



Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

--	--

(29-30)

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**



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

Men

Women

--

--

(31)

(32)



Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?

Etc.



Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?

Etc.

Suffix: _____

Last digit of phone number

		Last digit of phone number											
		0	1	2	3	4	5	6	7	8	9		
Total adults	1.	_____	1	1	1	1	1	1	1	1	1	1	1.
	2.	_____	2	1	2	1	2	1	2	1	2	1	2.
	3.	_____	3	1	2	3	1	2	3	1	2	X	3.
	4.	_____	1	2	3	4	1	2	3	4	X	X	4.
	5.	_____	2	3	4	5	1	2	3	4	5	1	5.
	6.	_____	5	6	1	2	3	4	X	X	X	X	6.
	7.	_____	2	3	4	5	6	7	1	X	X	X	7.
	8.	_____	8	1	2	3	4	5	6	7	X	X	8.
		Total adults											Total adults



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

If "you," go to page 3

To correct respondent

Hello, I'm _____ calling for the _____. I'm a member of a special research team. We're doing a study of _____ residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is: (33)

Please Read

	a. Excellent	1
	b. Very good	2
	c. Good	3
	d. Fair	4
	or	
	e. Poor.....	5
Do not read these responses.	Don't know/Not sure	7
	Refused	9

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (34-35)

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

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (36-37)

a. Number of days	— —
b. None <i>If Q. 2 also "None," go to Q. 5 (p. 5)</i>	8 8
Don't know/Not sure	7 7
Refused	9 9

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (38-39)

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

Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (40)

- a. Yes *Go to Q. 7* 1
- b. No 2
- Don't know/Not sure *Go to Q. 7* 7
- Refused *Go to Q. 7* 9

6. About how long has it been since you had health care coverage? (41)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago)..... 1
- b. Within the past year (6 to 12 months ago)..... 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never 8
- Refused 9

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (42)

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

8. About how long has it been since you last visited a doctor for a routine checkup? (43)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4

- Don't know/Not sure 7

- Never 8

- Refused 9

Section 3: Hypertension Awareness

9. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (44)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago)..... 1
- b. Within the past year (6 to 12 months ago)..... 2
- c. Within the past 2 years (1 to 2 years ago)..... 3
- d. Within the past 5 years (2 to 5 years ago)..... 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never *Go to Q. 12 (p. 8)* 8
- Refused 9

10. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (45)

- a. Yes 1
- b. No *Go to Q. 12 (p. 8)* 2
- Don't know/Not sure *Go to Q. 12 (p. 8)* 7
- Refused *Go to Q. 12 (p. 8)* 9

11. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (46)

- a. More than once 1
- b. Only once 2
- Don't know/Not sure 7
- Refused 9

Section 4: Cholesterol Awareness

12. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (47)

- a. Yes 1
- b. No *Go to Q. 15 (p. 9)* 2
- Don't know/Not sure *Go to Q. 15 (p. 9)*..... 7
- Refused *Go to Q. 15 (p. 9)* 9

13. About how long has it been since you last had your blood cholesterol checked? (48)

Read Only if Necessary

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

14. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (49)

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

Section 5: Diabetes

15. Have you ever been told by a doctor that you have diabetes? (50)

If "yes" and female, ask "Was this only when you were pregnant?"

- a. Yes 1
- b. Yes, but female told only during pregnancy..... 2
- c. No 3

- Don't know/Not sure 7

- Refused 9

Section 6: Injury Control

16. How often do you use seatbelts when you drive or ride in a car? (51)

Would you say:

Please Read

- a. Always 1
- b. Nearly Always 2
- c. Sometimes 3
- d. Seldom 4
- or**
- e. Never 5
- Don't know/Not sure 7
- Never drive or ride in a car 8
- Refused 9

Do not read these responses.

17. What is the age of the oldest child in your household under the age of 16? (52-53)

- Code <1 yr. as "01"** | a. Code age in years — —
- b. No children under age 16 *Go to Q. 20 (p. 12)* 8 8
- Don't know/Not sure *Go to Q. 20 (p. 12)* 7 7
- Refused *Go to Q. 20 (p. 12)* 9 9

18. How often does the [fill in age from Q. 17] -year-old child in your household use a . . .
car safety seat [for child under 5]
seatbelt [for child 5 or older]
. . .when they ride in a car?

Would you say: *Please Read* (54)

- a. Always 1
- b. Nearly always 2
- c. Sometimes 3
- d. Seldom 4
- or**
- e. Never 5

Do not read these responses.

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

➡ If oldest child is 5 years or older, continue with Q. 19. Otherwise, go to Q. 20 (p. 12).

19. During the past year, how often has the [fill in age from Q. 17] -year-old child worn a bicycle helmet when riding a bicycle?

Would you say: *Please Read* (55)

- a. Always 1
- b. Nearly always 2
- c. Sometimes 3
- d. Seldom 4
- or**
- e. Never 5

Do not read these responses.

- Don't know/Not sure 7
- Never rides a bicycle 8
- Refused 9

20. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them? (56)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 1
- b. Within the past 6 months (1 to 6 months ago) 2
- c. Within the past year (6 to 12 months ago) 3
- d. One or more years ago 4
- e. Never 5
- f. No smoke detectors in home 6
- Don't know/Not sure 7
- Refused 9

Section 7: Tobacco Use

21. Have you smoked at least 100 cigarettes in your entire life? (57)

- | | | | |
|-------------------------------------|----|--|---|
| 5 packs =
100 cigarettes | a. | Yes | 1 |
| | b. | No <i>Go to Q. 27 (p. 15)</i> | 2 |
| | | Don't know/Not sure <i>Go to Q. 27 (p. 15)</i> | 7 |
| | | Refused <i>Go to Q. 27 (p. 15)</i> | 9 |

22. Do you smoke cigarettes now? (58)

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No <i>Go to Q. 26 (p. 14)</i> | 2 |
| | Refused <i>Go to Q. 27 (p. 15)</i> | 9 |

23. On how many of the past 30 days did you smoke cigarettes? (59-60)

- | | | |
|----|---|-----|
| a. | Number of days <i>If less than 30, go to Q. 24a (p. 14)</i> | ___ |
| b. | None <i>Go to Q. 26 (p. 14)</i> | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

24. On the average, about how many cigarettes a day do you now smoke? (61-62)

- | | | | |
|-----------------------------------|--|---|-----|
| 1 pack =
20 cigarettes | | Number of cigarettes <i>Go to Q. 25 (p. 14)</i> | ___ |
| | | Don't know/Not sure <i>Go to Q. 25 (p. 14)</i> | 7 7 |
| | | Refused <i>Go to Q. 25 (p. 14)</i> | 9 9 |

24a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (63-64)

1 pack = 20 cigarettes	Number of cigarettes <i>Go to Q. 27 (p. 15)</i>	— —
	Don't know/Not sure <i>Go to Q. 27 (p. 15)</i>	7 7
	Refused <i>Go to Q. 27 (p. 15)</i>	9 9

25. During the past 12 months, have you quit smoking for 1 day or longer? (65)

- a. Yes *Go to Q. 27 (p. 15)* 1
- b. No *Go to Q. 27 (p. 15)* 2
- Don't know/Not sure *Go to Q. 27 (p. 15)* 7
- Refused *Go to Q. 27 (p. 15)* 9

26. About how long has it been since you last smoked cigarettes regularly, that is, daily? (66-67)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 0 1
- b. Within the past 3 months (1 to 3 months ago) 0 2
- c. Within the past 6 months (3 to 6 months ago) 0 3
- d. Within the past year (6 to 12 months ago) 0 4
- e. Within the past 5 years (1 to 5 years ago) 0 5
- f. Within the past 15 years (5 to 15 years ago) 0 6
- g. 15 or more years ago 0 7
- Don't know/Not sure 7 7
- Never smoked regularly 8 8
- Refused 9 9

Section 8: Alcohol Consumption

27. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (68)

- a. Yes 1
- b. No *Go to Q. 32 (p. 17)*..... 2
- Don't know/Not sure *Go to Q. 32 (p. 17)* 7
- Refused *Go to Q. 32 (p. 17)* 9

28. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (69-71)

- a. Days per week 1 ___
- b. Days per month..... 2 ___
- Don't know/Not sure *Go to Q. 30* 7 7 7
- Refused *Go to Q. 30* 9 9 9

29. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (72-73)

- Number of drinks ___
- Don't know/Not sure 7 7
- Refused 9 9

30. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (74-75)

- a. Number of times ___
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

31. During the past month, how many times have you driven when you've had perhaps too much to drink? (76-77)
- a. Number of times — —
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

Section 9: Demographics

32. What is your age? (78-79)

- Code age in years — —
- Don't know/Not sure 0 7
- Refused 0 9

33. What is your race? (80)

Would you say: *Please Read*

- a. White 1
- b. Black 2
- c. Asian, Pacific Islander 3
- d. American Indian, Alaska Native 4
- or**
- e. Other: (specify) _____ 5

**Do not read
these
responses.**

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

34. Are you of Spanish or Hispanic origin? (81)

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

35. Are you: (82)

Please Read

- a. Married 1
- b. Divorced 2
- c. Widowed. 3
- d. Separated 4
- e. Never been married 5
- or**
- f. A member of an unmarried couple 6
- Refused 9

36. How many children live in your household who are . . .

Please Read

Code 1-9
 7 = 7 or more
 8 = None
 9 = Refused

- a. Less than 5 years old? ___ (83)
- b. 5 through 12 years old? ___ (84)
- c. 13 through 17 years old? ___ (85)

37. What is the highest grade or year of school you completed? (86)

Read Only if Necessary

- a. Never attended school or kindergarten only 1
- b. Grades 1 through 8 (Elementary) 2
- c. Grades 9 through 11 (Some high school) 3
- d. Grade 12 or GED (High school graduate) 4
- e. College 1 year to 3 years (Some college or technical school) . . . 5
- f. College 4 years or more (College graduate) 6
- Refused 9

38. Are you currently: (87)

Please Read

- a. Employed for wages 1
- b. Self-employed 2
- c. Out of work for more than 1 year 3
- d. Out of work for less than 1 year 4
- e. Homemaker 5
- f. Student 6
- g. Retired 7
- or**
- h. Unable to work 8
- Refused 9

39. Is your annual household income from all sources: (88–89)

Please Read

- | | | | |
|--|----|--|-----|
| If respondent
refuses at any
income level,
code refused | a. | Less than \$25,000 <i>If "no," ask e; if "yes"ask b</i>
(\$20,000 to less than \$25,000) | 0 4 |
| | b. | Less than \$20,000 <i>If "no," code a; if "yes"ask c</i>
(\$15,000 to less than \$20,000) | 0 3 |
| | c. | Less than \$15,000 <i>If "no," code b; if "yes"ask d</i>
(\$10,000 to less than \$15,000) | 0 2 |
| | d. | Less than \$10,000 <i>If "no," code c</i> | 0 1 |
| | e. | Less than \$35,000 <i>If "no," ask f</i>
(\$25,000 to less than \$35,000) | 0 5 |
| | f. | Less than \$50,000 <i>If "no," ask g</i>
(\$35,000 to less than \$50,000) | 0 6 |
| | g. | Less than \$75,000 <i>If "no," code h</i>
(\$50,000 to less than \$75,000) | 0 7 |
| | h. | \$75,000 or more | 0 8 |
| Do not read
these
responses. | | Don't know/Not sure | 7 7 |
| | | Refused | 9 9 |

40. About how much do you weigh without shoes? (90-92)

Round fractions up	Weight	_ _ _ pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

41. About how tall are you without shoes? (93-95)

Round fractions down	Height	_ / _ _ ft / inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

42. What county do you live in? (96-98)

FIPS county code	_ _ _
Don't know/Not sure	7 7 7
Refused	9 9 9

43. Do you have more than one telephone number in your household? (99)

a. Yes	1
b. No <i>Go to Q. 45</i>	2
Refused <i>Go to Q. 45</i>	9

44. How many residential telephone numbers do you have? (100)

Total telephone numbers <i>[8 = 8 or more]</i>	_
Refused	9

Now I have some questions about other health services you may have received.

45. Indicate sex of respondent. (101)

Ask Only if Necessary

Male <i>Go to Q. 58 (p. 25)</i>	1
Female	2

Section 10: Women’s Health

46. A mammogram is an x-ray of each breast to look for breast cancer.
Have you ever had a mammogram? (102)

- a. Yes 1
- b. No *Go to Q. 50 (p. 22)* 2
- Don’t know/Not sure *Go to Q. 50 (p. 22)* 7
- Refused *Go to Q. 50 (p. 22)* 9

47. How long has it been since you had your last mammogram? (103)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago)..... 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago *Go to Q. 49 (p. 22)* 5
- Don’t know/Not sure 7
- Refused 9

48. About how many mammograms have you had in the last five years? (104-105)

- Number of mammograms — —
- None 8 8
- Don’t know/Not sure 7 7
- Refused 9 9

49. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (106)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

50. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (107)

- a. Yes 1
- b. No *Go to Q. 53 (p. 23)* 2
- Don't know/Not sure *Go to Q. 53 (p. 23)* 7
- Refused *Go to Q. 53 (p. 23)* 9

51. How long has it been since your last breast exam? (108)

Read Only if Necessary

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

52. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (109)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

53. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (110)

- a. Yes 1
- b. No *Go to Q. 56 (p. 24)* 2
- Don't know/Not sure *Go to Q. 56 (p. 24)* 7
- Refused *Go to Go to Q. 56 (p. 24)* 9

54. How long has it been since you had your last Pap smear? (111)

Read Only if Necessary

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

55. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (112)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

56. Have you had a hysterectomy? (113)

A hysterectomy is an operation to remove the uterus (womb)

- a. Yes *Go to Q. 58 (p. 25)* 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

➡ If respondent 45 years old or older, go to Q. 58 (p. 25).


57. To your knowledge, are you now pregnant? (114)

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

Section 11: Immunization

58. During the past 12 months, have you had a flu shot? (115)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

59. Have you ever had a pneumonia vaccination? (116)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

 **If respondent 40 years old or older, continue with Q. 60. Otherwise, go to Section 13: HIV/AIDS (p. 28).**

Section 12: Colorectal Cancer Screening

60. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam? (117)

- a. Yes 1
- b. No *Go to Q. 62* 2
- Don't know/Not sure *Go to Q. 62* 7
- Refused *Go to Q. 62* 9

61. When did you have your last digital rectal exam? (118)

Read Only if Necessary

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

62. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam? (119)

- a. Yes 1
- b. No *Go to Section 13: HIV/AIDS (p. 28)* 2
- Don't know/Not sure *Go to Section 13: HIV/AIDS (p. 28)* .. 7
- Refused *Go to Section 13: HIV/AIDS (p. 28)* 9

63. When did you have your last proctoscopic exam? (120)

Read Only if Necessary

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

Section 13: AIDS Knowledge and Testing

➡ **If respondent is 65 years old or older, go to Closing Statement.**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

64. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (121-122)

Code 01 through 12	a. Grade	— —
	b. Kindergarten	5 5
	c. Never	8 8
	Don't know/Not sure	7 7
	Refused	9 9

65. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (123)

a. Yes	1
b. No	2
Would give other advice	3
Don't know/Not sure	7
Refused	9

66. What are your chances of getting infected with HIV, the virus that causes AIDS ? (124)

Would you say: *Please Read*

- a. High 1
- b. Medium..... 2
- c. Low..... 3
- or**
- d. None 4
- Not applicable *Go to Q. 68 (p. 30)* 5
- Don't know/Not sure 7
- Refused 9

Do not read these responses.

67. Have you ever had your blood tested for HIV? (125)

- a. Yes *Go to Q. 68 (p. 30)* 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

68a. Have you donated blood since March 1985? (126)

- a. Yes 1
- b. No *Go to Q. 73 (p. 32)* 2
- Don't know/Not sure *Go to Q. 73 (p. 32)* 7
- Refused *Go to Q. 73 (p. 32)* 9

69a. When did you last donate blood? (127-130)

- Code month and year *Go to Q. 73 (p. 32)* ___/___
- Don't know/Not sure *Go to Q. 73 (p. 32)* 7 7 7 7
- Refused *Go to Q. 73 (p. 32)* 9 9 9 9

68. When was your last blood test for HIV? (131-134)

- Code month and year ___/___
- Don't know/Not sure 7 7 7 7
- Refused 9 9 9 9

69. What was the main reason you had your last blood test for HIV? (135-136)

Reason code ___

Read Only if Necessary

- a. For hospitalization or surgical procedure 01
- b. To apply for health insurance 02
- c. To apply for life insurance 03
- d. For employment 04
- e. To apply for a marriage license 05
- f. For military induction or military service..... 06
- g. For immigration 07
- h. Just to find out if you were infected 08
- i. Because of referral by a doctor..... 09
- j. Because of pregnancy..... 10
- k. Referred by your sex partner 11
- l. Because it was part of a blood donation process 12
- m. For routine checkup 13
- n. Because of occupational exposure 14
- o. Because of illness 15
- p. Other 87
- Don't know/Not sure 77
- Refused 99

70. Where did you have your last blood test for HIV? (137-138)

Facility Code — —

Read Only if Necessary

- a. Private doctor, HMO 01
- b. Blood bank, plasma center, Red Cross 02
- c. Health department 03
- d. AIDS clinic, counseling, testing site 04
- e. Hospital, emergency room, outpatient clinic 05
- f. Family planning clinic 06
- g. Prenatal clinic 07
- h. Tuberculosis clinic 08
- i. STD clinic 09
- j. Community health clinic 10
- k. Clinic run by employer 11
- l. Insurance company clinic 12
- m. Other public clinic 13
- n. Drug treatment facility 14
- o. Military induction or military service site 15
- p. Immigration site 16
- q. At home, home visit by nurse or health worker 17
- r. At home, using self-testing kit 18
- s. Other 87
- Don't know/Not sure 77
- Refused 99

71. Did you receive the results of your last test? (139)

- a. Yes 1
- b. No *Go to Q. 73* 2
- Don't know/Not sure *Go to Q. 73* 7
- Refused *Go to Q. 73* 9

72. Did you receive counseling or talk with a health care professional about the results of your test? (140)

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

73. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? (141)

Would you say:

Please Read

- a. Very effective 1
- b. Somewhat effective 2
- or**
- c. Not at all effective 3
- Don't know how effective 4
- Don't know method 5
- Refused 9

Do not read these responses.

74. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months? (142)
- a. Yes 1
 - b. No *Go to Closing Statement* 2
 - Don't know/Not sure *Go to Closing Statement* 7
 - Refused *Go to Closing Statement* 9

75. Have you:

<i>Please Read</i>	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Had sexual intercourse with only one partner?	1	2	7	9	(143)
b. Used condoms for protection?	1	2	7	9	(144)
c. Been more careful in selecting sexual partners?	1	2	7	9	(145)

Closing Statement

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

or

Transition to Modules or State-added Questions, or both

Finally, I have just a few questions left about some other health topics.

Module 1: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (146)

Probe for chewing tobacco, snuff, or both.	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither <i>Go to Next Module</i>	4
	Don't know/Not sure <i>Go to Next Module</i>	7
	Refused <i>Go to Next Module</i>	9

2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (147)

"Yes" includes occasional use.	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

Module 2: Fruits and Vegetables

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

1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (148–150)

- a. Per day 1 __ __
- b. Per week 2 __ __
- c. Per month 3 __ __
- d. Per year 4 __ __
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

2. Not counting juice, how often do you eat fruit? (151–153)

- a. Per day 1 __ __
- b. Per week 2 __ __
- c. Per month 3 __ __
- d. Per year 4 __ __
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

3. How often do you eat green salad? (154–156)
- a. Per day 1 _ _
 - b. Per week 2 _ _
 - c. Per month 3 _ _
 - d. Per year 4 _ _
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

4. How often do you eat potatoes, not including french fries, fried potatoes, or potato chips? (157–159)
- a. Per day 1 _ _
 - b. Per week 2 _ _
 - c. Per month 3 _ _
 - d. Per year 4 _ _
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

5. How often do you eat carrots? (160–162)
- a. Per day 1 _ _
 - b. Per week 2 _ _
 - c. Per month 3 _ _
 - d. Per year 4 _ _
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (163–165)

Example: a serving of vegetables at both lunch and dinner would be two servings.

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

Module 3: Diabetes

1. How old were you when you were told you have diabetes? (166-167)

- Code age in years [76 = 76 and older] — —
- Don't know/Not sure 7 7
- Refused 9 9

2. Are you now taking insulin? (168)

- a. Yes 1
- b. No *Go to Q. 4* 2
- Refused *Go to Q. 4* 9

3. Currently, about how often do you use insulin? (169-171)

- a. Times per day 1 — —
- b. Times per week 2 — —
- c. Use insulin pump 3 3 3
- Don't know/Not sure 7 7 7
- Refused 9 9 9

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (172-174)

- a. Times per day 1 — —
- b. Times per week 2 — —
- c. Times per month 3 — —
- d. Times per year 4 — —
- e. Never 8 8 8
- Don't know/Not sure 7 7 7
- Refused 9 9 9

5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin “A one C”? (175)

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

6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes? (176-177)

- a. Number of times — —
- b. None *Go to Q. 9* 8 8
- Don't know/Not sure *Go to Q. 9* 7 7
- Refused *Go to Q. 9* 9 9

➡ If “No,” “Dk/Ns,” or “Refused” to Q. 5, go to Q. 8.

7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin “A one C”? (178)

- a. Number of times [*6=6 or more*] —
- b. None 8
- Don't know/Not sure 7
- Refused 9

8. About how many times in the last year has a health professional checked your feet for any sores or irritations? (179)

- a. Number of times [*6=6 or more*] —
- b. None 8
- Don't know/Not sure 7
- Refused 9

9. 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. (180)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 1
- b. Within the past year (1 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. 2 or more years ago 4
- e. Never 8
- Don't know/Not sure 7
- Refused 9

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

10. How much of the time does your vision limit you in recognizing people or objects across the street? (181)

Would you say: *Please read*

- a. All of the time 1
- b. Most of the time 2
- c. Some of the time 3
- d. A little bit of the time 4
- or**
- e. None of the time 5

Do not read these responses.

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

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (182)

Would you say: *Please read*

- a. All of the time 1
- b. Most of the time 2
- c. Some of the time 3
- d. A little bit of the time 4
- or**
- e. None of the time 5

Do not read these responses.	Don't know/Not sure	7
	Refused	9

12. How much of the time does your vision limit you in watching television? (183)

Would you say: *Please read*

- a. All of the time 1
- b. Most of the time 2
- c. Some of the time 3
- d. A little bit of the time 4
- or**
- e. None of the time 5

Do not read these responses.	Don't know/Not sure	7
	Refused	9

Module 4: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (184)
- a. Yes 1
 - b. No *Go to Next Module* 2
 - Don't know/Not sure *Go to Next Module* 7
 - Refused *Go to Next Module* 9

2. What type of physical activity or exercise did you spend the most time doing during the past month? (185–186)

Activity (specify): _____
See coding list A

Refused *Go to Q. 6* 9 9

➔ Ask Q. 3 only if answer to Q. 2 is running, jogging, walking, or swimming. All others go to Q. 4.

3. How far did you usually walk/run/jog/swim? (187–189)

Miles and tenths — . — . —

Don't know/Not sure 7 7 7

Refused 9 9 9

4. How many times per week or per month did you take part in this activity during the past month? (190–192)

- a. Times per week 1 — —
- b. Times per month 2 — —
- Don't know/Not sure 7 7 7
- Refused 9 9 9

See coding list B if response is not in miles and tenths.

5. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (193–195)

Hours and minutes —:— —
Don't know/Not sure 7 7 7
Refused 9 9 9

6. Was there another physical activity or exercise that you participated in during the last month? (196)

a. Yes 1
b. No Go to Next Module 2
Don't know/Not sure Go to Next Module 7
Refused Go to Next Module 9

7. What other types of physical activity gave you the most exercise during the past month? (197–198)

Activity (specify): _____ — —
See coding list A
Refused Go to Next Module 9 9

Ask Q. 8 only if answer to Q. 7 is running, jogging, walking, or swimming. All others go to Q. 9.

8. How far did you usually walk/run/jog/swim? (199–201)

See coding list B if response is not in miles and tenths.
Miles and tenths — .— —
Don't know/Not sure 7 7 7
Refused 9 9 9

9. How many times per week or per month did you take part in this activity? (202–204)

- a. Times per week 1 _ _
- b. Times per month 2 _ _
- Don't know/Not sure 7 7 7
- Refused 9 9 9

10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (205–207)

- Hours and minutes _ : _ _
- Don't know/Not sure 7 7 7
- Refused 9 9 9

Activity Codes and Intensity Factors for Common Leisure Activities Coding List A

Code description

- 01. Aerobics class
- 02. Backpacking
- 03. Badminton
- 04. Basketball
- 05. Bicycling for pleasure
- 06. Boating (canoeing, rowing,
 sailing for pleasure or camping)
- 07. Bowling
- 08. Boxing
- 09. Calisthenics
- 10. Canoeing/rowing—in competition
- 11. Carpentry
- 12. Dancing-aerobics/ballet
- 13. Fishing from river bank or boat
- 14. Gardening (spading, weeding,
 digging, filling)
- 15. Golf
- 16. Handball
- 17. Health club exercise
- 18. Hiking—cross-country
- 19. Home exercise
- 20. Horseback riding
- 21. Hunting large game—deer, elk
- 22. Jogging
- 23. Judo/karate
- 24. Mountain climbing
- 25. Mowing lawn
- 26. Paddleball
- 27. Painting/papering house

Code description

- 28. Racketball
- 29. Raking lawn
- 30. Running
- 31. Rope skipping
- 32. Scuba diving
- 33. Skating—ice or roller
- 34. Sledding, tobogganing
- 35. Snorkeling
- 36. Snowshoeing
- 37. Snow shoveling by hand
- 38. Snow blowing
- 39. Snow skiing
- 40. Soccer
- 41. Softball
- 42. Squash
- 43. Stair climbing
- 44. Stream fishing in waders
- 45. Surfing
- 46. Swimming laps
- 47. Table tennis
- 48. Tennis
- 49. Touch football
- 50. Volleyball
- 51. Walking
- 52. Waterskiing
- 53. Weight lifting
- 54. Other _____
- 55. Bicycling machine exercise
- 56. Rowing machine exercise

Coding List B

Lap Swimming

<i>Size pool</i>	<i>Laps</i>
50 ft. pool	10 laps = .1 mile
100 ft. pool	5 laps = .1 mile
50 meter pool	3 laps = .1 mile

Running/Jogging/Walking

- 1/2 mile = .5 mile
- 1/4 mile = .3 mile
- 1/8 mile = .1 mile
- 1 block = .1 mile

Module 5: Weight Control

1. Are you now trying to lose weight? (208)
 - a. Yes **Go to Q. 3** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

2. Are you now trying to maintain your current weight, that is to keep from gaining weight (209)
 - a. Yes 1
 - b. No **Go to Q. 6** 2
 - Don't know/Not sure **Go to Q. 6** 7
 - Refused **Go to Q. 6** 9

3. Are you eating either fewer calories or less fat to...
lose weight? [*if "Yes" on Q. 1*]
keep from gaining weight? [*if "Yes" on Q. 2*] (210)

Probe for which	a. Yes, fewer calories 1
	b. Yes, less fat 2
	c. Yes, fewer calories and less fat 3
	d. No 4
	Don't know/Not sure 7
	Refused 9

4. Are you using physical activity or exercise to...
 lose weight? [*if “Yes” on Q. 1*]
 keep from gaining weight? [*if “Yes” on Q. 2*] (211)

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

5. How much would you like to weigh? (212-214)

- Weight — — —
pounds
- Don't know/Not sure 7 7 7
- Refused 9 9 9

6. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (215)

- | | |
|--------------------------------|---|
| Probe
for
which | a. Yes, lose weight 1 |
| | b. Yes, gain weight 2 |
| | c. Yes, maintain current weight 3 |
| | d. No 4 |
| | Don't know/Not sure 7 |
| | Refused 9 |

Module 6: Years of Healthy Life

These next questions are about limitations you may have in your daily life.

➡ If respondent is 65 years old or older, go to Section B.

Section A: Ages 18-64

1. What were you doing MOST of the past 12 months? (216)

Please Read

- a. Working at a job or business 1
- b. Keeping house *Go to Q. 4* 2
- c. Going to school *Go to Q. 6* 3
- or
- d. Something else *Go to Q. 6* 4

Do not read these responses.

- Don't know/Not sure *Go to Next Module* 7
- Refused *Go to Next Module* 9

2. Does any impairment or health problem NOW keep you from working at a job or business? (217)

- a. Yes *Go to Q. 9* 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

3. Are you limited in the kind or amount of work you can do because of any impairment or health problem? (218)

- a. Yes *Go to Q. 9* 1
- b. No *Go to Q. 8* 2
- Don't know/Not sure *Go to Q. 8* 7
- Refused *Go to Q. 8* 9

- 4. Does any impairment or health problem **now** keep you from doing any housework at all? (219)
 - a. Yes **Go to Q. 6** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

- 5. Are you limited in the kind or amount of housework you can do because of any impairment or health problem? (220)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

- 6. Does any impairment or health problem keep you from working at a job or business? (221)
 - a. Yes **Go to Q. 9** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

- 7. Are you limited in the kind or amount of work you could do because of any impairment or health problem? (222)
 - a. Yes **Go to Q. 9** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

➡ If "Yes" to Q. 4 or "Yes" to Q. 5, go to Q. 9.

8. Are you limited in any way in any activities because of any impairment or health problem? (223)

- a. Yes 1
- b. No **Go to Next Module** 2
- Don't know/Not sure **Go to Next Module** 7
- Refused **Go to Next Module** 9

9. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (224)

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

10. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (225)

- a. Yes **Go to Next Module** 1
- b. No **Go to Next Module** 2
- Don't know/Not sure **Go to Next Module** 7
- Refused **Go to Next Module** 9

Section B: Ages 65 and Older

11. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (226)

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

12. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (227)

- a. Yes ***Go to Next Module*** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

13. Are you limited in any way in any activities because of an impairment or health problem? (228)

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

Module 7: Quality of Life

These next questions are about limitations you may have in your daily life.

- 1. Are you limited in any way in any activities because of any impairment or health problem? (229)
 - a. Yes 1
 - b. No **Go to Q. 6** 2
 - Don't know/Not sure **Go to Q. 6** 7
 - Refused **Go to Q. 6** 9

- 2. What is the major impairment or health problem that limits your activities? (230-231)
 - a. Arthritis/rheumatism..... 0 1
 - b. Back or neck problem..... 0 2
 - c. Fractures, bone/joint injury..... 0 3
 - d. Walking problem 0 4
 - e. Lung/breathing problem 0 5
 - f. Hearing problem..... 0 6
 - g. Eye/vision problem..... 0 7
 - h. Heart problem..... 0 8
 - i. Stroke problem 0 9
 - j. Hypertension/high blood pressure 1 0
 - k. Diabetes 1 1
 - l. Cancer..... 1 2
 - m. Depression/anxiety/emotional problem 1 3
 - n. Other impairment/problem 1 4
 - Don't know/Not sure 7 7
 - Refused 9 9

3. For how long have your activities been limited because of your major impairment or health problem? (232-234)

- a. Days 1 __ __
- b. Weeks 2 __ __
- c. Months 3 __ __
- d. Years 4 __ __
- Don't know/Not sure 7 7 7
- Refused 9 9 9

4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (235)

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

5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (236)

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

6. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (237-238)

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

7. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (239-240)

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

8. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (241-242)

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

9. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (243-244)

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

10. During the past 30 days, for about how many days have you felt very healthy and full of energy? (245-246)

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

Module 8: Health Care Utilization

1. Is there one particular clinic, health center, doctor’s office, or other place that you usually go to if you are sick or need advice about your health? (247)

- a. Yes *Go to Q. 3* 1
- b. More than one place 2
- c. No *Go to Q. 4* 3
- Don’t know/Not sure *Go to Next Module* 7
- Refused *Go to Next Module* 9

2. Is there one of these places that you go to most often when you are sick or need advice about your health? (248)

- a. Yes 1
- b. No *Go to Next Module* 2
- Don’t know/Not sure 7
- Refused 9

3. What kind of place is it — a clinic, a health center, a hospital, a doctor’s office, or some other place?	(249-250)
a. Doctor’s office or private clinic <i>Go to Next Module</i>	0 1
b. Company or school health clinic/center <i>Go to Next Module</i>	0 2
c. Community/migrant/rural clinic/center <i>Go to Next Module</i>	0 3
d. County/city/public hospital outpatient clinic <i>Go to Next Module</i>	0 4
e. Private/other hospital outpatient clinic <i>Go to Next Module</i>	0 5
f. Hospital emergency room <i>Go to Next Module</i>	0 6
g. HMO/prepaid group <i>Go to Next Module</i>	0 7
h. Psychiatric hospital or clinic <i>Go to Next Module</i>	0 8
i. VA hospital or clinic <i>Go to Next Module</i>	0 9
j. Military health care facility <i>Go to Next Module</i>	1 0
k. Some other kind of place <i>Go to Next Module</i>	1 1
Don’t know/Not sure <i>Go to Next Module</i>	7 7
Refused <i>Go to Next Module</i>	9 9

4. What is the main reason you do not have a usual source of medical care? (251-252)
- a. Two or more usual places 0 1
 - b. Have not needed a doctor 0 2
 - c. Do not like/trust/believe in doctors 0 3
 - d. Do not know where to go 0 4
 - e. Previous doctor is not available/moved 0 5
 - f. No insurance/cannot afford 0 6
 - g. Speak a different language 0 7
 - h. No place is available/close enough/convenient 0 8
 - i. Other 0 9
- Don't know/Not sure 7 7
- Refused 9 9

Module 9: Oral Health

1. How long has it been since you last visited the dentist or a dental clinic? (253)
- a. Within the past year (1 to 12 months ago) *Go to Q. 3* 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 5 years (2 to 5 years ago) 3
 - d. 5 or more years ago 4
 - Don't know/Not sure *Go to Q. 3* 7
 - Never 8
 - Refused *Go to Q. 3* 9

2. What is the main reason you have not visited the dentist in the last year? (254-255)

Reason code _____

Read Only if Necessary

- a. Fear, apprehension, nervousness, pain, dislike going..... 0 1
- b. Cost..... 0 2
- c. Do not have/know a dentist 0 3
- d. Cannot get to the office/clinic (too far away, no transportation, no appointments available)..... 0 4
- e. No reason to go (no problems, no teeth) 0 5
- f. Other priorities 0 6
- g. Have not thought of it..... 0 7
- h. Other 0 8
- Don't know/Not sure 7 7
- Refused 9 9

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (256)

- a. 5 or fewer 1
- b. 6 or more but not all 2
- c. All 3
- d. None 8
- Don't know/Not sure 7
- Refused 9

4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (257)

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

Module 10: Firearms

The next few questions are about firearms. We are interested only in firearms that work. This would include handguns, pistols, rifles, and automatic and semiautomatic weapons. We are not interested in BB and pellet guns, tear gas guns, and guns that can't fire.

1. Are there any loaded or unloaded firearms in your home or the car, van, or truck you usually drive? This includes firearms stored in the basement, garage, or any attached buildings. (258)

- a. Yes 1
- b. No *Go to Closing Statement* 2
- Don't know/Not sure *Go to Closing Statement* 7
- Refused *Go to Closing Statement* 9

2. Are there any loaded firearms in the car, van, or truck you usually drive? (259)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Don't drive 8
- Refused 9

3. Not including firearms in a car, truck, or other vehicle, are there any loaded firearms in your home? (260)

- a. Yes 1
- b. No *Go to Q. 5* 2
- Don't know/Not sure *Go to Q. 5* 7
- Refused *Go to Q. 5* 9

4. Are all of the loaded firearms in your home stored in a locked place that can only be opened with a key or combination, or with a trigger lock that can only be opened with a key or combination? (261)

- A safety is not a trigger lock | a. Yes 1
- b. No *Go to Q. 9* 2
- Don't know/Not sure *Go to Q. 9* 7
- Refused *Go to Q. 9* 9

5. Are there any unloaded firearms in your home? (262)

- a. Yes 1
- b. No *Go to Q. 9* 2
- Don't know/Not sure *Go to Q. 9* 7
- Refused *Go to Q. 9* 9

6. Are all of the unloaded firearms in your home stored in a locked place that can only be opened with a key or combination, or with a trigger lock that can only be opened with a key or combination? (263)

- a. Yes *Go to Q. 9* 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

7. Is the ammunition for any of those unloaded and unlocked firearms stored in the same room as the firearms or in closets in the same room? (264)

- a. Yes 1
- b. No *Go to Q. 9* 2
- Don't know/Not sure *Go to Q. 9* 7
- Don't own any ammunition *Go to Q. 9* 8
- Refused *Go to Q. 9* 9

- 8. Is the ammunition stored in a locked or unlocked place? (265)
 - a. Locked 1
 - b. Unlocked..... 2
 - Don't know/Not sure 7
 - Refused 9

- 9. Do you feel safer or less safe because there are firearms in your home or car, van, or truck? (266)
 - a. Safer 1
 - b. Less safe 2
 - c. Neither 3
 - Don't know/Not sure 7
 - Refused 9

- 10. Excluding firearms you carry because of work, have you carried a loaded firearm on your person outside the home for protection during the past 30 days? (267)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9