses**

- |            |   |
|------------|---|
| Don't know | 7 |
| Refused    | 9 |

19.2. If a mammogram shows that I'm fine, I never need another one.

- |                      |   |
|----------------------|---|
| a. Agree Strongly    | 1 |
| b. Agree Somewhat    | 2 |
| c. Disagree Somewhat | 3 |
| d. Disagree Strongly | 4 |

**Do not read these responses**

- |            |   |
|------------|---|
| Don't know | 7 |
| Refused    | 9 |

19.3. Breast cancer can be found early with a mammogram.

- |                                    |   |
|------------------------------------|---|
| a. Agree Strongly                  | 1 |
| b. Agree Somewhat                  | 2 |
| c. Disagree Somewhat               | 3 |
| d. Disagree Strongly               | 4 |
| <b>Do not read these responses</b> |   |
| Don't know                         | 7 |
| Refused                            | 9 |

**If the woman is under age 40, go to Section 20, Breast Self Exam**

**If the woman is age 40 or older and :**

- never had mammogram (Q11.1=2), ask Q19.4a
- answered “don’t know/not sure” or refused “Have you ever had a mammogram” (Q11.1 = 7 or 9), go to Section 20, Breast Self-Exam
- has had a mammogram (Q11.1 = 1), then
  - If she had a mammogram in past year (Q11.2 = 1), go to Section 20, Breast Self-Exam
  - If she had no mammogram in past year (Q11.2=2), ask Q19.4b
  - If she had no mammogram in past 2 years (Q11.2=3, 4 or 5), ask Q19.4c

19.4a. You said you’ve not had a mammogram. What is the most important reason that you never had a mammogram?

19.4b. You said you’ve not had a mammogram in the past year. What is the most important reason that you did not have a mammogram in the past year?

**DO NOT READ THESE RESPONSES**

|   | 19.4a | 19.4b |
|---|-------|-------|
| a. Not recommended by doctor/never suggested            | 01    | 01    |
| b. Not needed/Not necessary                             | 02    | 02    |
| c. Never heard of a mammogram                           | 03    | 03    |
| d. Cost/Not covered by insurance/Have no insurance      | 04    | 04    |
| d. Lazy, procrastinating – just didn’t get around to it | 05    | 05    |
| e. Too busy, don’t have time, no time                   | 06    | 06    |
| f. I’m anxious/afraid to get one                        | 07    | 07    |
| e. Any age-related comments (SPECIFY: _____)            | 55    | 55    |
| f. Other (SPECIFY: _____)                               | 66    | 66    |
| Don’t know/Not sure                                     | 77    | 77    |
| Refused   | 99    | 99    |

19.4c. You said you've not had a mammogram in the past 2 years. What is the most important reason that you did not have a mammogram in the past 2 years?

**DO NOT READ THESE RESPONSES**

|  |    |
|--|----|
| a. Not recommended by doctor/never suggested             | 01 |
| b. Not needed/Not necessary                              | 02 |
| c. Never heard of a mammogram                            | 03 |
| d. Cost/Not covered by insurance/Have no insurance       | 04 |
| e. Lazy, procrastinating – just didn't get around to it  | 05 |
| r. Too busy, don't have time, no time                    | 06 |
| g. I'm anxious/afraid to get one                         | 07 |
| h. Go to a doctor only when I'm sick/Never go to doctors | 08 |
| i. Don't believe in mammograms                           | 09 |
| j. Any age-related comments ( <b>SPECIFY:</b> _____)     | 55 |
| k. Other ( <b>SPECIFY:</b> _____)                        | 66 |
| Don't know/Not sure                                      | 77 |
| Refused  | 99 |

**Section 20: Breast Self-Exam**

20.1. Have you ever examined your own breasts for lumps?

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

20.2. About how often do you examine your breasts for lumps? [Code leading zeros, e.g. one time = 01]

|                       |       |
|-----------------------|-------|
| Times Per Day         | 1 ___ |
| Times Per Week        | 2 ___ |
| Times Per Month       | 3 ___ |
| Times Per Year        | 4 ___ |
| Less than once a year | 5 5 5 |
| Don't know/Not sure   | 7 7 7 |
| Refused               | 9 9 9 |

20.3. When did you last do such a breast self-examination?

**READ a-e ONLY IF NECESSARY**

- a. Within the last month (today to 1 month ago) 1
- b. Within the last two months (more than 1 month to 2 months ago) 2
- c. Within the last six months (more than 2 months to 6 months ago) 3
- d. More than six months ago 4
- e. Never 5

**Do not read these responses**

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

**Section 21: Asthma**

21.1. Did a doctor ever tell you that you had asthma? ( )

- a. Yes 1
- b. No **Go to Q21.3** 2
- Don't know/Not sure **Go to Q21.3** 7
- Refused **Go to Q21.3** 9

21.2. Do you still have asthma? ( )

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

**If there are no children in the household (10.5a-c = 8), Go to Next Section.**

**If there are no children aged <5 in household (Q10.5 a = 8), Go to Q21.5.**

21.3. You said earlier there { was a child / were [CATI fill in from 10.5a] children } under age five in your household. Has a doctor ever said that any of these [CATI fill in from 10.5a] children had asthma? IF YES, ASK: How many ever had asthma? [The number of children who ever had asthma cannot be more than the number of children under age 5 in the household(Q10.5a).]

- Enter count** [code leading zeros, e.g., "one" = 01]
- None **Go to Q21.5** 8 8
- Don't know/Not Sure **Go to Q21.5** 7 7
- Refused **Go to Q21.5** 9 9

**Ask Q21.4a if only one child in household is under age 5:**

21.4a. Does this child still have asthma?

- |        |                     |                    |    |
|--------|---------------------|--------------------|----|
| a. Yes | <i>Go to Q21.5</i>  | 01                 |    |
| b. No  | <i>Go to Q21.5</i>  | 88                 |    |
|        | Don't know/Not sure | <i>Go to Q21.5</i> | 77 |
|        | Refused             | <i>Go to Q21.5</i> | 99 |

**Ask Q21.4b if more than one child under age 5 in household:**

21.4b. [Of the [CATI fill in from Q21.3] children under age five in your household who ever had asthma,] How many still have asthma? [The number of children who still have asthma cannot be more than the number of children under age 5 who ever had asthma (Q21.3).]

|   |   |   |
|---|---|---|
| <b>Enter count</b> [code leading zeros, e.g., "one" = 01] |   |   |
| None  | 8 | 8 |
| Don't know/Not Sure                                       | 7 | 7 |
| Refused   | 9 | 9 |

**If there are no children aged 5-12 in household (Q10.5 b = 8), Go to Q21.7.**

21.5. [Also,] You said earlier there { was a child / were [CATI fill in from 10.5b] children } aged 5 through 12 years old in your household. Has a doctor ever said that that {this child / one of those [CATI fill in from 10.5b] children} had asthma? **IF YES, ASK:** How many ever had asthma? [The number of children who ever had asthma cannot be more than the number of children age 5-12 (Q10.5b).]

|   |   |   |
|---|---|---|
| <b>Enter count</b> [code leading zeros, e.g., "one" = 01] |   |   |
| None <i>Go to Q21.7</i>                                   | 8 | 8 |
| Don't know/Not Sure <i>Go to Q21.7</i>                    | 7 | 7 |
| Refused <i>Go to Q21.7</i>                                | 9 | 9 |

**Ask Q21.6a if only one child in household age 5-12:**

21.6a. Does this child still have asthma?

- |        |                     |                    |    |
|--------|---------------------|--------------------|----|
| a. Yes | <i>Go to Q21.7</i>  | 01                 |    |
| b. No  | <i>Go to Q21.7</i>  | 88                 |    |
|        | Don't know/Not sure | <i>Go to Q21.7</i> | 77 |
|        | Refused             | <i>Go to Q21.7</i> | 99 |

**Ask Q21.6b if more than one child age 5-12 in household:**

21.6b. [Of the [CATI fill in from Q21.5] children aged 5 through 12 in your household who ever had asthma,] How many still have asthma? [The number of children who still have asthma cannot be more than the number of children age 5-12 who ever had asthma (Q21.5).]

|   |   |   |
|---|---|---|
| <b>Enter count</b> [code leading zeros, e.g., "one" = 01] |   |   |
| None  | 8 | 8 |
| Don't know/Not Sure                                       | 7 | 7 |
| Refused   | 9 | 9 |

**If there are no children aged 13-17 in household (Q10.5 c = 8), then Go to Next Section.**

21.7. [Also,] You said earlier there { was a child / were [CATI fill in from 10.5c] children } aged 13 through 17 years old in your household. Has a doctor ever said that that {this child / one of those [CATI fill in from 10.5c] children} had asthma? **IF YES, ASK:** How many ever had asthma? [The number of children who ever had asthma cannot be more than the number of children age 13-17.]

|   |   |   |
|---|---|---|
| <b>Enter count</b> [code leading zeros, e.g., "one" = 01] |   |   |
| None <b>Go to next section</b>                            | 8 | 8 |
| Don't know/Not Sure <b>Go to next section</b>             | 7 | 7 |
| Refused <b>Go to next section</b>                         | 9 | 9 |

**Ask Q21.8a if only one child in household aged 13-17:**

21.8a. Does this child still have asthma?

|   |    |
|---|----|
| a. Yes <b>Go to Next Section</b>              | 01 |
| b. No <b>Go to Next Section</b>               | 88 |
| Don't know/Not sure <b>Go to Next Section</b> | 77 |
| Refused <b>Go to Next Section</b>             | 99 |

**Ask Q21.8b if more than one child age 13-17 in household:**

21.8b. [Of the [CATI fill in from 21.7] children aged 13 through 17 in your household who ever had asthma,] How many still have asthma? [**The number of children who still have asthma cannot be more than the number of children age 13-17 who ever had asthma.**]

**Enter count** [code leading zeros, e.g., "one" = 01]

|                     |   |   |
|---------------------|---|---|
| None                | 8 | 8 |
| Don't know/Not Sure | 7 | 7 |
| Refused             | 9 | 9 |

**Section 22: Smokeless Tobacco Use**

22.1. 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 <i>Go to Next Section</i>      | 4 |
| Don't know/Not sure <i>Go to Next Section</i> | 7 |
| Refused <i>Go to Next Section</i>             | 9 |

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

**"Yes" includes occasional use**

- |   |   |
|---|---|
| a. Yes, chewing tobacco                       | 1 |
| b. Yes, snuff                                 | 2 |
| c. Yes, both                                  | 3 |
| d. No, neither <i>Go to Next Section</i>      | 4 |
| Don't know/Not sure <i>Go to Next Section</i> | 7 |
| Refused <i>Go to Next Section</i>             | 9 |

**Section 23: Hypertension**

**If never told have high blood pressure (Q3.2=2, 7 or 9) Go to Next Section.**

23.1. Is any medicine currently prescribed for your high blood pressure?

- a. Yes 1
- b. No, *Go to Q23.3* 2
  - Don't know/Not sure 7
  - Refused 9

23.2. How often would you say you take your medications? **(IF "YES", probe for "all or most of the time" or "only occasionally" if necessary. If answer is "yes," use "yes all or most of the time.")**

- a. Yes, all or most of the time 1
- b. Yes, only occasionally 2
- c. No 3
  - Don't know/Not Sure 7
  - Refused 9

Because of your high blood pressure are you:

|   | Yes | No | Dk/Ns | Ref |
|---|-----|----|-------|-----|
| 23.3. Controlling your weight or losing weight? | 1   | 2  | 7     | 9   |
| 23.4. Using less salt?                          | 1   | 2  | 7     | 9   |
| 23.5. Exercising?                               | 1   | 2  | 7     | 9   |
| 23.6. Drinking less alcohol?                    | 1   | 2  | 7     | 9   |
| 23.7. Decreasing stress?                        | 1   | 2  | 7     | 9   |

**Section 24: Cholesterol**

**If never told have high blood cholesterol (Q4.3=2, 7 or 9) Go to Next Section.**

24.1. Are you now under the advice of a doctor to reduce your cholesterol level?

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

Because of your high blood cholesterol are you:

|  | Yes | No | Dk/Ns | Ref |
|--|-----|----|-------|-----|
| 24.2. Eating more high fiber foods?                    | 1   | 2  | 7     | 9   |
| 24.3. Eating fewer high fat or high cholesterol foods? | 1   | 2  | 7     | 9   |
| 24.4. Controlling your weight or losing weight?        | 1   | 2  | 7     | 9   |
| 24.5. Exercising?                                      | 1   | 2  | 7     | 9   |
| 24.6. Taking medication?                               | 1   | 2  | 7     | 9   |

**Section 25: Hunger**

25.1. The next few questions are about hunger, or not having enough food to eat. 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

- 25.2. In the past 30 days, did you skip any meals because there wasn't enough food or money to buy food?
- a. Yes 1
  - b. No **Go to Next Section** 2
    - Don't know/Not sure **Go to Next Section** 7
    - Refused **Go to Next Section** 9
- 25.3. In the past 30 days, were there any days when you did not eat at all because there wasn't any food or money to buy food?
- a. Yes 1
  - b. No 2
    - Don't know/Not sure 7
    - Refused 9

## Section 26: Health Care Use

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

- 26.1. 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 Q26.4** 1
  - b. More than one place **Go to Q26.3** 2
  - c. No 3
    - Don't know/Not sure **Go to Next Section** 7
    - Refused **Go to Next Section** 9
- 26.2. 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 Section** 0 2
  - c. Do not like/trust/believe in doctors **Go to Next Section** 0 3
  - d. Do not know where to go **Go to Next Section** 0 4
  - e. Previous doctor is not available/moved **Go to Next Section** 0 5
  - f. No insurance/cannot afford **Go to Next Section** 0 6
  - g. Speak a different language **Go to Next Section** 0 7
  - h. No place is available/close enough/convenient **Go to Next Section** 0 8
  - i. Other **Go to Next Section** 0 9
    - Don't know/Not sure **Go to Next Section** 7 7
    - Refused **Go to Next Section** 9 9

26.3 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 <i>Go to Next Section</i>               | 2 |
| Don't know/Not sure <i>Go to Next Section</i> | 7 |
| Refused <i>Go to Next Section</i>             | 9 |

26.4 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 HMO             | 0 1 |
| b. Clinic or health center            | 0 2 |
| c. Hospital outpatient clinic         | 0 3 |
| d. Hospital emergency room            | 0 4 |
| g. Urgent Care Center                 | 0 5 |
| <b>or</b>                             |     |
| k. Some other kind of place (SPECIFY) | 0 8 |
| Don't know/Not sure                   | 7 7 |
| Refused                               | 9 9 |

### Section 27: Veteran Status

The next questions relate to military service.

27.1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

27.2. Which of the following best describes your current military status?

- a. Currently on active duty *Go to Next Section* 1
- b. Currently in reserves *Go to Next Section* 2
- c. Discharged from military 3
  - Don't know/Not sure *Go to Next Section* 7
  - Refused *Go to Next Section* 9

27.3. In the last 12 months have you received some or all of your health care from VA facilities?

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

### Section 28: Disability Surveillance

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

28.1. Because of a physical, mental, or emotional problem, do you need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside the home?

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

28.2. Because of a health problem, do you have difficulty walking without using special equipment?

- a. Yes 1
- b. No *Go to Q28.4* 2
  - Don't know/Not sure 7
  - Refused *Go to Q28.4* 9

**IF NO TO Q28.1 AND Q28.2, GO TO NEXT SECTION**

28.3. If you use special equipment or help from others to get around, what type do you use? **Probe: Do you use any others? If more than one, code Other (13) and enter up to three responses.**

- |  |    |
|--|----|
| a. No special equipment or help used   | 01 |
| b. Other people  | 02 |
| c. Cane or walking stick   | 03 |
| d. Walker  | 04 |
| e. Crutch or crutches  | 05 |
| f. Manual wheelchair   | 06 |
| g. Motorized wheelchair  | 07 |
| h. Electric mobility scooter   | 08 |
| i. Artificial leg  | 09 |
| j. Brace   | 10 |
| k. Service animal [i.e guide dog or other animal specifically trained to provide assistance] | 11 |
| l. Oxygen / special breathing equipment  | 12 |
| m. Other (specify): _____  | 13 |
| Don't know / Not sure  | 77 |
| Refused  | 99 |

28.4. Are you LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

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

**IF YES TO Q28.1, Q28.2, OR Q28.4 OR 2-13 TO Q28.3, CONTINUE. OTHERWISE GO TO NEXT SECTION**

28.5. What is the MAJOR impairment or health problem that limits your activities? - **If respondent says "I'm not limited," say "I'm referring to the impairment you indicated on an earlier question."**

- |   |    |
|---|----|
| a. Arthritis / rheumatism                   | 01 |
| b. Back or neck problem                     | 02 |
| c. Fractures, bone / joint injury           | 03 |
| d. Walking problem                          | 04 |
| e. Lung / breathing problem                 | 05 |
| f. Hearing problem                          | 06 |
| g. Eye / vision problem                     | 07 |
| h. Heart problem                            | 08 |
| i. Stroke problem                           | 09 |
| j. Hypertension / high blood pressure       | 10 |
| k. Diabetes                                 | 11 |
| l. Cancer                                   | 12 |
| m. Depression / anxiety / emotional problem | 13 |
| n. Other impairment/problem [SPECIFY _____] | 14 |
| Don't know / Not sure                       | 77 |
| Refused                                     | 99 |

## Section 29: Family Violence

The next few questions are about abuse that may have happened to you as a child, before you were 18. **Although these questions are about your childhood, if I learn about child abuse or neglect that may be happening now to someone under 18, I have to report it to Child Protective Services.** With this one exception, your answers are confidential. You don't have to answer a question if you don't want to and you can stop the interview at any time.

29.1. Before you were 18, was there any time when you were punched, kicked, choked, or received a more serious physical punishment from a parent or other adult guardian?

- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No <i>Go to Q29.4</i>               | 2 |
| Don't know/Not sure <i>Go to Q29.4</i> | 7 |
| Refused <i>Go to Q29.4</i>             | 9 |

29.2. How many times did this happen? Would you say . . . **Please Read**

- |                      |   |
|----------------------|---|
| a. Once              | 1 |
| b. Two to five times | 2 |
| c. Six to nine times | 3 |
| d. Ten or more times | 4 |
| Don't Know/Not Sure  | 7 |
| Refused              | 9 |

29.3. Who did this to you -- what relationship did this person have to you? (**If more than one person, code "other" (10) and indicate all of the relationships.**)

**Read if necessary.**

- |   |    |
|---|----|
| a. Father                               | 01 |
| b. Mother                               | 02 |
| c. Stepfather                           | 03 |
| d. Stepmother                           | 04 |
| e. Mother's boyfriend                   | 05 |
| f. Father's girlfriend                  | 06 |
| g. Grandparent                          | 07 |
| h. Another adult who was related to you | 08 |
| i. An adult who was not related to you  | 09 |
| j. Other (Specify: _____)               | 10 |
| Don't know/Not Sure                     | 77 |
| Refused                                 | 99 |

29.4. Before you were 18, did anyone ever touch you in a sexual place or make you touch them when you did not want them to?

- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No <b>Go to Q29.7</b>               | 2 |
| Don't know/Not sure <b>Go to Q29.7</b> | 7 |
| Refused <b>Go to Q29.7</b>             | 9 |

29.5. How many times did this happen? Would you say . . . **Please Read**

- |                      |   |
|----------------------|---|
| a. Once              | 1 |
| b. Two to five times | 2 |
| c. Six to nine times | 3 |
| d. Ten or more times | 4 |
| Don't Know/Not Sure  | 7 |
| Refused              | 9 |

29.6. Who did this to you -- what relationship did this person have to you? **(If more than one person, code "other" (13) and indicate all of the relationships.)**

**Read if necessary**

- |   |    |
|---|----|
| a. Father                               | 01 |
| b. Mother                               | 02 |
| c. Stepfather                           | 03 |
| d. Stepmother                           | 04 |
| e. Mother's boyfriend                   | 05 |
| f. Father's girlfriend                  | 06 |
| g. Brother                              | 07 |
| h. Sister                               | 08 |
| i. Grandparent                          | 09 |
| j. Another adult who was related to you | 10 |
| k. An adult who was not related to you  | 11 |
| l. A friend or someone you were dating  | 12 |
| m. Other (Specify: _____)               | 13 |
| Don't know/Not Sure                     | 77 |
| Refused                                 | 99 |

29.7. 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 their spouse or partner?

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

Now I'd like to ask you some questions about your relationships with current or former intimate partners. An intimate partner is a current or former husband, wife, boyfriend, girlfriend, or dating partner.

- 29.8 In the past 12 months, has an intimate partner hit, slapped, shoved, choked, kicked, shaken or otherwise physically hurt you?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
- 29.9. In the past 12 months, has an intimate partner forced you to participate in a sex act against your will?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
- 29.10 In the past 12 months, has a intimate partner put you down, called you names or controlled your behavior? **IF NEEDED:** Controlling your behavior includes controlling who you can talk to, where you can go or what you can do.
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**If NO to 29.8, 29.9 and 29.10 Go to comment after 29.12.**

**If YES to either 29.8 or 29.9, ask 29.11a.**

**If YES to 29.10 and NO to 29.8 and 29.9, ask 29.11b**

**Ask if YES to either 29.8 or 29.9:**

29.11a Now I have a question about your relationship with the person who was violent or abusive to you. Was the person your spouse, boyfriend, girlfriend or date when he or she was violent or abuse to you?

- **PROBE FOR “current,” “divorced,” or “separated” if SPOUSE.**
- **PROBE FOR “current” OR “former” IF BOYFRIEND OR GIRLFRIEND.**

**IF MORE THAN ONE PERSON, CODE "OTHER" (9) AND INDICATE ALL OF THE RELATIONSHIPS.**

|                    |   |    |
|--------------------|---|----|
| <b>Spouse:</b>     | a. Current spouse                             | 01 |
|                    | b. Divorced spouse                            | 02 |
|                    | c. Separated spouse                           | 03 |
| <b>Boyfriend:</b>  | d. Current boyfriend                          | 04 |
|                    | e. Former boyfriend                           | 05 |
| <b>Girlfriend:</b> | f. Current girlfriend                         | 06 |
|                    | g. Former girlfriend                          | 07 |
|                    | h. Date                                       | 08 |
| <b>or</b>          |   |    |
|                    | i. Some other relationship(s)(Specify: _____) | 09 |
|                    | Don't know/Not sure                           | 77 |
|                    | Refused                                       | 99 |

**Go to 29.12**

**Ask if YES to 29.10 only and NO to both 29.8 and 29.9:**

29.11b Now I have a question about your relationship with the person who put you down, called you names or controlled your behavior. Was the person your spouse, boyfriend, girlfriend or date?

- **PROBE FOR "current," "divorced," or "separated" if SPOUSE.**
- **PROBE FOR "current" OR "former" IF BOYFRIEND OR GIRLFRIEND.**

**IF MORE THAN ONE PERSON, CODE "OTHER" (9) AND INDICATE ALL OF THE RELATIONSHIPS.**

|                    |   |    |
|--------------------|---|----|
| <b>Spouse:</b>     | a. Current spouse                             | 01 |
|                    | b. Divorced spouse                            | 02 |
|                    | c. Separated spouse                           | 03 |
| <b>Boyfriend:</b>  | d. Current boyfriend                          | 04 |
|                    | e. Former boyfriend                           | 05 |
| <b>Girlfriend:</b> | f. Current girlfriend                         | 06 |
|                    | g. Former girlfriend                          | 07 |
|                    | h. Date                                       | 08 |
| <b>or</b>          |   |    |
|                    | i. Some other relationship(s)(Specify: _____) | 09 |
|                    | Don't know/Not sure                           | 77 |
|                    | Refused                                       | 99 |

**Go to Comment after 29.12**

29.12. In the past 12 months, did you see a doctor or other medical care provider as a result of physical or sexual violence by an intimate partner?

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

**COMMENT:** These issues are sometimes difficult and uncomfortable to talk about. I really appreciate your answering these questions. If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number - if you'd like to write it down - is **1-800-562-6025**. You can also find the number in the telephone book in the **State Government** section under "**Abuse/Assault, Domestic Violence Hotline.**"

**Section 30: Interview**

My last questions are about the interview itself.

**[Randomly assign interview to 30.1a (easy) or 30.1b (difficult)]**

30.1a. In general, how many of the questions were easy to answer? Would you say . . .

*Read a - e:*

- |                                    |   |
|------------------------------------|---|
| a. All                             | 1 |
| b. Nearly all                      | 2 |
| c. Some                            | 3 |
| d. Only a few                      | 4 |
| e. None                            | 5 |
| <b>Do not read these responses</b> |   |
| Don't know/Not Sure                | 7 |
| Refused                            | 9 |

30.1b. In general, how many of the questions were difficult to answer? Would you say . . .

*Read a - e:*

- |                                    |   |
|------------------------------------|---|
| a. All                             | 1 |
| b. Nearly all                      | 2 |
| c. Some                            | 3 |
| d. Only a few                      | 4 |
| e. None                            | 5 |
| <b>Do not read these responses</b> |   |
| Don't know/Not Sure                | 7 |
| Refused                            | 9 |

30.2. Was there any one question that was very difficult for you to answer?

- |  |     |
|--|-----|
| a. Yes Which one was it? [Type Respondent's answer:] |     |
| _____  | 001 |
| b. No  | 888 |
| Don't know/ Not Sure                                 | 777 |
| Refused  | 999 |

**Closing Statement**

That's my last question. Everyone's answers will be combined to give us information about the health and safety practices of people in our state. Your name will not be used. I would like to thank you very much for your time and cooperation.