

**ADULT CORE**

**Section I -- IDENTIFICATION**

**>SADULT< FR: THE NEXT QUESTIONS MUST BE ANSWERED BY THE SELECTED SAMPLE ADULT- NO PROXIES ARE PERMITTED. NO EMANCIPATED MINORS ARE PERMITTED.**

- (1) Available
- (2) Not Available
- (3) Non-interview

**Check Item AIDCCI1:** [If the FAMILY respondent and Sample Adult are the same person, go to ACN.010; Else go to AID.030.]

AID.030

**FR: PLEASE VERIFY THE FOLLOWING INFORMATION:**

**>AIDVERF1<** Gender = {male/female} Is it correct?

- (1) Yes
- (2) No

**>AIDVERF2<** Age = {3 digit format} Is it correct?

- (1) Yes
- (2) No

**>AIDVERF3<** Birthday = {word format} Is it correct?

- (1) Yes
- (2) No

**Check Item AIDCCI2:** [If >AIDVERF1< equals (2) go to AID.040; If >AIDVERF2< equals (2) go to AID.050; If >AIDVERF3< equals (2) go to AID.060; Else go to ACN.010. If no changes or when changes complete, go to next section -- Conditions]

AID.040 Is {sample adult} male or female?

- >AIDSEX<**
- (1) Male
  - (2) Female
  - (7) Refused
  - (9) DK (Go to AIDCCI2)

**[Update revised sex AIDSEX in SEX]**

AID.050 How old is {sample adult}?

- >AIDAGE<**
- (00-99) 0-99 years old
  - (997) Refused
  - (999) DK (Go to AIDCCI2)

**[Update revised age AIDAGE in AGE]**



## Section II -- CONDITIONS

Now I am going to ask you about certain medical conditions.

ACN.010 Have you EVER been told by a doctor or other health professional that you had...  
Hypertension, also called high blood pressure?

>**HYPEV**< (1) Yes (ACN.020) (7) Refused (ACN.031)  
(2) No (ACN.031) (9) DK (ACN.031)

ACN.020 Were you told on two or more DIFFERENT visits that you had hypertension, also called high  
blood pressure?

>**HYPDIFV**< (1) Yes (7) Refused  
(2) No (9) DK

ACN.031 Have you EVER been told by a doctor or other health professional that you had ...

(1) Yes (7) Refused  
(2) No (9) DK

>**CHDEV**< ... Coronary heart disease?  
>**ANGEV**< ... Angina, also called angina pectoris?  
>**MIEV**< ... A heart attack (also called myocardial infarction)?  
>**HRTEV**< ... Any kind of heart condition or heart disease (other than the ones I just asked about)?  
>**STREV**< ... A stroke?  
>**EPHEV**< ... Emphysema?

ACN.080 Have you EVER been told by a doctor or other health professional that you had ...  
... Asthma?

>**AASMEV**< (1) Yes (ACN.090) (7) Refused (ACN.110)  
(2) No (ACN.110) (9) DK (ACN.110)

ACN.090 During the PAST 12 MONTHS, have you had an episode of asthma or asthma attack?

>**AASMYR**< (1) Yes (ACN.100) (7) Refused (ACN.110)  
(2) No (ACN.110) (9) DK (ACN.110)

ACN.100 During the PAST 12 MONTHS, have you had to visit an emergency room or urgent care center  
because of asthma?

>**AASMERYR**< (1) Yes (7) Refused  
(2) No (9) DK

ACN.110 Have you EVER been told by a doctor or other health professional that you had ....  
.....An ulcer?  
This could be a stomach, duodenal or peptic ulcer.

>**ULCEV**< (1) Yes (ACN.120) (7) Refused (ACN.130)  
(2) No (ACN.130) (9) DK (ACN.130)

ACN.120 During the PAST 12 MONTHS have you had an ulcer?

- >ULCYR< (1) Yes (7) Refused
- (2) No (9) DK

ACN.130 Have you EVER been told by a doctor or other health professional that you had ...  
... Cancer or a malignancy of any kind?

- >CANEV< (1) Yes (ACN.140) (7) Refused (ACN.160)
- (2) No (ACN.160) (9) DK (ACN.160)

ACN.140 What kind of cancer was it?

**FR: MARK UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, CODE '96'  
(CNKIND31) IN THE FOURTH BOX. ENTER 'N' FOR NO MORE.**

- |           |                 |                       |                                  |                        |
|-----------|-----------------|-----------------------|----------------------------------|------------------------|
| .>CNKIND< | (1) Bladder     | (11)Larynx-windpipe   | (21) Rectum                      |                        |
|           | (2) Blood       | (12) Leukemia         | (22) Skin (non-melanoma)         |                        |
|           | (3) Bone        | (13) Liver            | (23) Skin (DK what kind)         |                        |
|           | (4) Brain       | (14) Lung             | (24) Soft Tissue (muscle or fat) |                        |
|           | (5) Breast      | (15) Lymphoma         | (25) Stomach                     |                        |
|           | (6) Cervix      | (16) Melanoma         | (26) Testis                      |                        |
|           | (7) Colon       | (17) Mouth/tongue/lip | (27) Throat - pharynx            |                        |
|           | (8) Esophagus   | (18) Ovary            | (28) Thyroid                     | (96) More than 3 kinds |
|           | (9) Gallbladder | (19) Pancreas         | (29) Uterus                      | (97) Refused           |
|           | (10) Kidney     | (20) Prostate         | (30) Other                       | (99) DK                |
- 

ACN.150 How old were you when cancer was first diagnosed?

- >CANAGE\_1< (001-100) 1-100 years
- (997) Refused
- (999) DK

- >CANAGE\_2< (001-100) 1-100 years
- (997) Refused
- (999) DK

- >CANAGE\_3< (001-100) 1-100 years
- (997) Refused
- (999) DK

ACN.160 [ If Female, add: ]

Other than during pregnancy,

[ Else ]

Have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?

>**DIBEV**< (1) Yes (ACN.170) (7) Refused (ACN.201)  
(2) No (ACN.201) (9) DK (ACN.201)  
(3) Borderline (ACN.201)

ACN.170 How old were you when a doctor FIRST told you that you had diabetes or sugar diabetes?

>**DIBAGE**< (001-100) 1-100 years  
(997) Refused  
(999) DK

ACN.180 Are you NOW taking insulin?

>**INSLN**< (1) Yes (7) Refused  
(2) No (9) DK

ACN.190 Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

>**DIBPILL**< (1) Yes (7) Refused  
(2) No (9) DK

ACN.201 During the PAST 12 MONTHS, have you been told by a doctor or other health professional that you had...

(1) Yes (7) Refused  
(2) No (9) DK

>**AHAYFYR**< ... Hay fever?

>**SINYR**< ... Sinusitis?

>**CBRCHYR**< ... Chronic bronchitis?

>**KIDWKYR**< ... Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

>**LIVYR**< ... Any kind of liver condition?

ACN.250 **FR: SHOW CARD A1**

During the PAST 12 MONTHS, have you had pain, aching, stiffness or swelling in or around a joint?

>**JNTYR**< (1) Yes (ACN.260) (7) Refused (ACN.300)  
(2) No (ACN.300) (9) DK (ACN.300)

ACN.260 Were these symptoms present on MOST DAYS FOR AT LEAST ONE MONTH?

>**JNTMO**< (1) Yes (7) Refused  
(2) No (9) DK

ACN.270 Did these symptoms begin only because of an injury?

>**JNTIJ**< (1) Yes (ACN.280) (7) Refused (ACN.290)  
(2) No (ACN.290) (9) DK (ACN.290)

ACN.280 How many weeks or months, in the past year, did you have joint symptoms due to an injury?

>JNTIJLN< [ ] NUMBER

- (01-52) 1-52 units (97) Refused
- (96) Entire year (99) DK

>JNTIJLT< [ ] TIME PERIOD

- (1) Weeks (7) Refused
- (2) Months (9) DK

ACN.290 Which joints are affected?

**FR: MARK ALL THAT APPLY. ENTER 'N' FOR NO MORE.**

- >JNTYR<
- |                    |                 |                          |                             |
|--------------------|-----------------|--------------------------|-----------------------------|
| (1) Shoulder-right | (6) Hip-left    | (11) Ankle-right         | (16)Fingers/thumb-left      |
| (2) Shoulder-left  | (7) Wrist-right | (12) Ankle-left          | (17) Other joint not listed |
| (3) Elbow-right    | (8) Wrist-left  | (13) Toes-right          | (97) Refused                |
| (4) Elbow-left     | (9) Knee-right  | (14) Toes-left           | (99) DK                     |
| (5) Hip-right      | (10) Knee-left  | (15) Fingers/thumb-right |                             |

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |

The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

ACN.300 During the PAST THREE MONTHS, did you have.... Neck pain?

- >PAINECK<
- (1) Yes (7) Refused
  - (2) No (9) DK

ACN.310 During the PAST THREE MONTHS, did you have...Low back pain?

- >PAINLB<
- (1) Yes (ACN.320) (7) Refused (ACN.331)
  - (2) No (ACN.331) (9) DK (ACN.331)

ACN.320 Did this pain spread down either leg to areas below the knees?

- >PAINLEG<
- (1) Yes (7) Refused
  - (2) No (9) DK

ACN.331 During the PAST THREE MONTHS, did you have...

- |         |             |
|---------|-------------|
| (1) Yes | (7) Refused |
| (2) No  | (9) DK      |

>**PAINFACE**< ... Facial ache or pain in the jaw muscles or the joint in front of the ear?

>**AMIGR**< ... Severe headache or migraine?

ACN.350 **FR: SHOW CALENDAR CARD**

These next questions are about your recent health during the TWO WEEKS outlined on that calendar.

Did you have a head cold or chest cold that started during those TWO WEEKS?

- |                            |             |
|----------------------------|-------------|
| > <b>ACOLD2W</b> < (1) Yes | (7) Refused |
| (2) No                     | (9) DK      |

ACN.360 Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?

- |                             |             |
|-----------------------------|-------------|
| > <b>AINCIL2W</b> < (1) Yes | (7) Refused |
| (2) No                      | (9) DK      |

**Check item ACNCCI1:** If sex is male go to ACN.410; Else go to Check item ACNCCI2.

**Check item ACNCCI2:** If age is less than 50 go to ACN.370; Else go to ACN.410

ACN.370 Are you currently pregnant?

- |                            |             |
|----------------------------|-------------|
| > <b>PREGNOW</b> < (1) Yes | (7) Refused |
| (2) No                     | (9) DK      |

ACN.410 These next questions are about your hearing, vision, and teeth.

Have you ever worn a hearing aid?

- |                            |             |
|----------------------------|-------------|
| > <b>HEARAID</b> < (1) Yes | (7) Refused |
| (2) No                     | (9) DK      |

ACN.420 Which statement best describes your hearing (without a hearing aid): good, a little trouble, a lot of trouble, deaf?

- |                             |             |
|-----------------------------|-------------|
| > <b>AHEARST</b> < (1) Good | (4) Deaf    |
| (2) Little trouble          | (7) Refused |
| (3) Lot of trouble          | (9) DK      |

ACN.430 Do you have any trouble seeing, even when wearing glasses or contact lenses?

- |                                      |                       |
|--------------------------------------|-----------------------|
| > <b>AVISION</b> < (1) Yes (ACN.440) | (7) Refused (ACN.451) |
| (2) No (ACN.451)                     | (9) DK (ACN.451)      |

ACN.440 Are you blind or unable to see at all?

- >ABLIND< (1) Yes (7) Refused
- (2) No (9) DK

ACN.451 Have you lost all of your....

- (1) Yes (7) Refused
- (2) No (9) DK

>UPPERT< ... upper natural (permanent) teeth?

>LOWERT< ... lower natural (permanent) teeth?

ACN.471 Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

**FR: SHOW CARD A2**

During the PAST 30 DAYS, how often did you feel...

ALL	MOST	SOME	A LITTLE	NONE	REFUSED	DK
OF THE TIME	OF THE	OF THE TIME	OF THE TIME	OF THE TIME		
(1)	TIME (2)	(3)	(4)	(5)	(7)	(9)

>SAD< ... So sad that nothing could cheer you up?

>NERVOUS< ... Nervous?

>RESTLESS< ... Restless or fidgety

>HOPELESS< ... Hopeless

>EFFORT< ... That everything was an effort?

>WORTHLS< ... Worthless?

**Check item ACNCCI4:** If any of the responses are 1 - 3, then go to ACN.530; Else, go to the next section.--  
Health Status and Limitation of Activities.

ACN.530 We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- >MHAMTMO< (1) A lot (4) Not at all
- (2) Some (7) Refused
- (3) A little (9) DK

**(Go to next section -- Health Status & Limitation of Activities)**

**Section III -- HEALTH STATUS AND LIMITATION OF ACTIVITIES**

**Part A -- Health Indicators**

AHS.010 **FR: VERIFY OR ASK:**

Earlier I recorded that you were working last week. Is that correct?

>AHS\_CCI1< (1) Yes (AHS.040) (7) Refused (AHS.030)  
(2) No (AHS.030) (9) DK (AHS.030)

AHS.020 **FR: VERIFY OR ASK:**

Earlier I recorded that you were not working last week. Is that correct?

>AHS\_CCI2< (1) Yes (AHS.030) (7) Refused (AHS.030)  
(2) No (AHS.040) (9) DK (AHS.030)

AHS.030 Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

>WRKLYR2< (1) Yes (AHS.040) (7) Refused (AHS.050)  
(2) No (AHS.050) (9) DK (AHS.050)

AHS.040 During the PAST 12 MONTHS, that is, since { 12-month ref. date }, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?

>WKDAYR< (000) None (997) Refused  
(001-366) 1-366 days (999) DK

AHS.050 During the PAST 12 MONTHS, that is, since { 12-month ref. date }, ABOUT how many days did illness or injury keep you in bed more than half of the day? (Include days while an overnight patient in a hospital).

>BEDDAYR< (000) None (997) Refused  
(001-366) 1-366 days (999) DK (Go to AHS.060)

AHS.060 Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

>AHSTATYR< (1) Better (7) Refused  
(2) Worse (9) DK  
(3) About the same

**Part B -- Limitation of Activities**

AHS.070 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?

>SPECEQ< (1) Yes (7) Refused  
(2) No (9) DK

AHS.091 The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

**FR: SHOW CARD A3.**

By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL DIFFICULT (0)	ONLY A LITTLE DIFFICULT (1)	SOMEWHAT DIFFICULT (2)	VERY DIFFICULT (3)	CAN'T DO AT ALL (4)	REFUSED (7)	DK (9)
--------------------------------	-----------------------------------	------------------------------	--------------------------	---------------------------	----------------	-----------

- >FLWALK< ... Walk a quarter of a mile - about 3 city blocks?
- >FLCLIMB< ... Walk up 10 steps without resting?
- >FLSTAND< ... Stand or be on your feet for about 2 hours?
- >FLSIT< ... Sit for about 2 hours?
- >FLSTOOP< ... Stoop, bend, or kneel?
- >FLREACH< ... Reach up over your head?

AHS.141 By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL DIFFICULT (0)	ONLY A LITTLE DIFFICULT (1)	SOMEWHAT DIFFICULT (2)	VERY DIFFICULT (3)	CAN'T DO AT ALL (4)	REFUSED (7)	DK (9)
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- >FLGRASP< ... Use your fingers to grasp or handle small objects?
- >FLCARRY< ... Lift or carry something as heavy as 10 pounds such as a full bag of groceries?
- >FLPUSH< ... Push or pull large objects like a living room chair?

**FR: SHOW CARD A4.**

AHS.171 By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL DIFFICULT (0)	ONLY A LITTLE DIFFICULT (1)	SOMEWHAT DIFFICULT (2)	VERY DIFFICULT (3)	CAN'T DO AT ALL (4)	DO NOT DO THIS ACTIVITY (6)	(7) Refused (9) DK
--------------------------------	-----------------------------------	------------------------------	--------------------------	---------------------------	-----------------------------------	--------------------

- >FLSHOP< ... Go out to things like shopping, movies, or sporting events?
- >FLSOCL< ... Participate in social activities such as visiting friends, attending clubs and meetings, going to parties...?
- >FLRELAX< ... Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music...)?

**Check item AHS\_CCI3:** If any of the above answers in AHS.091, AHS.141, or AHS.171 = 1-4 go to AHS.200; Else go to the next section.--Health Behaviors.

AHS.200 What condition or health problem causes you to have difficulty with {names of up to 3 specified activities/these activities}?

**FR: SHOW CARD A5. ENTER ALL THAT APPLY UP TO 5 (but do not probe). IF OLD AGE IS REPORTED, PROBE FOR SPECIFIC CONDITION(S) CAUSED BY OLD AGE.**

- >AFLHCA<
- |                                 |  |                               |
|---------------------------------|--|-------------------------------|
| (1) Vision/problem seeing       | (10) Diabetes  | (19) Other impairment/problem |
| (2) Hearing problem             | (11) Lung/breathing problem                          | (20) Other impairment/problem |
| (3) Arthritis/rheumatism        | (12) Cancer  | (97) Refused                  |
| (4) Back or neck problem        | (13) Birth defect                                    | (99) DK                       |
| (5) Fractures,bone/joint injury | (14) Mental retardation                              |                               |
| (6) Other injury                | (15) Other developmental problem (as cerebral palsy) |                               |
| (7) Heart problem               | (16) Senility  |                               |
| (8) Stroke problem              | (17) Depression/anxiety/emotional problem            |                               |
| (9) Hypertension/high blood     | (18) Weight problem pressure                         |                               |
- [ ] [ ] [ ] [ ] [ ]

**[If answers equal (1) - (12) and (14) - (18) then go to AHS.300; if answer equals (19) and/or (20) go to AHS.201; else go to next section--Health Behaviors.]**

AHS.201

**FR: THESE SHOULD BE NAMES OF SPECIFIC CONDITIONS THAT ARE NOT ON THE CONDITION LIST.**

>AFLSPEC1< First condition: \_\_\_\_\_  
 >AFLSPEC2< Second condition: \_\_\_\_\_

AHS.300 How long have you had {name the first condition >AFLHCA1<}?

>AFLHCLN\_1<[ ] NUMBER

- |                  |              |
|------------------|--------------|
| (01-94) 1-94     | (97) Refused |
| (95) 95+         | (99) DK      |
| (96) Since birth |              |

>AFLHCLT\_1<[ ] TIME PERIOD

- |            |                 |
|------------|-----------------|
| (1) Days   | (6) Since birth |
| (2) Weeks  | (7) Refused     |
| (3) Months | (9) DK          |
| (4) Years  |                 |

AHS.301 How long have you had {name the second condition >AFLHCA2<}?

>AFLHCLN\_2<[ ] NUMBER

(01-94) 1-94	(97) Refused
(95) 95+	(99) DK
(96) Since birth	

>AFLHCLT\_2<[ ] TIME PERIOD

(1) Days	(6) Since birth
(2) Weeks	(7) Refused
(3) Months	(9) DK
(4) Years	

AHS.302 How long have you had {name the third condition >AFLHCA3<}?

>AFLHCLN\_3<[ ] NUMBER

(01-94) 1-94	(97) Refused
(95) 95+	(99) DK
(96) Since birth	

>AFLHCLT\_3<[ ] TIME PERIOD

(1) Days	(6) Since birth
(2) Weeks	(7) Refused
(3) Months	(9) DK
(4) Years	

AHS.303 How long have you had {name the fourth condition >AFLHCA4<}?

>AFLHCLN\_4<[ ] NUMBER

(01-94) 1-94	(97) Refused
(95) 95+	(99) DK
(96) Since birth	

>AFLHCLT\_4<[ ] TIME PERIOD

(1) Days	(6) Since birth
(2) Weeks	(7) Refused
(3) Months	(9) DK
(4) Years	

AHS.304 How long have you had {name the fifth condition >AFLHCA5<}?

>AFLHCLN\_5<[ ] NUMBER

(01-94) 1-94	(97) Refused
(95) 95+	(99) DK
(96) Since birth	

>AFLHCLT\_5<[ ] TIME PERIOD

(1) Days	(6) Since birth
(2) Weeks	(7) Refused
(3) Months	(9) DK
(4) Years	

**(Go to next section -- Health Behaviors)**

**Section IV - HEALTH BEHAVIORS**  
**Part A - Tobacco**

AHB.010        These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

>**SMKEV**<        (1) Yes (AHB.020)                                (7) Refused (AHB.090)  
                      (2) No (AHB.090)                                (9) DK (AHB.090)

AHB.020        How old were you when you FIRST started to smoke fairly regularly?

**FR:    IF LESS THAN 6 YEARS OLD, ENTER "6"**

>**SMKREG**<        (06-94) 6-94 years of age  
                      (95)    95 years or older  
                      (96)    Never smoked regularly  
                      (97)    Refused  
                      (99)    DK

AHB.030        Do you NOW smoke cigarettes every day, some days or not at all?

>**SMKNOW**<        (1) Every day (AHB.050)                        (7) Refused (AHB.060)  
                      (2) Some days (AHB.060)                        (9) DK (AHB.060)  
                      (3) Not at all (AHB.040)

AHB.040        How long has it been since you quit smoking cigarettes?

>**SMKQTNO**<        [ ] NUMBER  
                      (01-94) 1-94  
                      (95)    95+  
                      (97)    Refused  
                      (99)    DK

>**SMKQTTP**<        [ ] TIME PERIOD

(1) Days    (4) Years  
(2) Weeks    (7) Refused  
(3) Months    (9) DK                                (AHB.090)

AHB.045        Have you quit smoking since {current month 1 year ago}

>**SMKQTD2**<        (1) Yes    (7) Refused  
                      (2) No     (9) DK                                (AHB.090)

AHB.050        On the average, how many cigarettes do you now smoke a day?

**FR:    IF LESS THAN "1", ENTER "1"**

>**CIGSDA1**<        (01-94) 1-94 cigarettes                        (97) Refused  
                      (95)    95+ cigarettes                                (99) DK                                (AHB.080)

AHB.060 On how many of the PAST 30 DAYS did you smoke a cigarette?

>CIGDAMO< (00) None (AHB.080) (97) Refused (AHB.070)  
(01-30) 1-30 Days (AHB.070) (99) DK (AHB.070)

AHB.070 On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

**FR: IF LESS THAN "1", ENTER "1"**

>CIGSDA2< (01-94) 1-94 cigarettes (97) Refused  
(95) 95+ cigarettes (99) DK

AHB.080 During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>CIGQTYR< (1) Yes (7) Refused  
(2) No (9) DK

**Part B - Physical Activity**

AHB.090 The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

>VIGNO< [ ] NUMBER OF TIMES

- |           |                                    |       |         |
|-----------|------------------------------------|-------|---------|
| (000)     | Never                              | (997) | Refused |
| (001-995) | 1-995 times                        | (999) | DK      |
| (996)     | Unable to do this type of activity |       |         |

>VIGTP< [ ] TIME PERIOD

- |           |                                |
|-----------|--------------------------------|
| (0) Never | (4) Year                       |
| (1) Day   | (6) Unable to do this activity |
| (2) Week  | (7) Refused                    |
| (3) Month | (9) DK                         |

AHB.100 About how long do you do these vigorous activities each time?

>VIGLNGNO< [ ] NUMBER

- |           |         |
|-----------|---------|
| (001-720) | 1-720   |
| (997)     | Refused |
| (999)     | DK      |

>VIGLNGTP< [ ] TIME PERIOD

- |                       |                       |
|-----------------------|-----------------------|
| (1) Minutes (AHB.110) | (7) Refused (AHB.110) |
| (2) Hours (AHB.110)   | (9) DK (AHB.108)      |

AHB.108 Each time you do these vigorous activities, do you do them 20 minutes or more, or less than 20 minutes?

>VIGLONGD< (1) Less than 20 minutes (7) Refused  
(2) 20 Minutes or more (9) Don't know

AHB.110 How often do you do LIGHT OR MODERATE activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

>MODNO< [ ] NUMBER OF TIMES per

(000) Never (997) Refused  
(001-995) 1-995 (999) DK  
(996) Unable to do this type activity

>MODTP< [ ] TIME PERIOD

(0) Never (AHB.130) (6) Unable to do this type activity (AHB.130)  
(1) Day (AHB.120) (7) Refused (AHB.130)  
(2) Week (AHB.120) (9) DK (AHB.130)  
(3) Month (AHB.120)  
(4) Year (AHB.120)

AHB.120 About how long do you do these light or moderate activities each time?

>MODLNGNO< [ ] NUMBER

(001-995) 1-995  
(997) Refused  
(999) DK

>MODLNGTP< [ ] TIME PERIOD

(1) Minutes (AHB.130) (7) Refused (AHB.130)  
(2) Hours (AHB.130) (9) DK (AHB.128)

AHB.128 Each time you do these light or moderate activities, do you do them 20 minutes or more, or less than 20 minutes?

>MODLONGD< (1) Less than 20 minutes (7) Refused  
(2) 20 Minutes or more (9) DK

AHB.130 How often do you do physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

>STRNGNO< [ ] NUMBER OF TIMES per

(000) Never (997) Refused  
(001-995) 1-995 (999) DK  
(996) Unable to do this type activity

>STRNGTP< [ ] TIME PERIOD

(0) Never (6) Unable to do this type activity  
(1) Day (7) Refused  
(2) Week (9) DK  
(3) Month  
(4) Year

**PART C - Alcohol**

AHB.140 These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, winecoolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

>ALC1YR< (1) Yes (AHB.160) (7) Refused (AHB.150)  
(2) No (AHB.150) (9) DK (AHB.150)

AHB.150 In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

>ALCLIFE< (1) Yes (AHB.160) (7) Refused (AHB.190)  
(2) No (AHB.190) (9) DK (AHB.190)

AHB.160 In the PAST YEAR, how often did you drink any type of alcoholic beverage?

>ALC12MNO< [ ] NUMBER OF DAYS per

(000) Never (997) Refused  
(001-365) 1-365 days (999) DK

>ALC12MTP< [ ] TIME PERIOD

(0) Never/None (7) Refused  
(1) Week (9) DK  
(2) Month  
(3) Year

AHB.170 In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

>ALCAMT< (01-94) 1-94 drinks (97) Refused  
(95) 95 and more (99) DK

AHB.180 In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

>ALC5UPNO< [ ] NUMBER OF DAYS per

(000) Never/none (997) Refused  
(001-365) 1-365 days (999) DK

>ALC5UPTP< [ ] TIME PERIOD

(0) Never/None  
(1) Week  
(2) Month  
(3) Year  
(7) Refused  
(9) DK

AHB.190 About how tall are you without shoes?

**FR: ALLOW RESPONSES IN METRIC IF VOLUNTEERED.**

>**AHEIGHTF**< Feet \_\_\_\_\_

(03-07) 3-7 feet

(97) Refused

(99) DK

>**AHEIGHTI**< Inches \_\_\_\_\_

(00-11) 0-11 inches

(97) Refused

(99) DK

>**AHEIGHTM**< Meters \_\_\_\_\_

(0-2) 0-2 meters

(7) Refused

(9) DK

>**AHEIGHTC**< Centimeters \_\_\_\_\_

(090-241) 90-241 centimeters

(997) Refused

(999) DK

AHB.200 About how much do you weigh without shoes?

**FR: ALLOW RESPONSES IN METRIC IF VOLUNTEERED.**

>**WT\_LB**< Pounds \_\_\_\_\_

(050-500) 50-500 pounds

(997) Refused

(999) DK

..>**WT\_KG**< Kilograms \_\_\_\_\_

(0227-2268) 22.7-226.8 kilograms

**(Goto next section -- Health Care Access & Utilization)**

**Section V - HEALTH CARE ACCESS AND UTILIZATION**

AAU.020 The next questions are about health care.

Is there a place that you USUALLY go to when you are sick or need advice about your health?

- >AUSUALPL< (1) Yes (AAU.030) (7) Refused (AAU.037)  
(2) There is NO place (AAU.037) (9) DK (AAU.037)  
(3) There is MORE THAN ONE place (AAU.030)

AAU.030 **[If AAU.020 equals 1 read:]**

>APLKIND< What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

**[If AAU.020 equals 3 read:]**

What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?

- (1) Clinic or health center (AAU.035) (5) Some other place (AAU.035)  
(2) Doctor's office or HMO (AAU.035) (7) Refused (AAU.037)  
(3) Hospital emergency room (AAU.035) (9) DK (AAU.037)  
(4) Hospital outpatient department (AAU.035)

AAU.035 Is that {full name from AAU.030 >APLKIND<} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

- >AHCPLROU< (1) Yes (AAU.040) (7) Refused (AAU.037)  
(2) No (AAU.037) (9) DK (AAU.037)

AAU.037 What kind of place do you go to when you need routine preventive care, such as a physical examination or check-up?

- >AHCPLKND< (0) Doesn't get preventive care anywhere (4) Hospital outpatient department  
(1) Clinic or health center (5) Some other place  
(2) Doctor's office or HMO (7) Refused  
(3) Hospital emergency room (9) DK

**Check item AAUCCI1:** If AAU.020 equals 2, 7, or 9, then go to AAU.061; Else go to AAU.040.

AAU.040 At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

- >AHCCHGYR< (1) Yes (AAU.050) (7) Refused (AAU.061)  
(2) No (AAU.061) (9) DK (AAU.061)

AAU.050 Was this change for a reason related to health insurance?

- >AHCCHGHI< (1) Yes (7) Refused  
(2) No (9) DK

AAU.061      There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

- |         |             |
|---------|-------------|
| (1) Yes | (7) Refused |
| (2) No  | (9) DK      |

- >AHCDLYR1< You couldn't get through on the telephone.
- >AHCDLYR2< You couldn't get an appointment soon enough.
- >AHCDLYR3< Once you get there, you have to wait too long to see the doctor.
- >AHCDLYR4< The clinic/doctor's office wasn't open when you could get there.
- >AHCDLYR5< You didn't have transportation.

AAU.111      During the PAST 12 MONTHS, was there any time when you needed any of the following but didn't get it because you couldn't afford it?

- |         |             |
|---------|-------------|
| (1) Yes | (7) Refused |
| (2) No  | (9) DK      |

- >AHCAFYR1< Prescription medicines
- >AHCAFYR2< Mental health care or counseling
- >AHCAFYR3< Dental care (including check-ups)

**Part B - Dental Care**

AAU.135      **FR:    SHOW CARD A6.**

About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- >**ADENLONG**< (1) 6 months or less  
(2) More than 6 months, but not more than 1 year ago  
(3) More than 1 year, but not more than 3 years ago  
(4) More than 3 years  
(5) Never  
(7) Refused  
(9) DK

**Part C - Health Care Provider Contacts**

AAU.141 During the PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

- (1) Yes
- (2) No
- (7) Refused
- (9) DK

>AHCSYR1< A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>AHCSYR2< An optometrist, optician, or eye doctor (someone who prescribes eyeglasses)?

>AHCSYR3< A foot doctor?

>AHCSYR4< A chiropractor?

>AHCSYR5< A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational ...therapist?

>AHCSYR6< A nurse practitioner, physician assistant, or midwife?

**Check item AAUCCI2:** If Male then go to AAU.211; Else go to AAU.200.

AAU.200 During the PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

A doctor who specializes in women's health (an obstetrician/gynecologist)?

- >AHCSYR7< (1) Yes
- (2) No
- (7) Refused
- (9) DK

AAU.211 During the PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

- (1) Yes
- (2) No
- (7) Refused
- (9) DK

>AHCSYR8< A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist)?

>AHCSYR9< A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

AAU.230 Does that doctor treat children and adults (a doctor in general practice or family medicine)?

- >AHCSYR10< (1) Yes
- (2) No
- (7) Refused
- (9) DK

AAU.240 During the PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health? (This includes emergency room visits that resulted in a hospital admission.)

**FR: SHOW CARD A7.**

- >AHERNOYR< (0) None
- (1) 1
- (2) 2-3
- (3) 4-9
- (4) 10-12
- (5) 13 or more
- (7) Refused
- (9) DK

AAU.250 During the PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

>AHCHYR< (1) Yes (AAU.260) (7) Refused (AAU.280)  
(2) No (AAU.280) (9) DK (AAU.280)

AAU.260 During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional

>AHCHMOYR<(01-12) 1-12 months  
(7) Refused  
(9) DK

AAU.270 What was the total number of home visits received during {that month/those months}?

**FR: SHOW CARD A8.**

>AHCHNOYR< (1) 1 (5) 13 or more  
(2) 2-3 (7) Refused  
(3) 4-9 (9) DK  
(4) 10-12

AAU.280 During the PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, OR TELEPHONE CALLS.

**FR: SHOW CARD A7.**

>AHCNOYR< (0) None (4) 10-12  
(1) 1 (5) 13 or more  
(2) 2-3 (7) Refused  
(3) 4-9 (9) DK

AAU.290 During the PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

>ASRGYR< (1) Yes (AAU.300) (2) No (AAUCCI3)  
(7) Refused (AAUCCI3) (9) DK ( AAUCCI3)

AAU.300 Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

>ASRGNOYR< (01-94) 1-94 times (97) Refused  
(95) 95+ times (99) DK

**Check item AAUCCI3:** If the sample adult has had a doctor visit in the last two weeks as indicated in the family core (FAU.180 = 1 and FAU.190 = the adult sample person), then AAU.305 = 1 and go to AAU.310; Else got to AAU.305.

AAU.305      About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

**FR:    SHOW CARD A6.**

- >AMDLONG<
- (1) 6 months or less
  - (2) More than 6 months but not more than 1 year ago
  - (3) More than 1 year, but not more than 3 years ago
  - (4) More than 3 years
  - (5) Never
  - (7) Refused
  - (9) DK



**Section VI - DEMOGRAPHICS**

**Check item ASDCCI1:** If the respondent gave an answer to the question in the Family Core which asks what the sample Adult was doing last week (FSD.050/DOINGLW = 1-4), then go to ASD.050; Else go to the next section -- AIDS.

ASD.050 Earlier I recorded that in the last week you were {Fill answer code description from FSD.050}. Is that correct?

>**WRKVER**< (1) Yes (Check item ASDCCI3) (7) Refused (ADS.010)  
(2) No (ASD.060) (9) DK (ADS.010)

**Check item ASDCCI2:** If the respondent indicated in the Family Core that the sample Adult had a job or business last week (FSD.050/DOINGLW = 1-2) then go to ASD.070; Else go to next section — AIDS.

ASD.060 What is your correct working status?

>**WRKCOR**< (1) Working at a job or business (ASD.070) (4) Not working at a job or business (ADS.010)  
(2) With a job or business but not at work (ASD.070) (7) Refused (ADS.010)  
(3) Looking for work (ADS.010) (9) DK (ADS.010)

ASD.070 For whom did you work at your MAIN job or business? (Name of company, business, organization or employer)

>**WHOWRK**< Job or Business: \_\_\_\_\_  
(7) Refused  
(9) DK

ASD.080 What kind of business or industry is this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

>**KINDIND**< Kind of Business: \_\_\_\_\_  
(7) Refused  
(9) DK

ASD.090 What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

>**KINDWRK**< Kind of Work: \_\_\_\_\_  
(7) Refused  
(9) DK

ASD.100 What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

>**IMPACT**< Activities: \_\_\_\_\_  
(7) Refused  
(9) DK

ASD.110 **FR: SHOW CARD 9.**

Looking at the card, which of these best describes your current job or work situation?

- >**WRKCAT**< (1) An employee of a PRIVATE company, business, or individual for wages, salary, or commission?  
(2) A FEDERAL government employee?  
(3) A STATE government employee?  
(4) A LOCAL government employee?  
(5) Self-employed in OWN business, professional practice or farm?  
(6) Working WITHOUT PAY in family business or farm?  
(7) Refused  
(9) DK

ASD.120 **FR: SHOW CARD 10.**

Thinking about this MAIN job or business, how many people are employed there full and part time, including employees at all locations?

- >**LOCALLNO**< (01) 1- 9 employees (ASD.140) (06) 250-499 employees (ASD.130)  
(02) 10-24 employees (ASD.130) (07) 500-999 employees (ASD.130)  
(03) 25-49 employees (ASD.130) (08) 1000 employees or more (ASD.130)  
(04) 50-99 employees (ASD.130) (97) Refused (ASD.130)  
(05) 100-249 employees (ASD.130) (99) DK (ASD.130)

ASD.130 Thinking about the particular location or facility where you worked last week, how many people are employed there full and part time?

- >**LOCPRTNO**< (01) 1- 9 employees (06) 250-499 employees  
(02) 10-24 employees (07) 500-999 employees  
(03) 25-49 employees (08) 1000 employees or more  
(04) 50-99 employees (97) Refused  
(05) 100-249 employees (99) DK

ASD.140 About how long have you worked at this MAIN job or business?

>**WRKLONG1**< [ ]NUMBER

- (001-365)1-365  
(997) Refused  
(999) DK

>**WRKLONG2**< [ ]TIME PERIOD

- (1) Day(s) (ASD.150) (4) Year(s) (ASD.150)  
(2) Week(s) (ASD.150) (7) Refused (ASD.150)  
(3) Month(s) (ASD.150) (9) DK (ASD.145)

ASD.145 Have you worked at this MAIN job or business for one year or less, or more than one year?

- >**WRKLONGD**< (1) One year or less (7) Refused  
(2) More than one year (9) DK

ASD.150 Are you paid by the hour on this MAIN job or business?

- >**HOURPD**< (1) Yes (7) Refused  
(2) No (9) DK

ASD.160 Do you have paid sick leave on this MAIN job or business?

- >**PDSICK**< (1) Yes (7) Refused  
(2) No (9) DK

ASD.170 Do you have more than one job or business?

- >**ONEJOB**< (1) Yes (ASD.180) (7) Refused (ADS.010)  
(2) No (ADS.010) (9) DK (ADS.010)

ASD.180 In your other jobs/businesses, do you work for an employer, are you self-employed, or both?

- >**WRKCATOT**< (1) Employee only (ADS.010) (7) Refused (ADS.010)  
(2) Self-employed only (ASD.190) (9) DK (ADS.010)  
(3) Both (ADS.010)

ASD.190 Is this business incorporated?

- >**BUSINC**< (1) Yes (7) Refused  
(2) No (9) DK

**(Go to next section --AIDS)**

**Section VII - AIDS**

ADS.010 Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross. This does NOT include blood drawn at a doctor's office for laboratory analysis.

Have you given blood since March 1985?

- >BLDGV< (1) Yes (ADS.020) (7) Refused (ADS.040)  
 (2) No(ADS.040) (9) DK (ADS.040)

ADS.020 During the past 12 months, that is, since { 12-month ref. date }, have you donated blood?

- >BLDG12M< (1) Yes (7) Refused  
 (2) No (9) DK

ADS.040 The next questions are about the test for the AIDS virus infection. No questions will ask what the results are of any tests that you may have had.

**[If ADS.010 equals 1 read:]**

Except for tests you may have had as part of blood donations, have you ever been tested for the AIDS virus infection?

**[Else read:]**

Have you ever been tested for the AIDS virus infection?

- >AIDSTST< (1) Yes (ADS.060) (7) Refused (ADS.110)  
 (2) No (ADS.050) (9) DK (ADS.110)

ADS.050 Is there any particular reason why you have not been tested?

**FR: IF "YES" ASK: What is the reason? Any other?**

- <WHYTSU< (01) No reason (ADS.110)  
 (02) Don't consider myself at risk of AIDS (ADS.110)  
 (03) Doctor/HMO did not recommend it (ADS.110)  
 (04) Don't believe test results are accurate (ADS.110)  
 (05) Don't believe anything can be done if I am positive (ADS.110)  
 (06) Don't like needles (ADS.110)  
 (07) Don't trust results to be confidential (ADS.110)  
 (08) Afraid of losing job, insurance, housing, friends, family, if people knew I was positive for AIDS infection (ADS.110)  
 (09) Other reason - specify(ADS.055)  
 (10) Other reason - specify(ADS.056)  
 (97) Refused (ADS.110)  
 (99) DK (ADS.110)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADS.055 Specify the additional reason for not having been tested.

>WHYSPEC1< First reason: \_\_\_\_\_

ADS.056 Specify the additional reason for not having been tested.

>WHYSPEC2< Second reason: \_\_\_\_\_

ADS.060 [If ADS.020 equals 1 read:]

Not including blood donations, during the past 12 months, that is, since { 12-month ref. date }, have you been tested?

[Else read:]

During the past 12 months, that is, since { 12-month ref. date }, have you been tested for the AIDS virus infection?

- >TST12M< (1) Yes (ADS.065) (7) Refused (ADS.110)
- (2) No (ADS.110) (9) DK (ADS.110)

FR: SHOW CARD A11.

ADS.065 [If ADS.020 equals 1 read:]

Not including your blood donations, which of these would you say were the reasons for your last AIDS test?

[Else read:]

Which of these would you say were the reasons for your last AIDS test?

- >REATOT< (1) Just to find out/Worried that you are infected (ADS.070)
- (2) Because a doctor asked you to (ADS.070)
- (3) Because the Health Department asked you to (ADS.070)
- (4) Because sex partner asked you to (ADS.070)
- (5) For hospitalization or surgical procedure (ADS.070)
- (6) To apply for health insurance or life insurance (ADS.070)
- (7) To comply with guidelines for health workers (ADS.070)
- (8) To apply for a new job (ADS.070)
- (9) For military induction, separation, or during military service (ADS.070)
- (10) For immigration (ADS.070)
- (11) Because of pregnancy (ADS.070)
- (12) Other reason - specify (ADS.067)
- (13) Other reason - specify (ADS.068)
- (97) Refused (ADS.070)
- (99) DK(ADS.070)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADS.067 Specify the additional reason for the last AIDS test.

>REASPEC1< First reason: \_\_\_\_\_

ADS.068 Specify the additional reason for the last AIDS test.

>REASPEC2< Second reason: \_\_\_\_\_

ADS.070 **[If ADS.020 equals 1, then read:]**

Not including your blood donations, where did you have your last test for the AIDS virus?

**[Else read:]**

Where did you have your last test for the AIDS virus?

- >LASTST<
- (01) AIDS clinic/counseling/testing site (ADS.080)
  - (02) Community health clinic (ADS.080)
  - (03) Clinic run by employer (ADS.080)
  - (04) STD clinic (ADS.080)
  - (05) Family planning (ADS.080)
  - (06) Prenatal clinic (ADS.080)
  - (07) Other clinic (ADS.080)
  - (08) Doctor/HMO (ADS.080)
  - (09) Hospital/emergency room/outpatient clinic (ADS.080)
  - (10) Military induction, separation or military service site (ADS.080)
  - (11) Immigration site (ADS.080)
  - (12) At home/home visits by nurse/health worker (ADS.080)
  - (13) At home - self testing kit (ADS.080)
  - (14) Other location - specify (ADS.075)
  - (97) Refused (ADS.080)
  - (99) DK (ADS.080)

ADS.075 Specify the location of the last test.

>LASTSPEC< Location: \_\_\_\_\_

ADS.080 Did you get the results of your last test?

- >ALTST<
- (1) Yes (ADS.090)
  - (2) No (ADS.110)
  - (3) Only notified if there was a problem (ADS.110)
  - (7) Refused (ADS.110)
  - (9) DK (ADS.110)

ADS.090 Did a health professional talk with you about AIDS when you were GIVEN THE RESULTS of your last test?

- >TALKHP<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) DK

ADS.100 Were the results given in person, by telephone, by mail, or in some other way?

- >RSGVN<
- (1) In person
  - (2) By telephone
  - (3) By mail
  - (4) In some other way
  - (7) Refused
  - (9) DK



