

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 (EXCEPT WHEN THE SAMPLE ADULT RESPONDENT HAS A PHYSICAL OR MENTAL CONDITION WHICH PROHIBITS RESPONDING). PROBE AS NECESSARY TO DETERMINE THE AVAILABILITY OF {sample adult name}.

>SADULT< (1) Available
(2) Not Available
(3) Physical or Mental condition prohibits responding

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.020.010)
(2) No (ACN.020.010) (9) Don't know (ACN. 020.010)

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.020.010 About how long has it been since you had your blood pressure checked by a doctor, nurse, or health professional?

>HYBPCKNO< [] NUMBER:

(00) Never (ACN.020.030) (97) Refused (ACN.020.030)
(01-94) 1-94 times (99) Don't know (ACN.020.030)
(95) 95 and more

>HYBPCKTP< [] TIME PERIOD:

(0) Never (ACN.020.030) (4) Year
(1) Day (7) Refused (ACN.020.030)
(2) Week (9) Don't know (ACN.020.030)
(3) Month

ACN.020.020 At that time, were you told that your blood pressure was high, normal, or low?

>HYBPLEV< (1) Not told (5) Border line
(2) High (7) Refused
(3) Normal (9) Don't know
(4) Low

ACN.020.030 About how long has it been since you had your blood cholesterol pressure checked by a doctor, nurse, or health professional?

>CLCKNO< [] NUMBER:

(000) Never (97) Refused
(01-94) 1-94 times (99) Don't know
(95) 95 and more

>CLCKTP< [] TIME PERIOD:

(0) Never (4) Year
(1) Day (7) Refused
(2) Week (9) Don't know
(3) Month

ACN.020.040 Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?

>CLHI< (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...

>C1< (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.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 (7) Refused (ACN.110)
(2) No (ACN.110) (9) Don't know (ACN.110)

ACN.085 Do you still have asthma?

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

Check item ACNCCI1: If AASSTILL =2,R,D AND AASMYR=2,R,D goto ULCEV (ACN.110); else, go to check item ACNCCI6.

Check item ACNCCI2: If AASMYR=2,R,D, goto AWZPIN (ACN.100.040); else go to AASMERYR (ACN.100)

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) Don't know

ACN.100.010 DURING THE PAST 12 MONTHS, have you stayed overnight in a hospital because of asthma?

FR: IF IN HOSPITAL FOR ASTHMA AND OTHER REASONS, ENTER "1"

>AASMHS< (1) Yes (7) Refused (ACN.100.030)
(2) No (ACN.100.030) (9) Don't know (ACN.100.030)

ACN.100.020 After (the last time) you left the hospital, did a health professional talk to you about long term management of your asthma?

>AASMMC< (1) Yes (7) Refused
(2) No (9) Don't know
(3) Still in hospital

ACN.100.030 DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to work because of your asthma?

FR: READ IF NECESSARY: For homemakers this includes work around the house.

FR: ENTER 996 IF RESPONDENT UNABLE TO DO THIS ACTIVITY

>AWZMSWK< (000) None
(001-365) 1-365
(996) Unable to do this activity
(997) Refused
(999) Don't know

@A Days

[if @A ge <100> and @A ne <996>] display
<{AWZMSWK@A} is an unusually large number.
Did you miss {AWZMSWK@A} days of work due to asthma?>]

(1) Correct, proceed to next question
(2) Incorrect, change answer

ACN.100.040 Have you ever used a PRESCRIPTION inhaler?

>AWZPIN< (1) Yes (7) Refused (ACN.100.060)
(2) No (ACN.100.060) (9) Don't know (ACN.100.060)

ACN.100.050 Has a health professional shown you how to use your inhaler?

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

ACN.100.060 Now I am going to ask you about two different kinds of ASTHMA medicine. One is for quick relief. The other does not give quick relief but protects your lungs AND PREVENTS SYMPTOMS OVER THE LONG TERM.

DURING THE PAST 3 MONTHS, have you used the kind of PRESCRIPTION inhaler THAT YOU BREATHE IN THROUGH YOUR MOUTH, that gives QUICK relief from asthma symptoms?

>AASMPMED< (1) Yes (7) Refused (ACN.100.080)
(2) No (ACN.100.080) (9) Don't know (ACN.100.080)

ACN.100.070 DURING THE PAST 3 MONTHS, did you use more than three canisters of this type of inhaler?

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

ACN.100.080 Have you EVER taken the preventive kind of ASTHMA medicine used everyday to protect your lungs and keep you from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

>AASMED< (1) Yes (7) Refused (ACN.100.100)
(2) No (ACN.100.100) (9) Don't know (ACN.100.100)

ACN.100.090 Are you NOW taking this medication (that protects your lungs) daily or almost daily?

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

ACN.100.100 An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you an asthma management plan?

FR: READ IF NECESSARY: INCLUDE NURSES AND ASTHMA EDUCATORS

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

ACN.100.110 Have you ever taken a course or class on how to manage asthma yourself?

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

ACN.100.120 Has a doctor or other health professional ever taught you...

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

>AASREC< ... How to recognize early signs or symptoms of an asthma episode?

>AASRES< ... How to respond to episodes of asthma?

>AASMON< ... How to monitor peak flow for daily therapy?

ACN.100.130 Has a doctor or other health professional EVER advised you to change things in your home, school, or work to improve your asthma?

- >AAPENVLN< (1) Yes (7) Refused (ACN.110)
(2) No (ACN.110) (9) Don't know (ACN.110)
(3) Was told no changes needed (ACN.110)

ACN.100.140 How much of this advice did you follow? Would you say none, a little, some, most, or all?

- >AAPENVDO< (0) None (4) All
(1) A little (7) Refused
(2) Some (9) Don't know
(3) Most

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

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

- >CANKIND< (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

Check item ACNCCI3: If CANKIND1 = 5 or CANKIND2 = 5 or CANKIND3 = 5 goto BRCANDIG; else, go to DIBEV

ACN.150.010 How was your breast cancer found?

- >BRCANDIG< (1) Found by myself by accident
- (2) Found by myself during a self breast examination
- (3) Found by my spouse or partner
- (4) Found by a physician during routine breast exam
- (5) Found by a mammogram
- (6) Other – specify (ACN.150.020)
- (7) Refused
- (9) Don't know

ACN.150.020

FR: ENTER SPECIFIED WAY BREAST CANCER WAS FOUND.

>BRCANOTH< _____

ACN.160 **[If Female, add:]** Other than during pregnancy

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

- >DIBEV< (1) Yes (7) Refused (ACN.201)
- (2) No (ACN.201) (9) Don't know (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) Don't know

ACN.180 Are you NOW taking insulin?

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

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) Don't know

ACN.190.010 Is there ONE medical doctor that you usually see for your diabetes? Do not include other health professionals such as nurses or dieticians.

>DIBHP< (1) Yes (7) Refused (ACN.190.030)
(2) No (ACN.190.030) (9) Don't know (ACN.190.030)

ACN.190.020 How many times have you seen this medical doctor in the past 12 months?

FR: ENTER 365 FOR 365 OR MORE TIMES

>DIBHPYR< (000) None
(001-364)1-364
(356) 365+
(997) Refused
(999) Don't know

@T Times

ACN.190.030 DURING THE PAST 12 MONTHS, how many times have you seen a nurse or dietician for your diabetes? Do not include medical doctors.

FR: ENTER 365 FOR 365 OR MORE TIMES

>DIBNDYR< (000) None
(001-364)1-364
(356) 365+
(997) Refused
(999) Don't know

@T Times

ACN.190.040 On average, about how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

>DIBGLNO< [] NUMBER:

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

>DIBGLTP< [] 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

[if DIBGL@NO gt <9, 28, 31, 365> and DIBGL@TP eq <1, 2, 3, 4>] respectively display

**FR: NUMBER OF TIMES MAY BE EXCESSIVE FOR THE TIME PERIOD REPORTED.
PLEASE VERIFY ENTRY.**

(1) Make correction
(2) Proceed

@M

ACN.190.050 Have you ever heard of glycosylated hemoglobin (gli-KOSE-ih-lay-ted HE-mo-glo-bin) or hemoglobin “A one C”?

- >DIBA1CKN< (1) Yes (7) Refused (ACN.190.090)
(2) No (ACN.190.090) (9) Don't know (ACN.190.090)

ACN.190.060 DURING THE PAST 12 MONTHS, how many times has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin hemoglobin (gli-KOSE-ih-lay-ted HE-mo-glo-bin) or hemoglobin “A one C”?

FR: ENTER 53 FOR 53 OR MORE TIMES

- >DIBA1CCK< (00) Zero
(01-53)1-53 (ACN.190.070)
(997) Refused
(999) Don't know

@T Times

AACN.190.070 What was your last hemoglobin “A one C” level?

- >DIBA1CLL< (1) Less than 7 (5) More than 10
(2) 7 or more, but not more than 8 (7) Refused
(3) More than 8, but not more than 9 (9) Don't know
(4) More than 9, but not more than 10

AACN.190.080 What does your doctor, nurse, or other health professional say your hemoglobin “A one C” level should be?

- >DIBA1CSL< (1) Less than 7 (5) More than 10
(2) 8 or less (6) No goal specified
(3) 9 or less (7) Refused
(4) 10 or less (9) Don't know

ACN.190.090 DURING THE PAST 12 MONTHS, how many times has a health professional checked your feet for any sores or irritations?

FR: ENTER 53 FOR 53 OR MORE TIMES

- >DIBFTCK< (00) Zero
(01-53)1-53
(997) Refused
(999) Don't know

@T Times

ACN.190.100 About how often do you check your feet for sores or irritations?

>DIBCKNO< [] NUMBER:

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

>DIBCKTP< [] 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

[if DIBCK@NO gt <3, 28, 31, 365> and DIBCK@TP eq <1, 2, 3, 4>] respectively display

**FR: NUMBER OF TIMES MAY BE EXCESSIVE FOR THE TIME PERIOD
REPORTED.
PLEASE VERIFY ENTRY.**

(1) Make correction
(2) Proceed

@M

ACN.191.110 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

>DIBEYCKL< (1) Less than 1 month (5) Never
(2) 1 to 12 months (7) Refused
(3) 13 to 24 months (9) Don't know
(4) More than 2 years

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

>C2< (1) Yes (7) Refused
(2) No (9) Don't know

>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 The next questions refer to your joints. Please do NOT include the back or neck.

>JNTSYMP< During THE PAST 30 days, have you had any symptoms of pain, aching, or stiffness in or around a joint?

(1) Yes (7) Refused (ACN.290)
(2) No (ACN.290) (9) Don't know (ACN.290)

ACN.260

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

Which joints are affected?

- >JMTHP<
- | | | | |
|--------------------|-----------------|--------------------------|-----------------------------|
| (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.260.010 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication.
DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?
Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

- >JNTPN<
- (00-10) 0-10
 - (97) Refused
 - (99) Don't know

ACN . 270 Did your joint symptoms FIRST begin more than 3 months ago?

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

ACN . 280 Have you EVER seen a doctor or other health professional for these joint symptoms?

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

ACN.290 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- >ARTH1<
- | | |
|---------|----------------|
| (1) Yes | (7) Refused |
| (2) No | (9) Don't know |

**Check Item ACNCCI4: IF JNTSYMP=1 or ARTH1=1 go to ARTHWT (ACN.209.010);
else goto PAINECK (ACN.300).**

ACN.290.010 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

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

ACN.290.020 Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

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

ACN.290.030 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

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

ACN.295 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

ACN.295.010 In this next question we are referring to work for pay.

Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

>ARTHWRK< (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

FR: READ LEAD-IN IF NECESSARY

ACN.331 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 ACNCCI5: If SEX=1 goto ACN.410; else if SEX=2 AND AGE ge 50 go to ACN.410; else goto PREGNOW.

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?

>HEAR Aid< (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 A5.**

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

- | | | |
|------|--------------------------|----------------------|
| >C4< | (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 | |

>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 ACNCCI9: If any of the responses to ACN.471 are 1 - 3, goto 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 |

(Goto next section)

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...

- | | | | | | |
|-----------------------------------|--------------------------------------|------------------------------|--------------------------|---------------------------|--------------------------------------|
| 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) 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 A6.**
FR: READ LEAD-IN IF NECESSARY:

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) 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 A6.
FR: READ LEAD-IN IF NECESSARY:

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) 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 A7. MARK ALL THAT APPLY, BUT DO NOT PROBE. ENTER (M) FOR CONDITIONS NOT ON THE FLASHCARD. ENTER (N) FOR NO MORE.

- >AFLHCA1< (1) Vision/problem seeing
- >AFLHCA2< (2) Hearing problem
- >AFLHCA3< (3) Arthritis/rheumatism
- >AFLHCA4< (4) Back or neck problem
- >AFLHCA5< (5) Fractures, bone/joint injury
- >AFLHCA6< (6) Other injury
- >AFLHCA7< (7) Heart problem
- >AFLHCA8< (8) Stroke problem
- >AFLHCA9< (9) Hypertension/high blood pressure
- >AFLHCA10< (10) Diabetes
- >AFLHCA11< (11) Lung/breathing problem (e.g. asthma and emphysema)
- >AFLHCA12< (12) Cancer
- >AFLHCA13< (13) Birth defect
- >AFLHCA14< (14) Mental retardation
- >AFLHCA15< (15) Other developmental problem (e.g. cerebral palsy)
- >AFLHCA16< (16) Senility
- >AFLHCA17< (17) Depression/anxiety/emotional problem
- >AFLHCA18< (18) Weight problem
- (97) Refused
- (99) Don't know
- (M) More conditions (AHS.205)

- AHS.200 (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, tendonitis
 (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.

FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.

>AFLSPEC1< Condition: _____

FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.

>AFLSPEC2< Condition: _____

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

>ALTIME1< [] NUMBER:

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

>ALUNIT1< [] TIME PERIOD:

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

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

(Go to 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.090)
(2) No (AHB.090) (9) Don't know (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 (97) Refused
(95) 95 years or older (99) Don't know
(96) 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.090)
(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.090)

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

FR: IF LESS THAN A1", ENTER A1"

>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) Refused (AHB.070)
(1-30) 1-30 Days (AHB.070) (97) Don't know (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 A1", ENTER A1"

>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 - Leisure-time 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) | (997) Refused (AHB.110) |
| (001-995) 1-995 times | (999) Don't know (AHB.110) |
| (996) Unable to do this type activity (AHB.110) | |

>VIGTP< 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.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) | (7) Refused (AHB.110) |
| (2) Hours (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 (AHB.130) |
| (2) Hours (AHB.130) | (9) Don't know (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) 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

(001-995) 1-995 times

(996) Unable to do this type of activity

(997) Refused

(999) Don't know

>STRNGTP< TIME PERIOD:

(0) Never

(1) Day

(2) Week

(3) Month

(4) Year

(6) Unable to do this type of activity

(7) Refused

(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: AHOW 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 a1"

- >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 (M) Reported in metric (AHB.195)
(97) Refused
(99) Don't know

AHB.190B

>AHEIGHTI< [] INCHES:

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

(Go to AHB.200)

FR: ENTER aM@ TO RECORD METRIC MEASUREMENTS

AHB.195

>AHEIGHTM< [] METERS:

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

>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.205)
(997) Refused (Go to next section)
(999) Don't know (Go to next section)

FR: ENTER "M" TO RECORD METRIC MEASUREMENTS

AHB.205

>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.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) Don't know (AAU.061)

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

- >AHCCHGHI< (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

- >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) 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 A8.**

About how long has it been since you last saw 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
- (2) No
- (7) Refused
- (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
- (2) No
- (7) Refused
- (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
- (2) No
- (7) Refused
- (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)
- (2) No (AAU.240)
- (7) Refused (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
- (2) No
- (7) Refused
- (9) Don't know

AAU.240 **FR: SHOW FLASHCARD A9.**

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 **FR: SHOW FLASHCARD A10.**

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

>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 A9.**

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.

>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 A8.**

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.

FR: READ IF NECESSARY: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

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

AAU.315 DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

FR: READ IF NECESSARY: This influenza vaccine is called FluMist.

>SPRFLUYR< (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

(Go to next section)

Section VI - DEMOGRAPHICS

Check item ASDCCI2: If the family respondent is also the sample adult and DOINGLW1 eq <7, 9>, go to WRKCOR; else go to WRKVER.

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 DOINGLW1 eq <1, 2, 4> goto WHOWRK
else if DOINGLW1 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 AND not looking
(3) Looking for work for work
(7) Refused
(9) Don't know

NOTE: At this point, information from WRKCOR is used to update DOINGLW1 in FSD. "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**< (01) Taking care of house or family
(02) Going to school
(03) Retired
(04) On a planned vacation from work
(05) On family or maternity leave
(06) Unable to work for health reasons
(07) On layoff
(08) Disabled
(09) Have job/contract/off season
(10) Other
(97) Refused
(99) Don't know

**If DOINGLW1 eq <1,2,4> go to WHOWRK; else
If DOINGLW1 eq <3,5> go to 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 (goto ASD.070) (7) Refused (goto ASD.180.010)
(2) No (goto ASD.180.010) (9) Don't know (goto ASD.180.010)

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

ASD.070

[If DOINGLW1 eq <1, 2, 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 <1,2,4>]

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> go to LOCAL1; else If WRKCAT eq <5> goto BUSINC1

ASD.112 Is this business incorporated?

- >**BUSINC1**<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

ASD.120 **FR: SHOW FLASHCARD A2.**

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

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

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

| | | |
|------------------------|-----------------------|----------------------------|
| >LOCALL1< | (1) 1- 9 employees | (6) 250-499 employees |
| | (2) 10-24 employees | (7) 500-999 employees |
| | (3) 25-49 employees | (8) 1000 employees or more |
| | (4) 50-99 employees | (7) Refused |
| | (5) 100-249 employees | (9) Don't know |

ASD.140 **[If DOINGLW1 eq <1,2,4>]**
About how long have you worked at this MAIN job or business?

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

[If EVERWRK eq <1> and WHYNOWK1 ne <3> and AGE lt <65>]
About how long 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 |

**[If EVERWRK eq <1> and (WHYNOWK1 eq <3> or AGE ge <65>)]
goto HOURPD; else goto WRKLONGH**

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

>WRKLOGN_EDIT< (1) Make correction
(2) Proceed

**[If EVERWRK eq <1> and (WHYNOWK1 eq <3> or AGE ge <65>)]
goto HOURPD; else goto WRKLONGH**

ASD.146 **[If DOINGLW1 eq <1, 2, 4>]**

Is this main job or business the job you have held for the longest?

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

Was your most recently held job also the job you held the longest?

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

ASD.150 **[If DOINGLW1 eq <1, 2, 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 on this job you held the longest?

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

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

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

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

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 this 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 this 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 go to SMOKD1]

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

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

The next question is about your home.

ASD.180.010 Do you have at least one working smoke alarm on each floor of your home? Include a finished basement or attic.

- >SMOKD1<
- (1) Yes
 - (2) No
 - (7) Refused
 - (8) Don't know

(END OF 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 A11.**

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:

>TIMETST< (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 A12.**

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<
- (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 reasons. (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 A13.**

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< (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 (7) Refused
(2) Self-sampling kit (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?

- >CHNSADS< (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 A14.**

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 Ayes@ 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 <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 (ADS.270)
(2) No (ADS.270) (9) Don't Know (ADS.270)

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 (ADS.270)
(3) A little (ADS.230) (9) Don't know (ADS.270)

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

**FR: SHOW FLASHCARD A15. 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 **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

ADS.270 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

(END OF SECTION)

Section VIII - CANCER SCREENING

NAF.020 Now, we are going to ask you about cancer prevention. The next few questions are about the time you spend in the sun.

FR: SHOW FLASHCARD A16.

When you go outside on a very sunny day, for more than one hour, how often do you . . .

NAF.021 ...Stay in the shade? Would you say (READ CATEGORIES 1-5)?

- >SUN1_SHA<
- (1) ALWAYS
 - (2) MOST OF THE TIME
 - (3) SOMETIMES
 - (4) RARELY
 - (5) NEVER
 - (6) DON'T GO OUT IN SUN
 - (7) Refused
 - (9) Don't Know

NAF.022 ...Wear a hat that shades your face, ears AND neck?
Would you say (READ CATEGORIES 1-5)?

FR: READ IF NECESSARY

Do NOT include visors, baseball caps, or hats that do not shade the ears and neck.

- >SUN1_HAT<
- (1) ALWAYS
 - (2) MOST OF THE TIME
 - (3) SOMETIMES
 - (4) RARELY
 - (5) NEVER
 - (6) DON'T GO OUT IN SUN
 - (7) Refused
 - (9) Don't Know

NAF.023 ...Wear a long sleeved shirt? Would you say (READ CATEGORIES 1-5)?

- >SUN2_LGS<
- (1) ALWAYS
 - (2) MOST OF THE TIME
 - (3) SOMETIMES
 - (4) RARELY
 - (5) NEVER
 - (6) DON'T GO OUT IN SUN
 - (7) Refused
 - (9) Don't Know

NAF.024 ...Use sunscreen? Would you say (READ CATEGORIES 1-5)?

- >SUN2_SCR<
- (1) ALWAYS
 - (2) MOST OF THE TIME
 - (3) SOMETIMES
 - (4) RARELY
 - (5) NEVER
 - (6) DON'T GO OUT IN SUN
 - (7) Refused
 - (9) Don't Know

[If SUN2_SCR = 5-9, then go to NAFCCI01]

NAF.025 What is the SPF number of the sunscreen you use MOST often?

FR: READ IF NECESSARY:
If use more than one or different ones, pick the one you use most often.

- >SPF<
- (1-50) SPF 1-50
 - (96) More than one, different ones, other
 - (97) Refused
 - (99) Don't know

Check item NAFCCI01: [If SEX eq 1 and AGE = 18 - 39, then goto END_NAF];
Else [If SEX eq 1 and AGE gt 39, then goto PSAHRD (NAF.420)];
Else goto NAF.130

NAF.130 Have you EVER HAD a Pap smear test?

FR: READ IF NECESSARY:

A Pap smear is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

- >PAPHAD<
- (1) Yes
 - (2) No (NAFCCI02)
 - (7) Refused (NAF CCI02)
 - (9) Don't know (NAF CCI02)

NAF.150 When did you have your MOST RECENT Pap smear test?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RPAP1_MT< (01) January (05) May (09) September (97) Don't know (NAF.160)
(02) February (06) June (10) October (99) Refused (NAF.160)
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (NAF.155/RPAP1_NO)

Year:

>RPAP1_YR< (1950-2004) 1950-2004 (NAF.170)
(9997) Refused (NAF.160)
(9999) Don't know (NAF.160)

NAF.155 When did you have your MOST RECENT Pap smear test?

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RPAP1_NO< (01-94) 1-94
(95) 95+
(97) Don't know (NAF.160)
(99) Refused (NAF.160)

[] Time Period

>RPAP1_TP< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Don't know
(9) Refused

[Go to NAF.170]

NAF.160 **FR: SHOW FLASHCARD A17.**

Was it: (READ CATEGORIES BELOW)

>RPAP2CA< (1) A year ago or less?
(2) More than 1 year but not more than 2 years?
(3) More than 2 years but not more than 3 years?
(4) More than 3 years but not more than 5 years?
(5) Over 5 years ago?
(7) Refused
(9) Don't know

NAF.170 **FR: SHOW FLASHCARD A18.**

What was the MAIN reason you had this Pap smear?

- >PAPREAS< (1) Part of a routine physical or pregnancy exam
 (2) Because of a specific gynecological problem
 (3) Followup to a previous gynecological exam
 (4) Other
 (7) Refused
 (9) Don't know

Check item NAFCCI02: [If AGE = 18-29, then goto END_NAF; else goto MAMHAD (NAF.230)]

NAF.230 Have you EVER HAD a mammogram?

FR: READ IF NECESSARY:

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

- >MAMHAD< (1) Yes
 (2) No (Check item NAFCCI03)
 (7) Refused (Check item NAFCCI03)
 (9) Don't know (Check item NAFCCI03)

NAF.260 When did you have your MOST RECENT mammogram?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

- | | | | | |
|------------|---------------|-------------|----------------|---------------------------|
| >RMAM1_MT< | (01) January | (05) May | (09) September | (97) Don't know (NAF.270) |
| | (02) February | (06) June | (10) October | (99) Refused (NAF.270) |
| | (03) March | (07) July | (11) November | (T) Time Period |
| | (04) April | (08) August | (12) December | (NAF.265/RMAM1_NO) |

Year:

- >RMAM1_YR< (1950-2004) 1950-2004 (NAF.310)
(9997) Refused (NAF.270)
(9999) Don't know (NAF.270)

NAF.265 When did you have your MOST RECENT mammogram?

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RMAMI_NO< (01-94) 1-94
(95) 95+
(97) Refused (NAF.270)
(99) Don't know (NAF.270)

[] Time Period

>RMAMI_TP< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know

[Go to NAF.310]

NAF.270 **FR: SHOW FLASHCARD A17.**

Was it: (READ CATEGORIES BELOW)

>RMAM2CA< (1) A year ago or less?
(2) More than 1 year but not more than 2 years?
(3) More than 2 years but not more than 3 years?
(4) More than 3 years but not more than 5 years?
(5) Over 5 years ago?
(7) Refused
(9) Don't know

NAF.310 **FR: SHOW FLASHCARD A19.**

What was the MAIN reason you had this mammogram?

>MAMREAS< (1) Part of a routine physical exam/screening test
(2) Because of a specific breast problem
(3) Followup to a previously identified breast problem
(4) Baseline or initial mammogram
(5) Family history
(6) Other
(7) Refused
(9) Don't know

**Check item NAFCCI03: [If SEX = 1 and AGE = 40-120, then goto PSAHRD (NAF.420); else
[If AGE = 30-39, then goto END_NAF; else goto NAF.540]**

NAF.420 The following questions are about men's health.

A PSA test is a blood test to detect prostate cancer. Have you EVER HEARD OF a PSA test?

FR: READ IF NECESSARY: A PSA test is a prostate specific antigen test.

>PSAHRD< (1) Yes (NAF.430)
(2) No (NAF.540)
(7) Refused (NAF.430)
(9) Don't know (NAF.540)

NAF.430 Have you EVER HAD a PSA test?

>PSAHAD< (1) Yes (NAF.460)
(2) No (NAF.540)
(7) Refused (NAF.540)
(9) Don't know (NAF.540)

NAF.460 When did you have your MOST RECENT PSA test?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>RPSA1_MT< (01) January (05) May (09) September (97) Don't know (NAF.470)
(02) February (06) June (10) October (99) Refused (NAF.470)
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (NAF.465/RPSA1_NO)

Year:

>RPSA1_YR< (1950-2004) 1950-2004 (NAF.480)
(9997) Refused (NAF.470)
(9999) Don't know (NAF.470)

NAF.465 When did you have your MOST RECENT PSA test?

FR: IF GREATER THAN "95", ENTER "95".

[] Number

>RPSA1_NO< (01-94) 1-94
(95) 95+
(97) Refused (NAF.470)
(99) Don't know (NAF.470)

[] Time Period

>RPSA1_TP< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know (goto NAF.480)

NAF.470 **FR: SHOW FLASHCARD A17.**

Was it: (READ CATEGORIES BELOW)

- >RPSA2<
- (1) A year ago or less
 - (2) More than 1 year but not more than 2 years
 - (3) More than 2 years but not more than 3 years
 - (4) More than 3 years but not more than 5 years
 - (5) Over 5 years ago
 - (7) Refused
 - (9) Don't know

NAF.480 What was the MAIN reason you had this PSA test?

FR: SHOW FLASHCARD A20.

- >PSAREAS<
- (1) Part of a routine physical exam/screening test
 - (2) Because of a specific problem
 - (3) Followup test for an earlier exam
 - (4) Family history
 - (5) Other
 - (7) Refused
 - (9) Don't know

[goto NAF.540]

NAF.540 Have you EVER HAD a sigmoidoscopy, colonoscopy, or proctoscopy?
These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.

FR: PRONUNCIATION GUIDE: sigmoid-OS-copy, colon-OS-copy, proc-TOS-copy

FR: READ IF NECESSARY: For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is SIMILAR, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home. A PROCTOSCOPY is an older exam that used a rigid tube.

- >CREHAD<
- (1) Yes
 - (2) No (Check item NAF.620)
 - (7) Refused (Check item NAF.620)
 - (9) Don't know (Check item NAF.620)

NAF.560 When did you have your MOST RECENT exam?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>**RCRE1_MT**< (01) January (05) May (09) September (97) Don't know (NAF.570)
(02) February (06) June (10) October (99) Refused (NAF.570)
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (NAF.565/RCRE1_NO)

Year:

>**RCRE1_YR**< (1950-2004) 1950-2004 (NAF.580)
(9997) Don't know (NAF.570)
(9999) Refused (NAF.570)

NAF.565 When did you have your MOST RECENT exam?

FR: IF GREATER THAN "95", ENTER "95".

Number

>**RCRE1_NO**< (01-94) 1-94
(95) 95+
(97) Refused (NAF.570)
(99) Don't know (NAF.570)

Time Period

>**RCRE1_TP**< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know

[Go to NAF.580]

NAF.570 **FR: SHOW FLASHCARD A21.**

Was it: (READ CATEGORIES BELOW)

>**RCRE2**< (1) A year ago or less?
(2) More than 1 year but not more than 2 years?
(3) More than 2 years but not more than 3 years?
(4) More than 3 years but not more than 5 years?
(5) More than 5 years but not more than 10 years?
(6) Over 10 years ago?
(7) Refused
(9) Don't know

NAF.580 **FR: READ IF NECESSARY:**

For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is SIMILAR, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home. A PROCTOSCOPY is an older exam that used a rigid tube.

Was this MOST RECENT exam a sigmoidoscopy, colonoscopy, proctoscopy or something else?

FR: PRONUNCIATION GUIDE: sigmoid-OS-copy, colon-OS-copy, proc-TOS-copy

>CRENAM< (1) Sigmoidoscopy
(2) Colonoscopy
(3) Proctoscopy
(4) Something else
(7) Refused
(9) Don't know

NAF.590 **FR: SHOW FLASHCARD A22.**

What was the MAIN reason you had this exam?

>CREREAS< (1) Part of a routine physical exam/screening test
(2) Because of a specific problem
(3) Followup test of an earlier test or screening exam
(Fecal Occult Blood Test or sigmoidoscopy)
(4) Family history
(5) Other
(7) Refused
(9) Don't know

NAF.620 The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement.

The blood stool test can be done at home using a kit.
You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.

Have you EVER HAD a blood stool test, using a HOME test kit?

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

NAF.640 When did you have your MOST RECENT HOME blood stool test?

FR: ENTER "T" TO USE TIME PERIOD FORMAT.

Month:

>**RHFOB1_M**< (01) January (05) May (09) September (97) Don't know (NAF.650)
(02) February (06) June (10) October (99) Refused (NAF.650)
(03) March (07) July (11) November (T) Time Period
(04) April (08) August (12) December (NAF.645/RHFOB1_N)

Year:

>**RHFOB1_Y**< (1950-2004) 1950-2004 (NAF.660)
(9997) Don't know (NAF.650)
(9999) Refused (NAF.650)

NAF.645 When did you have your MOST RECENT HOME blood stool test?

FR: IF GREATER THAN "95", ENTER "95".

Number

>**RHFOB1_N**< (01-94) 1-94
(95) 95+
(97) Refused (NAF.650)
(99) Don't know (NAF.650)

Time Period

>**RHFOB1_T**< (1) Days ago
(2) Weeks ago
(3) Months ago
(4) Years ago
(7) Refused
(9) Don't know

[Go to NAF.660]

NAF.650 **FR: SHOW FLASHCARD A21.**

Was it: (READ CATEGORIES BELOW)

>**RHFOB2**< (1) A year ago or less?
(2) More than 1 year but not more than 2 years?
(3) More than 2 years but not more than 3 years?
(4) More than 3 years but not more than 5 years?
(5) More than 5 years but not more than 10 years?
(6) Over 10 years ago?
(7) Refused
(9) Don't know

NAF.660

FR: SHOW FLASHCARD A23.

What was the MAIN reason you had this exam?

- >**HFOBREAS**<
- (1) Part of a routine physical exam/screening test
 - (2) Because of a specific problem
 - (3) Followup test of an earlier test or screening exam
 - (4) Family history
 - (5) Other
 - (7) Refused
 - (9) Don't know

(END OF SECTION)

Section IX - Heart Disease and Stroke

Check item BEGIN_PAF: If SEX eq <2> and HYPEV(ACN.010) eq <1> [goto HYPPREG/(PAF.010)]
else if SEX eq <1> and HYPEV(ACN.010) eq <1>[goto HLOSWGT/(PAF.020)]
else [goto A_PAF_END]

These next questions are about health conditions.

PAF.010 Earlier you mentioned that you had been told you had high blood pressure.
Was this only during pregnancy?

>HYPPREG< (1) Yes (A_PAF_END) (7) Refused (PAF.020)
(2) No (PAF.020) (9) Don't Know (PAF.020)

PAF.020 IF SEX EQ <1> SHOW THE FOLLOWING:
Earlier you mentioned that you had been told that you had high blood pressure. Because of your high blood pressure, has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your blood pressure?

ELSE IF SEX EQ <2> SHOW THE FOLLOWING:
Because of your high blood pressure, has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your blood pressure?

>HLOSWGT< (1) Yes (PAF.030) (7) Refused (PAF.050)
(2) No (PAF.050) (9) Don't Know (PAF.050)

PAF.030 Did you EVER follow this advice?

>WGTADEV< (1) Yes (PAF.040) (7) Refused (PAF.050)
(2) No (PAF.050) (9) Don't Know (PAF.050)

PAF.040 Are you NOW following this advice?

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

PAF.050 Because of your high blood pressure, has a doctor or other health professional EVER advised you to cut down on salt or sodium in your diet?

>LOWSLT< (1) Yes (PAF.060) (7) Refused (PAF.080)
(2) No (PAF.080) (9) Don't Know (PAF.080)

PAF.060 Did you EVER follow this advice?

>LOWSLTEV< (1) Yes (PAF.070) (7) Refused (PAF.080)
(2) No (PAF.080) (9) Don't Know (PAF.080)

PAF.070 Are you now following this advice?

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

PAF.080 Because of your high blood pressure, has a doctor or other health professional EVER advised you to exercise?

>EXERC< (1) Yes (PAF.090) (7) Refused (PAF.110)
(2) No (PAF.110) (9) Don't Know (PAF.110)

PAF.090 Did you EVER follow this advice?

>EXERCEV< (1) Yes (PAF.100) (7) Refused (PAF.110)
(2) No (PAF.110) (9) Don't Know (PAF.110)

PAF.100 Are you NOW following this advice?

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

PAF.110 Because of your high blood pressure, has a doctor or other health professional EVER advised you to cut down on alcohol use?

>HBPALC< (1) Yes (PAF.120) (7) Refused (PAF.140)
(2) No (PAF.140) (9) Don't Know (PAF.140)

PAF.120 Did you EVER follow this advice?

>HBPALCEV< (1) Yes (PAF.130) (7) Refused (PAF.140)
(2) No (PAF.140) (9) Don't Know (PAF.140)

PAF.130 Are you NOW following this advice?

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

PAF.140 Was any medicine EVER prescribed by a doctor for your high blood pressure?

>HYPMED< (1) Yes (PAF.150) (7) Refused (A_PAF_END)
(2) No (A_PAF_END) (9) Don't Know (A_PAF_END)

PAF.150 Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

>HYPMED< (1) Yes (A_PAF_END) (7) Refused (PAF.160)
(2) No (PAF.160) (9) Don't Know (PAF.160)

PAF.160 Did a doctor advise you to stop taking the medicine?

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

(END OF SECTION)