

Section 1: Health Status

- 1.1** Would you say that in general your health is—
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
- Don't know / Not sure
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
None
Don't know / Not sure
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
None **[If Q2.1 and Q2.2 = None, go to next section]**
Don't know / Not sure
Refused
- 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
None
Don't know / Not sure
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
- Don't know / Not sure
Refused
- 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 as your personal doctor or health care provider?”
- 1 Yes, only one
 - 2 More than one
 - 3 No
- Don't know / Not sure
Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
1 Yes
2 No
Don't know / Not sure
Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
1 Within past year (anytime less than 12 months ago)
2 Within past 2 years (1 year but less than 2 years ago)
3 Within past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
Don't know / Not sure
Never
Refused

Section 4: Sleep

The next question is about getting enough rest or sleep.

4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

_ _ Number of days
None
Don't know / Not sure
Refused

Section 5: Exercise

5.1 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
Don't know / Not sure
Refused

Section 6: Diabetes

6.1 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
Don't know / Not sure
Refused

Section 7: Oral Health

7.1 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.

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

Don't know / Not sure

Never

Refused

7.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. **If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

Don't know / Not sure

Refused

If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.

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

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

Don't know / Not sure

Never

Refused

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

8.1 (Ever told) you had a heart attack, also called a myocardial infarction?

1 Yes

2 No

Don't know / Not sure

Refused

8.2 (Ever told) you had angina or coronary heart disease?

1 Yes

2 No

Don't know / Not sure

Refused

8.3 (Ever told) you had a stroke?

1 Yes

2 No

Don't know / Not sure

Refused

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 **[Go to next section]**
 - Don't know / Not sure **[Go to next section]**
 - Refused **[Go to next section]**
- 9.2** Do you still have asthma?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

Section 10: Disability

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

- 10.1** Are you limited in any way in any activities because of physical, mental, or emotional problems?
- 1 Yes
 - 2 No
 - Don't know / Not Sure
 - Refused
- 10.2** 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?
Include occasional use or use in certain circumstances.
- 1 Yes
 - 2 No
 - Don't know / Not Sure
 - Refused

Section 11: Tobacco Use

- 11.1** Have you smoked at least 100 cigarettes in your entire life?
(5 packs = 100 cigarettes)
- 1 Yes
 - 2 No **[Go to Q11.5]**
 - Don't know / Not sure **[Go to Q11.5]**
 - Refused **[Go to Q11.5]**
- 11.2** 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 Q11.4]**
 - 7 Don't know / Not sure **[Go to Q11.5]**
 - 9 Refused **[Go to Q11.5]**
- 11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- 1 Yes **[Go to Q11.5]**
 - 2 No **[Go to Q11.5]**
 - 7 Don't know / Not sure **[Go to Q11.5]**
 - 9 Refused **[Go to Q11.5]**

If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

- 11.4 How long has it been since you last smoked cigarettes regularly?
- 0 1 Within the past month (less than 1 month ago)
 - 0 2 Within the past 3 months (1 month but less than 3 months ago)
 - 0 3 Within the past 6 months (3 months but less than 6 months ago)
 - 0 4 Within the past year (6 months but less than 1 year ago)
 - 0 5 Within the past 5 years (1 year but less than 5 years ago)
 - 0 6 Within the past 10 years (5 years but less than 10 years ago)
 - 0 7 10 years or more
 - 0 8 Never smoked regularly
- Don't know / Not sure
Refused
- 11.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
Snus (rhymes with 'goose') Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.
- 1 Every day
 - 2 Some days
 - 3 Not at all
- Don't know / Not sure
Refused

Section 12: Demographics

- 12.1 What is your age?
- – Code age in years
 - 0 7 Don't know / Not sure
 - 0 9 Refused
- 12.2 Are you Hispanic or Latino?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 12.3 Which one or more of the following would you say is your race? **(Check all that apply)**
- 1 White
 - 2 Black or African American
 - 3 Asian
 - 4 Native Hawaiian or Other Pacific Islander
 - 5 American Indian or Alaska Native
 - 6 Other [specify] _____
 - 8 No additional choices
- Don't know / Not sure
Refused

If more than one response to Q12.3; continue. Otherwise, go to Q12.5.

- 12.4 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 or Alaska Native
 - 6 Other [specify] _____
- Don't know / Not sure
Refused

12.5 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

If "Yes":

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months

If "No":

- 4 No, training for Reserves or National Guard only
 - 5 No, never served in the military
- Don't know / Not sure
Refused

12.6 Are you...?

- 1 Married
 - 2 Divorced
 - 3 Widowed
 - 4 Separated
 - 5 Never married
 - 6 A member of an unmarried couple
- Refused

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

_ _ Number of children
None
Refused

12.8 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)
- Refused

12.9 Are you currently...?

- 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
 - 8 Unable to work
- Refused

- 12.10** Is your annual household income from all sources—
If respondent refuses at ANY income level, code Refused
- 0 4 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If “no,” code 04; if “yes,” ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If “no,” code 02
- 0 5 Less than \$35,000 If “no,” ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If “no,” ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more
- Don't know / Not sure
Refused
- 12.11** About how much do you weigh without shoes? **If respondent answers in metrics, put “9” in column 122. Round fractions up**
- __ __ __ __ Weight
(pounds/kilograms)
- Don't know / Not sure
Refused
- 12.12** About how tall are you without shoes? **If respondent answers in metrics, put “9” in column 126. Round fractions down**
- __ __ / __ __ Height
(f t / inches/meters/centimeters)
- Don't know / Not sure
Refused
- 12.13** What county do you live in?
- __ __ __ FIPS county code
- Don't know / Not sure
Refused
- 12.14** What is your ZIP Code where you live?
- __ __ __ __ __ ZIP Code
- Don't know / Not sure
Refused
- 12.15** 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 Q12.17]**
- Don't know / Not sure **[Go to Q12.17]**
- Refused **[Go to Q12.17]**
- 12.16** How many of these telephone numbers are residential numbers?
- __ Residential telephone numbers **[6 = 6 or more]**
- Don't know / Not sure
Refused

12.17 During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters.
1 Yes
2 No
Don't know / Not sure
Refused

[CELL PHONE QUESTIONS]

12.18a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.
1 Yes **[Go to Q12.18c]**
2 No
Don't know / Not sure
Refused

12.18b Do you share a cell phone for personal use (at least one-third of the time) with other adults?
1 Yes **[Go to Q12.18d]**
2 No **[Go to Q12.19]**
Don't know / Not sure **[Go to Q12.19]**
Refused **[Go to Q12.19]**

12.18c Do you usually share this cell phone (at least one-third of the time) with any other adults?
1 Yes
2 No
Don't know / Not sure
Refused

12.18d Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?
_ _ _ Enter percent (1 to 100 or 888=Zero)
Don't know / Not sure
Refused

12.19 **Indicate sex of respondent. Ask only if necessary.**
1 Male **[Go to next section]**
2 Female **[If respondent is 45 years old or older, go to next section]**

12.20 To your knowledge, are you now pregnant?
1 Yes
2 No
Don't know / Not sure
Refused

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
1 Yes **[Go to next section]**
2 No **[Go to next section]**
Don't know / Not sure **[Go to next section]**
Refused **[Go to next section]**

- 13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?
 1 _ _ Days per week
 2 _ _ Days in past 30 days
 No drinks in past 30 days **[Go to next section]**
 Don't know / Not sure
 Refused
- 13.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
(A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)
 _ _ Number of drinks
 Don't know / Not sure
 Refused
- 13.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [X = 5 for men, X = 4 for women]** or more drinks on an occasion?
 _ _ Number of times
 None
 Don't know / Not sure
 Refused
- 13.5** During the past 30 days, what is the largest number of drinks you had on any occasion?
 _ _ Number of drinks
 Don't know / Not sure
 Refused

Section 14: Immunization

- 14.1** Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?
 1 Yes
 2 No **[Go to Q14.3]**
 Don't know / Not sure **[Go to Q14.3]**
 Refused **[Go to Q14.3]**
- 14.2** During what month and year did you receive your most recent seasonal flu shot?
 __ / ____ Month / Year
 Don't know / Not sure
 Refused
- 14.3** The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?
 1 Yes
 2 No **[Go to Q14.5]**
 Don't know / Not sure **[Go to Q14.5]**
 Refused **[Go to Q14.5]**

- 14.4** During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?
 __ / ____ Month / Year
 Don't know / Not sure
 Refused
- 14.5** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
 1 Yes
 2 No
 Don't know / Not sure
 Refused

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- 15.1** In the past 3 months, how many times have you fallen?
 __ Number of times [76 = 76 or more]
 None [Go to next section]
 Don't know / Not sure [Go to next section]
 Refused [Go to next section]
- 15.2** [Fill in "Did this fall (from Q15.1) cause an injury?"]. If only one fall from Q15.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.
 How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.
 __ Number of falls [76 = 76 or more]
 None
 Don't know / Not sure
 Refused

Section 16: Seatbelt Use

- 16.1** How often do you use seat belts when you drive or ride in a car? Would you say—
 1 Always
 2 Nearly always
 3 Sometimes
 4 Seldom
 5 Never
 Don't know / Not sure
 Never drive or ride in a car
 Refused

If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

Section 17: Drinking and Driving

If Q13.1 = 2 (No); go to next section.

The next question is about drinking and driving.

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

_ _ Number of times

None

Don't know / Not sure

Refused

Section 18: Women's Health

If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

18.1 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 Q18.3]**

Don't know / Not sure **[Go to Q18.3]**

Refused **[Go to Q18.3]**

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

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

Don't know / Not sure

Refused

18.3 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?

1 Yes

2 No **[Go to Q18.5]**

Don't know / Not sure **[Go to Q18.5]**

Refused **[Go to Q18.5]**

18.4 How long has it been since your last breast 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

Don't know / Not sure

Refused

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

1 Yes

2 No **[Go to Q18.7]**

Don't know / Not sure **[Go to Q18.7]**

Refused **[Go to Q18.7]**

- 18.6** How long has it been since you had your last Pap test?
- 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
- Don't know / Not sure
Refused

If response to Core Q12.20 = 1 (is pregnant); then go to next section.

- 18.7** Have you had a hysterectomy?
Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).
- 1 Yes
 - 2 No
- Don't know / Not sure
Refused

Section 19: Prostate Cancer Screening

If respondent is ≤ 39 years of age, or is female, go to next section.

Now I will ask you some questions about prostate cancer screening.

- 19.1** 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 Q19.3]**
- Don't Know / Not sure **[Go to Q19.3]**
Refused **[Go to Q19.3]**

- 19.2** How long has it been since you had your last PSA test?
- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years)
 - 3 Within the past 3 years (2 years but less than 3 years)
 - 4 Within the past 5 years (3 years but less than 5 years)
 - 5 5 or more years ago
- Don't know / Not sure
Refused

- 19.3** 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 Q19.5]**
- Don't know / Not sure **[Go to Q19.5]**
Refused **[Go to Q19.5]**

- 19.4** 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)
 - 3 Within the past 3 years (2 years but less than 3 years)
 - 4 Within the past 5 years (3 years but less than 5 years)
 - 5 or more years ago
- Don't know / Not sure
Refused

- 19.5** Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?
- 1 Yes
 - 2 No
- Don't know / Not sure
Refused

If respondent is \leq 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

- 20.1** 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 Q20.3]**
 - Don't know / Not sure **[Go to Q20.3]**
 - Refused **[Go to Q20.3]**
- 20.2** How long has it been since you had your last blood stool test using a home kit?
- 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
 - Don't know / Not sure
 - Refused
- 20.3** 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]**
 - Don't know / Not sure **[Go to next section]**
 - Refused **[Go to next section]**
- 20.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?
- 1 Sigmoidoscopy
 - 2 Colonoscopy
 - Don't know / Not sure
 - Refused
- 20.5** How long has it been since you had your last sigmoidoscopy or colonoscopy?
- 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 Within the past 10 years (5 years but less than 10 years ago)
 - 6 10 or more years ago
 - Don't know / Not sure
 - Refused

If respondent is 65 years 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 do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 21.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.
- 1 Yes
 - 2 No **[Go to Q21.5]**
 - Don't know / Not sure **[Go to Q21.5]**
 - Refused **[Go to Q21.5]**

- 21.2** Not including blood donations, in what month and year was your last HIV test?
If response is before January 1985, code "Don't know."
If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

- 21.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?
- 0 1 Private doctor or HMO office
 - 0 2 Counseling and testing site
 - 0 3 Hospital
 - 0 4 Clinic
 - 0 5 Jail or prison (or other correctional facility)
 - 0 6 Drug treatment facility
 - 0 7 At home
 - 0 8 Somewhere else
 - Don't know / Not sure
 - Refused

Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.

- 21.4** Was it a rapid test where you could get your results within a couple of hours?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

- 21.5** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not 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.
- Do any of these situations apply to you?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

22.1 How often do you get the social and emotional support you need? **(If asked, say “please include support from any source.”)**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- Don't know / Not sure
- Refused

22.2 In general, how satisfied are you with your life?

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- Don't know / Not sure
- Refused

Module 1: Pre-Diabetes

Only asked of those not responding “Yes” to Q6.1 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?

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

If Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? **If Yes & Female:** “Was this only when you were pregnant?”

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- Don't know / Not sure
- Refused

Module 2: Diabetes

To be asked following Q6.1; if response is "Yes"

1. How old were you when you were told you have diabetes?

- _ _ Code age in years **[97 = 97 and older]**
- Don't know / Not sure
- Refused

2. Are you now taking insulin?

- 1 Yes
- 2 No
- Refused

3. 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.

1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month
4 _ _ Times per year
Never
Don't know / Not sure
Refused

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month
4 _ _ Times per year
5 5 5 No feet
Never
Don't know / Not sure
Refused

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

_ _ Number of times [76 = 76 or more]
None
Don't know / Not sure
Refused

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

_ _ Number of times [76 = 76 or more]
None
Never heard of "A one C" test
Don't know / Not sure
Refused

If Q4 = (No feet), go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

_ _ Number of times [76 = 76 or more]
None
Don't know / Not sure
Refused

8. 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.
- 1 Within the past month (anytime less than 1 month ago)
 - 2 Within the past year (1 month but less than 12 months ago)
 - 3 Within the past 2 years (1 year but less than 2 years ago)
 - 4 2 or more years ago
- Don't know / Not sure
Never
Refused
9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- 1 Yes
 - 2 No
- Don't know / Not sure
Refused
10. Have you ever taken a course or class in how to manage your diabetes yourself?
- 1 Yes
 - 2 No
- Don't know / Not sure
Refused

Module 5: Excess Sun Exposure

1. In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more?
- 8 Zero
 - 1 One
 - 2 Two
 - 3 Three
 - 4 Four
 - 5 Five or more
- Don't know / Not sure
Refused

Module 14: Cancer Survivorship

Now I am going to ask you about cancer.

If Q19.5 = Yes, answer Q1 "Yes", then go to Q2.

1. Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?
- Read only if necessary:** By "other health professional" we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.
- 1 Yes
 - 2 No **[Go to next module]**
- Don't know / Not sure **[Go to next module]**
Refused **[Go to next module]**
2. How many different types of cancer have you had?
- 1 Only one
 - 2 Two
 - 3 Three or more
- Don't know / Not sure **[Go to next module]**
Refused **[Go to next module]**

3. At what age were you told that you had cancer?
 _ _ Code age in years [97 = 97 and older]
 Don't know / Not sure
 Refused

If Q2 = 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

This question refers to the first time they were told about their first cancer.

If Q19.5 = Yes and Q2 = 1 (Only one); auto fill Q4 (response code 18)

4. What type of cancer was it?
 If Q2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?" Please read list only if respondent needs prompting for cancer type (i.e., name of cancer).

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer:

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

2 6 Bone

2 7 Brain

2 8 Neuroblastoma

2 9 Other

Don't know / Not sure

Refused

5. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.
- 1 Yes [Go to next module]
 2 No
 Don't know / Not sure [Go to next module]
 Refused [Go to next module]
6. What type of doctor provides the majority of your health care?
If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)." **Please read [1-10]:**
- 0 1 Cancer Surgeon
 0 2 Family Practitioner
 0 3 General Surgeon
 0 4 Gynecologic Oncologist
 0 5 Internist
 0 6 Plastic Surgeon, Reconstructive Surgeon
 0 7 Medical Oncologist
 0 8 Radiation Oncologist
 0 9 Urologist
 1 0 Other
 Don't know / Not sure
 Refused
7. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?
Read only if necessary: "By 'other healthcare professional' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."
- 1 Yes
 2 No
 Don't know / Not sure
 Refused
8. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?
- 1 Yes
 2 No [Go to Q10]
 Don't know / Not sure [Go to Q10]
 Refused [Go to Q10]
9. Were these instructions written down or printed on paper for you?
- 1 Yes
 2 No
 Don't know / Not sure
 Refused
10. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?
- 1 Yes
 2 No
 Don't know / Not sure
 Refused

"Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

11. Were you EVER denied health insurance or life insurance coverage because of your cancer?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
12. Did you participate in a clinical trial as part of your cancer treatment?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
13. Do you currently have physical pain caused by your cancer or cancer treatment?
 1 Yes
 2 No [Go to next module]
 Don't know / Not sure [Go to next module]
 Refused [Go to next module]
14. Is your pain currently under control?
 1 Yes
 2 No
 Don't know / Not sure
 Refused

Module 23: Random Child Selection

If Q12.7 = No children under age 18 in the household (88), or Refused(99), go to next module. If Q12.7 = 1, Interviewer: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1] If Q12.7 is >1 and Q12.7 does not equal 88 or 99, Interviewer** "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [please fill in correct number] child in your household. All following questions about children will be about the "Xth" [please fill in] child.

1. What is the birth month and year of the "Xth" child?

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

Calculate the child's age in months and also in years based on the interview date and the birth month and year using a value of 15 for the birth day.

2. Is the child a boy or a girl?

1 Boy
 2 Girl
 Refused

3. Is the child Hispanic or Latino?

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

4. Which one or more of the following would you say is the race of the child? **[Check all that apply]**
- 1 White
 - 2 Black or African American
 - 3 Asian
 - 4 Native Hawaiian or Other Pacific Islander
 - 5 American Indian, Alaska Native
 - 6 Other [specify] _____
 - 8 No additional choices
- Don't know / Not sure
Refused

If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race?
- 1 White
 - 2 Black or African American
 - 3 Asian
 - 4 Native Hawaiian or Other Pacific Islander
 - 5 American Indian, Alaska Native
 - 6 Other
- Don't know / Not sure
Refused
6. How are you related to the child?
- 1 Parent (include biologic, step, or adoptive parent)
 - 2 Grandparent
 - 3 Foster parent or guardian
 - 4 Sibling (include biologic, step, and adoptive sibling)
 - 5 Other relative
 - 6 Not related in any way
- Don't know / Not sure
Refused

SOUTH DAKOTA'S 2010 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "1" to Q. 3.1 in Section 3, continue. Otherwise go to Q. S2.

S1. Earlier you were asked some questions about your health care coverage. We'd now like to ask you what type of health care coverage you use to pay for most of your medical care? Is it coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 08 Some other source
- None
- Don't know/Not sure
- Refused **Go to Q. S3.**

If "2" to Q. 3.1 in Section 3, continue. Otherwise go to Q. S3.

S2. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following: Coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 08 Some other source
- None
- Don't know/Not sure
- Refused

TOBACCO

If "1" to Q. 3.4 in Section 3, go to Q. S4. Otherwise, continue.

S3. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

- 1 Yes
- 2 No **Go to Q. S5**
- Don't Know/Not Sure **Go to Q. S5**
- Refused **Go to Q. S5**

If ("1" or "2" to Q. 11.2 in Section 11) or ("1" or "2" to Q. 11.5 in Section 11), continue. Otherwise, go to Q. S5.

S4. In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

If "1" or "2" to Q. 12.9 in Section 12, continue. Otherwise, go to Q. S8.

- S5. While working at your job, are you indoors most of the time?
- 1 Yes
 - 2 No **Go to Q. S8**
 - Don't Know/Not Sure **Go to Q. S8**
 - Refused **Go to Q. S8**
- S6. Which of the following best describes your place of work's official smoking policy for work areas?
Please read:
- a. Not allowed in any work areas **Go to Q. S8**
 - b. Allowed in some work areas
 - c. Allowed in all work areas
 - d. No official policy
 - Don't know/Not sure
 - Refused
- S7. On how many of the past 7 days did someone smoke in your indoor workplace while you were there?
- _ _ Number of days
 - 5 5 Did not work in the past 7 days
 - None
 - Don't know / Not sure
 - Refused
- S8. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches. **Please read:**
- 1 Smoking is not allowed anywhere inside your home **Go to Q. S10**
 - 2 Smoking is allowed in some places or at some times
 - 3 Smoking is allowed anywhere inside your home
 - 4 There are no rules about smoking inside your home
 - Don't know / Not sure
 - Refused
- S9. On how many of the past 7 days did someone smoke in your home while you were there?
- _ _ Number of days
 - 5 5 Not at home in the past 7 days
 - None
 - Don't know / Not sure
 - Refused

Signs and Symptoms of a Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a stroke. Which of the following do you think is a symptom of a stroke? For each, tell me yes, no, or you're not sure.

- S10. Do you think sudden confusion or trouble speaking are symptoms of a stroke?
- 1 Yes
 - 2 No
 - Don't Know/Not Sure
 - Refused
- S11. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?
- 1 Yes
 - 2 No
 - Don't Know/Not Sure
 - Refused

- S12. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)
 1 Yes
 2 No
 Don't Know/Not Sure
 Refused
- S13. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)
 1 Yes
 2 No
 Don't Know/Not Sure
 Refused
- S14. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)
 1 Yes
 2 No
 Don't Know/Not Sure
 Refused
- S15. (Do you think) severe headache with no known cause (is a symptom of a stroke?)
 1 Yes
 2 No
 Don't Know/Not Sure
 Refused
- S16. If you thought someone was having a stroke, what is the first thing you would do? **Please read:**
 1 Take them to the hospital
 2 Tell them to call their doctor
 3 Call 911
 4 Call their spouse or a family member
 5 Do something else
 Don't Know/Not Sure
 Refused

SKIN CANCER

- S17. When you are outside for more than one hour on a sunny day, how often do you wear sun block or sunscreen with an SPF of 15 or higher?
 1 Always
 2 Nearly Always
 3 Sometimes
 4 Seldom
 5 Never
 6 Don't stay out for more than an hour
 Don't Know/Not Sure
 Refused

ORAL HEALTH

If "2", "3", "4", or "8" to Q. 7.1 in Section 7, continue. Otherwise, go to Q. S19.

S18. Earlier in this survey we talked about your oral health. What is the main reason you did not visit the dentist in the last year?

- 01 Fear, apprehension, nervousness, pain, dislike going
- 02 Cost
- 03 Do not have/know a dentist
- 04 No Transportation/Too far away
- 05 No appointments available/Dentist not taking any more patients
- 06 Dentist not accepting new Medicaid patients
- 07 No reason to go (no problems, no teeth)
- 08 Other priorities
- 09 Have not thought of it
- 10 Other
- Don't Know/Not Sure
- Refused

NAME RECOGNITION

S19. Have you heard about the South Dakota Department of Health program called "Healthy South Dakota" that encourages South Dakotans to be physically active, eat healthy, and live healthier lives?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

SWEETENED BEVERAGES

S20. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? Do not include diet soda or diet pop.

- __ __ Number of times
- None
- Don't know / Not sure
- Refused

CHILDREN'S HEALTH INSURANCE

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 12.7, continue. Otherwise, go to Q. S43.

I'm now going to ask you some more questions about the child in the household that we talked about earlier.

S21. Does this child have health coverage?

- 1 Yes
- 2 No **Go to Q. S23**
- Don't Know/Not Sure **Go to Q. S31**
- Refused **Go to Q. S31**

S22. What type of health coverage do you use to pay for most of this child's medical care? Is it coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service; Community Health Services; or Some other source?

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, CHIP, or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service (IHS)
- 09 Community Health Services
- 08 Some other source
- None
- Don't know/Not sure
- Refused

If "05" to Q. S21 go to Q. S30, otherwise go to Q. S31.

S23. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following. Coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service; Community Health Services; or Some other source?

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, CHIP, or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 09 Community Health Services
- 08 Some other source
- None
- Don't know/Not sure
- Refused

S24. Has this child been refused health coverage due to his or her health status?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

S25. Is this child without health coverage because of the loss of someone's employment?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

S26. Is this child without health coverage due to any more of the following?

- a. Employer dropped coverage?
 - 1 Yes
 - 2 No
 - Don't know/Not sure
 - Refused

- b. Cost of premiums?
 - 1 Yes
 - 2 No
 - Don't know/Not sure
 - Refused

- c. High deductibles?
 - 1 Yes
 - 2 No
 - Don't know/Not sure
 - Refused

- d. Don't think it's necessary to have health coverage for this child?
 - 1 Yes
 - 2 No
 - Don't know/Not sure
 - Refused

S27. Please indicate if any of the following occurred in the last year due to this child's lack of health coverage.

- a. Went without medical care when sick or injured, but probably should have received medical care.
 - 1 Yes
 - 2 No
 - Don't know/Not sure
 - Refused

- b. Medical care was delayed when the child was sick or injured and probably should have received care sooner.
 - 1 Yes
 - 2 No
 - Don't know/Not sure
 - Refused

S28. About how long has it been since this child last visited a doctor for a routine checkup or physical examination?

- 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
- Don't know/Not sure
- Never
- Refused

S29. Who primarily pays for medical care for this uninsured child?

- 1 Parent **(Includes caretaker parent and/or absent parent)**
- 2 Other relative
- 3 County
- 4 Other **(Includes private foundation, charitable organization, provider write-off, etc.)**
- Don't know/Not sure
- Refused

Go to Q. S31

S30. Have you dropped or reduced private health coverage for this child because of the availability of medical assistance programs?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

CHILDREN'S SPECIAL HEALTH CONDITIONS

S31. Does this child receive services from the Children's Special Health Services Health KiCC Program?

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

S32. Does this child have any special health care needs that have lasted or are expected to last 12 months or longer? Special health care needs are conditions that require more than the usual medical care, mental health, or educational services.

- 1 Yes
- 2 No
- Don't Know/Not Sure
- Refused

If there is more than one child in the household and answer is equal to "2", "7", or "9", go to Q. S42. If only one child in household and answer is equal to "2", "7", or "9" go to Q. S43.

S33. What specific special health care needs does this child have? _____(Enter response)

If ("77", "88", or "99" to Q. S23) or ("7" or "9" to Q. S21), go to Q. S36. Otherwise, continue.

S34. Do you feel this child has adequate health insurance?

- 1 Yes **Go to Q. S36**
- 2 No
- Don't Know/Not Sure **Go to Q. S36**
- Refused **Go to Q. S36**

S35. Why not?

- 1 High Co-pay or Deductible
- 2 Rider on the Policy
- 3 Pre-existing Condition
- 4 Out of Network Providers
- 5 Services are Excluded: (Specify Services)_____
- 6 Other(Specify)_____
- Don't Know/Not Sure
- Refused

If "1" or "3" to Q. 6 in Module 23, continue. Otherwise go to Q. S42.

S36. Are you satisfied with the involvement you have had with your child's health care team in making decisions about what care is provided to your child?

- 1 Yes **Go to Q. S38**
- 2 No
- Don't Know/Not Sure **Go to Q. S38**
- Refused **Go to Q. S38**

- S37. Why not? **Check all that apply**
- 1 Do not understand medical terms
 - 2 Health care team does not include you
 - 3 Afraid to ask questions
 - 4 Didn't know you could help make decisions
 - 5 Other (Specify)_____
- Don't Know/Not Sure
Refused
- S38. Does your child's primary care doctor work with you to identify and access all the medical and non-medical services needed to help your child and family achieve their goals?
- 1 Yes
 - 2 No
- Don't Know/Not Sure
Refused
- S39. How would you rate the communication between your child's primary doctor and other health care providers about your child's care?
- 1 Very Good
 - 2 Good
 - 3 Poor
 - 4 Communication not needed
- Don't Know/Not Sure
Refused
- S40. Do you feel the community-based services you use are organized and easy to use? Would you say this is true always, sometimes, or never?
- 1 Always
 - 2 Sometimes
 - 3 Never
- Don't Know/Not Sure
Refused
- S41. Do you feel the services your child receives have helped them transition to adult health care, work and independence?
- 1 Yes
 - 2 No
- Don't Know/Not Sure
Refused

If the total number of children (ages 0-17) is greater than 1 according to Q. 12.7, continue. Otherwise, go to S43.

- S42. Do any other children in your household have any special health care needs?
- 1 Yes
 - 2 No
- Don't Know/Not Sure
Refused

Sexual Violence

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer. If you are not in a safe place to answer these questions, I can skip these questions.

S43. Are you in a safe place to answer these questions?

- 1 Yes
- 2 No **[Go to closing statement]**
- Don't know / Not sure **[Go to closing statement]**
- Refused **[Go to closing statement]**

These questions are about unwanted sexual experiences you may have had.

S44. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent – for example, being groped or fondled?

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

S45. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

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

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?