

2002 New Hampshire Behavioral Risk Factor Surveillance System

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HELLO, I'm calling for the (health department) and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of (state) residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this (phone number)? **If "no"** Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **Stop**

Is this a private residence? **If "no"** Thank you very much, but we are only interviewing private residences. **Stop**

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?

_____ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to page 2**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with [**fill in (him/her) from previous question**]? **Go to "correct respondent" at bottom of page.**

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

_____ Number of men

_____ Number of women

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

{If "you," go to page 2}

To correct respondent:

HELLO, I'm (name) calling for the New Hampshire Department of Health and Human Services and the Centers for Disease Control and Prevention. We're gathering information on the health of **New Hampshire** residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices. I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

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

(72)

[PLEASE READ]

1	Excellent
2	Very good
3	Good
4	Fair

or

5	Poor
---	------

[DO NOT READ]

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

9	Refused
---	---------

Section 2: 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? (73)

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

2.2. Do you have one person you think of as your personal doctor or health care provider? (74)

[IF "NO," ASK "IS THERE MORE THAN ONE OR IS THERE NO PERSON WHO YOU THINK OF?"]

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

2.3. When you are sick or need advice about your health, to which one of the following places do you usually go? (75)

WOULD YOU SAY: [PLEASE READ]

- | | |
|---|---|
| 1 | A doctor's office |
| 2 | A public health clinic or community health center |
| 3 | A hospital outpatient department |
| 4 | A hospital emergency room |
| 5 | Urgent care center |
| 6 | Some other kind of place |
| 8 | No usual place |

[DO NOT READ.]

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

2.4. Was there a time in the past 12 months when you needed medical care, but could not get it? (76)

- | | | |
|---|------------|-----------------------------|
| 1 | Yes | |
| 2 | No | {Go to Next Section} |
| 7 | Don't know | {Go to Next Section} |
| 9 | Refused | {Go to Next Section} |

2.5. What is the main reason you did not get medical care?

(77-78)

[NOTE: IF MORE THAN ONE INSTANCE ASK ABOUT THE MOST RECENT.]

WOULD YOU SAY: [PLEASE READ]

- 01 Cost **[Include no insurance]**
- 02 Distance
- 03 Office wasn't open when I could get there.
- 04 Too long a wait for an appointment
- 05 Too long a wait in waiting room
- 06 No child-care
- 07 No transportation
- 08 No access for people with disabilities
- 09 The medical provider didn't speak my language.
- 10 Other

[DO NOT READ.]

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

Section 3: Exercise

3.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (79)

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

Section 4: Fruits and Vegetables

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.

4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

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

4.2. Not counting juice, how often do you eat fruit? (83-85)

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

4.3. How often do you eat green salad? (86-88)

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

4.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (89-91)

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

4.5. How often do you eat carrots?

(92-94)

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

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

(95-97)

[EXAMPLE: A SERVING OF VEGETABLES AT BOTH LUNCH AND DINNER WOULD BE TWO SERVINGS]

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

Section 5: Asthma

5.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma? (98)

1	Yes	
2	No	{Go to Next Section}
7	Don't know/Not sure	{Go to Next Section}
9	Refused	{Go to Next Section}

5.2. Do you still have asthma? (99)

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

Section 6: Diabetes

6.1. 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?”]

- 1 Yes
- 2 Yes, but female told only during pregnancy{Go to 7.1}
- 3 No {Go to 7.1}
- 7 Don't know/Not sure {Go to 7.1}
- 9 Refused {Go to 7.1}

Module 1: Diabetes

TO BE ASKED FOLLOWING CORE Q6.1 IF RESPONSE IS "YES"

1. How old were you when you were told you have diabetes? (188-189)

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

2. Are you now taking insulin? (190)

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills? (191)

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

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (192-194)

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year
- 888 Never
- 777 Don't know/Not sure
- 999 Refused

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (195-197)

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year
- 888 Never
- 555 No feet
- 777 Don't know/Not sure
- 999 Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (198)

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (199-200)

- Number of times [76 = 76 or more]
- 88 None
- 77 Don't know/Not sure
- 99 Refused

8. A test for hemoglobin "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 hemoglobin "A one C"? (201-202)

- Number of times [76 = 76 or more]
- 88 None
- 98 Never heard of hemoglobin "A one C" test
- 77 Don't know/Not sure
- 99 Refused

{If "no feet" to Q5, go to Q10}

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (203-204)

- Number of times [76 = 76 or more]
- 88 None
- 77 Don't know/Not sure
- 99 Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (205)

[READ ONLY IF NECESSARY]

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (206)

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

12. Have you ever taken a course or class in how to manage your diabetes yourself? (207)

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

Section 7: Oral Health

7.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (101)

[INCLUDE VISITS TO DENTAL SPECIALISTS, SUCH AS ORTHODONTISTS]

[READ ONLY IF NECESSARY]

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	Don't know/Not sure
8	Never
9	Refused

7.2. 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"]

1	1 to 5
2	6 or more but not all
3	All
8	None
7	Don't know/Not sure
9	Refused

{IF Q7.1 = 8/NEVER OR Q7.2 = 3/ALL, GO TO NEXT SECTION}

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

[READ ONLY IF NECESSARY]

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	Don't know/Not sure
8	Never
9	Refused

Section 8: Immunization

8.1. During the past 12 months, have you had a flu shot? (104)

- | | | |
|---|---------------------|--------------|
| 1 | Yes | |
| 2 | No | {Go to Q8.3} |
| 7 | Don't know/Not sure | {Go to Q8.3} |
| 9 | Refused | {Go to Q8.3} |

8.2. At what kind of place did you get your last flu shot? (105-106)

WOULD YOU SAY: [READ ONLY IF NECESSARY]

- | | |
|----|---|
| 01 | A doctor's office or health maintenance organization |
| 02 | A health department |
| 03 | Another type of clinic or health center
[Example: a community health center] |
| 04 | A senior, recreation, or community center |
| 05 | A store [Examples: supermarket, drug store] |
| 06 | A hospital or emergency room |
| 07 | Workplace |
| | or |
| 08 | Some other kind of place |
| 77 | Don't know |
| 99 | Refused |

8.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (107)

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

Section 9: Tobacco Use

9.1. Have you smoked at least 100 cigarettes in your entire life? (108)

[5 PACKS = 100 CIGARETTES]

1	Yes	
2	No	{Go to Next Section}
7	Don't know/Not sure	{Go to Next Section}
9	Refused	{Go to Next Section}

9.2. Do you now smoke cigarettes every day, some days, or not at all? (109)

1	Every day	
2	Some days	
3	Not at all	{Go to Next Section}
9	Refused	{Go to Next Section}

9.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)

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

Section 10: Alcohol Consumption

- 10.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (111-113)

1	___	Days per week	
2	___	Days in past 30	
8 8 8		No drinks in past 30 days	{Go to Next Section}
7 7 7		Don't know/Not sure	{Go to Next Section}
9 9 9		Refused	{Go to Next Section}

- 10.2. On the days when you drank, about how many drinks did you drink on the average? (114-115)

___	___	Number of drinks	
77		Don't know/Not sure	
99		Refused	

- 10.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)

___	___	Number of times	
88		None	
77		Don't know/Not sure	
99		Refused	

- 10.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (118-119)

___	___	Number of times	
88		None	
77		Don't know/Not sure	
99		Refused	

Section 11: Use of Seatbelts

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

(120)

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

[DO NOT READ]

- 7 Don't know/Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 12: Demographics

12.1. What is your age? (121-122)

— —	Code age in years
07	Don't know/Not sure
09	Refused

12.2. Are you Hispanic or Latino? (123)

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

12.3. Which one or more of the following would you say is your race? (124)

[PLEASE READ] [MARK ALL THAT APPLY]

1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian, Alaska Native
or	
6	Other [specify] _____
8	No additional choices

[DO NOT READ]

7	Don't know/Not sure
9	Refused

{If more than one response to Q12.3, continue. Otherwise, go to Q12.5}

12.4. Which one of these groups would you say best represents your race? (125)

1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian, Alaska Native
6	Other [specify]
7	Don't know/Not sure
9	Refused

12.5. Are you: (126)

[PLEASE READ]

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

[DO NOT READ]

- 9 Refused

12.6. How many children less than 18 years of age live in your household ? (127-128)

- — Number of children
- 88 None
- 99 Refused

12.7. What is the highest grade or year of school you completed? (129)

[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

12.8. Are you currently: (130)

[PLEASE READ]

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

[DO NOT READ]

- 8 Unable to work
- 9 Refused

12.9. Is your annual household income from all sources:

(131-132)

[READ AS APPROPRIATE]

04	Less than \$25,000	If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
03	Less than \$20,000	If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)
02	Less than \$15,000	If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)
01	Less than \$10,000	If "no," code 02
05	Less than \$35,000	If "no," ask 06 (\$25,000 to less than \$35,000)
06	Less than \$50,000	If "no," ask 07 (\$35,000 to less than \$50,000)
07	Less than \$75,000	If "no," code 08 (\$50,000 to less than \$75,000)
08	\$75,000 or more	

[DO NOT READ]

77	Don't know/Not sure
99	Refused

12.10. About how much do you weigh without shoes?

(133-135)

___ ___ Weight
pounds **[ROUND FRACTIONS UP]**
777 Don't know/Not sure
999 Refused

12.11. About how tall are you without shoes?

(136-138)

___/___ Height
ft/inches **[ROUND FRACTIONS DOWN]**
777 Don't know/Not sure
999 Refused

12.12. What county do you live in?

(139-141)

___ ___ FIPS county code
777 Don't know/Not sure
999 Refused

NH1_1: What town do you live in?

(352-353)

___ ___ Enter Town Code
77 Don't know/Not sure
99 Refused

NH1_2. What is you zip code? (354-358)

-----	Enter zip code
77777	Don't know/Not sure
99999	Refused

12.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (142)

1	Yes	
2	No	{Go to Q12.15}
7	Don't know/Not sure	{Go to Q12.15}
9	Refused	{Go to Q12.15}

12.14. How many of these are residential numbers? (143)

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

12.15. Indicate sex of respondent. (144)

[ASK ONLY IF NECESSARY]

1	Male	{Go to Q13.1}
2	Female	

{If respondent is male or 45 years old or older, go to Q13.1. }

12.16. To your knowledge, are you now pregnant? (145)

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

State-Added: Pregnancy

Insert after Q12.16

{If pregnant now (“Yes” to core Q12.16), go to NH2_3}

NH2_1. Have you been pregnant in the last 5 years?

(359)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to next section} |
| 7 | Don't Know/not sure | {Go to next section} |
| 9 | Refused | {Go to next section} |

NH2_2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? Would you say:

(360)

PLEASE READ:

- | | | |
|---|---|----------------------|
| 1 | You wanted to be pregnant sooner | {Go to next section} |
| 2 | You wanted to be pregnant later | {Go to next section} |
| 3 | You wanted to be pregnant then | {Go to next section} |
| 4 | You didn't want to be pregnant then or at anytime in the future | {Go to next section} |
| 5 | You don't know | {Go to next section} |

DO NOT READ

- | | | |
|---|---------|----------------------|
| 9 | Refused | {Go to next section} |
|---|---------|----------------------|

NH2_3. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? Would you say:

(361)

PLEASE READ

- | | | |
|---|---|--|
| 1 | You wanted to be pregnant sooner | |
| 2 | You wanted to be pregnant later | |
| 3 | You wanted to be pregnant then | |
| 4 | You didn't want to be pregnant then or at anytime in the future | |
| 7 | You don't know | |

DO NOT READ

- | | | |
|---|---------|--|
| 9 | Refused | |
|---|---------|--|

Section 13: Family Planning

{If respondent is female and 45 years of age or older, or pregnant, or male 60 years or older, go to next section.}

QUESTIONS ARE ASKED OF FEMALES 18-44 YEARS OF AGE AND MALES 18-59 YEARS OF AGE.

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

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

(146)

[IF MULTIPLE PARTNERS, CONSIDER USUAL METHOD.]

- | | | |
|---|--------------------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to 13.4} |
| 3 | No partner/not sexually active | {Go to Next Section} |
| 4 | Same sex partner | {Go to Next Section} |
| 7 | Don't know/Not sure | {Go to Next Section} |
| 9 | Refused | {Go to Next Section} |

- 13.2. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert you; insert her if male] from getting pregnant?

(147-148)

[INTERVIEWER: RECORD RESPONDENT'S CONDITION IF BOTH HAVE HAD STERILIZATION PROCEDURES]

[READ ONLY IF NECESSARY]

- | | | |
|----|--|----------------------|
| 01 | Tubes tied (sterilization) | {Go to Next Section} |
| 02 | Vasectomy (sterilization) | {Go to Next Section} |
| 03 | Pill | |
| 04 | Condoms | |
| 05 | Foam, jelly, cream | |
| 06 | Diaphragm | |
| 07 | Norplant | |
| 08 | IUD | |
| 09 | Shots (Depo-Provera) | |
| 10 | Withdrawal | |
| 11 | Not having sex at certain times (rhythm) | |
| 12 | No partner/Not sexually active | {Go to Next Section} |
| 13 | Other method(s) | |
| 77 | Don't know/not sure | {Go to Next Section} |
| 99 | Refused | {Go to Next Section} |

13.3. What other method are you also using to prevent pregnancy?

(149-150)

[READ ONLY IF NECESSARY]

01	Tubes tied (sterilization)	{Go to Next Section}
02	Vasectomy (sterilization)	{Go to Next Section}
03	Pill	{Go to Next Section}
04	Condoms	{Go to Next Section}
05	Foam, jelly, cream	{Go to Next Section}
06	Diaphragm	{Go to Next Section}
07	Norplant	{Go to Next Section}
08	IUD	{Go to Next Section}
09	Shots (Depo-Provera)	{Go to Next Section}
10	Withdrawal	{Go to Next Section}
11	Not having sex at certain times (rhythm)	{Go to Next Section}
12	No partner/Not sexually active	{Go to Next Section}
13	Other method(s)	{Go to Next Section}
87	NO other method(s)	{Go to Next Section}
77	Don't know/not sure	{Go to Next Section}
99	Refused	{Go to Next Section}

13.4. {FEMALES} What is your main reason for not doing anything to keep you from getting pregnant?

{MALES} What is your main reason for not doing anything to keep your partner from getting pregnant?

(151-152)

[READ ONLY IF NECESSARY]

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

{If respondent is male, Go to Next Section.}

Section 14: Women's Health

14.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (153)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to Q14.3} |
| 7 | Don't know/Not sure | {Go to Q14.3} |
| 9 | Refused | {Go to Q14.3} |

14.2. How long has it been since you had your last mammogram? (154)

[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 5 years ago) |
| 5 | 5 or more years ago |
| 7 | Don't know/Not sure |
| 9 | Refused |

14.3. 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? (155)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to Q14.5} |
| 7 | Don't know/Not sure | {Go to Q14.5} |
| 9 | Refused | {Go to Q14.5} |

14.4. How long has it been since your last breast exam? (156)

[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 |

14.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (157)

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | {Go to Q14.7} |
| 7 | Don't know/Not sure | {Go to Q14.7} |
| 9 | Refused | {Go to Q14.7} |

14.6. How long has it been since you had your last Pap smear? (158)

[READ ONLY IF NECESSARY]

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago |
| 7 | Don't know/Not sure |
| 9 | Refused |

{If response to Q 13.4 is 11 (had hysterectomy) or Q 12.16 is 1 (is pregnant) then {Go to Next Section}.

14.7. Have you had a hysterectomy? (159)

[A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB)]

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

Section 15: Prostate Cancer Screening

{If respondent is 39 years old or younger, or is female, go to Q16.1}

15.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (160)

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | {Go to Q15.3} |
| 7 | Don't Know/not sure | {Go to Q15.3} |
| 9 | Refused | {Go to Q15.3} |

15.2. How long has it been since you had your last PSA test? (161)

[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) |
| 3 | Within the past 3 years (2 years but less than 3 years) |
| 4 | Within the past 5 years (3 years but less than 5 years) |
| 5 | 5 or more years ago |
| 7 | Don't know |
| 9 | Refused |

15.3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (162)

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

15.4. How long has it been since your last digital rectal exam? (163)

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years) |
| 3 | Within the past 3 years (2 years but less than 3 years) |
| 4 | Within the past 5 years (3 years but less than 5 years) |
| 5 | 5 or more years ago |
| 7 | Don't know/Not sure |
| 9 | Refused |

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

(164)

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

Section 16: Colorectal Cancer Screening

{If respondent is 49 years old or younger, go to Q17.1}

16.1. 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? (165)

- | | | |
|---|---------------------|---------------|
| 1 | Yes | |
| 2 | No | {Go to Q16.3} |
| 7 | Don't know/Not sure | {Go to Q16.3} |
| 9 | Refused | {Go to Q16.3} |

16.2. How long has it been since you had your last blood stool test using a home kit? (166)

[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 |

16.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (167)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to Next Section} |
| 7 | Don't know/Not sure | {Go to Next Section} |
| 9 | Refused | {Go to Next Section} |

16.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (168)

[READ ONLY IF NECESSARY]

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 5 years (2 years but less than 5 years ago) |
| 4 | Within the past 10 years (5 years but less than 10 years ago) |
| 5 | 10 or more years ago |
| 7 | Don't know/Not sure |
| 9 | Refused |

Section 17: 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.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

17.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (169)

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

17.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (170)

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

17.3. How important do you think it is for people to know their HIV status by getting tested? (171)

WOULD YOU SAY: [PLEASE READ]

- 1 Very important
- 2 Somewhat important
- or**
- 3 Not at all important

[DO NOT READ]

- 7 Don't know/Not sure
- 8 Depends on risk
- 9 Refused

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

[INCLUDE SALIVA TESTS]

- 1 Yes
- 2 No {Go to Q17.8}
- 7 Don't know/Not sure {Go to Q17.8}
- 9 Refused {Go to Q17.8}

17.5. Not including blood donations, in what month and year was your last HIV test? (173-178)

[INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985 CODE "DON'T KNOW".]

[INCLUDE SALIVA TESTS]

___/___ Code month and year
777777 Don't know/Not sure
99999 9 Refused

17.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (179-180)

[PLEASE READ]

___ Reason code
01 It was required
02 Someone suggested you should be tested
03 You thought you may have gotten HIV through sex or drug use
04 You just wanted to find out whether you had HIV
05 You were worried that you could give HIV to someone
06 **IF FEMALE:** You were pregnant
07 It was done as part of a routine medical check-up
08 Or you were tested for some other reason

[DO NOT READ]

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

17.7. 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 home, or somewhere else? (181-182)

___ Facility code
01 Private doctor or HMO
02 Counseling and testing site
03 Hospital
04 Clinic
05 In a jail or prison (or other correctional facility)
06 Home
07 Somewhere else

[DO NOT READ]

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

17.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

- You have used intravenous drugs in the past year
- You have been treated for a sexually transmitted or venereal disease in the past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

Do any of these situations apply to you? (183)

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

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

17.9 In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (184)

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

Section 18: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries.

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

18.1 Are any firearms kept in or around your home? (185)

1	Yes	
2	No	{Go to next section}
7	Don't Know/Not Sure	{Go to next section}
9	Refused	{Go to next section}

18.2 Are any of these firearms now loaded? (186)

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

18.3 Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (187)

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

Transition to Modules and State-Added Questions

Module 8: Adult Asthma History

{If "yes" to core Q5.1, continue.}

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse or other health professional that you had asthma? (255-256)
- | | | |
|----|---------------------|---------------------------------|
| — | Age in years | 11 or older [96 = 96 and older] |
| 97 | Age 10 or younger | |
| 98 | Don't know/Not sure | |
| 99 | Refused | |

{If "yes" to core Q5.2, continue.}

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (257)
- | | | |
|---|---------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know/Not sure | |
| 9 | Refused | |

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (258-259)
- | | | |
|----|------------------------------------|--|
| — | Number of visits [87 = 87 or more] | |
| 88 | None | |
| 98 | Don't know/Not sure | |
| 99 | Refused | |

4. If one or more visits to Q3, fill in (Besides those emergency room visits,) During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (260-261)
- | | | |
|----|------------------------------------|--|
| — | Number of visits [87 = 87 or more] | |
| 88 | None | |
| 98 | Don't know/Not sure | |
| 99 | Refused | |

5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma? (262-263)

—	Number of visits [87 = 87 or more]
88	None
98	Don't know/Not sure
99	Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (264-266)

—	Number of days
8 8 8	None
7 7 7	Don't know/Not sure
9 9 9	Refused

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? (267)

Would you say: **[PLEASE READ]**

8	Not at any time	{Go to Q9}
1	Less than once a week	
2	Once or twice a week	
3	More than 2 times a week, but not every day	
4	Every day, but not all the time	
or		
5	Every day, all the time	

[DO NOT READ]

7	Don't know/Not sure
9	Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? (268)

Would you say: **[PLEASE READ]**

8	None
1	One or two
2	Three to four
3	Five
4	Six to ten
or	
5	More than ten

[DO NOT READ]

7	Don't know/Not sure
9	Refused

9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by a

doctor? This includes using an inhaler.

(269)

Would you say: **[PLEASE READ]**

- | | |
|-----------|---|
| 8 | Didn't take any |
| 1 | Less than once a week |
| 2 | Once or twice a week |
| 3 | More than 2 times a week, but not every day |
| 4 | Once every day |
| or | |
| 5 | 2 or more times every day |

[DO NOT READ]

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

Module 9: Childhood Asthma

{If "no children" to core Q12.6, go to next module}

1. Earlier you said there were {fill in number from core Q12.6} children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (270-271)

—	Number of children	
88	None	{Go to next module}
77	Don't know	{Go to next module}
99	Refused	{Go to next module}

2. {Fill in (Does this child/How many of these children) from Q1} still have asthma? (272-273)

[IF ONLY ONE CHILD FROM Q1 AND RESPONSE IS "YES" TO Q2, CODE '01'. IF RESPONSE IS "NO" CODE '88'.]

—	Number of children	
88	None	
77	Don't know	
99	Refused	

Module 15: Other Tobacco Products

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (333)
- | | | |
|---|---------------------|------------|
| 1 | Yes | |
| 2 | No | {Go to Q3} |
| 7 | Don't know/Not sure | {Go to Q3} |
| 9 | Refused | {Go to Q3} |
2. Do you currently use chewing tobacco or snuff every day, some days, or not at all? (334)
- | | | |
|---|---------------------|--|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | |
| 7 | Don't know/Not sure | |
| 9 | Refused | |
3. Have you ever smoked a cigar, even one or two puffs? (335)
- | | | |
|---|---------------------|------------|
| 1 | Yes | |
| 2 | No | {Go to Q5} |
| 7 | Don't know/Not sure | {Go to Q5} |
| 9 | Refused | {Go to Q5} |
4. Do you now smoke cigars every day, some days, or not at all? (336)
- | | | |
|---|---------------------|--|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | |
| 7 | Don't know/Not sure | |
| 9 | Refused | |
5. Have you ever smoked tobacco in a pipe, even one or two puffs? (337)
- | | | |
|---|---------------------|------------|
| 1 | Yes | |
| 2 | No | {Go to Q7} |
| 7 | Don't know/Not sure | {Go to Q7} |
| 9 | Refused | {Go to Q7} |

6. Do you now smoke a pipe every day, some days, or not at all? (338)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

7. A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs? (339)

- 1 Yes
- 2 No {Go to next module}
- 7 Don't know/Not sure {Go to next module}
- 9 Refused {Go to next module}

8. Do you now smoke bidis every day, some days, or not at all? (340)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

Pilot Module 17: Reactions to Race

Earlier you told me about your race. Now I will ask some questions about reactions to your race.

MOD17_1. How do OTHER PEOPLE usually classify you in this country. Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, multiracial or some other group? (602-603)

- 01 White
- 02 Black or African American
- 03 Hispanic or Latino
- 04 Asian
- 05 Native Hawaiian or other Pacific Islander
- 06 American Indian or Alaska Native
- 07 Multi-racial
- 08 Other

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

MOD17_2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly? (604-605)

- 01 Never
- 02 Once a year
- 03 Once a month
- 04 Once a week
- 05 Once a day
- 06 Once an hour
- 07 Constantly

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

[Instruction to interviewer: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.]

{CATI skip pattern: The following question should only be asked of those who are “employed for wages”, “self-employed”, or “out of work for less than one year”.}

MOD17_3. Within the past 12 months at work, do you feel were you treated worse than, the same as, or better than people of other races? (606)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others

- 5 Only encountered people of the same race
- 7 Don't know/know sure
- 9 Refused

MOD17_4. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (607)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 Did not seek health care in past 12 months
- 7 Don't know/know sure
- 9 Refused

[Interviewer instruction: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: " This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."]

MOD17_5. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race? (608)

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

MOD17_6. Within the past 30 days, have you experienced any physical symptoms, for example headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? (609)

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

State-Added Injury Prevention

{If “8: Never drive or ride in a car” to question 11.1, skip to NH2_3}

NH3_1. When you are driving, how often do adult passengers riding in the car use seatbelts? (362)

- | | | |
|---|---------------------|---------------|
| 1 | Always | |
| 2 | Nearly always | |
| 3 | Sometimes | |
| 4 | Seldom | |
| 5 | Never | |
| 7 | Don't know/Not sure | |
| 8 | Never drive a car | {Go to NH3_3} |
| 9 | Refused | |

NH3_2. When you are driving, how often do children passengers under age 18 riding in the car use seatbelts or child safety seats? (363)

- | | | |
|---|---------------------|--|
| 1 | Always | |
| 2 | Nearly always | |
| 3 | Sometimes | |
| 4 | Seldom | |
| 5 | Never | |
| 7 | Don't know/Not sure | |
| 8 | Never drive a car | |
| 9 | Refused | |

NH3_3. How often do you wear a helmet when participating in the following recreational activities? (364)

a. Riding a bicycle

- | | | |
|---|----------------------|--|
| 1 | Always | |
| 2 | Nearly always | |
| 3 | Sometimes | |
| 4 | Seldom | |
| 5 | Never | |
| 7 | Don't know/Not sure | |
| 8 | Never ride a bicycle | |
| 9 | Refused | |

b. Riding on a skateboard

- | | | |
|---|----------------------------|--|
| 1 | Always | |
| 2 | Nearly always | |
| 3 | Sometimes | |
| 4 | Seldom | |
| 5 | Never | |
| 7 | Don't know/Not sure | |
| 8 | Never ride on a skateboard | |
| 9 | Refused | |

c. Skiing or snowboarding

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never
7	Don't know/Not sure
8	Never ski or snowboard
9	Refused

d. Driving or riding on a motorcycle

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never
7	Don't know/Not sure
8	Never drive or ride on a motorcycle
9	Refused

e. Driving or riding on an all-terrain vehicle (ATV) or snowmobile

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never
7	Don't know/Not sure
8	Never drive or ride on an ATV or snowmobile
9	Refused

State-Added: Lead

NH4_1. In the past 6 months, have any projects that could disturb painted surfaces (such as painting, replacing windows, or other renovations that disturb paint) been done in your home? (366)

1	Yes	
2	No	{Go to NH4_4}
7	Don't Know/not sure	{Go to NH4_4}
9	Refused	{Go to NH4_4}

NH4_2. During those projects that could disturb painted surfaces, were any steps taken to contain paint dust and chips generated from disturbing the paint? (367)

1	Yes	
2	No	{Go to NH4_4}
7	Don't Know/not sure	{Go to NH4_4}
9	Refused	{Go to NH4_4}

NH4_3. Did the steps taken to contain paint dust and chips generated from disturbing the paint include:

a. Covering the floor with plastic/drop cloths/newspaper, etc. to collect the chips and dust? (368)

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

b. Using power tools with vacuum attachments? (369)

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

c. Moistening the old paint with water before scraping or sanding? (370)

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

d. Putting up plastic or cloth over the doors to seal off the room being worked on? (371)

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

e. Vacuuming the workspace at the end of the day? (372)

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

f. Sweeping up the workspace at the end of each day? (373)

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

g. Wet-mopping the workspace at the end of each day? (374)

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

h. Covering furniture and other belongings in the room being worked on with plastic? (375)

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

NH4_4. When was your home or apartment building built? (376)

- 1 Before 1950
- 2 Between 1950 and 1978
- 3 After 1978
- 7 Don't know/Not sure
- 9 Refused

NH4_5. Is there any lead paint in your place of residence?

(377)

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

NH 4_6. How many children under the age of 6 live in your home?

(378-379)

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

State-Added: 5 A Day Program

NH5_1. Have you ever heard of the program “5 A Day for Better Health?” (380)

- | | | |
|---|---------------------|----------------------|
| 1 | Yes | |
| 2 | No | {Go to next section} |
| 7 | Don't Know/Not Sure | {Go to next section} |
| 9 | Refused | {Go to next section} |

NH5_2. What is the emphasis of the “5 A Day for Better Health” program? (381)

- | | |
|---|-----------------------|
| 1 | The 5 food groups |
| 2 | Fruits and vegetables |
| 3 | Weight control |
| 7 | Don't know/Not sure |
| 9 | Refused |

State-Added: Women's Health

NH6_1. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, test for sexually transmitted diseases, and other female health concerns? Would you say (382)

- 1 A family planning clinic (Ex. A Planned Parenthood){Go to NH6_3}
- 2 A health department clinic
- 3 A community health center
- 4 A private gynecologist
- 5 A general or family physician
- 6 Some other kind of place
- 7 Don't know/Not sure

DO NOT READ

- 9 Refused

NH6_2. Have you ever used services at a family planning clinic? Example: a Planned Parenthood clinic (383)

- 1 Yes
- 2 No {Go to next section}
- 7 Don't Know/Not Sure {Go to next section}
- 9 Refused {Go to next section}

NH6_3. How long has it been since you used the services at a family planning clinic? (384)

READ ONLY IF NECESSARY

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

State-Added: Physical Violence

I'd like to ask you some questions about physical and sexual violence you may have experienced. This information will allow us to better understand the problem of violence and to help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. You don't have to answer a question if you don't want to. Remember that your phone number has been chosen randomly and your answers are strictly confidential. And if you believe it would not be safe for you to talk about this now, just tell me to skip to the next question. Or, you can just hang up.

Before we begin, I want to explain what I mean by violence. By violence I mean punching, kicking, hitting, shoving, slapping, shaking, choking, or other physical acts that could result in injury. It also means being made to do sexual acts that you don't want to. There are programs throughout New Hampshire that offer help for people who experience violence; you can reach the program nearest you by calling HelpLine at 800-852-3388. Please tell me if you would like me to repeat that number.

NH7_1. During the past 12 months, that is since **{CATI fill in date}**, have you been subject to any physical violence?

(385)

- | | | |
|---|-----------------------------|---------------|
| 1 | Yes | |
| 2 | No | {Go to NH7_6} |
| 3 | Raped and hit or struck | |
| 4 | Raped but NOT hit or struck | |
| 7 | Don't Know/Not Sure | {Go to NH7_6} |
| 9 | Refused | {Go to NH7_6} |

[INTERVIEWER: IF RESPONDENT SAYS THEY WERE RAPED, REPLY THAT THE RAPE WILL BE CODED, AND ASK "WHEN YOU WERE RAPED, WERE YOU ALSO HIT, SLAPPED, PUSHED, OR KICKED OR HIT WITH AN OBJECT OR WEAPON?" AND CODE RESPONSE. BEING HIT BY YOUNG CHILDREN IS EXCLUDED. A YOUNG CHILD IS DEFINED AS LESS THAN OR EQUAL TO 12 YEARS OLD.]

NH7_2. During the past 12 months, how many different occasions have you been subject to physical violence?

(386-387)

- | | | |
|-----|---------------------|---------------|
| — — | Number of times | |
| 00 | 0 or none | {Go to NH7_6} |
| 95 | 95 or more times | |
| 98 | Don't Know/Not Sure | {Go to NH7_6} |
| 99 | Refused | {Go to NH7_6} |
| 97 | No Answer | {Go to NH7_6} |

NH7_3. Thinking of (this occasion/each of these occasions), what was the relationship of the person who did this? Was it (ever)

[CODE ALL ANSWERS. ASK RESPONDENT TO SPECIFY "OTHER"]

a. Your spouse or domestic partner?

(388)

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

- | | | | |
|----|---|---------------------|-------|
| | 7 | Don't Know/Not Sure | |
| | 9 | Refused | |
| b. | Your ex-spouse or ex-partner? | | (389) |
| | 1 | Yes | |
| | 2 | No | |
| | 7 | Don't Know/Not Sure | |
| | 9 | Refused | |
| c. | Your boyfriend, girlfriend, or date? | | (390) |
| | 1 | Yes | |
| | 2 | No | |
| | 7 | Don't Know/Not Sure | |
| | 9 | Refused | |
| d. | Your ex-boyfriend or ex-girlfriend? | | (391) |
| | 1 | Yes | |
| | 2 | No | |
| | 7 | Don't Know/Not Sure | |
| | 9 | Refused | |
| e. | Your parent, brother, sister, or other family member? | | (392) |
| | 1 | Yes | |
| | 2 | No | |
| | 7 | Don't Know/Not Sure | |
| | 9 | Refused | |
| f. | A friend or someone you know? | | (393) |
| | 1 | Yes | |
| | 2 | No | |
| | 7 | Don't Know/Not Sure | |
| | 9 | Refused | |
| g. | A total stranger? | | (394) |
| | 1 | Yes | |
| | 2 | No | |
| | 7 | Don't Know/Not Sure | |
| | 9 | Refused | |
| h. | Was there someone else that I did not mention? | | (395) |
| | 1 | Yes (specify) | |
| | 2 | No | |
| | 7 | Don't Know/Not Sure | |
| | 9 | Refused | |

NH7_4. During the past 12 months, how many times did these incidents result in an injury that required you to see a doctor, nurse, dentist, or other health care provider for treatment? (396-397)

__ __	Number of times
00	0 or none
95	95 or more times
98	Don't Know/Not Sure
99	Refused

NH7_5. During the past 12 months, when (this/any of these) incidents occurred, were you drinking or using drugs? (398)

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

NH7_6. During the past 12 months, did a spouse/partner/or ex-partner force you to have sexual relations (or intercourse) that you did not want? (399)

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

NH7_7. Were you subject to physical violence as a usual means of punishment when you were a child of 12 or under? (400)

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

Closing Statement

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