

**ADULT CORE**  
**Section I -- IDENTIFICATION**

**FR: THE SAMPLE ADULT PERSON IS {sample adult name}. THE NEXT QUESTIONS MUST BE ANSWERED BY THIS PERSON--NO PROXIES ARE PERMITTED. PROBE AS NECESSARY TO DETERMINE THE AVAILABILITY OF {sample adult name}.**

>SADULT< (1) Available (2) Not Available

**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 ABOUT THE SAMPLE ADULT BEFORE PROCEEDING:**

(1) Yes (2) No

>AIDVERF1< Gender = {male/female} Is it correct?  
>AIDVERF2< Age = {3 digit format} Is it correct?  
>AIDVERF3< Birthday = {spoken word format} Is it correct?

**Check Item AIDCCI2:** If >AIDVERF\_S< = (2) go to AID.040; If >AIDVERF\_A< = (2) go to AID.050; If >AIDVERF\_D< = (2) go to AID.060; Else go to ACN.010. If no changes or when changes complete, go to next section -- Conditions

AID.040 **FR: ASK IF APPROPRIATE; OTHERWISE, ENTER YOUR BEST GUESS OF THE PERSON'S SEX.**

Is {sample adult name} Male or Female?

>AIDSEX< (1) Male (7) Refused  
(2) Female (9) Don't know

(Go to Check Item AIDCCI2)

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

AID.050 How old is {sample adult name}?

>AIDAGE< (000-120) 0-120 years old  
(997) Refused  
(999) Don't know

(Go to Check Item AIDCCI2)

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

AID.060 What is {sample adult name}'s birthday?

>AIDDOB\_M< MONTH:

- |               |             |                |                 |
|---------------|-------------|----------------|-----------------|
| (01) January  | (05) May    | (09) September | (97) Refused    |
| (02) February | (06) June   | (10) October   | (99) Don't Know |
| (03) March    | (07) July   | (11) November  |                 |
| (04) April    | (08) August | (12) December  |                 |

>AIDDOB\_D< DAY:

- (01-31) 1-31
- (97) Refused
- (99) Don't Know

>AIDDOB\_Y< YEAR:

- (0000-1999) 0-1999
- (9997) Refused
- (9999) Don't Know

(Go to Check Item AIDCCI2)

[Update revised birthdate in DOB\_M, DOB\_BDAY, and DOB\_Y\_P]

[Note: Variables in the AID section are used to verify information collected from the family respondent. They do not exist as separate variables in the analytic file.]

(Go to next section -- Conditions)

## Section II -- CONDITIONS

ACN.010 Now I am going to ask you about certain medical conditions.

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

>HYPEV< (1) Yes (7) Refused (ACN.031)  
(2) No (ACN.031) (9) Don't know (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) Don't know

ACN.031 **FR: READ LEAD-IN IF NECESSARY:**

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

(1) Yes (7) Refused  
(2) No (9) Don't know

>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.031.010 Which of the following would you say are the symptoms that someone may be having a heart attack? I am going to read a list. Please say yes or no to each one...

(1) Yes (7) Refused  
(2) No (9) Don't know

>JAWP< Pain or discomfort in the jaw, neck, or back.

>WEA< Feeling weak, lightheaded or faint.

>CHE< Chest pain or discomfort.

>ARM< Pain or discomfort in the arms or shoulder.

>BRTH< Shortness of breath.

ACN.031.020 If you thought someone was having a heart attack, what is the BEST thing to do right away?

>AHADO< (1) Advise them to drive to the hospital  
(2) Advise them to call their physician  
(3) Call 9-1-1 (or another emergency number)  
(4) Call spouse or family member  
(5) Other  
(7) Refused  
(9) Don't know

ACN.031.030 Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list. Please say yes or no to each one...

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

>**FACE**< Sudden numbness or weakness of face, arm, or leg, especially on one side.  
>**SPK**< Sudden confusion or trouble speaking.  
>**EYE**< Sudden trouble seeing in one or both eyes.  
>**WLK**< Sudden trouble walking, dizziness, or loss of balance.  
>**HEAD**< Sudden severe headache with no known cause.

ACN.031.040 Have you ever received formal training or certification in CPR for adults?

- >**ACPR**< (1) Yes
- (2) No (ACN.080)
- (7) Refused (ACN.080)
- (9) Don't know (ACN.080)

ACN.031.050 How long ago was this?

- >**ACPRLO**< (1) 1 year or less
- (2) More than 1 year, but not more than 2 years ago
- (3) More than 2 years, but not more than 5 years ago
- (4) More than 5 years ago
- (7) Refused
- (9) Don't know

ACN.080 **FR: READ LEAD-IN IF NECESSARY:**

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

- >**AASMEV**< (1) Yes
- (2) No (ACN.110)
- (7) Refused (ACN.110)
- (9) Don't know (ACN.110)

ACN.085 Do you still have asthma?

- >**AASSTILL**< (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

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

- >**AASMYR**< (1) Yes
- (2) No (ACN.110)
- (7) Refused (ACN.110)
- (9) Don't know (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
- (2) No
- (7) Refused
- (9) Don't know

ACN.110 **FR: READ LEAD-IN IF NECESSARY**

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 (7) Refused (ACN.130)
- (2) No (ACN.130) (9) Don't know (ACN.130)

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

- >ULCYR< (1) Yes (7) Refused
- (2) No (9) Don't know

ACN.130 **FR: READ LEAD-IN IF NECESSARY**

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 (7) Refused (ACN.160)
- (2) No (ACN.160) (9) Don't know (ACN.160)

ACN.140 What kind of cancer was it?

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

- >CNKIND< (1) Bladder (12) Leukemia (23) Skin (Don't know what kind)
- (2) Blood (13) Liver (24) Soft Tissue (muscle or fat)
- (3) Bone (14) Lung (25) Stomach
- (4) Brain (15) Lymphoma (26) Testis
- (5) Breast (16) Melanoma (27) Throat - pharynx
- (6) Cervix (17) Mouth/tongue/lip (28) Thyroid
- (7) Colon (18) Ovary (29) Uterus
- (8) Esophagus (19) Pancreas (30) Other
- (9) Gallbladder (20) Prostate (96) More than 3 kinds
- (10) Kidney (21) Rectum (97) Refused
- (11) Larynx-windpipe (22) Skin (non-melanoma) (99) Don't know

[ ] [ ] [ ] [ ]

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

- (001-100) 1-100 years
- (997) Refused
- (999) Don't Know

- >CANAGE1< ...CANKIND1 cancer
- >CANAGE2< ...CANKIND2 cancer
- >CANAGE3< ...CANKIND3 cancer



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

- >JNTMO< (1) Yes (7) Refused  
 (2) No (9) Don't know

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

- >JNTIJ< (1) Yes (7) Refused (ACN.290)  
 (2) No (ACN.290) (9) Don't know (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 (97) Refused  
 (96) Entire year (99) Don't know

- >JNTIJLT< [ ] TIME PERIOD:  
 (1) Weeks (7) Refused  
 (2) Months (9) Don't know  
 (6) Entire year

- >JNTIJLM< [ ] MONTHS:  
 (00) Less than 1 month (97) Refused  
 (01-12) 1-12 months (99) Don't know

ACN.290 **FR: SHOW FLASHCARD A4  
 MARK ALL THAT APPLY. ENTER "N" FOR NO MORE**

Which joints are affected?

- >JNTYRP< (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) Don't know  
 (5) Hip-right (10) Knee-left (15) Fingers/thumb-right

- |     |     |     |
|-----|-----|-----|
| [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] |
| [ ] | [ ] | [ ] |

ACN.295 Have you EVER been told by a doctor or other health professional that you had...Arthritis?

>ARTH< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.300 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.

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

>PAINECK< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.310 **FR: READ LEAD-IN IF NECESSARY**

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

>PAINLB< (1) Yes (7) Refused (ACN.331)  
(2) No (ACN.331) (9) Don't know (ACN.331)

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

>PAINLEG< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.331 **FR: READ LEAD-IN IF NECESSARY**

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

(1) Yes (7) Refused  
(2) No (9) Don't know

>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: HAND 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?

>ACOLD2W< (1) Yes (7) Refused  
(2) No (9) Don't know

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

>AINTIL2W< (1) Yes (7) Refused  
(2) No (9) Don't know



**Check item ACNCCII:** If male (any age) or a female age GE <50> goto ACN.410; If female age is LT <50> goto ACN.370;

ACN.370 Are you currently pregnant?

- >PREGNOW< (1) Yes (7) Refused  
(2) No (9) Don't know

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

Have you ever worn a hearing aid?

- >HEARAIID< (1) Yes (7) Refused  
(2) No (9) Don't know

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

- >AHEARST< (1) Good (4) Deaf  
(2) Little trouble (7) Refused  
(3) Lot of trouble (9) Don't know

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

- >AVISION< (1) Yes (7) Refused (ACN.451)  
(2) No (ACN.451) (9) Don't know (ACN.451)

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

- >ABLIND< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.451 Have you lost all of your upper and lower natural (permanent) teeth?

- >LUPPRT< (1) Yes (7) Refused  
(2) No (9) Don't know

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

ACN.471 **FR: SHOW FLASHCARD A6.**

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

ALL OF THE TIME (1)	MOST OF THE TIME (2)	SOME OF THE TIME (3)	A LITTLE OF THE TIME (4)	NONE OF THE TIME (5)	REFUSED (7)	DON'T KNOW (9)
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- >SAD< ... So sad that nothing could cheer you up?  
>NER< ... Nervous?  
>RES< ... Restless or fidgety?  
>HPL< ... Hopeless?  
>AEF< ... That everything was an effort?  
>WRL< ... Worthless?

**Check item ACNCCI4: If any of the responses to ACN.471 are 1 - 3, go to ACN.530; else goto next section**

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) Don't know

ACN.530.020 How often do you get the social and emotional support you need? Would you say always, usually, sometimes, rarely, or never?

- >AEMOFT< (1) Always (5) Never  
(2) Usually (7) Refused  
(3) Sometimes (9) Don't know  
(4) Rarely

ACN.530.030 In general, how satisfied are you with your life? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

- >AEMSAT< (1) Very satisfied (4) Very dissatisfied  
(2) Satisfied (7) Refused  
(3) Dissatisfied (9) Don't know

ACN.530.040 **FR: SHOW FLASHCARD A6**

I have another question about feelings you may have experienced over the past 30 days. During the past 30 days, how often did you feel happy?

- >HAP< (1) All of the time (5) None of the time  
(2) Most of the time (7) Refused  
(3) Some of the time (9) Don't know  
(4) A little of the time

ACN.530.050 The next questions are about various activities you may have participated in. DURING THE PAST 2 WEEKS, did you...

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >GET< Get together socially with friends or neighbors?  
>TEL< Talk with friends or neighbors on the telephone?  
>RELG< Get together with ANY relatives not including those living with you?  
>REL< Talk with ANY relatives on the telephone not including those living with you?  
>WORS< Go to church, temple, or another place of worship for services or other activities?  
>GRP< Go to a show or movie, sports event, club meeting, class or other group event?  
>EAT< Go out to eat at a restaurant?

**(Goto next section)**

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

**Part A -- Health Indicators**

**If DOINGLW2 eq <1,2,4> and if EVERWRK ne <2,R,D> goto AHS.040;**

**If DOINGLW2 eq <3> and if EVERWRK ne <2,R,D> goto AHS.030;**

**If DOINGLW2 eq <R,D> or EVERWRK eq <2,R,D> goto AHS.050**

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      (7) Refused (AHS.050)  
                    (2) No (AHS.050)      (9) Don't know (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<      (0) None      (997) Refused  
                    (1-366) 1-366 Days      (999) Don't know

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<      (0) None      (997) Refused  
                    (1-366) 1-366 Days      (999) Don't know

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) Don't know  
                    (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) Don't know

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).

AHS.091 **FR: SHOW FLASHCARD A7.**

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

- |   |  |                                       |                                   |                                    |  |
|---|--|---------------------------------------|-----------------------------------|------------------------------------|--|
| <b>NOT AT ALL<br/>DIFFICULT<br/>(0)</b> | <b>ONLY A LITTLE<br/>DIFFICULT<br/>(1)</b> | <b>SOMEWHAT<br/>DIFFICULT<br/>(2)</b> | <b>VERY<br/>DIFFICULT<br/>(3)</b> | <b>CAN'T DO<br/>AT ALL<br/>(4)</b> | <b>DO NOT DO<br/>THIS ACTIVITY<br/>(6)</b> |
|---|--|---------------------------------------|-----------------------------------|------------------------------------|--|

(7) Refused (9) Don't Know

- >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 **FR: SHOW FLASHCARD A7.**  
**FR: READ LEAD-IN IF NECESSARY:**

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

- |   |  |                                       |                                   |                                    |  |
|---|--|---------------------------------------|-----------------------------------|------------------------------------|--|
| <b>NOT AT ALL<br/>DIFFICULT<br/>(0)</b> | <b>ONLY A LITTLE<br/>DIFFICULT<br/>(1)</b> | <b>SOMEWHAT<br/>DIFFICULT<br/>(2)</b> | <b>VERY<br/>DIFFICULT<br/>(3)</b> | <b>CAN'T DO<br/>AT ALL<br/>(4)</b> | <b>DO NOT DO<br/>THIS ACTIVITY<br/>(6)</b> |
|---|--|---------------------------------------|-----------------------------------|------------------------------------|--|

(7) Refused (9) Don't Know

- >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?

AHS.171      **FR:    SHOW FLASHCARD A7.**  
**FR:    READ LEAD-IN IF NECESSARY:**

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

<b>NOT AT ALL</b>	<b>ONLY A LITTLE</b>	<b>SOMEWHAT</b>	<b>VERY</b>	<b>CAN'T DO</b>	<b>DO NOT DO</b>
<b>DIFFICULT</b>	<b>DIFFICULT</b>	<b>DIFFICULT</b>	<b>DIFFICULT</b>	<b>AT ALL</b>	<b>THIS ACTIVITY</b>
(0)	(1)	(2)	(3)	(4)	(6)

(7) Refused (9) Don't know

- >**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 AHSCCI3:**    If AHS.091, AHS.141, or AHS.171 equals <1-4> go to AHS.200; Else go to the next section - HEALTH BEHAVIORS.

AHS.200      **[IF 3 OR LESS CONDITIONS MENTIONED]**

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

**[Else]**

What condition or health problem causes you to have difficulty with these activities ?

**FR:    SHOW FLASHCARD A8. MARK ALL THAT APPLY, BUT DO NOT PROBE. ENTER (M) FOR CONDITIONS NOT ON THE FLASHCARD. ENTER (N) FOR NO MORE.**

- >**AFLHCA1a**<    (1) Vision/problem seeing  
                    (2) Hearing problem  
                    (3) Arthritis/rheumatism  
                    (4) Back or neck problem  
                    (5) Fractures, bone/joint injury  
                    (6) Other injury  
                    (7) Heart problem  
                    (8) Stroke problem  
                    (9) Hypertension/high blood pressure  
                    (10) Diabetes  
                    (11) Lung/breathing problem (e.g. asthma and emphysema)  
                    (12) Cancer  
                    (13) Birth defect  
                    (14) Mental retardation  
                    (15) Other developmental problem (e.g. cerebral palsy)  
                    (16) Senility  
                    (17) Depression/anxiety/emotional problem  
                    (18) Weight problem  
                    (97) Refused  
                    (99) Don't know

(M) More conditions (AHS.205)

AHS.205

- >AFLHCA1b< (19) Missing limbs (fingers, toes or digits), amputee  
(20) Kidney, bladder or renal problems  
(21) circulation problems (including blood clots)  
(22) Benign tumors, cysts  
(23) Fibromyalgia, lupus  
(24) Osteoporosis, tendinitis  
(25) Epilepsy, seizures  
(26) Multiple Sclerosis (MS), Muscular Dystrophy (MD)  
(27) Polio (myelitis), paralysis, para/quadruplegia  
(28) Parkinson's disease, other tremors  
(29) Other nerve damage, including carpal tunnel syndrome  
(30) Hernia  
(31) Ulcer  
(32) Varicose veins, hemorrhoids  
(33) Thyroid problems, Graves' disease, gout  
(34) Knee problems [(not arthritis (03), not joint injury (05)]  
(35) Migraine headaches (not just headaches)  
(36) Other impairment/problem (specify one)  
(37) Other impairment/problem (specify one)  
(97) Refused  
(99) Don't know

**If answers = 1-37 then go to AHS.300; Else go to end of section.**

AHS.300 How long have you had {condition >AFLHCA<}?

>ALHCLN1< [ ] NUMBER:

- |                  |                 |
|------------------|-----------------|
| (01-94) 1-94     | (97) Refused    |
| (95) 95+         | (99) Don't know |
| (96) Since birth |                 |

>ALHCLT1< [ ] TIME PERIOD:

- |            |                 |
|------------|-----------------|
| (1) Days   | (6) Since birth |
| (2) Weeks  | (7) Refused     |
| (3) Months | (9) Don't know  |
| (4) Years  |                 |

>ALHCLY1< [ ] YEARS:

- |                       |                 |
|-----------------------|-----------------|
| (00) Less than 1 year | (97) Refused    |
| (01-84) 1-84 years    | (99) Don't know |
| (85) 85+ years        |                 |

**[AHS.300 - AHS.336 are asked for each condition reported in AHS.200 and AHS.205]**

**(Goto next section)**

**Section IV - HEALTH BEHAVIORS**

**Part A - Tobacco**

These next questions are about cigarette smoking.

AHB.010 Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

- >SMKEV< (1) Yes (7) Refused (AHB.085)  
(2) No (AHB.085) (9) Don't know (AHB.085)

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 (97) Refused  
(94) 95 years or older (99) Don't know  
(95) Never smoked regularly

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) Don't know (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 (97) Refused (AHB.085)  
(95) 95+ (99) Don't know (AHB.045)

>SMKQTTP< [ ] TIME PERIOD:

- (1) Days (4) Years  
(2) Weeks (7) Refused  
(3) Months (9) Don't know

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

- >SMKQTD< (1) Yes (7) Refused  
(2) No (9) Don't know

**(Go to AHB.085)**

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) Don't know

**(Go to AHB.080)**

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

>CIGDAMO< (00) None (AHB.080) (99) Don't know (AHB.070)  
(1-30) 1-30 Days (AHB.070) (97) Refused (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) Don't know

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) Don't know



**Part B - Physical Activity**

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

AHB.090 How often do you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

**FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?**

>VIGNO< [ ] NUMBER:

- (000) Never (AHB.110)
- (001-995) 1-995 times
- (996) Unable to do this type activity (AHB.110)
- (997) Refused (AHB.110)
- (999) Don't know (AHB.110)

>VIGTP< [ ] TIME PERIOD:

- (0) Never
- (1) Day
- (2) Week
- (3) Month
- (4) Year
- (6) Unable to do this type activity
- (7) Refused
- (9) Don't know

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

>VIGLNGNO< [ ] NUMBER:

- (001-995) 1-995
- (997) Refused (AHB.110)
- (999) Don't know (AHB.108)

>VIGLNGTP< [ ] TIME PERIOD:

- (1) Minutes (AHB.110)
- (2) Hours (AHB.110)
- (7) Refused (AHB.110)
- (9) Don't know (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?

**FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?**

>MODNO< [ ] NUMBER:

(000) Never (AHB.130) (997) Refused (AHB.130)  
(001-995) 1-995 times (999) Don't know (AHB.130)  
(996) Unable to do this type activity (AHB.130)

>MODTP< [ ] TIME PERIOD:

(0) Never (4) Year  
(1) Day (6) Unable to do this type activity  
(2) Week (7) Refused  
(3) Month (9) Don't know

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

>MODLNGNO< [ ] NUMBER:

(001-995) 1-995  
(997) Refused (AHB.130)  
(999) Don't know (AHB.128)

>MODLNGTP< [ ] TIME PERIOD:

(1) Minutes (AHB.130) (7) Refused  
(2) Hours (AHB.130) (9) Don't know

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) Don't know

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.)

**FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?**

>STRNGNO<  NUMBER:

- |   |                            |
|---|----------------------------|
| (000) Never (AHB.140)                           | (997) Refused (AHB.140)    |
| (001-995) 1-995 times                           | (999) Don't know (AHB.140) |
| (996) Unable to do this type activity (AHB.140) |                            |

>STRNGTP<  TIME PERIOD:

- |           |                                |
|-----------|--------------------------------|
| (0) Never | (4) Year                       |
| (1) Day   | (6) Unable to do this activity |
| (2) Week  | (7) Refused                    |
| (3) Month | (9) Don't know                 |

AHB.130.010 How often do you do physical activities designed to STRETCH your muscles such as yoga, or exercises like bending side-to-side, toe touches, and leg stretches?

**FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES**

>STRTCHNO<  NUMBER:

- |   |                            |
|---|----------------------------|
| (000) Never (AHB.140)                           | (997) Refused (AHB.140)    |
| (001-995) 1-995                                 | (999) Don't know (AHB.140) |
| (996) Unable to do this type activity (AHB.140) |                            |

>STRCTHP<  TIME PERIOD:

- |           |                                |
|-----------|--------------------------------|
| (0) Never | (4) Year                       |
| (1) Day   | (6) Unable to do this activity |
| (2) Week  | (7) Refused                    |
| (3) Month | (9) Don't know                 |

AHB.130.020 About how long do you do these stretching activities each time?

>STRCHLNO< [ ] NUMBER:

- (001-995) 1-995
- (997) Refused
- (999) Don't know

>STRCHLTP< [ ] TIME PERIOD:

- |             |                |
|-------------|----------------|
| (1) Minutes | (7) Refused    |
| (2) Hours   | (9) Don't know |

**PART C - Alcohol**

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

AHB.140 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) Don't know (AHB.150)

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

- >ALCLIFE< (1) Yes (7) Refused (AHB.190)  
(2) No (AHB.190) (9) Don't know (AHB.190)

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

**FR: IF NECESSARY, PROMPT WITH: "HOW MANY DAYS PER WEEK, PER MONTH, OR PER YEAR DID YOU DRINK?"**

>ALC12MNO< [ ] NUMBER:

- (000) Never (AHB.190) (997) Refused (AHB.190)  
(001-365) 1-365 days (999) Don't know (AHB.170)

>ALC12MTP< [ ] TIME PERIOD:

- (0) Never/None (AHB.190) (3) Year (AHB.170)  
(1) Week (AHB.170) (7) Refused (AHB.190)  
(2) Month (AHB.170) (9) Don't know (AHB.170)

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

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

- >ALCAMT< (01-94) 1-94 drinks (97) Refused  
(95) 95+ drinks (99) Don't know

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

**FR: IF NECESSARY, PROMPT WITH: HOW MANY DAYS PER WEEK, PER MONTH, OR PER YEAR DID YOU HAVE 5 OR MORE DRINKS IN A SINGLE DAY?**

>ALC5UPNO< [ ] NUMBER:

(000) Never/None (AHB.190) (997) Refused (AHB.190)  
(001-365) 1-365 days (999) Don't know (AHB.190)

>ALC5UPTP< [ ] TIME PERIOD:

(0) Never/None (3) Year  
(1) Week (7) Refused  
(2) Month (9) Don't know

AHB.190 How tall are you without shoes?

>AHEIGHTF< FEET:

(02-07) 2-7 feet (AHB.190B) (M) Reported in Metric (AHB.190C)  
(97) Refused (AHB.190B)  
(99) Don't know (AHB.190B)

AHB.190B

>AHEIGHTI< INCHES:

(00-11) 0-11 inches  
(97) Refused  
(99) Don't know

**(Go to AHB.200)**

**FR: ENTER 'M' TO RECORD METRIC MEASUREMENTS**

AHB.190C

>AHEIGHTM< METERS:

(0-2) 0-2 meters  
(7) Refused  
(9) Don't know

AHB.190D

>AHEIGHTC< CENTIMETERS:

(000-241) 0-241 centimeters  
(997) Refused  
(999) Don't know

AHB.200 How much do you weigh without shoes?

>AWEIGHTP< POUNDS:

(050-500) 50-500 pounds (Go to next section) (M) Reported in Metric (AHB.200B)

(997) Refused (Go to next section)

(999) Don't know (Go to next section)

**FR: ENTER "M" TO RECORD METRIC MEASUREMENTS**

AHB.200B

>WT\_KG< KILOGRAMS:

(0227-2268) 22.7-226.8 kilograms

(9997) Refused

(9999) Don't know

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

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

**Part A - Access to Care**

The next questions are about health care.

AAU.020 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) Don't know (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) (6) Doesn't go to one place most often (AAU.037)  
(3) Hospital emergency room (AAU.035) (7) Refused (AAU.037)  
(4) Hospital outpatient department (AAU.035) (9) Don't know (AAU.037)

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) Don't know (AAU.037)

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

- >AHCPLKND< (0) Doesn't get preventive care anywhere (5) Some other place  
(1) Clinic or health center (6) Doesn't go to one place most often  
(2) Doctor's office or HMO (7) Refused  
(3) Hospital emergency room (9) Don't know  
(4) Hospital outpatient department

**Check item AAUCCI1: If AAU.020 equals 2, 7, or 9, then go to AAU.050.010; 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.050.010)  
(2) No (AAU.050.010) (9) Don't know (AAU.050.010)



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

>AHCCHGHI< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.050.010 Including all types of health care providers, is there a particular doctor, nurse or other health professional that you see most often? (Do not include psychiatrists and other mental health professionals)

>AQHP2< (1) Yes (AAU.050.020) (7) Refused (AAU\_CCI2)  
(2) No (AAU\_CCI2) (9) Don't know (AAU\_CCI2)

AAU.050.020 What kind of health professional do you see most often-- a doctor, or nurse or some other health professional.

>AQHPKND2< (1) Doctor  
(2) Nurse  
(3) Nurse Practitioner  
(4) Physician Assistant  
(5) Chiropractor  
(6) Other (AAU.050.030)  
(7) Refused  
(9) Don't know

(Goto AAU\_CCI2)

AAU.050.030 **FR: SPECIFY KIND OF HEALTH PROFESSIONAL. THIS SHOULD BE A TYPE OF HEALTH PROFESSIONAL THAT IS NOT ON THE LIST.**

>AQHPSPEC< Health Professional: \_\_\_\_\_

**Check item AAU\_CCI2: If AQHPKND2 ge <1> and AQHPKND2 le <6>; goto AQHPVI2.  
If AHCPLKND ge <1> and AHCPLKND le <5>; goto AQHPVI2.  
If APLKIND ge <1> and APLKIND le <5>; goto AQHPVI2.  
Else, goto AHCDLY.**

AAU.050.040 DURING THE PAST 12 MONTHS, did you go to this {fill from kind of provider-- taken from AQHPKND2, AHCPLKND, OR APLKIND}?

>AQHPVI2< (1) Yes (AAU.050.090) (7) Refused (AAU.061)  
(2) No (AAU.061) (9) Don't know (AAU.061)

AAU.050.090 DURING THE PAST 12 MONTHS, has your {fill from kind of provider-- taken from AQHPKND2, AHCPLKND, OR APLKIND} asked you about or given you advice regarding...

(1) Yes (7) Refused  
(2) No (9) Don't know

>AHDJET< ...diet and nutrition?  
>AHPA< ...physical activity or exercise?

**Check item AAU\_CCI3:** Females - all those who averaged 7 or more drinks per week over the past year and/or who consumed at least 3 drinks on days that they drank and/or who had 5 or more drinks in a single day at least twice in the past year.

Males - all those who averaged 14 or more drinks per week over the past year and/or who consumed at least 4 drinks on days that they drank and/or who had 5 or more drinks in a single day at least twice over the past year.

[Else go to Check Item AAUCCI4]

(Note: During post editing, the universe was modified for ease of interpretation and to be consistent with the 2010 Healthy People Objectives (26-13.))

AAU.050.120 DURING THE PAST 12 MONTHS, has your {fill from kind of provider-- taken from AQHPKND2, AHCPLKND, OR APLKIND} advised you to reduce your alcohol consumption or recommended you participate in a program to help you reduce your alcohol consumption?

>AALCHLP< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item AAU\_CCI4:** If SMKKNOW eq <1> or SMKKNOW eq <2>; goto AHCQSMK.  
If SMKQT@NO eq <1> and SMKQT@TP eq <4>; goto AHCQSMK.  
If SMKQT@NO ge <1> and SMKQT@NO le <12> and SMKQT@TP eq <3>; goto AHCQSMK.  
If SMKQT@NO ge <1> and SMKQT@NO le <52> and SMKQT@TP eq <2>; goto AHCQSMK.  
If SMKQT@NO ge <1> and SMKQT@NO le <95> and SMKQT@TP eq <1>; goto AHCQSMK.  
If SMQTD eq <1>; goto AHCQSMK.  
Else, goto AAU\_CCI5.

(NOTE: DURING POST EDITING, THE VARIABLE SMQTD WAS EXCLUDED FROM THE UNIVERSE BECAUSE IT WILL BE DELETED FROM THE SURVEY INSTRUMENT IN 2004.)

AAU.050.130 DURING THE PAST 12 MONTHS, has your {fill from kind of provider-- taken from AQHPKND2, AHCPLKND, OR APLKIND} advised you to quit smoking?

>AHCQSMK< (1) Yes (AAU.050.140) (7) Refused (AAU\_CCI5)  
(2) No (AAU\_CCI5) (9) Don't know (AAU\_CCI5)

AAU.050.140 Did your {fill from kind of provider-- taken from AQHPKND2, AHCPLKND, OR APLKIND} give you help to quit smoking?

**FR: READ IF NECESSARY:**

Help would include recommending a program to help you quit smoking, counseling, quitting tips, nicotine gum, patch, spray or inhaler, or the non-nicotine medication called Zyban.

>AHCHELP< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item AAU\_CCI5:** If female and AGE ge <45> and AGE le <57> go to AHCMENO.  
Else, goto AHCDLY.

AAU.050.150 DURING THE PAST 12 MONTHS, has your {fill from kind of provider-- taken from AQHPKND2, AHCPLKND, OR APLKIND} given you advice about options for managing menopause?

- >AHCMEENO< (1) Yes (7) Refused  
(2) No (9) Don't know

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) Don't know

- >AHCPLYR1< ...You couldn't get through on the telephone.  
>AHCPLYR2< ...You couldn't get an appointment soon enough.  
>AHCPLYR3< ...Once you get there, you have to wait too long to see the doctor.  
>AHCPLYR4< ...The (clinic/doctor's office) wasn't open when you could get there.  
>AHCPLYR5< ...You didn't have transportation.

AAU.061.010 Did you delay, have trouble, or were you unable to get care from a HOSPITAL EMERGENCY ROOM DURING THE PAST 12 MONTHS?

- >AHCDFER< (1) Yes (AAU.061.020) (3) Did not need emergency care (AAU.111)  
(2) No (AAU.111) (7) Refused (AAU.111)  
(9) Don't know (AAU.111)

AAU.061.020 What were the reasons you delayed or had trouble getting care from a HOSPITAL EMERGENCY ROOM?

**FR: SHOW FLASHCARD A9.  
MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- >AHCERR01< (1) Not sure needed emergency room care/wanted advice from health care provider/plan first.  
>AHCERR02< (2) Could not take time off from work  
>AHCERR03< (3) Did not have child care  
>AHCERR04< (4) Did not have transportation  
>AHCERR05< (5) Ambulance did not arrive at home/pick up point quickly enough  
>AHCERR06< (6) Did not have health insurance  
>AHCERR07< (7) Emergency room costs too much  
>AHCERR08< (8) Did not have money for co-payment  
>AHCERR09< (9) Health plan requires pre-authorization  
>AHCERR10< (10) Concerned that health plan would not pay  
>AHCERR11< (11) Long Wait  
>AHCERR12< (12) Sent to another part of the hospital for care  
>AHCERR13< (13) Other (specify) (AAU.061.030)  
(97) Refused  
(99) Don't know

**(Goto AAU.111)**

AAU.061.030 **FR: ENTER SPECIFIED REASON FOR DELAY OR TROUBLE GETTING EMERGENCY MEDICAL CARE.**

>AHCESPEC< \_\_\_\_\_

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) Don't know |

- >AHCAFYR1< ...Prescription medicines
- >AHCAFYR2< ...Mental health care or counseling
- >AHCAFYR3< ...Dental care (including check-ups)
- >AHCAFYR4< ...Eyeglasses

**Part B - Dental Care**

AAU.135      **FR:      SHOW FLASHCARD A10.**

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.

- >ADNLONG2<
- (0) Never
  - (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 2 years ago
  - (4) More than 2 years, but not more than 5 years ago
  - (5) More than 5 years
  - (7) Refused
  - (9) Don't know

### 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 | (7) Refused    |
| (2) No  | (9) Don't know |

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

>AHCSYR2< ...An optometrist, ophthalmologist, 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 AAUCCI7: If male goto AAU.211; If female goto AAU.200.**

AAU.200 **FR: READ LEAD-IN IF NECESSARY:**

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 | (7) Refused    |
| (2) No            | (9) Don't know |

AAU.211 **FR: READ LEAD-IN IF NECESSARY:**

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?

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

- |         |                |
|---------|----------------|
| (1) Yes | (7) Refused    |
| (2) No  | (9) Don't know |

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

- |                   |                          |
|-------------------|--------------------------|
| (1) Yes (AAU.230) | (7) Refused (AAU.240)    |
| (2) No (AAU.240)  | (9) Don't know (AAU.240) |

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

- |                    |                |
|--------------------|----------------|
| >AHCSYR10< (1) Yes | (7) Refused    |
| (2) No             | (9) Don't know |

AAU.240 **FR: SHOW FLASHCARD A11.**

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.)

- |            |           |                 |
|------------|-----------|-----------------|
| >AHERNOY2< | (00) None | (06) 10-12      |
|            | (01) 1    | (07) 13-15      |
|            | (02) 2-3  | (08) 16 or more |
|            | (03) 4-5  | (97) Refused    |
|            | (04) 6-7  | (99) Don't know |
|            | (05) 8-9  |                 |

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) Don't know (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) months  |
|            | (97) Refused    |
|            | (99) Don't know |

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

**FR: SHOW FLASHCARD A12**

- |            |          |                 |
|------------|----------|-----------------|
| >AHCHNOY2< | (01) 1   | (06) 10-12      |
|            | (02) 2-3 | (07) 13-15      |
|            | (03) 4-5 | (08) 16 or more |
|            | (04) 6-7 | (97) Refused    |
|            | (05) 8-9 | (99) Don't know |

AAU.280 **FR: SHOW FLASHCARD A11**

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, DENTAL VISITS, OR TELEPHONE CALLS.

**FR: SHOW FLASHCARD A11**

- |            |           |                 |
|------------|-----------|-----------------|
| >AHCNOYR2< | (00) None | (06) 10-12      |
|            | (01) 1    | (07) 13-15      |
|            | (02) 2-3  | (08) 16 or more |
|            | (03) 4-5  | (97) Refused    |
|            | (04) 6-7  | (99) Don't know |
|            | (05) 8-9  |                 |

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

**FR: (READ IF NECESSARY) THIS INCLUDES BOTH MAJOR SURGERY AND MINOR PROCEDURES SUCH AS SETTING BONES OR REMOVING GROWTHS.**

>ASRGYR< (1) Yes (AAU.300) (7) Refused (Check item AAUCCI8)  
(2) No (Check item AAUCCI8) (9) Don't know (Check item AAUCCI8)

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?

**FR: ENTER 95 FOR 95 OR MORE TIMES.**

>ASRGNOYR< (01-94) 1-94 times (97) Refused  
(95) 95+ times (99) Don't know

**Check item AAUCCI8: 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 goto AAU.305.**

AAU.305 **FR: SHOW FLASHCARD A10.**

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.

>AMDLONGR< (0) Never  
(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 2 years ago  
(4) More than 2 years, but not more than 5 years ago  
(5) More than 5 years ago  
(7) Refused  
(9) Don't know



**Part D - IMMUNIZATIONS**

AAU.310 DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

- >SHTFLUYR< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.320 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.

- >SHTPNUYR< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.330 Have you EVER had chickenpox?

- >APOX< (1) Yes (AAU.340) (7) Refused (AAU.350)  
(2) No (AAU.350) (9) Don't know (AAU.350)

AAU.340 Have you had chickenpox in the past 12 months?

- >APOX12MO< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.350 Have you EVER had hepatitis?

- >AHEP< (1) Yes (AAU.370) (7) Refused (AAU.360)  
(2) No (AAU.360) (9) Don't know (AAU.360)

AAU.360 Have you ever lived with someone who had hepatitis?

- >AHEPLIV< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.370 Have you EVER received the hepatitis B vaccine?

**FR: READ IF NECESSARY:** This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

- >SHTHEPB< (1) Yes (AAU.380) (7) Refused (end section)  
(2) No (end section) (9) Don't know (end section)

AAU.380 Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

- >SHEPDOS< (1) Received at least 3 doses (7) Refused  
(2) Received less than 3 doses (9) Don't know

**(Goto next section)**

Section VI - DEMOGRAPHICS

**Check item ASDCCI2:** If DOINGLW in family core equals <1-5> then go to WRKVER; If HH respondent is not the sample adult and DOINGLW eq <7, 9> goto WRKCOR.

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

>WRKVER< (1) Yes (7) Refused  
(2) No (9) Don't know

If WRKVER eq <2> goto WRKCOR  
else if DOINGLW eq <1, 2, 4> goto WHOWRK  
else if DOINGLW eq <3, 5> goto EVERWRK

ASD.060 FR: VERIFY OR ASK

What is your correct working status?

>WRKCOR< (1) Working for pay at a job or business (4) Working, but not for pay, at a job or business  
(2) With a job or business but not at work (5) Not working at a job or business  
(3) Looking for work (7) Refused  
(9) Don't know

NOTE: At this point, information from DOINGLW in FSD and WRKCOR is used to create DOINGLW1. "Corrected Employment Status Last Week", with the following values:

- (1) Working for pay at a job or business
- (2) With a job or business but not at work
- (3) Looking for work
- (4) Working, but not for pay, at a job or business
- (5) Not working at a job or business AND not looking for work
- (7) Refused
- (9) Don't Know

If DOINGLW1 eq <2, 5> goto WHYNOWK2  
else If DOINGLW1 eq <1, 4> goto WHOWRK  
else If DOINGLW1 eq <3> goto EVERWRK  
else goto next section

ASD.065 What is the main reason you did not work last week?

- >WHYNOWK2<** (1) Taking care of house or family  
 (2) Going to school  
 (3) Retired  
 (4) On a planned vacation from work  
 (5) On family or maternity leave  
 (6) Unable to work for health reasons  
 (7) On layoff  
 (8) Disabled  
 (9) Have job/contract; off season  
 (10) Other  
 (97) Refused  
 (99) Don't know

**If DOINGLW1 eq <2> goto WHOWRK; else  
 If DOINGLW1 eq <5> goto EVERWRK**

**NOTE: At this point, information from WHYNOWRK in FSD and WHYNOWK2 is used to create WHYNOWK1.**

ASD.066 Have you ever held a job or worked at a business?

- >EVERWRK<** (1) Yes (7) Refused  
 (2) No (9) Don't know

**If EVERWRK eq <1> or DOINGLW1 eq <1, 2, 4> goto WHOWRK; else goto next section.**

ASD.070 **[If DOINGLW1 eq <1> or DOINGLW1 eq <2> or DOINGLW1 eq <4>]**

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

**[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]**

Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization, or employer)

**[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]**

Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization, or employer)

**>WHOWRK<** Job or Business: \_\_\_\_\_ (7) Refused (9) Don't know

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) Don't know

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

**>KINDWRK<** Kind of Work: \_\_\_\_\_ (7) Refused (9) Don't know

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) Don't know

ASD.110 **FR: SHOW FLASHCARD A1**

**[If DOINGLW1 eq <1> or DOINGLW1 eq <2> or DOINGLW1 eq <4>]**

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

**[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]**

Looking at the card, which of these best describes the job you held for the longest time?

**[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]**

Looking at the card, which of these best describes the job you held most recently?

**FR: READ IF NECESSARY**

- >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) Don't know

**If WRKCAT eq <1, 2, 3, 4, 6, 7-9> goto LOCAL1;  
else If WRKCAT eq <5> goto BUSINC**

ASD.112 Is this business incorporated?

- >BUSINC<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

ASD.120

**FR: SHOW FLASHCARD A2**

Thinking about

**[If DOINGLW1 eq <1> or DOINGLW1 eq <2> or DOINGLW1 eq <4>]**  
this MAIN job or business,

**[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]**  
your last week at the job you held the longest,

**[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]**  
your last week at the job you held most recently,

how many people work(ed) at this location?

**NOTE TO FR: “People” includes both full- and part-time employees;**  
**“location” refers to the street address of the workplace.**

- |                       |                        |                             |
|-----------------------|------------------------|-----------------------------|
| <b>&gt;LOCAL1&lt;</b> | (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) Don't know             |

**Goto WRKLONG1**

ASD.140

About how long

**[If DOINGLW1 eq <1> or DOINGLW1 eq <2> or DOINGLW1 eq <4>]**  
have you worked at this MAIN job or business?

**[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]**  
did you work at the job you held the longest?

**[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]**  
did you work at the job you held most recently?

**>WRKLONG1< NUMBER:**

- (001-365) 1-365
- (997) Refused
- (999) Don't know

**If WRKLONG1 eq <997, 999> goto HOURPD;**  
**else if WRKLONG1 eq <001-365> goto WRKLONG2**

**>WRKLONG2< TIME PERIOD:**

- |              |                |
|--------------|----------------|
| (1) Day(s)   | (4) Year(s)    |
| (2) Week(s)  | (7) Refused    |
| (3) Month(s) | (9) Don't Know |

**Check Item:** If WRKLONG1 ge AGE, goto WRKLOGN\_.

ASD.141 Number of years exceeds current age. Please verify entry.

>WRKLOGN\_EDIT<(1) Make correction  
(2) Proceed

**Goto HOURPD**

ASD.150 [If DOINGLW1 eq <1> or DOINGLW1 eq <2> or DOINGLW1 eq <4>]

Are you paid by the hour at this MAIN job or business?

[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]

Were you paid by the hour at the job you held the longest?

[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]

Were you paid by the hour on the job you held most recently?

>HOURPD< (1) Yes (7) Refused  
(2) No (9) Don't know

**Goto PDSICK**

ASD.160 [If DOINGLW1 eq <1> or DOINGLW1 eq <2> or DOINGLW1 eq <4>]

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

[If (EVERWRK eq <1> and WHYNOWK1 eq <3>) or AGE ge <65>]

Did you ever have paid sick leave on the job you held the longest?

[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]

Did you ever have paid sick leave on the job you held most recently?

>PDSICK< (1) Yes (7) Refused  
(2) No (9) Don't know

**If DOINGLW1 eq <1, 2, 4> goto ONEJOB;  
else goto the end of section.**

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

>ONEJOB< (1) Yes (7) Refused  
(2) No (9) Don't know

**(Goto next section)**

**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.

Have you donated blood since March 1985?

>BLDGV< (1) Yes (ADS.020) (7) Refused (ADS.040)  
(2) No (ADS.040) (9) Don't know (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) Don't know

ADS.040 The next questions are about the test for HIV, (the virus that causes AIDS).

**If ADS.010 equals <1> read:**

Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

**Else read:**

Have you ever been tested for HIV?

>HIVTST< (1) Yes (ADS.060) (7) Refused (ADS.110)  
(2) No (ADS.050) (9) Don't know (ADS.110)

ADS.050 **FR: SHOW FLASHCARD A13.**

I am going to show you a list of reasons why some people have not been tested for HIV, (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

>WHYTST< (01) It's unlikely you've been exposed to HIV; (ADS.110)  
(02) You were afraid to find out if you were HIV positive (that you had HIV); (ADS.110)  
(03) You didn't want to think about HIV or about being HIV positive; (ADS.110)  
(04) You were worried your name would be reported to the government if you tested positive; (ADS.110)  
(05) You didn't know where to get tested; (ADS.110)  
(06) You don't like needles; (ADS.110)  
(07) You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection; (ADS.110)  
(08) Some other reason; (ADS.055)  
(09) No particular reason; (ADS.110)  
(97) Refused; (ADS.110)  
(99) Don't Know; (ADS.110)

ADS.055 What was the main reason why you have not been tested?.

>WHYSPEC< Main reason: \_\_\_\_\_ (ADS.110)

ADS.060 **If ADS.020 equals <1> read:**

Not including blood donations, in what month and year was your last test for HIV, (the virus that causes AIDS)?

**Else read:**

In what month and year was your last test for HIV, (the virus that causes AIDS)?

**FR: Enter "T" for Time Period (ADS.061)**

>TST12M\_M< [ ] MONTH:

(01) January	(05) May	(09) September	(97) Refused (ADS.061)
(02) February	(06) June	(10) October	(99) Don't know
(03) March	(07) July	(11) November	
(04) April	(08) August	(12) December	

>TST12M\_Y< [ ] YEAR:

(1880-2030) 1880-2030 (ADS.065)  
(97) Refused (ADS.061)  
(99) Don't know (ADS.061)

ADS.061 Was it:

>TIME1ST< (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 2 years ago  
(4) More than 2 years, but not more than 5 years ago  
(5) More than 5 years ago  
(7) Refused  
(9) Don't know



ADS.065 **FR: SHOW FLASHCARD A14.**

I am going to show you a list of reasons why some people have been tested for HIV, (the virus that causes AIDS).

**If ADS.020 equals <1> read:**

Not including your blood donations, which of these would you say was the MAIN reason for your last HIV test?

**Else read:**

Which of these would you say was the MAIN reason for your last HIV test?

- >REATST\_C< (01 )Someone suggested you should be tested; (ADS.066)  
(02) You might have been exposed through sex or drug use; (ADS.070)  
(03) You might have been exposed through your work or at work; (ADS.070)  
(04) You just wanted to find out if you were infected or not; (ADS.070)  
(05) For part of a routine medical check-up, or for hospitalization or surgical procedure;  
(ADS.070)  
(06) You were sick or had a medical problem; (ADS.070)  
(07) You were pregnant or delivered a baby; (ADS.070)  
(08) For health or life insurance coverage; (ADS.070)  
(09) For military induction, separation, or military service; (ADS.070)  
(10) For immigration; (ADS.070)  
(11) For marriage license or to get married; (ADS.070)  
(12) You were concerned you could give HIV to someone; (ADS.070)  
(13) You wanted medical care or new treatments if you tested positive; (ADS.070)  
(14) Some other reason. (ADS.069)  
(15) No particular reason. (ADS.070)  
(97) Refused (ADS.070)  
(99) Don't know (ADS.070)

ADS.066 Who suggested you should be tested - a doctor, nurse or other health care professional, a sex partner, someone at the health department, or someone else?

- >REASWHOR< (1) Doctor, nurse or other health care professional (ADS.070)  
(2) Sex partner (ADS.070)  
(3) Someone at health department (ADS.070)  
(4) Family member or friend (ADS.070)  
(5) Other (ADS.067)  
(7) Refused (ADS.070)  
(9) Don't know (ADS.070)

ADS.067 Who suggested you should be tested?

>WHOSPEC< Who: \_\_\_\_\_ (ADS.070)

ADS.069 What was the main reason for your last HIV test?

>REASPEC< Main reason: \_\_\_\_\_

ADS.070 **FR: SHOW FLASHCARD A15.**

**If ADS.010 equals <1> read:**

Not including your blood donations, where did you have your last HIV test?

**Else read:**

Where did you have your last HIV test?

- >LASTST\_C<
- (01) Private doctor/HMO (ADS.080)
  - (02) AIDS clinic/counseling/testing site (ADS.080)
  - (03) Hospital, emergency room, outpatient clinic (ADS.080)
  - (04) Other type of clinic (ADS.072)
  - (05) Public health department (ADS.080)
  - (06) At home (ADS.074)
  - (07) Drug treatment facility (ADS.080)
  - (08) Military induction or military service site (ADS.080)
  - (09) Immigration site (ADS.080)
  - (10) In a correctional facility (jail or prison) (ADS.080)
  - (11) Other location (ADS.076)
  - (97) Refused (ADS.080)
  - (99) Don't know/not sure (ADS.080)

ADS.072 What type of clinic did you go to for your last HIV test?

- >CLINTYP\_C<
- (01) Family planning clinic
  - (02) Prenatal clinic
  - (03) Tuberculosis clinic
  - (04) STD clinic
  - (05) Community health clinic
  - (06) Clinic run by employer or insurance company
  - (07) Other
  - (97) Refused
  - (99) Don't know

**(Goto ADS.080)**

ADS.074 Was this test administered by a nurse or other health worker, or did you use a self-sampling kit?

- >WHOADM<
- (1) Nurse or health worker
  - (2) Self-sampling kit
  - (7) Refused
  - (9) Don't know

**(Goto ADS.080)**

ADS.076 Where did you have your last HIV test?

**FR: THIS SHOULD BE A SPECIFIC LOCATION THAT IS NOT ON THE LIST.**

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

ADS.080 The last time you were tested, did you have to give your first and last names?

- >GIVNAM< (1) Yes (7) Refused  
(2) No (9) Don't know

ADS.110 **If ADS.040 equals <1> read:**

Do you expect to have another test for HIV in the next 12 months, not including blood donations?

**Else, read:**

Do you expect to have a test for HIV in the next 12 months, not including blood donations?

- >EXTST12M< (1) Yes (7) Refused  
(2) No (9) Don't know

ADS.140 What are your chances of GETTING HIV, (the virus that causes AIDS)? Would you say high, medium, low, or none?

- >CHNSADSP< (1) High (5) Already have HIV or AIDS  
(2) Medium (7) Refused  
(3) Low (9) Don't know  
(4) None

ADS.150 **FR: SHOW FLASHCARD A16.**

Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you. Just IF ANY of them are.

- (a) You have hemophilia and have received clotting factor concentrations.
- (b) You are a man who has had sex with other men, even just one time.
- (c) You have taken street drugs by needle, even just one time.
- (d) You have traded sex for money or drugs, even just one time.
- (e) You have tested positive for HIV, (the virus that causes AIDS).
- (f) You have had sex (even just one time) with someone who would answer "yes" to any of these statements

- >STMTRU< (1) Yes, at least one statement is true (7) Refused  
(2) No, none of these statements are true (9) Don't know

**Check item: If AGE ge or eq <50> goto ADS.200; else goto ADS.160**

ADS.160 The next questions are about other sexually transmitted diseases or STDs. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, chlamydia (CLUH-MIH-DEE-UH), syphilis, herpes, and genital warts.

In the past five years, have you had an STD other than HIV or AIDS?

**FR: IF ASKED, TELL RESPONDENT TO INCLUDE NEWLY CONTRACTED STDs AND RECURRING FLARE-UPS OF PREVIOUSLY CONTRACTED STDs.**

- >STD< (1) Yes (ADS.170) (7) Refused (ADS.200)  
(2) No (ADS.200) (9) Don't Know (ADS.200)

ADS.170 The last time you had an STD other than HIV or AIDS, did you see a doctor or other health professional to get it checked?

- >STDDOC< (1) Yes (ADS.180) (7) Refused (ADS.200)  
(2) No (ADS.200) (9) Don't Know (ADS.200)

ADS.180 Where did you go to be checked?

**FR: READ ANSWER CHOICES ONLY IF NECESSARY.**

- >STDWHER< (1) Private doctor (ADS.200) (5) Health department (ADS.200)  
(2) Family planning clinic (ADS.200) (6) Some other place (ADS.190)  
(3) STD clinic (ADS.200) (7) Refused (ADS.200)  
(4) Emergency room (ADS.200) (9) Don't Know (ADS.200)

ADS.190 Where did you go to be checked?

>STDWOTH< Location: \_\_\_\_\_

ADS.200 The next questions are about tuberculosis, or TB.

Have you ever heard of tuberculosis?

- >TBHRD< (1) Yes (ADS.210) (7) Refused (end of section)  
(2) No (end of section) (9) Don't Know (end of section)

ADS.210 Have you ever personally known anyone who had TB?

- >TBKNOW< (1) Yes (7) Refused  
(2) No (9) Don't Know

ADS.220 How much do you know about TB - a lot, some, a little, or nothing?

- >TB< (1) A lot (ADS.230) (4) Nothing (ADS.250)  
(2) Some (ADS.230) (7) Refused (end of section)  
(3) A little (ADS.230) (9) Don't know (end of section)

ADS.230 How is TB spread? (PROBE: Can TB be spread in any other way?)

**FR: SHOW FLASHCARD A17. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.**

- >TBSPRD< (1) Breathing the air around a person who is sick with TB  
(2) Sharing eating / drinking utensils  
(3) Through semen or vaginal secretions shared during sexual intercourse  
(4) From smoking  
(5) From mosquito or other insect bites  
(6) Other  
(7) Refused  
(9) Don't know

ADS.240 As far as you know, can TB be cured?

- >**TBCURED**< (1) Yes (7) Refused  
(2) No (9) Don't Know

ADS.250 What are your chances of getting TB? Would you say high, medium, low, or none?

- >**TBCHANC**< (1) High (5) Already have TB  
(2) Medium (7) Refused  
(3) Low (9) Don't Know  
(4) None

ADS.260 Have you ever spent more than 24 hours living on the streets, in a shelter, or in a jail or prison?

- >**HOMELESS**< (1) Yes (7) Refused  
(2) No (9) Don't know

ADS.270 **If ADS.250 equals <5> read:**

If a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?

**Else, read:**

If you or a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?

- >**TBSHAME**< (1) Yes (7) Refused  
(2) No (9) Don't Know

**Adult\_End**  
**(goto next section)**