

**NEW LONDON COUNTY
COMMUNITY HEALTH ASSESSMENT
HOUSEHOLD SURVEY**

OCTOBER 2006

Prepared by:

Center for Health Policy, Planning and Research
University of New England
716 Stevens Avenue
Portland, ME 04103

NEW LONDON COUNTY COMMUNITY HEALTH ASSESSMENT

HOUSEHOLD SURVEY SECTIONS

	DOMAIN	PAGE
A	ACCESS AND UTILIZATION	5
B	HEALTH STATUS	6
C	DISEASE PREVALENCE	7
D	CHRONIC DISEASE MANAGEMENT	9
E	YOUTH HEALTH	13
F	EXERCISE	17
G	DISABILITIES/LIMITATIONS	17
H	ROUTINE CARE/SCREENING/ PREVENTION	18
I	ENVIRONMENT / HEALTH PROMOTION	22
J	DENTAL CARE	23
K	MENTAL HEALTH	24
L	TOBACCO	25
M	ALCOHOL / SEATBELT USE	26
N	HEALTH COVERAGE/ SAFETY NET	27
O	COMMUNITY HEALTH NEEDS	29
P	ACCESS TO DRUGS / SUBSTANCE ABUSE AND TREATMENT	31
Q	PREPAREDNESS	31
Z	DEMOGRAPHICS	33

KEY: Source: C5 = CT BRFSS 2005; C6=CT BRFSS 2006; and item number
Use: HSP item / *= revised wording

INTRODUCTION /SCREENING

NOTE TO INTERVIEWER: *The introduction and information screens are meant to explain why the Respondent has been called, how they have been chosen, and why their participation is important. If they are interested in knowing who is paying for/sponsoring the study they should be informed that xxx has contracted the Center for Health Policy, Planning and Research at the University of New England to do the study to better understand the healthcare needs of the residents of their community.*

Once the respondent has been selected (the person over 18 in the household who has had the most recent birthday), it is important to assure them that all of the information they give is entirely confidential. We do not know their name or address and their responses will not be linked with their telephone number. They do not have to answer questions that make them uncomfortable, and it is better to complete the survey in a private place away from other household members.

INTRODUCTION PAGE

This is _____ calling for the Center for Health Policy at the University of New England. We're doing a study of health needs in your area to assist in the planning of health care services in the future. Because we can't interview everyone in your community, we are randomly choosing a smaller group of people to speak on behalf of all residents. Your phone number has been chosen at random to be included in this study. [We are very interested in hearing what you think about health care. Your participation is important because you will be helping to represent your entire community. Let me assure you, we are not selling anything.]

First, have I reached you at your home telephone?

YES NO →IF NOT A RESIDENCE, THANK R; DO NOT INTERVIEW.

↓

Is this a residence in New London County?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

What town do you live in?

777=DK/NS

999=Refused

To start with, I need to know how many of the people living at this phone number are age 18 or above.

ENTER NUMBER OF INDIVIDUALS. ENTER 30 FOR 30 or MORE / 31 FOR DK OR 32 FOR REF
THIS QUESTION ALLOWS TO IDENTIFY A RANDOM ADULT IN YOUR HOUSEHOLD

- 0
- 1
- 2-30
- 31 DK
- 32 REF

Of these adults, may I please speak to the person (over the age of 18 in your household) who had the most recent birthday
Would that be you or someone else there?

IF R, GO TO INTRO.

IF NOT R → Is that person available?

IF PERSON IS AVAILABLE, REINTRODUCE AND GO TO INTRO.

IF R NOT AVAILABLE, SUGGEST TARGET TIME: Could I reach (her/him) later this evening? Tomorrow at about this time? ETC. To make sure we are able to reach the right person, what is (her/his) first name? ____
MAKE NOTE FOR CALLBACK.

YOUR PARTICIPATION IS IMPORTANT

We are very interested in hearing what you think about health care. Your participation is important because you will be helping to represent your entire community.

We are doing a study of health needs in your area to assist in the planning of health care services in the future. Because we can't interview everyone in your community, we are randomly choosing a smaller group of people to speak on behalf of all residents. Your phone number has been chosen at random to be included in this study.

This study will take about 20-25 minutes to complete. I'm hoping you can help us.

I want to assure you that your name will never be associated with the data in any way, and that all your responses will be kept confidential. Let me assure you, we are not selling anything.

TO VERIFY THIS SURVEY: Call 800-293-1538 ext. 102 during business hours and ask for Dr. Brian Robertson. ENDHELP

Q:INTO

T: Thank you. I want to assure you that this survey is confidential. Your name will never be released, and the results of this study will be reported in combined form only.

READ AS NEEDED ONLY:

The survey is also voluntary. If at any time you would like to discontinue the survey or continue it at a more convenient time, or if there is any question you do not wish to answer, just let me know and we will skip this question. Also, my supervisor may listen to all or part of the interview to evaluate my performance if that is all right with you.

- 1 PROCEED WITH SURVEY
- 5 NOT A GOOD TIME, CALL BACK
- 9 REFUSED

SECTION A: HEALTH SERVICES ACCESS AND UTILIZATION

- A1. 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
- C5:3.2 CORE
- 1 Yes, only one (GO TO A3)
 - 2 More than one (GO TO A3)
 - 3 No
 - 8 DK
 - 9 REF
- A2. If you or someone in your family were ill and required medical care, where would you go? (DO NOT READ RESPONSES)
- 1 DOCTOR
 - 2 A CLINIC OR HEALTH CENTER
 - 3 HOSPITAL OUTPATIENT CLINIC
 - 4 HOSPITAL EMERGENCY ROOM
 - 5 WALK-IN/URGENT CARE CENTER
 - 6 OTHER
 - 8 DK
 - 9 REF
- A3. Is this place. (READ RESPONSES) PROMPT: What kind of place do you usually go? CORE
- 1 A doctor's office or HMO
 - 2 A clinic or health center
 - 3 A hospital outpatient department
 - 4 A hospital emergency room
 - 5 A walk-in or urgent care center
 - 6 Some other kind of place
 - 8 DK
 - 9 REF
- A5. During the past 12 months, how many times have YOU visited a medical doctor?
- 0-96 ENTER # OF TIMES:
 - 97 97 OR MORE TIMES
 - 98 DK
 - 99 REF
- A6. During the past 12 months, have you been a patient in a hospital for an overnight stay?
- 1 YES
 - 2 NO
 - 8 DK
 - 9 REF
- A7. During the past 12 months, have you sought care at an emergency room?
- 1 YES
 - 2 NO
 - 8 DK
 - 9 REF

SECTION B: HEALTH STATUS

B1. In what year were you born? C5:13.1* CORE
19 00-89 ENTER YEAR
98 DK
99 REF

IF DK/REF to QB1

Q:B1a. In order to ask you appropriate health related questions, can you tell me which of the following age categories you belong? C5:13.1* CORE
(READ RESPONSES)
1 Less than 35
2 35 to 44
3 45 to 49
4 50 or older
8 DK
9 REF

B2. In general, would you say your health is... C5:1.1 CORE
(READ OPTIONS)
1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
8 DK
9 REF

B3. 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? C5:2.1 CORE
___ 0-30 ENTER # OF DAYS:
88 DK
99 REF

B4. 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? C5:2.2 CORE
___ 0-30 ENTER # OF DAYS: **IF B3 AND B4 = 0, GO TO C1**
88 DK
99 REF

B5. 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? C5:2.3 CORE
___ 0-30 ENTER # OF DAYS:
88 DK
99 REF

SECTION C: DISEASE PREVALENCE

For each of the following conditions I'd like to know whether a doctor, nurse or other health professional ever told you that you had this condition.

Has a doctor, nurse, or other health professional ever told you that you have...

- | | | | |
|-----|---|---------|------|
| C1. | High blood pressure or Hypertension
PROMPT: IF YES AND FEMALE ASK: WAS THIS ONLY DURING PREGNANCY?
1 YES
2 NO
3 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
4 TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE
8 DK
9 REF | C5:6.1 | CORE |
| C2. | High Cholesterol (Has a doctor, nurse, or other health professional ever told you that you have...)
1 YES
2 NO
8 DK
9 REF | C5:7.3* | CORE |
| C3. | Diabetes or high blood sugar
PROMPT: IF YES AND FEMALE ASK: WAS THIS ONLY DURING PREGNANCY?
1 YES
2 NO
3 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
4 TOLD BORDERLINE DIABETES OR PRE-DIABETES
8 DK
9 REF | C5:5.1* | CORE |
| C4. | Heart Attack (Myocardial infarction)
1 YES
2 NO
8 DK
9 REF | C5:8.1 | |
| C5. | Angina or coronary artery disease
1 YES
2 NO
8 DK
9 REF | C5:8.2* | CORE |
| C6. | A Stroke
1 YES
2 NO
8 DK
9 REF | C5:8.3 | CORE |
| C7. | Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
INTERVIEWER NOTE: Arthritis diagnoses include: rheumatism, polymyalgia rheumatica * osteoarthritis (not osteoporosis) * tendonitis, bursitis, bunion, tennis elbow * carpal tunnel syndrome, tarsal tunnel syndrome * joint infection, Reiter's syndrome * ankylosing spondylitis; spondylosis * rotator cuff syndrome * connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome * vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's ranulomatosis, polyarteritis nodo
1 YES | C6:16.4 | CORE |

- 2 NO
8 DK
9 REF
- C7A. Are you managing your arthritis with medication? (Asked if C7=YES)
1 YES
2 NO
8 DK
9 REF
- C8. Cancer
1 YES IF C8=YES, Ask C8a-C8f
2 NO
8 DK
9 REF
- C9. Chronic Obstructive Pulmonary Disease (Has a doctor, nurse, or other health professional ever told you that you have...) PROMPT: (COPD), including emphysema, or chronic bronchitis CORE
1 YES
2 NO
8 DK
9 REF
- C10. Asthma C5:9.2
1 YES → If C10=YES ask C10a-C10d
2 NO
8 DK
9 REF
- C10a. Do you still have asthma? C5:9.2 CORE
1 YES
2 NO
8 DK
9 REF
- C10b. During the past 12 months, have you had an episode of asthma or an asthma attack? C5:OM9.2
1 YES
2 NO
8 DK
9 REF
- C10c. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? C5:om9.3
_____ 0-86 ENTER # OF ER VISITS:
87 MORE THAN 87 VISITS
88 DK
99 REF
- C10d. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? C5:om9.6
_____ 0 - 86 ENTER # OF DAYS:
87 MORE THAN 87 DAYS
88 DK
99 REF
- C13. Osteoporosis is a condition where bones become brittle and break (fracture) more easily. It is *not* the same condition as osteoarthritis, a joint disease. Have you EVER been told by a doctor, nurse, or other health professional that you have C5:16.1

- osteoporosis?
- 1 YES
 - 2 NO
 - 8 DK
 - 9 REF

SECTION D: CHRONIC DISEASE MANAGEMENT

ASPIRIN THERAPY: D1_S. RESPONDENT AGE: IF 35 OR OLDER, WILL GO TO D1a IF 34 OR YOUNGER, WILL GO TO D2_S

D1a. Do you take aspirin daily or every other day? C5:OM5.3

- 1 YES (Go to D1c1)
- 2 NO
- 8 DK
- 9 REF

D1b. Do you have a health problem or condition that makes taking aspirin unsafe for you? C5:OM5.4

IF YES, ASK: Is this a stomach condition?

- 1 Yes, not stomach related (go to D2_s)
- 2 Yes, stomach problems (go to D2_s) (code upset stomach as stomach problem)
- 3 No (go to D2_s)
- 8 DK
- 9 REF

D1c2. Why do you take aspirin - To reduce the chance of a heart attack?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

DIABETES: D2_S. IF C3=YES (DIABETES) ASK D2a-D2g OTHERWISE SKIP TO D3_S

D2a. How old were you when you were told you have diabetes? C5OM1.1

_____ 0-96 ENTER # AGE IN YEARS

- 97 97 YEARS OR OLDER
- 98 DK
- 99 REF

D2b. Are you now taking insulin? C5OM1.2

- 1 YES
- 2 NO
- 8 DK
- 9 REF

D2c. Are you now taking diabetes pills? C5OM1.3

- 1 YES
- 2 NO
- 8 DK
- 9 REF

D2d. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? C5OM1.7

0 - 96 ENTER NUMBER OF TIMES:

- 97 97 OR MORE TIMES
- 98 DK
- 99 REF

- D2e. 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"?
- 0-75 ENTER NUMBER OF TIMES:
 76 76 OR MORE TIMES
 77 DK
 98 NEVER HEARD OF A HEMOGLOBIN "A ONE C" TEST
 99 REF
- D2f. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (WILL SKIP THIS Q IF D2e=NO FEET)
- 0-96 ENTER NUMBER OF TIMES:
 97 97 OR MORE TIMES
 98 DK
 99 REF
- D2g. 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 to 12 months ago)
 3 Within the past 2 years (1 to 2 years ago)
 4 2 or more years ago
 7 NEVER
- 8 DK
 9 REF
- D2h. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- 1 YES
 2 NO
 8 DK
 9 REF
- D2i. Have you ever taken a course or class in how to manage your diabetes yourself?
- 1 YES
 2 NO
 8 DK
 9 REF

Hypertension D3_S. IF C1=YES (Hypertension) will ask D3a-D3i Otherwise skips to D4_S

- D3a. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (READ ONLY IF NECESSARY)
- 1 Within the 6 months (1 to 6 months ago)
 2 Within the past year (6 to 12 months ago)
 3 Within the past 2 years (1 to 2 years ago)
 4 Within the past 5 years (2 to 5 years ago)
 5 5 or more years ago
 7 NEVER (Go to D4_S)
 8 DK
 9 REF
- D3c. Cutting down on salt? (Are you ____ to help lower your high blood pressure)
- 1 YES
 2 NO

8 DK
9 REF

D3d. Exercising? (Are you _____ to help lower your high blood pressure) C5OM6.3
1 YES
2 NO
8 DK
9 REF

D3e. Taking medication (Are you _____ to help lower your high blood pressure) C5:6.2*
1 YES
2 NO
8 DK
9 REF

D3f. Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure? Change your eating habits? C5OM6.5
1 YES
2 NO
8 DK
9 REF

D3g. Cut down on salt? (Dr ever advised you to _ to help lower your high blood pressure)? C5OM6.6
1 YES
2 NO
8 DK
9 REF

D3h. Exercise? (Dr ever advised you to _____ to help lower your high blood pressure)? C5OM6.8
1 YES
2 NO
8 DK
9 REF

D3i. Medication? (Dr ever advised you to _____ to help lower your high blood pressure)? C5OM6.9
1 YES
2 NO
8 DK
9 REF

COPD D4_S. IF =YES (COPD)will ask D4a-D3b Otherwise skips to D5_S
D4a. Have you ever received any kind of pulmonary rehabilitation? This is sometimes called "rehab."

1 YES
2 NO
8 DK
9 REF

D4b. Have you received a lung function test to measure airflow, also called spirometry, in the past 12 months?
1 YES
2 NO
8 DK
9 REF

Heart attack: Asked of those who answered YES to C4 (heart attack)

D5a. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." C5OM5.1

- 1 Yes
- 2 No
- 3 Was not hospitalized for a heart attack
- 8 DK
- 9 REF

Stroke: Asked of those who answered YES to C6 (stroke)

D6a. After you left the hospital following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

C5OM5.2

- 1 Yes
- 2 No
- 3 Was not hospitalized for a stroke
- 8 DK
- 9 REF

Chronic Disease Management:

D7_S. FOR ONE OR MORE YES RESPONSES TO C1-C10 (CHRONIC DISEASES) SKIP TO E1 IF NONE.

D7a. Has your doctor or other health professional encouraged you to learn more about your condition (any of your conditions)?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

PATIENT SELF-MANAGEMENT MODULE. IF C3 = YES (DIABETES) or C9 = YES (COPD) or Random Sample (50%) of C1 = YES (HYPERTENSION) ASK D8a-D8h, OTHERWISE GO TO E1

D8a. Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all the things necessary to manage your condition on a regular basis?

(READ RESPONSES)

- 1 Very confident
- 2 Somewhat confident
- 3 A little confident
- 4 Not at all confident
- 8 DK
- 9 REF

D8c. Help to make a treatment plan that you could do in your daily life? (Over the past 6 months, when receiving medical care for your condition did your health care team, including your regular doctor, nurse, or physician assistant...)

- 1 Almost never
- 2 Generally not
- 3 Sometimes
- 4 Most of the Time
- 5 Almost Always
- 8 DK
- 9 REF

D8f. Offer you understandable explanations of your medical condition? (Over the past 6 months, when receiving medical care for your condition did your health care team, including your regular doctor, nurse, or physician assistant...)

- 1 Almost never
- 2 Generally not
- 3 Sometimes

- 4 Most of the Time
- 5 Almost Always
- 8 DK
- 9 REF

D8g. Give you a written list of things you should do to improve your health? (Over the past 6 months, when receiving medical care for your condition did your health care team, including your regular doctor, nurse, or physician assistant...)

- 1 Almost never
- 2 Generally not
- 3 Sometimes
- 4 Most of the Time
- 5 Almost Always
- 8 DK
- 9 REF

D8i. How often does your doctor or other provider help you solve problems in caring for this medical condition (your medical conditions)?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Never
- 8 DK
- 9 REF

SECTION E. YOUTH HEALTH

E1a. Including yourself, how many people in your household are:
 65 or older? (IF NONE, ENTER 0)
 0 - 9 ENTER # OF PEOPLE 65 OR OLDER:
 10 10 OR MORE PEOPLE
 98 DK
 99 REF

E1b. 18-64 years old? 0 - 9 ENTER # OF PEOPLE 18-64:
 10 10 OR MORE PEOPLE
 98 DK
 99 REF

E1c. Under 18 years old?
 0 - 9 ENTER # OF PEOPLE UNDER 18:
 10 10 OR MORE PEOPLE
 98 DK
 99 REF

C5:13.6

FOLLOWING SECTION ASKED IF CHILDREN LIVE IN HOUSEHOLD

How many children live in your household who are?

- E1c1. less than 5 years old? _____
- E1c2. 5 through 12 years old? _____
- E1c3. 13 through 17 years old? _____

E8a. During the past 12 months, was there any time when any the children living in your household didn't get the medical care they needed because of cost?

- 1 YES
- 2 NO
- 8 DK

9 REF

E8b. Was there a time in the past 12 months when any the children living in your household needed to see a dentist but could not because of cost?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

E8c . How many of the children living in this household have any kind of health care coverage at this time?

(READ IF NECESSARY: You may know private health insurance, HMO, HUSKY A or B, Medicaid, Title XIX, state children's health insurance program or by the names of the companies that provide coverage—BlueCare Family Plan, Community Health Network, First Choice, or HealthNet).

Now I am going to read you a list of health problems that children and adolescents often experience. I'd like to know whether a medical doctor has ever told you that anyone in your household under the age of 18 had each problem. Have any children in your household under the age of 18 ever been diagnosed with...

E2a. Have any children in your household under the age of 18 ever been diagnosed with... Asthma

- 1 YES
- 2 NO
- 8 DK
- 9 REF

ASK IF E2a=YES

E2b1: Which child or children have ever been diagnosed with this condition

E4a. Have any children in your household under the age of 18 ever been diagnosed with a problem with overweight or obesity

- 1 YES
- 2 NO (SKIP)
- 8 DK SKIP)
- 9 REF

E4b: Which child or children have ever been diagnosed with this condition

E5a. Have any children in your household under the age of 18 ever been diagnosed with a problem with An emotional/mental problem or behavior problem

- 1 YES
- 2 NO (SKIP)
- 8 DK SKIP)
- 9 REF

E5b: Which child or children have ever been diagnosed with this condition

E6a. Have any children in your household under the age of 18 ever been diagnosed with a problem with A learning disability or attention disorder (such as attention deficit disorder)

- 1 YES
- 2 NO (SKIP)
- 8 DK SKIP)
- 9 REF

E6b: Which child or children have ever been diagnosed with this condition

E7a. Have any of the children in your household under the age of 18 had their blood tested for lead poisoning?

- 1 YES
- 2 NO (SKIP)
- 8 DK (SKIP)
- 9 REF

E7b. Have any of the children in your household under the age of 18 ever had elevated blood lead levels?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

E7c. Which children in your household under the age of 18 ever had elevated blood lead levels?

E9. When your oldest child under the age of 18 rode a bicycle during the past 12 months, how often did he or she wear a helmet?

- 1 Did not ride a bicycle during the past 12 months (skip to E11b)
- 2 Never wore a helmet
- 3 Rarely wore a helmet
- 4 Sometimes wore a helmet
- 5 Most of the time wore a helmet
- 6 Always wore a helmet (Skip to E11b)
- 8 DK
- 9 REF

E10. When do you allow this child to ride his/her bike without their helmet?

- In the Driveway ?
- In your Neighborhood?
- To the store?
- All the time
- Never

E11b. How often does the youngest child (under the age of 7) sit in a car seat or booster seat when riding in a car?

- 1 Never
- 2 25% of the time
- 3 50% of the time
- 4 75% of the time
- 5 All the time
- 7 NA: Doesn't ride in car
- 8 DK
- 9 REF

E11d. During which of the following types of situations have you allowed this child to ride without a car seat or booster seat?

1. Short Trips

- 1 YES
- 2 NO
- 8 DK
- 9 REF

2. Long Trips

- 1 YES
- 2 NO
- 8 DK
- 9 REF

3. Local Roads

- 1 YES
- 2 NO
- 8 DK

- 9 REF
- 4. Car Pools
 - 1 YES
 - 2 NO
 - 8 DK
 - 9 REF

5. When they don't want to (are uncomfortable)

- 1 YES
- 2 NO
- 8 DK
- 9 REF

6. Taxis

- 1 YES
- 2 NO
- 8 DK
- 9 REF

(INT CHECK: ANY CHILDREN BETWEEN AGE 7 and 17)

E12a. How often does the youngest child over the age of 6 use a seat belt when riding in a car?

- 1 Never
- 2 25% of the time
- 3 50% of the time
- 4 75% of the time
- 5 All the time
- 7 NA: Doesn't ride in car
- 8 DK
- 9 REF

E12c. During which of the following types of situations have you allowed this child to ride without a seat belt?

1. Short Trips

- 1 YES
- 2 NO
- 8 DK
- 9 REF

2. Long Trips

- 1 YES
- 2 NO
- 8 DK
- 9 REF

3. Local Roads

- 1 YES
- 2 NO
- 8 DK
- 9 REF

4. Car Pools

- 1 YES
- 2 NO
- 8 DK
- 9 REF

5. When they don't want to (are uncomfortable)

- 1 YES
- 2 NO
- 8 DK
- 9 REF

6. Taxis

- 1 YES
- 2 NO

8 DK
9 REF

SECTION F: EXERCISE

- F1. Has a doctor or other health professional ever talked with you about physical activity or exercise?
1 YES
2 NO
8 DK
9 REF
- F2. During the past month, did you participate in any physical activities such as running, calisthenics, golf, tennis, or walking for exercise? C5:4.1 CORE
1 YES
2 NO (Go to G1)
8 DK (Go to G1)
9 REF (Go to G1)
- F3a. How many times per week or per month did you take part in this activity during the past month? CORE
1 ENTER # OF TIMES PER WEEK
2 ENTER # OF TIMES PER MONTH
8 DK (Go to G1)
9 REF (Go to G1)
- F3b. How many times per week or per month do you take part in this activity? CORE
0-96 ENTER # OF TIMES PER WEEK/MONTH:
97 MORE THAN 97 TIMES
98 DK
99 REF
- F4. And when you took part in this activity, for how many minutes did you usually keep at it? CORE
(RECORD RESPONSE IN MINUTES)
0-996 ENTER # OF MINUTES:
998 DK
999 REF

SECTION G: DISABILITY

- G1. Are you limited in any way in any activities because a physical, mental, or emotional problem or impairment? C5:15.1* CORE
1 YES
2 NO
8 DK
9 REF
- G2. 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) C5:15.2 CORE
1 YES
2 NO
8 DK
9 REF
- G3. Do you, or does anyone in your household, need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around the house? CORE

- 1 YES
- 2 NO
- 8 DK
- 9 REF

SECTION H: SCREENING/ PREVENTION

- H1. INTERVIEWER: SEX BY OBSERVATION (DO NOT READ) C5:13.17
- 1 MALE
 - 2 FEMALE
 - 8 DK
- H2. About how long has it been since you last visited a doctor for a routine checkup or physical examination? PROMPT: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS OR CONDITION. C5:3.4 CORE
- (READ IF NECESSARY)
- 1 Within the past year (1 to 12 months ago)
 - 2 Within the past 2 years (1 to 2 years ago)
 - 3 Within the past 5 years (2 to 5 years ago)
 - 4 More than 5 years ago
 - 7 Never
 - 8 DK
 - 9 REF
- H3. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? C5:7.1
- 1 YES
 - 2 NO (Go to H4)
 - 8 DK (Go to H4)
 - 9 REF (Go to H4)
- H3a. About how long has it been since you last had your blood cholesterol checked? C5:7.2 CORE
- (READ ONLY IF NECESSARY)
- 1 Within the past year (1 to 12 months ago)
 - 2 Within the past 2 years (1 to 2 years ago)
 - 3 Within the past 5 years (2 to 5 years ago)
 - 4 More than 5 years ago
 - 8 DK
 - 9 REF
- H6-H8 ASKED OF MALES ONLY
- H6. An exam to check for testicular cancer (How long has it been since you last had any of the following tests or examinations.) C6:19.4* CORE
- (READ ONLY IF NECESSARY)
- 1 Within the past year (1 to 12 months ago)
 - 2 Within the past 2 years (1 to 2 years ago)
 - 3 Within the past 5 years (2 to 5 years ago)
 - 4 More than 5 years ago
 - 7 NEVER
 - 8 DK
 - 9 REF
- H7. A digital rectal exam PROMPT: This 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. (How long has it been since you last had the following test or examination.)

(READ IF NECESSARY)

- 1 Within the past year
(1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 More than 5 years ago
- 7 NEVER
- 8 DK
- 9 REF

H8. A Prostate Specific Antigen test, also called a PSA test, to check your prostate gland (How long has it been since you last had the following test or examination.) C6:19.2* CORE

(READ IF NECESSARY)

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 More than 5 years ago
- 7 NEVER
- 8 DK
- 9 REF

H9-H11a ASKED OF FEMALES ONLY

H9. A rectal exam to check for signs of abnormalities CORE
(READ ONLY IF NECESSARY)

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 More than 5 years ago
- 7 NEVER
- 8 DK
- 9 REF

H10. A mammogram is an x-ray of the breast to look for cancer. Have you ever had a mammogram? C6:18.1

- 1 YES
- 2 NO (Go to H10b)
- 8 DK (Go to H10b)
- 9 REF (Go to H10b)

H10a. How long has it been since you had your last mammogram? C6:18.2 CORE
(DON'T READ RESPONSES)

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 More than 5 years ago
- 7 NEVER
- 8 DK
- 9 REF

H10b. 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? C6:18.5

- 1 Yes
- 2 No **[Go to H11]**
- 8 Don't know / Not sure **[Go to H11]**
- 9 REF **[Go to H11]**

H10c. How long has it been since your last breast exam? C6:18.5 CORE

- 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
- Do not read:**
- 8 Don't know / Not sure
- 9 Refuse

H11. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

- 1 YES
- 2 NO (Go to H12)
- 8 DK (Go to H12)
- 9 REF (Go to H12)

H11a. How long has it been since you had your last Pap smear? C6:18.6 CORE
 (DO NOT READ RESPONSES)

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 3 years (2 to 3 years ago)
- 4 Within the past 5 years (3 to 5 years ago)
- 5 5 or more years ago
- 8 DK
- 9 REF

H12-H13a ASKED IF RESPONDENT AGE IS 50 OR OLDER

H12. 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? C6:20.1

- 1 YES
- 2 NO (Go to H13)
- 8 DK (Go to H13)
- 9 REF (Go to H13)

H12a. When did you have your last blood stool test using a home kit? C6:20.2 CORE
 (READ IF NECESSARY)

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 More than 5 years ago
- 8 DK
- 9 REF

H13. 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 either of these? C6:20.3

- 1 YES
- 2 NO (Go to H14)
- 8 DK (Go to H14)
- 9 REF (Go to H14)

H13a. How long has it been since you had your last sigmoidoscopy or colonoscopy? C6:20.4 CORE
 (READ IF NECESSARY)

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 More than 5 years ago
- 8 DK
- 9 REF

H14. During the past 12 months, have you had a Flu shot? (ASKED OF ALL) CORE
 1 YES C5:10.1

- 2 NO
- 8 DK
- 9 REF

H15. 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 vaccination? C5:10.3 CORE

- 1 YES
- 2 NO (Go to H16)
- 8 DK (Go to H16)
- 9 REF (Go to H16)

H15a. During the past 12 months, have you had a pneumonia vaccination? CORE

- 1 YES
- 2 NO
- 8 DK
- 9 REF

H16. How tall are you with your shoes off? (RECORD IN FEET AND INCHES; E.G. 6'1"=601) C5:13.11 CORE

- 400-800 ENTER # OF FEET/INCHES:
- 998 DK
- 999 REF

H17. What is your weight with your shoes off? (ROUND FRACTIONS UP) C5:13.10 CORE

- 0 - 996 ENTER # OF POUNDS:
- 997 MORE THAN 997 POUNDS
- 998 DK
- 999 REF

H18. Within the past 12 months, has a doctor, nurse, or other health professional advised you to eat fewer high fat or high cholesterol foods?

- 1=Yes
- 2=No
- 7=DK/N
- 9=Refused

H19. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

- Probe for which:**
- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

H20. How well do your health care providers (including your doctors, nurse practitioners, or specialists) communicate with each other about the care you may need?

- 1 Very well,
- 2 Somewhat well,
- 3 A little well,
- 4 Not at all well.
- 5 Not applicable - only receive care from one person
- 7 Don't know / Not sure
- 9 Refused

SECTION I: ENVIRONMENT & HEALTH PROMOTION

- I1a. 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 symptom that you think was caused by something in the air inside a home, office, or other building? Ct04
- 1 Yes
 - 2 No
 - 7 Don't know / not sure
 - 9 Refused
- I1b. Do you currently have mold in your home on an area greater than the size of a dollar bill? CT04
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
- I2. Has a doctor, nurse or other health professional ever told you to reduce your outdoor activity level when the air quality is bad?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- I3. When was the last time you or someone else deliberately tested all of the smoke alarms in your home? If never, then probe if have smoke detector Mod 5:
res Fire
- 1=Within the past month
 - 2=Within the past 6 months
 - 3=Within the past year
 - 4=One or more years ago
 - 5=Never
 - 6=No smoke detectors in home
 - 8 DK
 - 9 REF
- I5. When you drive or ride in a car, how often do you wear seat belts? CT05
(READ RESPONSES)
- 1 Always
 - 2 Nearly always
 - 3 Sometimes
 - 4 Seldom
 - 5 Never
 - 7 NEVER DRIVE OR RIDE IN A CAR
 - 8 DK
 - 9 REF
- I6. Have you ever been diagnosed with Lyme Disease?
- 1 Yes
 - 2 No → Go to I8
 - 8 Don't Know
 - 9 Refused
- I7. How satisfied are you with the treatment you received for Lyme disease?
- 1 Very Satisfied
 - 2 Somewhat Satisfied
 - 3 Not Satisfied
 - 7 NA – Did not receive treatment
 - 8 Don't know/Not sure

9 Refused

I7a .(ASK IF I7=3) Why were you not satisfied with the treatment you received for Lyme disease? Record open-ended response (use prompts only if necessary)

Too costly

Side-effects from treatment

Anxiety or skepticism about treatment

Treatment delayed too long

Treatment so far unsuccessful

Other: _____

8 Don't Know

9 Refused

I8. Many methods have been suggested to protect oneself from getting Lyme disease from a tick bite. During the past year, when in high risk areas, such as wooded or grassy areas, please tell me how often you have taken the following measures to protect yourself

a. Wearing long pants tucked into socks.

1 Always

2 Sometimes

3 Never

7 Never in high risk areas → Go to J1

8 Don't know/Not sure

9 Refused

b. Looking for ticks on yourself and removing them.

1 Always

2 Sometimes

3 Never

7 Never in high risk areas → Go to J1

8 Don't know/Not sure

9 Refuse

c. Using an insect repellent on your skin or clothes.

1 Always

2 Sometimes

4 Never

7 Never in high risk areas → Go to J1

8 Don't know/Not sure

9 Refuse

SECTION J: DENTAL CARE

J1. Now I'd like to change the subject and ask about dental care. How long has it been since you last visited the dentist or dental clinic? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as hygienists.

(READ ONLY IF NECESSARY)

1 WITHIN THE PAST YEAR (1 to 12 MONTHS AGO) (GO TO J3)

2 WITHIN THE PAST 2 YEARS (1 TO 2 YRS AGO)

3 WITHIN THE PAST 5 YEARS (2 TO 5 YRS AGO)

4 5 OR MORE YEARS AGO

5 NEVER

8 DK (GO TO J3)

9 REF (GO TO J3)

J2. What is the main reason you have not visited a dentist in the last year? (READ IF NECESSARY)

10 FEAR, APPREHENSION, NERVOUSNESS, PAIN, DISLIKE GOING

- 11 COST
- 12 DO NOT HAVE/KNOW A DENTIST
- 13 CANNOT GET TO THE OFFICE/CLINIC (DISTANCE, TRANSPORTATION,NO APPOINTMENTS)
- 14 NO REASON TO GO (NO PROBLEMS, NO TEETH)
- 15 OTHER PRIORITIES
- 16 HAVE NOT THOUGHT OF IT
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

J3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist? CTS

- 1 WITHIN THE PAST YEAR (1 to 12 MONTHS AGO) (GO TO J3)
- 2 WITHIN THE PAST 2 YEARS (1 TO 2 YRS AGO)
- 3 WITHIN THE PAST 5 YEARS (2 TO 5 YRS AGO)
- 4 5 OR MORE YEARS AGO
- 5 NEVER
- 8 DK
- 9 REF

J4. During the past 12 months, was there a time when you needed dental care but could not get it because of the cost? CTS

- 1 YES
- 2 NO
- 8 DK
- 9 REF

SECTION K: MENTAL HEALTH

K1. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

K2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? C6:OM14.2

- 0-14 ENTER NUMBER OF DAYS:
- 88 DK
- 99 REF

K3. Has a doctor or other healthcare provider EVER told you that you have any of the following conditions... C6:OM14
.10*

Depression or depressive disorder. PROMPT: This includes depression, major depression, dysthymia, or minor depression

CORE

- 1 YES
- 2 NO
- 8 DK
- 9 REF

K4. A psychiatric condition other than Depression, such as Anxiety, Bipolar Disorder, C6:OM14 CORE

Schizophrenia, Anxiety Disorder, or an Eating Disorder like Anorexia or Bulimia (Has a doctor or other healthcare provider EVER told you that you have any of the following conditions...)

- 1 YES
- 2 NO

- 8 DK
- 9 REF

K5. These next questions are about treatment and counseling for problems with emotions, nerves or mental health. Please do not include treatment for alcohol or drug use.

During the past 12 months, did you receive any outpatient treatment or counseling for any problem you were having with your emotions, nerves, or mental health?

- 1 YES
- 2 NO (GO TO K9)
- 8 DK (GO TO K9)
- 9 REF (GO TO K9)

K6. During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?

- 1 YES
- 2 NO (GO TO L1)
- 8 DK (GO TO L1)
- 9 REF (GO TO L1)

K7. Was this because you couldn't afford mental health treatment or counseling, or was there some other reason you didn't get the care you needed? (DON'T READ RESPONSES; PROBE FOR PRIMARY REASON)

- 1 COULDN'T AFFORD IT
- 2 DIDN'T KNOW WHERE TO GO
- 3 TOOK TOO MUCH TIME
- 4 EMBARRASSED OR FEARFUL OTHERS WOULD FIND OUT
- 5 TOO FAR TO TRAVEL/TAKES TOO LONG TO GET THERE
- 6 DIDN'T THINK IT WOULD HELP
- 7 OTHER (SPECIFY)
- 8 DK
- 9 REF

SECTION L: TOBACCO

L1. Now, I would like to ask you about your use of tobacco products. Have you smoked at least 100 cigarettes in your entire life? C5:11.1 CORE

- 1 YES
- 2 NO (GO TO M1)
- 8 DK (GO TO M1)
- 9 REF (GO TO M1)

L2. Do you now smoke cigarettes everyday, some days or not at all? C5:11.2 CORE

- 1 Everyday (GO TO L3)
- 2 Somedays (GO TO L4)
- 3 Not at all (GO TO L5)
- 8 DK (GO TO L6)
- 9 REF (GO TO M1)

L3. On the average, about how many cigarettes a day do you now smoke?

- 0 - 100 ENTER NUMBER OF CIGARETTES
- 101 MORE THAN 100 CIGARETTES (GO TO L6)
- 888 DK (GO TO L6)
- 999 REF (GO TO L6)

L4. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

- 0 - 100 ENTER NUMBER OF CIGARETTES
- 101 MORE THAN 100 CIGARETTES (GO TO L6)

888 DK (GO TO L6)
999 REF (GO TO L6)

- L5. About how long has it been since you last smoked cigarettes regularly, that is, daily? C5:OM21.1
(READ ONLY IF NECESSARY)
1 Within the past year (0 to 12 months ago)
2 Within the past 5 years (1 to 5 years ago) (Go to L8)
3 Within the past 15 years (5 to 15 years ago) (Go to L8)
4 15 or more years ago (Go to L8)
5 Never smoked regularly (Go to L8)
8 DK (Go to L8)
9 REF (Go to L8)
- L6. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? C5:OM21.3* CORE
1 YES
2 NO
8 DK
9 REF
- L7. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? C5:11.3
1 YES
2 NO
8 DK
9 REF

SECTION M: ALCOHOL

- M1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? C5:12.1 CORE
1 YES
2 NO (GO TO M6)
8 DK (GO TO M6)
9 REF (GO TO M6)
- M2. During the past month, how many days per week OR per month did you drink any alcoholic beverages, on the average? C5:12.2 CORE
1 ENTER # OF TIMES PER WEEK
2 ENTER # OF TIMES PER MONTH
8 DK (GO TO M6)
9 REF (GO TO M6)
- M3. On the days when you drank, about how many drinks did you have on the average? C5:12.3 CORE
INTS: A drink is 1 can/bottle of beer, 1 glass of wine, 1 bottle/can of wine cooler, or 1 shot of liquor
0 - 96 ENTER # OF DRINKS:
97 MORE THAN 97 DRINKS
98 DK
99 REF
- M4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on any occasion? C5:12.4 CORE
0 - 96 ENTER # OF TIMES:
97 MORE THAN 97 TIMES
98 DK
99 REF

SECTION N: HEALTH CARE COVERAGE /SAFETY NET

N1. Do you currently have health insurance that would cover at least part of the bill if you had to stay in the hospital overnight? PROMPT: include any kind of coverage, including health insurance, prepaid plans (HMOs), government plans such as Medicare. C5:3.1*

- 1 YES
- 2 NO (GO TO N4)
- 3 YES, BUT DK ABOUT HOSPITAL STAY
- 7 NO COVERAGE AT ALL (GO TO N4)
- 8 DK (GO TO N5)
- 9 REF (GO TO N5)

N2. What is that coverage? Is it... (PROBE TO CLARIFY HEALTH COVERAGE)

- 1 Medicaid
- 2 Medicare
- 3 Champus or any other government program
- 4 Insurance that you get through an employer
- 5 Insurance that you buy on your own
- 7 OTHER (SPECIFY)
- 8 DK
- 9 REF

N2a. Does your health insurance plan pay for at least some of the cost of prescription medicines prescribed by the doctor? CTS

- 1 YES
- 2 NO
- 8 DK
- 9 REF

N2b. Did you have pre-existing conditions that are not covered by this policy? CTS

- 1 YES
- 2 NO
- 8 DK
- 9 REF

N3. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- 1 YES
- 2 NO (GO TO N5)
- 8 DK (GO TO N5)
- 9 REF (GO TO N5)

N4. What is the main reason you are/were without health care coverage? (DO NOT READ RESPONSES; PROBE FOR MAIN REASON)

- 10 Lost job or changed employers
- 11 Spouse or parent lost job or changed employers
- 12 Became divorced or separated
- 13 Spouse or parent died
- 14 Became ineligible because of age or because left school
- 15 Employer doesn't offer or stopped offering coverage
- 16 Cut back to part time or became temporary employee
- 17 Benefits from employer or former employer ran out
- 18 Couldn't afford to pay the premiums
- 19 Insurance company refused coverage
- 20 Lost Medicaid or Medical Assistance eligibility
- 95 Other (SPECIFY)
- 98 DK
- 99 REF

N5. During the past 12 months, was there any time that anyone in your household did not have any health insurance or coverage (not including respondent)?

Skip to N5 if only one person in household.

- 1 YES
- 2 NO
- 8 DK
- 9 REF

N7. During the past 12 months, was there any time when you didn't get the medical care you needed?

- 1 Yes
- 2 No (go to N9)
- 8 DK
- 9 REF

N8. In the past 12 months did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons?

CTS-shortenn

a. You had concerns about the cost of a health care visit, test or treatment, including insurance co-payment or deductible concerns Worry about the cost

- 1 YES
- 2 NO
- 8 DK
- 9 REF

e. You lacked transportation to a doctors' office or clinic

- 1 YES
- 2 NO
- 8 DK
- 9 REF

g. You couldn't get through on the telephone to the doctor's office or clinic

- 1 YES
- 2 NO
- 8 DK
- 9 RE

h. The hours of the doctor's office or clinic did not meet your schedule

- 1 YES
- 2 NO
- 8 DK
- 9 REF

j. Other reasons

- 1 YES
- 2 NO
- 8 DK
- 9 REF

N6a. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

C5:3.3

- 1 Yes
- 2 NO
- 8 DK
- 9 REF

N6b. During the past 12 months, was there any time when you needed prescription medicines, but didn't get them because you couldn't afford it?

- 1 Yes
- 2 No (go to N9)
- 8 DK
- 9 REF

N9. During the past 12 months, (have you/has anyone in your household) had any problems paying medical bills?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

N10. Can you name a place in your community that offers affordable medical care or a sliding fee scale for people without health insurance?

- 1 Yes → N10a. SPECIFY _____
- 2 No
- 8 DK
- 9 REF

SECTION O: COMMUNITY

O1. These next questions are about health concerns and health care services in your community. What do you think is the biggest health problem facing your community? (DON'T READ RESPONSES)

- 10 ABILITY TO PAY FOR CARE
- 11 ALCOHOL/DRUG ABUSE
- 12 CANCER
- 13 ELDERLY CARE
- 14 HEALTH CARE TOO EXPENSIVE
- 15 LACK OF HEALTH INSURANCE
- 16 LACK OF TRANSPORTATION TO CARE
- 17 POOR ORAL HEALTH
- 18 PRESCRIPTION MEDICATION TOO EXPENSIVE
- 19 TEEN PREGNANCY
- 20 TRAVEL TIMES TO SERVICES ARE TOO LONG
- 21 VIOLENCE
- 95 OTHER (SPECIFY)
- 97 NONE
- 98 DK
- 99 REF

O2. Now I'm going to read a list of health care services and health care providers. For each service or provider, please tell me if you think there is a need for more services in your area, whether there are an adequate number, or there are too many.

O2a. Pediatrics services (Health services for infants/children)PROMPT: (DO YOU THINK THERE IS A NEED FOR MORE OF THIS SERVICE IN YOUR AREA, THERE ARE AN ADEQUATE NUMBER OF SERVICES IN YOUR AREA, OR THERE ARE TOO MANY)

- 1 Need for more
- 2 Adequate
- 3 Too many
- 8 DK
- 9 REF

O2b. Women's services, such as obstetrics/gynecological services

- 1 Need for more
- 2 Adequate
- 3 Too many
- 8 DK
- 9 REF

O2c. Heart disease services including diagnostic services, heart surgery and cardiac rehabilitation programs

- 1 Need for more
- 2 Adequate
- 3 Too many
- 8 DK
- 9 REF

O2d. Emergency/Trauma Care

- 1 Need for more
- 2 Adequate
- 3 Too many
- 8 DK
- 9 REF

O2e. Health education services

- 1 Need for more
- 2 Adequate (GO TO P1a)
- 3 Too many (GO TO P1a)
- 8 DK (GO TO P1a)
- 9 REF (GO TO P1a)

O3. What kinds of health education services would you like to see provided in your area? (SELECT ALL THAT APPLY)

- 10 ADOLESCENT / TEEN SEX EDUCATION
- 11 ALZHEIMER'S DISEASE
- 12 ASTHMA
- 13 CANCER SCREENING AND/OR TREATMENT
- 14 CHILD ABUSE / FAMILY VIOLENCE
- 15 DIABETES
- 16 DIET AND/OR EXERCISE
- 17 DRUG/ALCOHOL ABUSE
- 18 ELDERLY CARE
- 19 HEART DISEASE SCREENING AND TREATMENT
- 20 HIV / AIDS
- 21 INJURY PREVENTION
- 22 MENTAL HEALTH
- 23 SEXUALLY TRANSMITTED DISEASES
- 24 SMOKING CESSATION AND/OR PREVENTION
- 25 STRESS MANAGEMENT
- 95 OTHER (SPECIFY)
- 97 NONE
- 98 DK
- 99 REF

O4. Now I'd like to ask you a general question about your community. Please think about your local health department or district. From what you know, what kind of services or programs does it provide in your community? (DO NOT READ-CHECK ALL THAT APPLY)

- 1 Reviewing, approving and inspecting septic systems
- 2 Sampling of bathing water
- 3 Inspections of day care facilities
- 4 Inspections and licensing for food service establishments, hotels, motels, bed and breakfasts, and salons (hair)
- 5 Licensing for public swimming pools and pool operators
- 6 Health prevention programs and information
- 7 Enforcement of childhood lead poisoning prevention regulation
- 8 Enforcement of public health code
- 9 Opening/closing of shellfish beds
- 10 Review of plans for new wells
- 11 Provide community with public health alerts and emergencies

12 OTHER: (SPECIFY)

SECTION P: DRUGS

The next set of questions ask your opinion about whether it's difficult or easy to get drugs, and the extent to which drugs are available in your neighborhood.

P1a. How difficult or easy would it be for you to get some MARIJUANA if you wanted some. Do you think it would probably be impossible, very difficult, fairly difficulty, fairly easy, or very easy to get. IF UNSURE, ASK: We are only looking for your general impressions. Would you say...

- 1 Probably Impossible
- 2 Very Difficult
- 3 Fairly Difficult
- 4 Fairly Easy
- 5 Very Easy
- 8 DK
- 9 REF

P1d. Prescription pain relievers that are not prescribed for you

- 1 Probably Impossible
- 2 Very Difficult
- 3 Fairly Difficult
- 4 Fairly Easy
- 5 Very Easy
- 8 DK
- 9 REF

P1f. Cocaine, or crack

- 1 Probably Impossible
- 2 Very Difficult
- 3 Fairly Difficult
- 4 Fairly Easy
- 5 Very Easy
- 8 DK
- 9 REF

P2. During the past 12 months, have you received treatment or counseling for your use of alcohol or any drug, not counting cigarettes?

- 1 YES
- 2 NO (GO TO Q1)
- 8 DK (GO TO Q1)
- 9 REF (GO TO Q1)

SECTION Q: EMERGENCY PREPAREDNESS

The next series of questions asks about large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts or might include a public health emergency with threats of infectious disease such as pandemic flu.

CT06:M17

Q1. How well prepared do you feel your household is to safely ride out or withstand a large- scale disaster or emergency? Would you say...

(Please read:)

- 1 Very prepared
- 2 Somewhat prepared
- 3 Not prepared at all
- Do not read:**
- 7 Don't know/Not sure
- 9 Refused

Q2. Do you have a family emergency plan with emergency information and contact numbers?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

Q3. In the event of an emergency or quarantine, do you have on hand a three day supply of non-perishable food, water, medications, batteries and other essential items for everyone who lives there?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

Q4, What would be your main method of getting information from authorities in a large-scale disaster or emergency? **Read only if necessary:**

- 1 Television
- 2 Radio
- 3 Internet
- 4 Print media
- 5 Neighbors

Do not read:

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

CT06:M17

Q5. Are you familiar with your community's emergency preparedness plan?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

Q6. Has your employer prepared a disaster plan that details steps your employer will take during a community emergency?

- 1 Yes
- 2 No
- 3 NOT EMPLOYED
- 8 DK
- 9 REF

Q7. How likely would you be to evacuate your home or community if you were instructed to by the governor or local officials?

- 1 Very likely
- 2 Somewhat likely
- 3 A Little likely
- 4 Not at all Likely
- 8 DK
- 9 REF

Q8. Where would you seek information in the event of an infectious disease outbreak in your community, such as pandemic flu?

1 Newspapers, radio, TV

- 2 Local government officials
- 3 Your doctor or other local health care providers
- 4 State or national government health authorities**
- 5 Other: specify
- 8 DK
- 9 REF

Q9. During a reported flu pandemic, where would you try to get medical care; your doctor's office, an emergency room, or some other place? (DO NOT READ RESPONSES)

- 1 DOCTOR
- 4 EMERGENCY ROOM
- 2 A CLINIC OR HEALTH CENTER
- 3 HOSPITAL OUTPATIENT CLINIC
- 5 WALK-IN/URGENT CARE CENTER
- 6 TOWN/CITY HEALTH DEPT.
- 7 OTHER (SPECIFY)
- 8 DK
- 9 REF

Q11. Did you hear that there was going to be a household survey of New London county residents (this survey)?

- 1 YES → **Q11a How did you hear about this survey?**
- 2 NO
- 9 REF

SECTION Z: DEMOGRAPHICS

Z1. These last few questions are for classification purposes only. 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)
- 7 Graduate/Professional Degree (MA,MS,PhD,JD,MD ETC)
- 8 DK
- 9 REF

Z2. Are you now... (PLEASE READ)

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never been married or
- 6 Part of an unmarried couple living in the same household
- 8 DK
- 9 REF

Z3. Are you currently:

- 10 Employed for wages
- 11 Self-employed
- 12 Out of work for more than 1 year
- 13 Out of work for less than 1 year
- 14 Homemaker
- 15 Student
- 16 Retired, or
- 17 Unable to work

- 95 Other
- 98 DK
- 99 REF

CATI WILL ROUTE THROUGH INCOME QUESTIONS APPROPRIATELY

Z4. Is your annual household income from all sources:

- 1 LESS THAN \$25,000
- 2 \$25,000 OR MORE (GO TO Z4d)
- 8 DK
- 9 REF

Z4a. Was it over \$20,000?

- 1 YES (GO TO Z5)
- 2 NO
- 8 DK
- 9 REF

Z4b. Was it over \$15,000?

- 1 YES (GO TO Z5)
- 2 NO
- 8 DK
- 9 REF

Z4c. Was it over \$10,000?

- 1 YES (GO TO Z5)
- 2 NO
- 8 DK
- 9 REF

Z4d. Was it under \$35,000?

- 1 YES (GO TO Z5)
- 2 NO
- 8 DK
- 9 REF

Z4e. Was it under \$50,000?

- 1 YES (GO TO Z5)
- 2 NO
- 8 DK
- 9 REF

Z4f. Was it under \$75,000?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

Z5. Are you Hispanic or Latino?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

Z6. Which one or more of the following would you say is your race? (READ RESPONSES; CHECK ALL)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander

- 5 American Indian or Alaska Native, or
- 6 Other (SPECIFY)
- 8 DK
- 9 REF

Z7. ASKED IF MULTIPLE RESPONSES TO Q6

Which one of these groups would you say best represents your race? (READ RESPONSES AND SELECT ONE)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native, or
- 6 Other (SPECIFY)
- 8 DK
- 9 REF

Z8. Altogether, how many years have you lived in this area?

- 0-96 ENTER # OF YEARS:
- 97 MORE THAN 97 YEARS
- 98 DK
- 99 REF

Z10. Do you have more than one telephone number in you 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)
- 8 DK (GO TO Q12)
- 9 REF (GO TO Q12)

Z11. How many of these are residential numbers?

- 1-5 ENTER TOTAL TELEPHONE NUMBERS
- 6 6 or more
- 8 DK
- 9 REF

Z12. How many adult members of your household currently use a cell phone for any purpose?

- 0-5 ENTER NUMBER OF ADULTS
- 7 7 OR MORE ADULTS
- 8 DK
- 9 REF

Z13. Was there anytime in the last 12 months that you did not have a working telephone for one week or longer? Please think about only phones in your house and not any cell phones you or others may have.

- 1 YES
- 2 NO
- 8 DK
- 9 REF

Z14. For how many months of the past 12 months did you not have a working telephone for 1 week or longer?

- 0 LESS THAN ONE MONTH
- 1 - 12 ENTER NUMBER OF MONTHS
- 98 DK
- 99 REF

Z 15. Is any other language beside English spoken in your home?

- 1 Yes SPECIFY: _____
- 2 No

Z16. Thinking about the adults living in your household, how many would not have been able to complete this survey in English?

.