[The interview may be monitored for quality assurance purposes.]

Section 1: Health Status

1.1. Would you say that in general your health is:

**Please read**
- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair

**Or**
- 5 Poor

**Do not read**
- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days – Health-related Quality of Life

2.1. 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?

____ Number of days
- 8 8 None
- 7 7 Don't know / Refused
- 9 9 Refused

2.2. 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?

____ Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

{If Q2.1 and Q2.2 are none, go to next section}

2.3. 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?

____ Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

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

- 1 Yes
- 2 No
3.2. Do you have one person you think of as your personal doctor or health care provider?

[If “NO”, ask “Is there more than one or is there no person who you think of?”]

1 Yes, only one
2 More than one
3 No
7 Don’t know / Not sure
9 Refused

3.3. Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?

1 Yes
2 No
7 Don’t know
9 Refused

Section 4: Exercise

4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

Section 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

5.1. Things like dust, mold, smoke and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptoms that you think was caused by something in the air inside a home, office, or other building?

[NOTE: If the respondent has experienced an illness or symptom within the past 12 months that was caused by something in the air the respondent encountered more than 12 months ago, the answer is “Yes”.

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptoms that you think was caused by pollution in the air outdoors?
Section 6: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

6.1 Have you had a sunburn within the past 12 months?

1  Yes
2  No  [Go to next section]
7  Don’t know / Not Sure  [Go to next section]
9  Refused  [Go to next section]

6.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

1  One
2  Two
3  Three
4  Four
5  Five
6  Six or more
7  Don’t know / Not sure
9  Refused

Section 7: Tobacco Use

7.1 Have you smoked at least 100 cigarettes in your entire life?

[5 packs = 100 cigarettes]

1  Yes
2  No  [Go to next section]
7  Don’t know / Not sure  [Go to next section]
9  Refused  [Go to next section]

7.2 Do you now smoke cigarettes every day, some days, or not at all?

1  Every day
2  Some days
3  Not at all  [Go to next section]
9  Refused  [Go to next section]
7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1  Yes  
2  No  
7  Don’t know/Not sure  
9  Refused

Section 8: Alcohol Consumption

8.1. A drink of alcohol 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. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

<table>
<thead>
<tr>
<th></th>
<th>Days per week</th>
<th>Days in past 30</th>
<th>No drinks in past 30 days</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>7</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.2. On the days when you drank, about how many drinks did you drink on the average?

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

8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

<table>
<thead>
<tr>
<th></th>
<th>Number of times</th>
<th>None</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.4 During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?

<table>
<thead>
<tr>
<th></th>
<th>Number of times</th>
<th>None</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
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<td>7</td>
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<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma?

1  Yes  
2  No  
7  Don’t know / Not sure  
9  Refused

9.2. Do you still have asthma?
Section 10: Diabetes

10.1. Have you ever been told by a doctor that you have diabetes?

[If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”]
[If Respondent says pre-diabetes or borderline diabetes, use response code 4.]

1  Yes
2  Yes, but female told only during pregnancy
3  No
4  No, pre-diabetes or borderline diabetes
7  Don’t know / Not sure
9  Refused

Section 11: Oral Health

11.1. How long has it been since you last visited a dentist or a dental clinic for any reason?

[Include visits to dental specialists, such as orthodontists]
[NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be
included in the count for lost teeth.]

Read Only if Necessary
1  Within the past year (anytime less than 12 months ago)
2  Within the past 2 years (1 year but less than 2 years ago)
3  Within the past 5 years (2 years but less than 5 years ago)
4  5 or more years ago

Do not read
7  Don’t know / Not sure
8  Never
9  Refused

11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease?

[Include teeth lost due to “infection”]

1  1 to 5
2  6 or more but not all
3  All
8  None
7  Don’t know / Not sure
9  Refused

{If Q11.1 = 8/ Never OR q11.2 = 3/ All, SKIP TO NEXT SECTION}

11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

Read only if necessary
Section 12: Immunization

12.1 During the past 12 months, have you had a flu shot?

[Read if necessary: We want to know if you had a flu shot injected in your arm]

1 Yes
2 No
7 Don't know / Not sure
9 Refused

12.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

12.3 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person’s lifetime and is different from the flu shot. It is also called a pneumococcal vaccine.

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

Section 13: Demographics

13.1 What is your age?

__ __ Code age in years [99= 99 or higher]
0 7 Don't know / Not sure
0 9 Refused

13.2 Are you Hispanic or Latino?

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

13.3 Which one or more of the following would you say is your race?

[Check all that apply]

5

9
Please read
1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native
Or
6 Other [specify] ________________

Do not read
8 No additional choices
7 Don’t know / Not sure
9 Refused

{If more than one response to Q13.3, continue. Otherwise, go to Q13.5}

13.4 Which one of these groups would you say best represents your race?

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native
6 Other [specify] ________________
7 Don’t know / Not sure
9 Refused

13.5 Are you?

Please read
1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
Or
6 A member of an unmarried couple
Do not read
9 Refused

13.6 How many children less than 18 years of age live in your household?

__ __ Number of children
8 8 None
9 9 Refused

13.7 What is the highest grade or year of school you completed?

Read only if necessary
1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)
9 Refused
13.8 Are you currently?

Please read
1 Employed for wages
2 Self-employed
3 Out of work for more than 1 year
4 Out of work for less than 1 year
5 A homemaker
6 A student
7 Retired

Or
8 Unable to work

Do not read
9 Refused

13.9 Is your annual household income from all sources?
[Note: If respondent refuses at ANY income level, code '99 Refused']

Read as appropriate

04 Less than $25,000 {If “no,” ask 05; if “yes,” ask 03}
($20,000 to less than $25,000)

03 Less than $20,000 {If “no,” code 04; if “yes,” ask 02}
($15,000 to less than $20,000)

02 Less than $15,000 {If “no,” code 03; if “yes,” ask 01}
($10,000 to less than $15,000)

01 Less than $10,000 {If “no,” code 02}

05 Less than $35,000 {If “no,” ask 06}
($25,000 to less than $35,000)

06 Less than $50,000 {If “no,” ask 07}
($35,000 to less than $50,000)

07 Less than $75,000 {If “no,” code 08}
($50,000 to less than $75,000)

08 $75,000 or more

Do not read
77 Don't know / Not sure
99 Refused

13.10 About how much do you weigh without shoes?
[Note: If respondent answers in metrics, put “9” in column 126.]

[Round fractions up]

___ ___ ___ ___ Weight
pounds/kilograms
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused
13.11 About how tall are you without shoes?
[Note: If respondent answers in metrics, put “9” in column 130.]

[Round fractions down]

\[
\begin{array}{c}
\text{ft} / \text{inches/meters/centimeters} \\
7 7 7 7 & \text{Don't know / Not sure} \\
9 9 9 9 & \text{Refused}
\end{array}
\]

13.13 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1  Yes  
2  No  [Go to Q13.15]  
7  Don't know / Not sure  [Go to Q13.15]  
9  Refused  [Go to Q13.15]

13.14 How many of these phone numbers are residential numbers?

\[
\begin{array}{c}
\text{Residential telephone numbers [6=6 or more]} \\
7 & \text{Don't know / Not sure} \\
9 & \text{Refused}
\end{array}
\]

13.15 During the past 12 months, has your household been without telephone service for 1 week or more?
[Note: Do not include interruptions of phone service because of weather or natural disasters.]

1  Yes  
2  No  
7  Don't know / Not sure  
9  Refused

13.16 Indicate sex of respondent. Ask only if necessary.

1  Male  [Go to next section]  
2  Female  

{If respondent 45 years old or older, go to next section.}

13.17 To your knowledge, are you now pregnant?

1  Yes  
2  No  
7  Don't know / Not sure  
9  Refused

**Section 14: Veteran’s Status**

14.1 The next question relates to military service. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?
14.2 Which of the following best describes your service in the United States Military?

Please read
1. Currently on active duty [Go to next section]
2. Currently in a National Guard or Reserve unit [Go to next section]
3. Retired from military service
4. Medically discharged from military service
5. Discharged from military service

Do not read:
7. Don't know/not sure [Go to next section]
9. Refused [Go to next section]

14.3 In the last 12 months have you received some or all of your health care from VA facilities?

[If “Yes” probe for “all” or “some” of the health care.]

1. Yes, all of my health care
2. Yes, some of my health care
3. No, no VA health care received
7. Don't know/Not sure
9. Refused

Section 15: Women’s Health

{If respondent is male go to next section}

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

1. Yes
2. No [Go to Q15.3]
7. Don't know / Not sure [Go to Q15.3]
9. Refuse [Go to Q15.3]

15.2 How long has it been since you had your last mammogram?

Read only if necessary
1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don't know / Not sure
9. Refused

15.3 A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?
15.4 How long has it been since your last breast exam?

Read only if necessary
1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don’t know / Not sure
9. Refused

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1. Yes
2. No [Go to Q15.7]
7. Don’t know / Not sure [Go to Q15.7]
9. Refused

15.6 How long has it been since you had your last Pap test?

Read only if necessary
1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don’t know / Not sure
9. Refused

{If response to Q13.17 is 1 (is pregnant), go to next section}

15.7 Have you had a hysterectomy?

[Note: A hysterectomy is an operation to remove the uterus (womb).]

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

Section 16: Prostate Cancer Screening

{If respondent is 39 years old or younger, or is female, go to Q17.1}

16.1 A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1. Yes
2. No [Go to Q16.3]
16.2. How long has it been since you had your last PSA test?

Read only if necessary
1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don't know / Not sure
9. Refused

16.3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. Yes
2. No [Go to Q16.5]
7. Don't know / Not sure [Go to Q16.5]
9. Refused [Go to Q16.5]

16.4. How long has it been since your last digital rectal exam?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don't know / Not sure
9. Refused

16.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer?

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

Section 17: Colorectal Cancer Screening

{If respondent is 49 years old or younger, go to Q18.1}

17.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1. Yes
2. No [Go to Q17.3]
7. Don't know / Not sure [Go to Q17.3]
9. Refused [Go to Q17.3]

17.2 How long has it been since you had your last blood stool test using a home kit?
17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

1 Yes
2 No [Go to next section]
7 Don't know / Not sure [Go to next section]
9 Refused [Go to next section]

17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago
7 Don't know / Not sure
9 Refused

Section 18: Family Planning

{If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.}

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

18.1 Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert 'you', if male, insert 'her'] from getting pregnant?

[NOTE: If more than one partner, consider usual partner.]

1 Yes
2 No [Go to Q18.3]
3 No partner/not sexually active [Go to next section]
4 Same sex partner [Go to next section]
7 Don't know / Not sure [Go to next section]
9 Refused [Go to next section]

18.2 What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert 'you', if male, insert 'her'] from getting pregnant?
18.3 What is your main reason for not doing anything to keep [if female, insert “you,” if male, insert “your wife/partner”] from getting pregnant?

Read only if necessary
01 Didn’t think was going to have sex/no regular partner
02 You want a pregnancy
03 You or your partner don’t want to use birth control
04 You or your partner don’t like birth control/fear side effects
05 You can’t pay for birth control
06 Lapse in use of a method
07 Don’t think you or your partner can get pregnant
08 You or your partner had tubes tied (sterilization) [Go to next section]
09 You or your partner had a vasectomy (sterilization) [Go to next section]
10 You or your partner had a hysterectomy [Go to next section]
11 You or your partner are too old
12 You or your partner are currently breast-feeding
13 You or your partner just had a baby/postpartum
14 Other reason
15 Don’t care if get pregnant
16 Partner is pregnant now [Go to next section]

Do not read
77 Don’t know / Not sure
99 Refused

18.4 How do you feel about having a child now or sometime in the future? Would you say:

Please read
1 You don’t want to have one [Go to next section]
2 You do want to have one [Go to Q18.5]
3 You’re not sure if you do or don’t [Go to next section]

Do not read
7 Don’t know / Not sure [Go to next section]
9 Refused [Go to next section]

18.5 How soon would you want to have a child? Would you say:
Section 19: Disability

The following questions are about health problems or impairments you may have.

19.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

19.2 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?

[Note: Include occasional use or use in certain circumstances]

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 20: HIV/AIDS

{If respondent is 65 year old or older, go to next section}

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. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

20.1 A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

1 True
2 False
7 Don't know / Not sure
9 Refused

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer.
19

1  True
2  False
7  Don't know / Not sure
9  Refused

20.3 As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

[Note: Include Saliva tests]

1  Yes  [Go to Q20.10]
2  No  [Go to Q20.10]
7  Don't know / Not sure  [Go to Q20.10]
9  Refused  [Go to Q20.10]

20.4 In the past 12 months, how many times have you been tested for HIV, including times you did not get your results:

     Times
8 8  None
7 7  Don't know / Not sure
9 9  Refused

20.5 Not including blood donations, in what month and year was your last HIV test?

[Note: Include Saliva tests]
[Note: If response is before January 1985, code “Don't know”]

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

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

     __ __ Reason Code
     Please Read
01  It was required
02  Someone suggested you should be tested
03  You thought you may have gotten HIV through sex or drug use
04  You just wanted to find out whether you had HIV
05  You were worried that you could give HIV to someone
06  IF FEMALE: You were pregnant
07  It was done as part of a routine medical check-up
08  Or you were tested for some other reason
     Do not read
7 7  Don't know / Not sure
9 9  Refused

20.7 Where did you have your last HIV test – at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else?

     __ __ Facility code
     Please read
01  Private doctor or HMO
20.8 What type of clinic did you go to for your last HIV test?

1. Family planning clinic
2. STD clinic
3. Prenatal clinic
4. Public health clinic
5. Community health clinic
6. Hospital clinic
7. Other
8. Don't know / Not sure
9. Refused

{If Q20.7 is “04” (clinic) continue, if Q20.7 is “07” (at home) go to Q20.9, else go to Q20.10}

20.9 Was this test done by a nurse or other health worker, or with a home testing kit?

1. Nurse or health worker
2. A home testing kit
3. Don't know / Not sure
4. Refused

I’m going to read you a list. When I’m done, please tell me if any of the situations apply to you. You don’t need to tell me which one.

You have used intravenous drugs in the past year.
You have been treated for a sexually transmitted or venereal disease in the past year.
You have given or received money or drugs in exchange for sex in the past year
You had anal sex without a condom in the past year

20.10 Do any of these situations apply to you?

1. Yes
2. No
3. Don't know / Not sure
4. Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

20.11 In the past 12 months, has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use?
Section 21: Firearms

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

21.1 Are any firearms kept in or around your home?

1  Yes  
2  No [Go to next section]  
7  Don't know / Not sure [Go to next section]  
9  Refused [Go to next section]

21.2 Are any of these firearms now loaded?

1  Yes  
2  No [Go to next section]  
7  Don't know / Not sure [Go to next section]  
9  Refused [Go to next section]

21.3 Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

1  Yes  
2  No  
7  Don't know / Not sure  
9  Refused

Transition to Modules and/or State-added Questions

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

Module 20: Reactions to Race

Earlier, I asked you about your race. Now I will ask you some questions about reactions to your race.

1. How do other people usually classify you in this country? Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

1  White  
2  Black or African American  
3  Hispanic or Latino  
4  Asian  
5  Native Hawaiian or Other Pacific Islander
2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

1 Never
2 Once a year
3 Once a month
4 Once a week
5 Once a day
6 Once an hour
7 Don't know / Not sure
9 Refused

[Instructions to interviewer: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.]

{CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”}

3. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

1 Worse than other races
2 The same as other races
3 Better than other races
4 Worse than some races, better than others
5 Only encountered people of the same race
7 Don't know / Not sure
9 Refused

4. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

1 Worse than other races
2 The same as other races
3 Better than other races
4 Worse than some races, better than others
5 Only encountered people of the same race
6 No health care in past 12 months
7 Don't know / Not sure
9 Refused

[Instructions to interviewer: If the respondent indicates that they do not know about other people’s experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people’s experiences.”]

5. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

6 American Indian or Alaska Native
8 Some other group (specify) _________________________
7 Don't know / Not sure
9 Refused
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused  

6. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused  

State-Added 1: Sexual Assault

{Ask of ALL respondents}

DC1_1 Have you ever been sexually assaulted?

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused  

State-Added 2: Traumatic Brain Injury

DC2_1 Have you ever had a head injury or concussion?

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused  

DC2_2 Have you had difficulty in thinking and/or performing your day-to-day activities?

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused  

State-Added 3: Ward Information

DC3_1 What District Ward do you live in?

7 7 District Ward  
7 7 Don't know/Not Sure  
9 9 Refused  

{NOTE: WARD NUMBER SHOULD BE LESS THAN 09}
State-Added 4: Zip Code

**DC4_1** What is your Zip Code

<table>
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<th>Zip Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>7 7 7 7 7</td>
<td>Don't Know/Not Sure</td>
</tr>
<tr>
<td>9 9 9 9 9</td>
<td>Refused</td>
</tr>
</tbody>
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**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.