

ADULT CORE
Section I -- IDENTIFICATION

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

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

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

AID.030 **FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE ADULT BEFORE PROCEEDING:**

(1) Yes (2) No

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

Check Item AIDCCI2: If >AIDVERF_S< = (2) go to AID.040; If >AIDVERF_A< = (2) go to AID.050; If >AIDVERF_D< = (2) go to AID.060; Else go to ACN.010. If no changes or when changes complete, go to next section -- Conditions

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

Is {sample adult name} Male or Female?

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

(Go to Check Item AIDCCI2)

[Update revised sex AIDSEX in SEX]

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

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

(Go to Check Item AIDCCI2)

[Update revised age AIDAGE in AGE]

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

>AIDDOB_M< MONTH:

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

>AIDDOB_D< DAY:

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

>AIDDOB_Y< YEAR:

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

(Go to Check Item AIDCCI2)

[Update revised birthdate in DOB_M, DOB_BDAY, and DOB_Y_P]

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

(Go to next section -- Conditions)

Section II -- CONDITIONS

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

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

>HYPEV< (1) Yes (ACN.020) (7) Refused (ACN.031)
(2) No (ACN.031) (9) Don't know (ACN.031)

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

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

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

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

>C1_CHDEV< ... Coronary heart disease?

>C1_ANGEV< ... Angina, also called angina pectoris?

>C1_MIEV< ... A heart attack (also called myocardial infarction)?

>C1_HRTEV< ... Any kind of heart condition or heart disease (other than the ones I just asked about)?

>C1_STREV< ... A stroke?

>C1_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 (ACN.090) (7) Refused (ACN.110)
(2) No (ACN.110) (9) Don't know (ACN.110)

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

>AASMYR< (1) Yes (ACN.100) (7) Refused (ACN.110)
(2) No (ACN.110) (9) Don't know (ACN.110)

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

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

ACN.110 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 (ACN.120) (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 (ACN.140) (7) Refused (ACN.160)
- (2) No (ACN.160) (9) Don't know (ACN.160)

ACN.140 What kind of cancer was it?

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

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

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

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

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

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

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

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

- >JNTIJ< (1) Yes (ACN.280) (7) Refused (ACN.290)
- (2) No (ACN.290) (9) Don't know (ACN.290)

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

- >JNTIJL_N< [] NUMBER:
- (01-52) 1-52 (97) Refused
- (96) Entire year (99) Don't know

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

ACN.290 Which joints are affected?

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

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

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

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

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

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

- >PAINLB< (1) Yes (ACN.320) (7) Refused (ACN.331)
- (2) No (ACN.331) (9) Don't know (ACN.331)

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

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

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

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

>PFA_MIG1< ... Facial ache or pain in the jaw muscles or the joint in front of the ear?

>PFA_MIG2< ... Severe headache or migraine?

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

FR: HAND CALENDAR CARD.

ACN.350 Did you have a head cold or chest cold that started during those TWO WEEKS?

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

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

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

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

ACN.370 Are you currently pregnant?

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

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

ACN.410 Have you ever worn a hearing aid?

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

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

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

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

>**AVISION**< (1) Yes (ACN.440) (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 During the PAST 30 DAYS, how often did you feel...

FR: SHOW FLASHCARD A4.

ALL OF THE TIME (1)	MOST OF THE TIME (2)	SOME OF THE TIME (3)	A LITTLE OF THE TIME (4)	NONE OF THE TIME (5)	REFUSED (7)	DON'T KNOW (9)
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>**SAD**< ... So sad that nothing could cheer you up?

>**NERVOUS**< ... Nervous?

>**RESTLESS**< ... Restless or fidgety

>**HOPELESS**< ... Hopeless

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

>**WORTHLS**< ... Worthless?

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

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

>**MHAMTMO**< (1) A lot (4) Not at all
(2) Some (7) Refused
(3) A little (9) Don't know

(Goto next section)

Section III -- HEALTH STATUS AND LIMITATION OF ACTIVITIES

Part A -- Health Indicators

**If DOINGLW2 eq <1,2> goto AHS.040; If DOINGLW2 eq <3,4> goto AHS.030;
If DOINGLW2 eq <R,D> goto AHS.050**

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

>**WRKLYR2**< (1) Yes (AHS.040) (7) Refused (AHS.050)
(2) No (AHS.050) (9) Don't know (AHS.050)

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

>**WKDAYR**< (000) None (997) Refused
(001-366) 1-366 Days (999) Don't know

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

>**BEDDAYR1**< (000) None (397) Refused
(001-366) 1-366 Days (399) Don't know

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

>**AHSTATYR**< (1) Better (7) Refused
(2) Worse (9) Don't know
(3) About the same

Part B -- Limitation of Activities

AHS.070 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

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

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

AHS.091 By yourself, and without using any special equipment, how difficult is it for you to...

FR: SHOW FLASHCARD A3.

- | | | | | | |
|------------|---------------|-----------|-----------|----------|---------------|
| NOT AT ALL | ONLY A LITTLE | SOMEWHAT | VERY | CAN'T DO | DO NOT DO |
| DIFFICULT | DIFFICULT | DIFFICULT | DIFFICULT | AT ALL | THIS ACTIVITY |
| (0) | (1) | (2) | (3) | (4) | (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 A5.**
FR: READ LEAD-IN IF NECESSARY:

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

- | | | | | | |
|------------|---------------|-----------|-----------|----------|---------------|
| NOT AT ALL | ONLY A LITTLE | SOMEWHAT | VERY | CAN'T DO | DO NOT DO |
| DIFFICULT | DIFFICULT | DIFFICULT | DIFFICULT | AT ALL | THIS ACTIVITY |
| (0) | (1) | (2) | (3) | (4) | (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 A5.**
FR: READ LEAD-IN IF NECESSARY:

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

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

(7) Refused (9) Don't know

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

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

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

FR: SHOW FLASHCARD A6. ENTER ALL THAT APPLY UP TO 5 (but do not probe). IF OLD AGE IS REPORTED, PROBE FOR SPECIFIC CONDITION(S) CAUSED BY OLD AGE. ENTER (N) FOR NO MORE.

- | | | |
|----------|----------------------------------|--|
| >AFLHCA< | (1) Vision/problem seeing | (12) Cancer |
| | (2) Hearing problem | (13) Birth defect |
| | (3) Arthritis/rheumatism | (14) Mental retardation |
| | (4) Back or neck problem | (15) Other developmental problem (as cerebral palsy) |
| | (5) Fractures, bone/joint injury | (16) Senility |
| | (6) Other injury | (17) Depression/anxiety/emotional problem |
| | (7) Heart problem | (18) Weight problem pressure |
| | (8) Stroke problem | (19) Other impairment/problem |
| | (9) Hypertension/high blood | (20) Other impairment/problem |
| | (10) Diabetes | (97) Refused |
| | (11) Lung/breathing problem | (99) Don't know |
- [] [] [] [] []

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

AHS.201 **FR: THESE SHOULD BE NAMES OF SPECIFIC CONDITIONS THAT ARE NOT ON THE CONDITION LIST.**

- >AFLSPEC1< First condition: _____
- >AFLSPEC2< Second condition: _____

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

>ALHCLN< NUMBER:

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

>ALHCLT< TIME PERIOD:

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

(Goto next section)

Section IV - HEALTH BEHAVIORS

Part A - Tobacco

These next questions are about cigarette smoking.

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

>SMKEV< (1) Yes (AHB.020) (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 (AHB.040B) (97) Refused (AHB.090)
(95) 95+ (AHB.040B) (99) Don't know (AHB.045)

AHB.040B

>SMKQTTP< [] TIME PERIOD:
(1) Days (4) Years
(2) Weeks (7) Refused
(3) Months (9) Don't know

(Go to AHB.090)

AHB.045 Have you quit smoking since {current month in word format}?

>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 "1", ENTER "1"

>CIGSDA1< (1-94) 1-94 cigarettes (97) Refused
(95) 95+ cigarettes (99) Don't know

(Go to AHB.080)

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

>CIGDAMO< (00) None (AHB.080) (99) Don't know (AHB.070)
(01-30) 1-30 Days (AHB.070) (97) Refused (AHB.070)

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

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

>CIGSDA2< (01-94) 1-94 cigarettes (97) Refused
(95) 95+ cigarettes (99) Don't know

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

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

Part B - Physical Activity

The next questions are about physical activities (exercise, 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 (AHB.090B) | (999) Don't know (AHB.110) |
| (996) Unable to do this type activity (AHB.110) | |

AHB.090B

>VIGTP< TIME PERIOD:

- | | |
|-----------|-------------------------------------|
| (1) Day | (6) Unable to do this type activity |
| (2) Week | (7) Refused |
| (3) Month | (9) Don't know |
| (4) Year | |

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

>VIGLNGNO< NUMBER:

- (001-995) 1-995 (AHB.100B)
(997) Refused (AHB.110)
(999) Don't know (AHB.108)

AHB.100B

>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 (AHB.110B) | (999) Don't know (AHB.130) |
| (996) Unable to do this type activity (AHB.130) | |

AHB.110B

>MODTP< [] TIME PERIOD:

- | | |
|-----------|-------------------------------------|
| (1) Day | (6) Unable to do this type activity |
| (2) Week | (7) Refused |
| (3) Month | (9) Don't know |
| (4) Year | |

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

>MODLNGNO< [] NUMBER:

- (001-995) 1-995 (AHB.120B)
- (997) Refused (AHB.130)
- (999) Don't know (AHB.128)

AHB.120B

>MODLNGTP< [] TIME PERIOD:

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

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

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

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

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

>STRNGNO< NUMBER:

- | | |
|---|----------------------------|
| (000) Never (AHB.140) | (997) Refused (AHB.140) |
| (001-995) 1-995 times per (AHB.130B) | (999) Don't know (AHB.140) |
| (996) Unable to do this type activity (AHB.140) | |

AHB.130B

>STRNGTP< TIME PERIOD:

- | | |
|-----------|--------------------------------|
| (1) Day | (6) Unable to do this activity |
| (2) Week | (7) Refused |
| (3) Month | (9) Don't know |
| (4) Year | |

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 (AHB.160) (7) Refused (AHB.190)
(2) No (AHB.190) (9) Don't know (AHB.190)

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

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

>ALC12MNO< [] NUMBER:

(000) Never (AHB.190) (997) Refused (AHB.190)
(001-365) 1-365 days per (AHB.160B) (999) Don't know (AHB.170)

AHB.160B

>ALC12MTP< [] TIME PERIOD:

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

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

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

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

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

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

>ALC5UPNO< [] NUMBER:

(000) Never/None (AHB.190) (997) Refused (AHB.190)
(001-365) 1-365 days (AHB.180B) (999) Don't know (AHB.190)

AHB.180B

>ALC5UPTP< [] TIME PERIOD:

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

AHB.190 How tall are you without shoes?

>AHEIGHTF< FEET:

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

AHB.190B

>AHEIGHTI< INCHES:

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

(Go to AHB.200)

FR: ENTER 'M' TO RECORD METRIC MEASUREMENTS

AHB.190C

>AHEIGHTM< METERS:.

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

AHB.190D

>AHEIGHTC< CENTIMETERS:

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

AHB.200 How much do you weigh without shoes?

>WT_LB< POUNDS:

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

(997) Refused (Go to next section)

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

FR: ENTER "M" TO RECORD METRIC MEASUREMENTS

AHB.200B

.>WT_KG< KILOGRAMS:

(0227-2268) 22.7-226.8 kilograms

(9997) Refused

(9999) Don't Know

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

Section V - HEALTH CARE ACCESS AND UTILIZATION

Part A - Access to Care

The next questions are about health care.

AAU.020 Is there a place that you USUALLY go to when you are sick or need advice about your health?

- >AUSUALPL< (1) Yes (AAU.030) (7) Refused (AAU.037)
(2) There is NO place (AAU.037) (9) Don't know (AAU.037)
(3) There is MORE THAN ONE place (AAU.030)

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

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

[If AAU.020 equals <3> read:]

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

- (1) Clinic or health center (AAU.035) (5) Some other place (AAU.035)
(2) Doctor's office or HMO (AAU.035) (6) Doesn't go to one place most often (AAU.037)
(3) Hospital emergency room (AAU.035) (7) Refused (AAU.037)
(4) Hospital outpatient department (AAU.035) (9) Don't know (AAU.037)

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

- >AHCPLROU< (1) Yes (AAU.040) (7) Refused (AAU.037)
(2) No (AAU.037) (9) Don't know (AAU.037)

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

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

Check item AAUCCI1: If AAU.020 equals 2, 7, or 9, then go to AAU.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
- (2) No
- (7) Refused
- (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
- (2) No
- (7) Refused
- (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 About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

FR: SHOW FLASHCARD A7.

- >ADNLONGR< (0) Never
- (1) 6 months or less
- (2) More than 6 months, but not more than 1 year ago
- (3) More than 1 year, but not more than 2 years ago
- (4) More than 2 years, but not more than 5 years ago
- (5) More than 5 years
- (7) Refused
- (9) Don't know

Part C - Health Care Provider Contacts

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

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

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

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

>AHCSYR3< ...A foot doctor?

>AHCSYR4< ...A chiropractor?

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

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

Check item AAUCCI2: If male goto AAU.211; If female goto AAU.200.

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

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

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

- | | |
|-------------------|----------------|
| >AHCSYR7< (1) Yes | (7) Refused |
| (2) No | (9) Don't know |

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

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

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

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

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

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

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

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

AAU.240 **FR: SHOW FLASHCARD A8.**

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

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

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

- >AHCHYR< (1) Yes (AAU.260) (7) Refused (AAU.280)
(2) No (AAU.280) (9) Don't know (AAU.280)

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

- >AHCHMOYR< (01-12) months
(97) Refused
(99) Don't know

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

FR: SHOW FLASHCARD A9

- >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 A8**

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

FR: SHOW FLASHCARD A7

- >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 AAUCCI3)
(2) No (Check item AAUCCI3) (9) Don't know (Check item AAUCCI3)

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

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

AAU.305

FR: SHOW FLASHCARD A7.

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

- >AMDLONGR<
- (0) Never
 - (1) 6 months or less
 - (2) More than 6 months but not more than 1 year ago
 - (3) More than 1 year, but not more than 2 years ago
 - (4) More than 2 years, but not more than 5 years ago
 - (5) More than 5 years ago
 - (7) Refused
 - (9) Don't know

Part D - IMMUNIZATIONS

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

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

AAU.320 Have you ever had a pneumonia vaccination, sometimes called a pneumonia shot? This shot is usually given only once in a person's lifetime and is different from the flu shot.

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

AAU.330 Have you EVER had chickenpox?

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

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

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

AAU.350 Have you EVER had hepatitis?

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

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

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

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

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

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

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

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

(Goto next section)

Section VI - DEMOGRAPHICS

Note: In order to obtain more citizenship information, BORNVER and BORCOR have been deleted; while USYR and USLONG have been moved to the family core section.

Check item ASDCCI2: If FSD.050 in family core equals <1-4> then go to ASD.050; If HH respondent is not the sample adult and FSD.050 eq Refuse or Don't know <7, 9> goto ASD.060.

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

>WRKVER< (1) Yes (Check item DOINGLW2) (7) Refused (DOINGLW2)
(2) No (ASD.060) (9) Don't know (DOINGLW2)

ASD.060 **FR: VERIFY OR ASK**

What is your correct working status?

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

Check item DOINGLW2: Refer to FSD.050, ASD.050, and ASD.060
DOINGLW2 represents "Corrected Employment Status Last Week", with the following values:

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

If DOINGLW2 eq <1,2> goto ASD.070

If DOINGLW2 eq <3,4,R,D> goto end of section.

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

>WHOWRK< Job or Business: _____ (7) Refused (9) 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**

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

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

ASD.120 Thinking about this MAIN job or business, how many people are employed there full and part time, including employees at all locations?

FR: SHOW FLASHCARD A2

- | | | |
|---------------------|-------------------------------|-----------------------------|
| > LOCALLNO < | (01) 1- 9 employees (ASD.140) | (06) 250-499 employees |
| | (02) 10-24 employees | (07) 500-999 employees |
| | (03) 25-49 employees | (08) 1000 employees or more |
| | (04) 50-99 employees | (97) Refused |
| | (05) 100-249 employees | (99) Don't know |

ASD.130 **FR: SHOW FLASHCARD A2**

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

- | | | |
|---------------------|------------------------|-----------------------------|
| > LOCPRTNO < | (01) 1- 9 employees | (06) 250-499 employees |
| | (02) 10-24 employees | (07) 500-999 employees |
| | (03) 25-49 employees | (08) 1000 employees or more |
| | (04) 50-99 employees | (97) Refused |
| | (05) 100-249 employees | (99) Don't know |

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

>**WRKLONG1**< NUMBER:

- (001-365) 1-365
(997) Refused (ASD.150)
(999) Don't know (ASD.145)

>**WRKLONG2**< TIME PERIOD:

- | | |
|------------------------|--------------------------|
| (1) Day(s) (ASD.150) | (4) Year(s) (ASD.150) |
| (2) Week(s) (ASD.150) | (7) Refused (ASD.150) |
| (3) Month(s) (ASD.150) | (9) Don't Know (ASD.150) |

Check Item: If WRKLONG1 ge AGE, goto WRKLOGN_.

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

>WRKLOGN_< (1) Make correction (ASD.140)
(2) Proceed (ASD.150)

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

>WRKLONG3< (1) One year or less (7) Refused
(2) More than one year (9) Don't know

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

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

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

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

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

>ONEJOB< (1) Yes (ASD.180) (7) Refused (ACN.010)
(2) No (ACN.010) (9) Don't know (ACN.010)

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

**FR: READ IF NECESSARY: EXAMPLES OF SELF-EMPLOYMENT INCLUDE BUSINESS,
 PROFESSIONAL PRACTICE, OR FARM.**

>WRKCATOT< (1) Employee only (ACN.010) (7) Refused (ACN.010)
(2) Self-employed only (ASD.190) (9) Don't know (ACN.010)
(3) Both (ACN.010)

ASD.190 Is this business incorporated?

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

(Goto next section)

Section VII - AIDS

Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

ADS.010 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 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?

FR: SHOW FLASHCARD A10.

- >WHYTST< (01) It's unlikely you've been exposed to HIV (ASD.110)
(02) You were afraid to find out if you were HIV positive (that you had HIV) (ASD.110)
(03) You didn't want to think about HIV or about being HIV positive; (ASD.110)
(04) You were worried your name would be reported to the government if you tested positive (ASD.110)
(05) You didn't know where to get tested (ASD.110)
(06) Some other reason (ASD.055)
(07) No particular reason (ASD.110)
(97) Refused (ASD.110)
(99) Don't Know (ASD.110)

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

>WHYSPEC< _____

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.060B)
(02) February	(06) June	(10) October	(99) Don't know (ADS.060B)
(03) March	(07) July	(11) November	
(04) April	(08) August	(12) December	

ADS.060B

>TST12M_Y< [] YEAR:

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

ADS.061 Was it:

>TIME12M< (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
(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 A11.**

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 just wanted to find out if you were infected or not; (ADS.070)
 - (04) You were concerned you could give HIV to someone; (ADS.070)
 - (05) You wanted medical care or new treatments if you tested positive; (ADS.070)
 - (06) You were pregnant; (ADS.070)
 - (07) It was part of a routine medical check-up; (ADS.070)
 - (08) It was required; or (ADS.068)
 - (09) Some other reason. (ADS.069)
 - (10) No particular reason (ADS.070)
 - (97) Refused (ADS.070)
 - (99) Don't know (ADS.070)

ADS.066 Who suggested you should be tested—a doctor, a sex partner, someone at the health department, or someone else?

- >REASWHO<
- (1) Doctor (ADS.070)
 - (2) Sex partner (ADS.070)
 - (3) Someone at health department (ADS.070)
 - (4) Someone else (ADS.067)
 - (7) Refused (ADS.070)
 - (9) Don't know (ADS.070)

ADS.067 Who suggested you should be tested?

>WHOSPEC< _____ (ADS.070)

ADS.068 Why were you required to get your last HIV test?

- >WHYREQ<
- (01) Insurance
 - (02) Military
 - (03) Jail
 - (04) Hospitalization
 - (05) Employment
 - (06) Immigration
 - (07) Other
 - (97) Refused
 - (99) Don't know

(Go to ADS.070)

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

>REASPEC< _____

ADS.070 **FR: SHOW FLASHCARD A12.**

[If ADS.010 equals <1> read:]

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

[Else read:]

Where did you have your last HIV test?

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

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

- >CLINTYP<
- | | |
|--|--|
| (01) Family planning clinic (ADS.080) | (06) Clinic run by employer or insurance company (ADS.080) |
| (02) Prenatal clinic (ADS.080) | (07) Other (ADS.080) |
| (03) Tuberculosis clinic (ADS.080) | (97) Refused (ADS.080) |
| (04) STD clinic (ADS.080) | (99) Don't know (ADS.080) |
| (05) Community health clinic (ADS.080) | |

(Go to 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 (ADS.080) | (7) Refused (ADS.080) |
| (2) Self-sampling kit (ADS.080) | (9) Don't know (ADS.080) |

(Go to 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< _____

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 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.

FR: SHOW FLASHCARD A13.

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

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

Check item: [If AGE gt or eq <50> goto ADS.200] [else goto 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.

ADS.160 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< _____

The next questions are about tuberculosis, or TB.

ADS.200 Have you ever heard of tuberculosis?

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

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

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

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

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

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

FR: SHOW FLASHCARD A14. 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
 - (2) No
 - (7) Refused
 - (9) Don't Know

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

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

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

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

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

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

[Else, read:]

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

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

Adult_End
(goto next section)