



2007

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Arkansas

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Introduction and Random Adult Selection Module

INTROQST

HELLO, I'm calling for the Arkansas Department of Health. My name is [INTERVIEWER NAME].

We are gathering information about the health of Arkansas residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this [XXX-XXX-XXXX]?

1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) SKP → PRIVRES
2. NUMBER IS NOT THE SAME SKP → WRONGNUM

WRONGNUM - IF INTROQST = 2

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.

PRIVRES - IF INTROQST = 1

Is this a private residence?

1. YES, CONTINUE SKP → ISCELL
2. NO, NON-RESIDENTIAL SKP → NONRES

NONRES - IF PRIVRES = 2

Thank you very much, but we are only interviewing private residences.

ISCELL - IF PRIVRES = 1

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. SKP → ADULTS
2. YES, A CELLULAR TELEPHONE SKP → CELLYES

CELLYES - IF ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

ADULTS - IF ISCELL = 1

I need to 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?

-- ENTER NUMBER OF ADULTS **IF ADULTS = 1 SKP → ONEADULT**

MEN

How many of these adults are men?

-- ENTER NUMBER MEN

WOMEN

How many of these adults are women?

-- ENTER NUMBER WOMEN

WRONGTOT - IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men	-	
Number of Women	-	+

Number of Adults	-	

1. CORRECT THE NUMBER OF MEN **SKP → MEN**
2. CORRECT THE NUMBER OF WOMEN **SKP → WOMEN**
3. CORRECT THE NUMBER OF ADULTS **SKP → ADULTS**

SELECTED - IF ADULT > 1 & MEN + WOMEN = ADULTS

The person in your household I need to speak with is **[RANDOMLY SELECTED ADULT]**.

Are you the **[RANDOMLY SELECTED ADULT]**?

1. YES **SKP → YOURTHE1**
2. NO **SKP → GETNEWAD**

ONEADULT - IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1. YES AND THE RESPONDENT IS A MALE. **SKP → YOURTHE1**
2. YES AND THE RESPONDENT IS A FEMALE. **SKP → YOURTHE1**
3. NO

ASKGENDR - IF ADULT = 1 & ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ADULT > 1

May I speak with...

- [IF ASKGENDR = 1 SHOW] ...him?
[IF ASKGENDR = 2 SHOW] ...her?

1. YES, ADULT IS COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

YOURTHE1 - IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE **SKP → INTROSCR**
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW
RESPONDENT MAY BE SELECTED **SKP → ADULTS**

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE **SKP → NEWADULT**
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A
CALL-BACK **SKP → NEWADULT**
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW
RESPONDENT MAY BE SELECTED **SKP → ADULTS**

NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the _____ Department of Health. My name is
[INTERVIEWER NAME].

We are gathering information about the health of _____ residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

1. PERSON INTERESTED, CONTINUE
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED **SKP → ADULTS**

INTROSCR

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

1. PERSON INTERESTED, CONTINUE **SKP → C01Q01**
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED **SKP → ADULTS**

Core Section 01: Healthy Status

C01Q01

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

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

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 02: Healthy Days—Health-Related Quality of Life

C02Q01

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?

__ NUMBER OF DAYS

- 88 NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

C02Q02

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?

__ NUMBER OF DAYS

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C03Q01

C02Q03 - IF C02Q01 <> 88 AND C02Q02 <> 88

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?

__ NUMBER OF DAYS

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

Core Section 03: Health Care Access

C03Q01

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C03Q02

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

INTERVIEWER NOTE: IF "NO" ASK: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

1. YES, ONLY ONE
2. MORE THAN ONE
3. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C03Q03

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C03Q04

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

1. Within past year (anytime less than 12 months ago)
2. Within past 2 years (1 year but less than 2 years ago)
3. Within past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

Core Section 04: Exercise

C04Q01

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 05: Diabetes

C05Q01

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

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"

INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **SKP → C06Q01**
3. NO **SKP → C06Q01**
4. NO, PRE-DIABETES OR BORDERLINE DIABETES **SKP → C06Q01**

7. DON'T KNOW/NOT SURE **SKP → C06Q01**
9. REFUSED **SKP → C06Q01**

Module 03: Diabetes

M03Q01 - IF C05Q01 = 1

How old were you when you were told you have diabetes?

_ _ Code age in years [97 = 97 or higher]

- 98. DON'T KNOW/NOT SURE
- 99. REFUSED

M03Q02 - IF C05Q01 = 1

Are you now taking insulin?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M3Q03 - IF C05Q01 = 1

Are you now taking diabetes pills?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M03Q04 - IF C05Q01 = 1

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.

-- - ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

- 888. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M03Q05 - IF C05Q01 = 1

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NO FEET
888. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

M03Q06 - IF C05Q01 = 1

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M03Q07 - IF C05Q01 = 1

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

-- -- NUMBER OF TIMES [76 = 76 OR GREATER]

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

M03Q08 - IF C05Q01 = 1

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

-- -- NUMBER OF TIMES [76 = 76 OR GREATER]

88. NEVER
98. NEVER HEARD OF "A ONE C"
77. DON'T KNOW/NOT SURE
99. REFUSED

M03Q09 - IF C05Q01 = 1 & M03Q05 <> 555

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

_ _ NUMBER OF TIMES [76 = 76 OR GREATER]

- 88. NEVER
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M03Q10 - IF C05Q01 = 1

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

- 1. Within the past month (anytime less than 1 month ago)
- 2. Within the past year (1 month but less than 12 months ago)
- 3. Within the past 2 years (1 year but less than 2 years ago)
- 4. 2 or more years ago

- 7. DON'T KNOW/NOT SURE
- 8. NEVER
- 9. REFUSED

M03Q11 - IF C05Q01 = 1

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M03Q12 - IF C05Q01 = 1

Have you ever taken a course or class in how to manage your diabetes yourself?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 06: Hypertension Awareness

C06Q01

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

INTERVIEWER NOTE: IF "YES" AND RESPONDENT FEMALE, ASK: "Was this only when you were pregnant?"

- 1. YES
- 2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **SKP → C07Q01**
- 3. NO **SKP → C07Q01**
- 4. TOLD BOARDERLINE HIGH OR PRE-HYPERTENSIVE **SKP → C07Q01**

- 7. DON'T KNOW/NOT SURE **SKP → C07Q01**
- 9. REFUSED **SKP → C07Q01**

C06Q02 - IF C06Q01 = 1

Are you currently taking medicine for your high blood pressure?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 07: Cholesterol Awareness

C07Q01

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

- 1. YES
- 2. NO **SKP → C08Q01**

- 7. DON'T KNOW/NOT SURE **SKP → C08Q01**
- 9. REFUSED **SKP → C08Q01**

C07Q02 - IF C07Q01 = 1

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

READ ONLY IF NECESSARY

- 1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
- 2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
- 3. WITHIN THE PAST 5 YEARS (2 YEARS BUT LESS THAN 5 YEARS AGO)
- 4. 5 OR MORE YEARS AGO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C07Q03 - IF C07Q01 = 1

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 08: Cardiovascular Disease Prevalence

C08Q01

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

Ever told you had a heart attack, also called a myocardial infarction?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q02

Ever told you had angina or coronary heart disease?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q03

Ever told you had a stroke?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 09: Asthma

C09Q01

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1. YES
- 2. NO SKP → C010Q01

- 7. DON'T KNOW/NOT SURE SKP → C010Q01
- 9. REFUSED SKP → C010Q01

C09Q02 - IF C09Q01 = 1

Do you still have asthma?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 10: Immunization

C10Q01

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C10Q02

During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C10Q03

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C10Q04

Have you ever received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

INTERVIEWER NOTE: RESPONSE IS "YES" ONLY IF RESPONDENT HAS RECEIVED THE ENTIRE SERIES OF THREE SHOTS.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C10Q05

The next question is about behaviors related to Hepatitis B.

Please tell me if any of these statements is true for you. Do not tell me which statement or statements are true for you, just if any of them are:

- "You have hemophilia and have received clotting factor concentrate"
- "You have had sex with a man who has had sex with other men, even just one time"
- "You have take street drugs by needle, even just one time"
- "You have traded sex for money or drugs, even just one time"
- "You have tested positive for HIV"
- "You have had sex (even just one time) with someone who would answer 'yes' to any of these statements"
- "You had more than two sex partners in the past year"

Are any of these statements true for you?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 11: Tobacco Use

C11Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. YES
- 2. NO SKP → C012Q01

- 7. DON'T KNOW/NOT SURE SKP → C012Q01
- 9. REFUSED SKP → C012Q01

C11Q02 - IF C11Q01 = 1

Do you now smoke cigarettes every day, some days, or not at all?

- 1. EVERY DAY
- 2. SOME DAYS
- 3. NOT AT ALL SKP → C012Q01

- 7. DON'T KNOW/NOT SURE SKP → C012Q01
- 9. REFUSED SKP → C012Q01

C11Q03 - IF C11Q01 = 1 AND C11Q02 = 1 OR 2

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

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 12: Demographics

C12Q01

What is your age?

_ _ CODE AGE IN YEARS

- 07. DON'T KNOW/NOT SURE
- 09. REFUSED

C12Q02

Are you Hispanic or Latino?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q03

Which one or more of the following would you say is your race?

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify]

8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: IF MORE THAN ONE RESPONSE TO C12Q03, CONTINUE. OTHERWISE SKP TO C12Q05

C12Q04 - IF C12Q03 HAS MORE THAN ONE RESPONSE

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify]

7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q05

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? Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q06

Are you...

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

9. REFUSED

C12Q07

How many children less than 18 years of age live in your household?

-- NUMBER OF CHILDREN

88. NONE
99. REFUSED

C12Q08

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

READ ONLY IF NECESSARY

1. NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
2. GRADES 1 THROUGH 8 (ELEMENTARY)
3. GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
4. GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
5. COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL)
6. COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE)

9. REFUSED

C12Q09

Are you currently...

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year
4. Out of work for less than 1 year
5. A Homemaker
6. A Student
7. Retired
8. Unable to work

9. REFUSED

C12Q10

Is your annual household income from all sources...

INTERVIEWER NOTE: IF RESPONDNET REFUSES ANY INCOME LEVEL, CODE AS "99"
REFUSED

READ ONLY IF NECESSARY

01. Less than \$10,000
02. Less than \$15,000 (\$10,000 to less than \$15,000)
03. Less than \$20,000 (\$15,000 to less than \$20,000)
04. Less than \$25,000 (\$20,000 to less than \$25,000)
05. Less than \$35,000 (\$25,000 to less than \$35,000)
06. Less than \$50,000 (\$35,000 to less than \$50,000)
07. Less than \$75,000 (\$50,000 to less than \$75,000)
08. \$75,000 or more

77. DON'T KNOW/NOT SURE
99. REFUSED

C12Q11

About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST
COLUMN. ROUND FRACTIONS DOWN

-- -- -- -- ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR
METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

C12Q12

About how much do you weigh without shoes?

— — — — ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =
9110)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

C12Q13 - IF C12Q12 <> 7777 OR 9999

How much did you weigh a year ago?

IF FEMALE RESPONDENT SAY: "If you were pregnant a year ago, how much did you weigh before your pregnancy?"

CATI: If female respondent and age <46.

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS DOWN

— — — — ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =
9110)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

C12Q14 - IF (C12Q12 <> 7777, 9999) AND (C12Q13 <> C12Q12)

Was the change between your current weight and your weight a year ago intentional?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

*Programmer Note: IF C12Q13 = C12Q12 SKIP TO C12Q15

C12Q15

What county do you live in?

— — — FIPS COUNTY CODE

777. DON'T KNOW/NOT SURE
999. REFUSED

C12Q16

What is your ZIP Code where you live?

____ ZIP CODE

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C12Q17

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. YES

2. NO

SKP → C12Q19

7. DON'T KNOW/NOT SURE

SKP → C12Q19

9. REFUSED

SKP → C12Q19

C12Q18 - IF C12Q17 = 1

How many of these telephone numbers are residential numbers?

1. ONE

2. TWO

3. THREE

4. FOUR

5. FIVE

6. SIX OR MORE

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q19

During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q20

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1. MALE SKP → C13Q01
- 2. FEMALE

C12Q21 - IF C12Q20 = 2 AND C12Q01 < 45

To your knowledge, are you now pregnant?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 13: Alcohol Consumption

C13Q01

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1. YES
- 2. NO SKP → C14Q01

- 7. DON'T KNOW/NOT SURE SKP → C14Q01
- 9. REFUSED SKP → C14Q01

C13Q02 - IF C13Q01 = 1

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

— — — ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS
(101-107 = DAYS PER WEEK; 201-230 = IN PAST 30 DAYS)

- 888. NO DRINKS IN LAST 30 DAYS SKP → C14Q01
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C13Q03 - IF C13Q01 = 1 AND C13Q02 <> 888

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

-- NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE
99. REFUSED

C13Q04 - IF C13Q01 = 1 AND C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C12Q20 = 1 SHOW] ...5...
[IF C12Q20 = 2 SHOW] ...4...

...or more drinks on an occasion?

-- NUMBER OF TIMES

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

C13Q05 - IF C13Q01 = 1 AND C13Q02 <> 888

During the past 30 days, what is the largest number of drinks you had on any occasion?

-- NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE
99. REFUSED

Core Section 14: Disability

C14Q01

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

Are you limited in any way in any activities because of physical, mental, or emotional problems?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q02

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 15: Arthritis Burden

C15Q01

The next questions refer to the joints in your body. Please do not include the back or neck.

During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

1. YES
2. NO **SKP → C15Q04**

7. DON'T KNOW/NOT SURE **SKP → C15Q04**
9. REFUSED **SKP → C15Q04**

C15Q02 - IF C15Q01 = 1

Did your joint symptoms first begin more than 3 months ago?

1. YES
2. NO SKP → C15Q04
7. DON'T KNOW/NOT SURE SKP → C15Q04
9. REFUSED SKP → C15Q04

C15Q03 - IF C15Q01 = 1 AND C15Q02 = 1

Have you ever seen a doctor or other health professional for these joint symptoms?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C15Q04

Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER: ARTHRITIS DIAGNOSES INCLUDE:

- * RHEUMATISM, POLYMYALGIA RHEUMATICA
- * OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- * TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- * CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- * JOINT INFECTION, REITER'S SYNDROME
- * ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- * ROTATOR CUFF SYNDROME
- * CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- * VASCULITIS (GIANT CELL ARTERITIS, HENOCHE-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: IF EITHER C15Q02 = 1 OR C15Q04 = 1 CONTINUE; OTHERWISE GO TO C16Q01

C15Q05 - IF C15Q02 = 1 OR C15Q04 = 1

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER NOTE: IF A RESPONDENT QUESTION ARISES ABOUT MEDICATION, THEN THE INTERVIEWER SHOULD REPLY: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 16: Fruit and Vegetables

C16Q01

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

How often do you drink fruit juices such as orange, grapefruit, or tomato?

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q02

Not counting juice, how often do you eat fruit?

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q03

How often do you eat green salad?

-- -- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q04

How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

-- -- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q05

How often do you eat carrots?

-- -- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q06

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

INTERVIEWER NOTE: "For example a serving of vegetables at both lunch and dinner would be two servings."

-- -- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

Core Section 17: Physical Activity

CATI note: If Core C12Q09 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to C17Q02.

C17Q01 - IF C12Q09 = 1 OR 2

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

INTERVIEWER NOTE: IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS.

1. Mostly Sitting or Standing
2. Mostly walking
3. Mostly heavy lifting or physically demanding work

7. DON'T KNOW/NOT SURE
9. REFUSED

C17Q02

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate activities you do...

[IF C12Q09 = 1 OR 2 SHOW]: "when you are not working"

...in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

1. YES
2. NO **SKP → C17Q05**

7. DON'T KNOW/NOT SURE **SKP → C17Q05**
9. REFUSED **SKP → C17Q05**

C17Q03 - IF C17Q02 = 1

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

_ _ DAYS PER WEEK

88. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME **SKP → C17Q05**
77. DON'T KNOW/NOT SURE **SKP → C17Q05**
99. REFUSED **SKP → C17Q05**

C17Q04 - IF C17Q02 = 1 AND C17Q03 < 88

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_ : _ _ HOURS AND MINUTES PER DAY

EXAMPLE: 30 MINUTES IS CODED AS 30
60 MINUTES IS CODED AS 100
2 HOURS AND 30 MINUTES IS CODED AS 230

777. DON'T KNOW/NOT SURE
999. REFUSED

C17Q05

Now, thinking about the vigorous activities you do...

[IF C12Q09 = 1 OR 2 SHOW]: "when you are not working"

...in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1. YES
- 2. NO **SKP → C18Q01**
- 7. DON'T KNOW/NOT SURE **SKP → C18Q01**
- 9. REFUSED **SKP → C18Q01**

C17Q06 - IF C17Q05 = 1

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

_ _ DAYS PER WEEK

- 88. DO NOT DO ANY VIGOROUS PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME **SKP → C18Q01**
- 77. DON'T KNOW/NOT SURE **SKP → C18Q01**
- 99. REFUSED **SKP → C18Q01**

C17Q07 - IF C17Q05 =1 AND C1706 < 88

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_ : _ _ HOURS AND MINUTES PER DAY

EXAMPLE: 30 MINUTES IS CODED AS 30
60 MINUTES IS CODED AS 100
2 HOURS AND 30 MINUTES IS CODED AS 230

777. DON'T KNOW/NOT SURE

999. REFUSED

Core Section 18: HIV/AIDS

CATI NOTE: IF RESPONDENT IS 65 YEARS OLD OR OLDER, GO TO NEXT SECTION

C18Q01 - IF C12Q01 < 65

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 do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1. YES

2. NO **SKP → C19Q01**

7. DON'T KNOW/NOT SURE **SKP → C19Q01**

9. REFUSED **SKP → C19Q01**

C18Q02 - IF C18Q01 = 1 AND C12Q01 < 65

Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE AS "DON'T KNOW"

INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

_ _ _ _ _ ENTER MONTH AND YEAR

EXAMPLE: JUNE OF 2006 = 062006

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C18Q03 - IF C18Q01 = 1 AND C12Q01 < 65

Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

01. PRIVATE DOCTOR OR HMO OFFICE
02. COUNSELING AND TESTING SITE
03. HOSPITAL
04. CLINIC
05. JAIL OR PRISION (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE

77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: IF C18Q02 = WITHIN LAST 12 MONTHS CONTINUE. OTHERWISE GO TO NEXT SECTION

C18Q04 - IF C18Q02 = WITHIN LAST 12 MONTHS

Was it a rapid test where you could get your results within a couple of hours?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 19: Emotional Support and Life Satisfaction

C19Q01

The next two questions are about emotional support and your satisfaction with life.

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED SAY: "please include support from any source".

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

7. DON'T KNOW/NOT SURE
9. REFUSED

C19Q02

In general, how satisfied are you with your life?

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 20: Gastrointestinal Disease

C20Q01

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

In the past 30 days, did you have diarrhea that began within the 30 day period? Diarrhea is defined as 3 or more loose stools in a 24-hour period.

1. YES
2. NO SKP → M08Q01

7. DON'T KNOW/NOT SURE SKP → M08Q01
9. REFUSED SKP → M08Q01

C20Q02 - IF C20Q01 = 1

Did you visit a doctor, nurse or other health professional for this diarrheal illness?

1. YES
2. NO SKP → M08Q01

7. DON'T KNOW/NOT SURE SKP → M08Q01
9. REFUSED SKP → M08Q01

C20Q03

When you visited your health care provider, did you provide a stool sample for testing?

1. YES
2. NO SKP → M08Q01

7. DON'T KNOW/NOT SURE SKP → M08Q01
9. REFUSED SKP → M08Q01

Module 08: Heart Attack and Stroke

M08Q01

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

Which of the following do you think is a symptom of a heart attack? For each, tell me "yes," "no," or you're "not sure."

Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q02

Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q03

Do you think chest pain or discomfort are symptoms of a heart attack?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q04

Do you think sudden trouble seeing in one or both eyes is a symptom of a heart attack?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q05

Do you think pain or discomfort in the arms or shoulder are symptoms of a heart attack?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q06

Do you think shortness of breath is a symptom of a heart attack?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q07

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q08

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q09

Do you think sudden trouble seeing in one or both eyes is a symptom of a stroke?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q10

Do you think sudden chest pain or discomfort are symptoms of a stroke?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q11

Do you think sudden trouble walking, dizziness, or loss of balance are symptoms of a stroke?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q12

Do you think severe headache with no known cause is a symptom of a stroke?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M08Q13

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

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

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 09: Women's Health

M09Q01 - IF C12Q20 = 2

The next questions are about breast and cervical cancer.

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

1. YES
2. NO **SKP → M09Q03**

7. DON'T KNOW/NOT SURE **SKP → M09Q03**
9. REFUSED **SKP → M09Q03**

M09Q02 - IF C12Q20 = 2 & M09Q01 = 1

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

READ ONLY IF NECESSARY

1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. WITHIN THE PAST 3 YEARS (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. WITHIN THE PAST 5 YEARS (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 OR MORE YEARS AGO

7. DON'T KNOW/NOT SURE
9. REFUSED

M09Q03 - IF C12Q20 = 2

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

1. YES
2. NO SKP → M09Q05
7. DON'T KNOW/NOT SURE SKP → M09Q05
9. REFUSED SKP → M09Q05

M09Q04 - IF C12Q20 = 2 & M09Q03 = 1

How long has it been since your last breast exam?

READ ONLY IF NECESSARY

1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. WITHIN THE PAST 3 YEARS (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. WITHIN THE PAST 5 YEARS (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 OR MORE YEARS AGO
7. DON'T KNOW/NOT SURE
9. REFUSED

M09Q05 - IF C12Q20 = 2

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

1. YES
2. NO SKP → M09Q07
7. DON'T KNOW/NOT SURE SKP → M09Q07
9. REFUSED SKP → M09Q07

M09Q06 - IF C12Q20 = 2

How long has it been since you had your last Pap test?

READ ONLY IF NECESSARY

1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. WITHIN THE PAST 3 YEARS (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. WITHIN THE PAST 5 YEARS (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 OR MORE YEARS AGO
7. DON'T KNOW/NOT SURE
9. REFUSED

M09Q07 - IF C12Q20 = 2 & C12Q21 <> 1

Have you had a hysterectomy?

INTERVIEWER NOTE: A hysterectomy is an operation to remove the uterus (womb).

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 16: Mental Illness and Stigma

M16Q01

Now, I am going to ask you some questions about how you have been feeling during the past 30 days...

About how often during the past 30 days did you feel nervous – would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

7. DON'T KNOW/NOT SURE
9. REFUSED

M16Q02

During the past 30 days, about how often did you feel hopeless – all of the time, most of the time, some of the time, a little of the time, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

7. DON'T KNOW/NOT SURE
9. REFUSED

M16Q03

During the past 30 days, about how often did you feel restless or fidgety?

IF NECESSARY READ: all, most, some, a little, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

7. DON'T KNOW/NOT SURE
9. REFUSED

M16Q04

During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?

IF NECESSARY READ: all, most, some, a little, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

7. DON'T KNOW/NOT SURE
9. REFUSED

M16Q05

During the past 30 days, about how often did you feel that everything was an effort?

IF NECESSARY READ: all, most, some, a little, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

7. DON'T KNOW/NOT SURE
9. REFUSED

M16Q06

During the past 30 days, about how often did you feel worthless?

IF NECESSARY READ: all, most, some, a little, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

7. DON'T KNOW/NOT SURE
9. REFUSED

M16Q07

The next question asks if any mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

During the past 30 days, for about how many days did your emotions or feelings keep you from doing your work or other usual activities?

INTERVIEWER NOTE: IF ASKED, "usual activities" include house work, self-care, care giving, volunteer work, attending school, studies or other usual activities".

_ _ NUMBER OF DAYS

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

M16Q08

Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M16Q09

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you agree or disagree with these statements about people with mental illness..

INTERVIEWER NOTE: IF ASKED THE PURPOSE OF M16Q09 SAY: "Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

Treatment can help people with mental illness lead normal lives. Do you - **agree** slightly or strongly, or **disagree** slightly or strongly?

READ ONLY IF NECESSARY

1. AGREE STRONGLY
2. AGREE SLIGHTLY
3. NEITHER AGREE NOR DISAGREE
4. DISAGREE SLIGHTLY
5. DISAGREE STRONGLY

7. DON'T KNOW/NOT SURE
9. REFUSED

M16Q10

People are generally caring and sympathetic to people with mental illness. Do you - agree slightly or strongly, or disagree slightly or strongly?

INTERVIEWER NOTE: IF ASKED THE PURPOSE OF M16Q09 SAY: "Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

1. AGREE STRONGLY
2. AGREE SLIGHTLY
3. NEITHER AGREE NOR DISAGREE
4. DISAGREE SLIGHTLY
5. DISAGREE STRONGLY

7. DON'T KNOW/NOT SURE
9. REFUSED

State Added 01: Women's Health

Programmer Questions:

AR01Q01- IF C12Q20 = 2 AND (M09Q05 = 2 OR M09Q06 <> 1,2 OR 3)

What is the main reason you have not had a recent Pap smear?

READ IF NECESSARY

01. Never thought about it
02. Didn't need it
03. Doctor did order it
04. Haven't had any problems
05. Put it off
06. Too expensive/no insurance
07. Too painful, unpleasant, embarrassing
08. Don't have a doctor
09. OTHER
10. Had a hysterectomy

77. DON'T KNOW/NOT SURE
99. REFUSED

State Added 02: Disability

AR02Q01

What is the farthest distance you can walk by yourself, without any special equipment or help from others?

1. Not any distance
2. Across a small room
3. About the length of a typical house
4. About one or two city blocks
5. About one mile
6. More than one mile

7. DON'T KNOW/NOT SURE
9. REFUSED

AR02Q02

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?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR02Q03

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?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR02Q04

In the past 30 days, how many days have you not been able to do what you wanted because of physical barriers in your environment like sidewalks, buildings, or houses that are too hard to get around in?

_ _ NUMBER OF DAYS OUT OF PAST 30

88. NONE OF THE DAYS
77. DON'T KNOW/NOT SURE
99. REFUSED

State Added 03: Tobacco Indicators

AR03Q01 - IF C11Q03 = 1

When you quit smoking, did you use...

The nicotine patch, nicotine gum, or any other nicotine replacement product?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR03Q02 - IF C11Q03 = 1

When you quit smoking, did you use...

Bupropion, Wellbutrin, or Zyban?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR03Q03 - IF C11Q03 = 1

When you quit smoking, did you use...

A stop smoking clinic or class?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR03Q04 - IF C11Q03 = 1

When you quit smoking, did you use...

A telephone quit line?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR03Q05 - IF C11Q03 = 1

When you quit smoking, did you use...

One-on-one counseling from a doctor or nurse?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR03Q06 - IF C11Q03 = 1

When you quit smoking, did you use...

Self help material, books or videos?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

AR03Q07 - IF C11Q02 = 1, 2

Are you seriously considering stopping smoking within the next six months?

- 1. YES
- 2. NO SKP → AR03Q09

- 7. DON'T KNOW/NOT SURE SKP → AR03Q09
- 9. REFUSED SKP → AR03Q09

AR03Q08 - IF C11Q02 = 1,2 AND AR03Q07 = 1

Are you planning to stop smoking within the next 30 days?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

AR03Q09 - IF C12Q09 = 1

Within the past 12 months, has your employer offered any stop smoking program or any other help to employees who want to quit smoking?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

AR03Q10

With a total ban on smoking in restaurants now in Arkansas, do you eat out more, less, or it makes no difference?

- 1. MORE
- 2. LESS
- 3. NO DIFFERENCE

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added 04: Smokeless Tobacco Use

AR04Q01

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

- 1. YES
- 2. NO SKP → AR04Q03

- 7. DON'T KNOW/NOT SURE SKP → AR04Q03
- 9. REFUSED SKP → AR04Q03

AR04Q02 - IF AR04Q01 = 1

Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- 1. EVERYDAY
- 2. SOME DAYS
- 3. NOT AT ALL

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

AR04Q03

Have you ever smoked a cigar, even one or two puffs?

- 1. YES
- 2. NO SKP → AR04Q05

- 7. DON'T KNOW/NOT SURE SKP → AR04Q05
- 9. REFUSED SKP → AR04Q05

AR04Q04 - IF AR04Q03 = 1

Do you now smoke cigars every day, some days, or not at all?

- 1. EVERYDAY
- 2. SOME DAYS
- 3. NOT AT ALL

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

AR04Q05

Have you ever smoked tobacco in a pipe, even one or two puffs?

- 1. YES
- 2. NO **SKP →AR04Q07**

- 7. DON'T KNOW/NOT SURE **SKP →AR04Q07**
- 9. REFUSED **SKP →AR04Q07**

AR04Q06 - IF AR04Q05 = 1

Do you now smoke a pipe every day, some days, or not at all?

- 1. EVERYDAY
- 2. SOME DAYS
- 3. NOT AT ALL

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

AR04Q07

A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?

- 1. YES
- 2. NO **SKP →CLOSING**

- 7. DON'T KNOW/NOT SURE **SKP →CLOSING**
- 9. REFUSED **SKP →CLOSING**

AR04Q08 - IF AR04Q07 = 1

Do you now smoke bidis every day, some days, or not at all?

- 1. EVERYDAY
- 2. SOME DAYS
- 3. NOT AT ALL

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

CLOSING

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