

LOUIS HARRIS AND ASSOCIATES, INC.  
111 Fifth Avenue  
New York, New York 10003

FOR OFFICE USE ONLY

Questionnaire No.: \_\_\_\_\_  
(1-5)

Study No.: 628127  
(108-113)  
Date: May 20, 1998 - FINAL  
(114-126)Z

Card Number (6-7)  
Set Point No. / / / /  
(160-162)

**Women's Health II**

(133-149)Z

Time Started: \_\_\_\_\_ A.M./P.M.

Interviewer \_\_\_\_\_ I.D. NO.: \_\_\_\_\_ Date of Interview: \_\_\_\_\_  
(127-132)

Area Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
(150-152) (153-159)

A. Hello, I'm \_\_\_\_\_ from Louis Harris and Associates, the national survey research firm in New York. We're conducting a survey on health issues and I'd like to speak with an adult in your household. (IF NECESSARY: We would like to ask you about your experiences when seeking health care. Let me assure you that everything you tell me will be kept in the strictest confidence.)

QA. Continue ..... (214(\_\_\_\_ - 1  
Not available - call back..... \_\_\_\_ - 2  
Don't know ..... \_\_\_\_ - & (215)Z  
Refused ..... \_\_\_\_ - -

BASE: REFUSED INTERVIEW (Q.A/Ref)

A1. Have I reached a business, or not?

Yes, business ..... (216(\_\_\_\_ - 1  
No ..... \_\_\_\_ - 2  
Don't know ..... \_\_\_\_ - & (217)Z  
Refused ..... \_\_\_\_ - -

**SECTIONS:**

- SECTION A: Relationship Between Patients and Physicians State (163-164)
- SECTION B: Health Insurance Gridsex (165-170)
- SECTION C: Access to Care and Use Replicate (171-173)
- SECTION D: Health Habits FIPS-ST (174-178) (179-180)Z
- SECTION E: Osteoporosis FIPS-MSA (208-211)
- SECTION F: Menopause and HRT REGST (212-213)
- SECTION G: Work and Caregiving Activities
- SECTION I: Mental Health
- SECTION J: Crime/Battering/Rape/Violence and Abuse
- SECTION K: Health Status
- SECTION F: Factuals

**Grid Screener for Both XS and OS**

B. How many adults 18 years of age or older live in this household?

/ \_\_\_ / \_\_\_ /  
(240-241) (IF "0", SCREEN OUT Q.B)  
(IF "1", SKIP TO Q.SEX)

Don't know..... (240(\_\_\_ - &  
Refused ..... \_\_\_ - -

C. How many of these are women?

/ \_\_\_ / \_\_\_ /  
(242-243)

Don't know..... (242(\_\_\_ - &  
Refused ..... \_\_\_ - -

C1. INTERVIEWER: SUBTRACT NUMBER OF WOMEN FROM TOTAL NUMBER OF ADULTS.  
RECORD NUMBER OF MEN.

\_\_\_\_\_  
(244-249)

IF "0" IN Q.C OR Q.C1, READ INSTRUCTION "D"; SKIP OTHERS TO "E"

D. ADULTS IN HOUSEHOLD ARE SAME SEX: USE RESPONDENT SELECTION GRID ON  
BACK OF SAMPLE CARD. IF RESPONDENT IS NOT AVAILABLE, ARRANGE CALLBACK.

"Let me see, in this household I need to speak with the \_\_\_\_\_."

Continue ..... (250(\_\_\_ - 1  
Not available - call back..... \_\_\_ - 2  
Don't know ..... \_\_\_ - & (251)Z  
Refused ..... \_\_\_ - -

E. FEMALE(S) MALE(S) IN HOUSEHOLD: USE SEX INDICATED ON FRONT OF SAMPLE  
CARD AND RESPONDENT SELECTION GRID ON BACK OF CARD TO DETERMINE WHOM  
YOU SHOULD SPEAK TO. IF RESPONDENT IS NOT AVAILABLE, ARRANGE CALLBACK.

"Let me see, in this household I need to speak with the \_\_\_\_\_."

Continue ..... (252(\_\_\_ - 1  
Not available - call back..... \_\_\_ - 2  
Don't know ..... \_\_\_ - & (253)Z  
Refused ..... \_\_\_ - -

F. Respondent sex:

Male .....(254(1 (GO TO Q.1)  
Female..... 2 (GO TO Q.1) (255)Z  
Quota Out Male ..... 3 (SKIP OUT Q.F)

**Screener for Oversamples**

G2. Would you say your health, in general, is excellent, very good, good, fair or poor?

- Excellent ..... \_\_\_ - 1
- Very good ..... \_\_\_ - 2
- Good ..... \_\_\_ - 3
- Fair ..... \_\_\_ - 4
- Poor ..... \_\_\_ - 5
- Don't know ..... \_\_\_ - &
- Refused ..... \_\_\_ - -

G3 All things considered, how satisfied are you with your life these days - - very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?

- Very satisfied ..... \_\_\_ - 1
- Somewhat satisfied ..... \_\_\_ - 2
- Not very satisfied ..... \_\_\_ - 3
- Not at all satisfied ..... \_\_\_ - 4
- Don't know ..... \_\_\_ - &
- Refused ..... \_\_\_ - -

G4. Do you consider yourself White, Black or African-American, Asian, Native American, mixed race, or some other race?

- White ..... ( \_\_\_ - 1 ASK Q. G5
- Black ..... \_\_\_ - 2 ASK Q. G5
- African-American ..... \_\_\_ - 3 ASK Q. G5
- Asian or Pacific Islander ..... \_\_\_ - 4 ASK Q. G5
- Native American or Alaskan native ..... \_\_\_ - 5 SCREEN OUT Q.G4
- Mixed race ..... \_\_\_ - 6 ASK Q. G5
- Some other race ..... \_\_\_ - 7 ASK Q. G5
- Don't know ..... \_\_\_ - & SCREEN OUT Q.G4
- Refused ..... \_\_\_ - - SCREEN OUT Q.G4

BASE: White, Black, African-American, Asian or Pacific Islander, Mixed, or Some other race oversample (Q.G4/1,2,3,4,6, or 7).

G5. Are you of Hispanic or Latino origin or descent, or not?

- Yes, of Hispanic/Latino origin ..... ( \_\_\_ - 1 GO TO Q.1
- No, not of Hispanic/Latino origin ..... \_\_\_ - 2 SCREEN OUT IF
- QG4/1,6,7 Don't know ..... \_\_\_ - & SCREEN OUT IF
- QG4/1,6,7 Refused ..... \_\_\_ - - SCREEN OUT IF
- QG4/1,6,7

**For Oversample:**

Screen out if not of Hispanic/Latino origin (Q.G5=2) and white, mixed or other race (Q.G4=1,6, or 7) OR

Screen out if "don't know" or "refused" to Hispanic/Latino origin question (Q.G5/&,-) and white, mixed or other race (Q.G4=1,6, or 7)

Screen out if Male and non-Hispanic Asian, Q.G4=4 and G5=2 and Q.F=1



**A. RELATIONSHIP BETWEEN PATIENTS AND PHYSICIANS**

BASE: ALL RESPONDENTS

(Women's Health Q.A1)

1. Is there one place you usually go to when you are sick or want advice about your health, or isn't there?

- Yes ..... (256(\_\_\_\_ - 1 (ASK Q.5) (257)Z
- No ..... \_\_\_\_ - 2 (SKIP TO Q.10)
- Don't know ..... \_\_\_\_ - & (SKIP TO Q.10)
- Refused ..... \_\_\_\_ - - (SKIP TO Q.10)

BASE: GO TO ONE PARTICULAR PLACE WHEN SICK (Q.1/1)

(Women's Health Q.A2)

5. Where do you usually go - - to a doctor's office, a clinic, a hospital emergency room, or some other place? (INTERVIEWER: IF "Clinic," PROBE: Is it a private or a public clinic? -- SINGLE RECORD)

- Doctor's office..... (258(\_\_\_\_ - 1
- Private clinic or health center ..... \_\_\_\_ - 2
- Public clinic or health center ..... \_\_\_\_ - 3
- Hospital emergency room ..... \_\_\_\_ - 4
- Hospital outpatient department (vol.) ..... \_\_\_\_ - 5
- Family planning clinic (vol.) ..... \_\_\_\_ - 6 (259)Z
- Other (specify at Q.5x):
- \_\_\_\_\_ ..... (260(\_\_\_\_ - 1
- Nowhere (vol.) ..... \_\_\_\_ - 2
- Don't know ..... (258(\_\_\_\_ - &
- Refused ..... \_\_\_\_ - -

BASE: ALL RESPONDENTS

10. Do you have a regular doctor or health professional you usually go to when you are sick or want medical advice, or not?

- Yes, have doctor/health professional..... (261(\_\_\_\_-1 (ASK Q.15) (262)Z
- No, do not ..... \_\_\_\_-2 (SKIP TO Q.43)
- Don't know ..... \_\_\_\_-& (SKIP TO Q.43)
- Refused ..... \_\_\_\_ - - (SKIP TO Q.43)

BASE: HAVE A DOCTOR/HEALTH PROFESSIONAL (Q.10/1)

\* Women's Health Q.15 (exclude "regular")

15. What is the specialty of this doctor- - family practitioner, internist, gynecologist, obstetrician, or some other specialty? (SINGLE RECORD)

- Family practitioner ..... (263(\_\_\_\_ - 1
- Internist..... \_\_\_\_\_ - 2
- Gynecologist/Obstetrician ..... \_\_\_\_\_ - 3
- Nurse practitioner (vol.)..... \_\_\_\_\_ - 4
- Midwife (vol.) ..... \_\_\_\_\_ - 5 (264)Z
- Other (specify at Q.15x):
- \_\_\_\_\_ (265(\_\_\_\_ - 1
- Don't know..... \_\_\_\_\_ - &
- Refused ..... \_\_\_\_\_ - - (266-271)Z

BASE: HAVE A DOCTOR/HEALTH PROFESSIONAL (Q.10/1)

(Women's Health Q.A4)

20. Is this (doctor/person) male or female? (SINGLE RECORD) (NOTE: READ "person" IF NURSE PRACTITIONER OR MIDWIFE IN Q.15)

- Male..... (272(\_\_\_\_ - 1
- Female ..... \_\_\_\_\_ - 2
- Don't know..... \_\_\_\_\_ - & (273)Z
- Refused ..... \_\_\_\_\_ - -

BASE: HAVE A DOCTOR/HEALTH PROFESSIONAL (Q.10 /1)

25. About how many years has (he/she) been providing you with care? )

/ / / Years (Range 0-97)  
(274-275)

- Don't know ..... (274(\_\_\_\_ -&
- Refused ..... \_\_\_\_\_ - -

BASE: HAVE A DOCTOR/HEALTH PROFESSIONAL (Q.10/1)

(Women's Health Q.A6)

30. Thinking about your regular doctor, how well do you feel he/she really listens to you - - very well, somewhat well, not very well, or not well at all?

- Very well..... (276(\_\_\_\_ - 1
- Somewhat well ..... \_\_\_\_\_ - 2
- Not very well ..... \_\_\_\_\_ - 3 (277)Z
- Not well at all ..... \_\_\_\_\_ - 4
- Don't know..... \_\_\_\_\_ - &
- Refused ..... \_\_\_\_\_ - -

BASE: HAVE A DOCTOR/HEALTH PROFESSIONAL (Q.10/1)

(Women's Health Q.A7)

35. In general, how difficult do you find it is to talk to your doctor - - very difficult, somewhat difficult, not very difficult, or not difficult at all?

- Very difficult..... (278( \_\_\_ - 1
  - Somewhat difficult ..... \_\_\_ - 2
  - Not very difficult..... \_\_\_ - 3
  - Not difficult at all ..... \_\_\_ - 4
  - Don't know..... \_\_\_ - &
  - Refused ..... \_\_\_ - -
- (279-280)Z

BASE: HAVE A DOCTOR/HEALTH PROFESSIONAL (Q.10/1)

37. Has there been a recent time when you were too embarrassed or uncomfortable to discuss a health concern with your doctor, or not?

- Yes, has been such a time ..... (308( \_\_\_ - 1
  - No, has not ..... \_\_\_ - 2
  - Don't know ..... \_\_\_ - &
  - Refused ..... \_\_\_ - -
- (309)Z

BASE: HAVE A DOCTOR/HEALTH PROFESSIONAL (Q.10/1)

(Women's Health Q.A10 -- exclude "regular", shorten item "d")

40. How would you rate your doctor on the job (he/she) is doing to (READ EACH ITEM) - - would you say (he/she) is doing an excellent, good, fair or poor job on this?

<u>ASK FIRST</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't Know</u>	<u>Refused</u>
a. Provide you with good health care overall.....(310( ___ - 1	___ - 2	___ - 3	___ - 4	___ - &	___ - -	(311)Z
<u>ROTATE -- START AT "X"</u>						
( ) b. Really care about you and your health..... (312( ___ - 1	___ - 2	___ - 3	___ - 4	___ - &	___ - -	(313)Z
( ) c. Personally spend enough time with you.....(314( ___ - 1	___ - 2	___ - 3	___ - 4	___ - &	___ - -	(315)Z
( ) d. Answer your questions .....(316( ___ - 1	___ - 2	___ - 3	___ - 4	___ - &	___ - -	(317)Z
( ) e. Make sure you understand what you've been told about your medical problems or medications(318( ___ - 1	___ - 2	___ - 3	___ - 4	___ - &	___ - -	(319)Z
( ) f. Treat you with dignity and respect..(320( ___ - 1	___ - 2	___ - 3	___ - 4	___ - &	___ - -	(321)Z

BASE: ALL RESPONDENTS

(Women's Health Q.D1)

43. How old are you?

(RANGE 18-97)

\_\_\_\_/\_\_\_\_/\_\_\_\_ years  
(322-323)

Don't know.....(322(\_\_\_\_ - &  
Refused.....\_\_\_\_ - -

BASE: ALL RESPONDENTS; ASK ITEM d OF WOMEN 40+ ONLY (Q.F=FEMALE AND Q.43=40+); ASK ITEM E OF WOMEN ONLY

45. Has a doctor discussed (READ EACH ITEM) with you during the last 12 months, or not?

<u>ROTATE -- START AT "X"</u>	<u>Yes</u>	<u>No</u>	<u>Not Applicable (Vol.)</u>	<u>Don't Know</u>	<u>Refused</u>
<u>BASE: ALL RESPONDENTS</u>					
( ) a. Smoking.....(324(____ - 1	____ - 2	____ - 3	____ - &	____ - -	(325)Z
( ) b. Your diet and weight.....(326(____ - 1	____ - 2	____ - 3	____ - &	____ - -	(327)Z
( ) c. Exercise.....(328(____ - 1	____ - 2	____ - 3	____ - &	____ - -	(329)Z
<u>BASE: WOMEN AGED 40+ (Q.F/2 AND Q.43/≥40)</u>					
( ) d. Hormone replacement therapy.....(330(____ - 1	____ - 2	____ - 3	____ - &	____ - -	(331)Z
<u>BASE: WOMEN ONLY (Q.F/2)</u>					
( ) e. The importance of adequate calcium intake.....(332(____ - 1	____ - 2	____ - 3	____ - &	____ - -	(333)Z
<u>BASE: ALL RESPONDENTS</u>					
( ) f. The use of alcohol or drugs..... (334(____ - 1	____ - 2	____ - 3	____ - &	____ - -	(335)Z
( ) g. Concerns about safety or violence at home..... (336(____ - 1	____ - 2	____ - 3	____ - &	____ - -	(337)Z
( ) h. Sexually transmitted diseases..... (338(____ - 1	____ - 2	____ - 3	____ - &	____ - -	(339-351)Z

ASK Q.50 IF Q.F=FEMALE AND Q15≠3, IF FEMALE AND Q15=3 SKIP TO Q57 –  
ALL OTHERS SKIP TO Q.60



BASE: ALL WOMEN WHO DID NOT SAY OB/GYN (QF/2 AND 15/≠3)

(Women's Health Q.A11; change "a separate doctor" to "OB/GYN"; skip change – no longer asked of only those with a regular doctor; change "problems" to "health care")

(INTERVIEWER: READ TEXT IN BRACKETS IF RESPONDENT HAS A REGULAR DOCTOR, (Q.10/1), OTHERWISE SKIP TEXT IN BRACKETS).

50. [In addition to your regular doctor,] do you see an OB/GYN (obstetrician or gynecologist) for female-related health care, or not?

- Yes ..... (352(\_\_\_\_ - 1 (ASK Q.55) (353)Z
- No ..... \_\_\_\_ - 2 (SKIP TO Q.60)
- Don't know..... \_\_\_\_ - & (SKIP TO Q.60)
- Refused ..... \_\_\_\_ - - (SKIP TO Q.60)

BASE: SEE OB/GYN (Q50/1 OR Q15/3)

(Women's Health Q.A13)

55. Is (this/your) ob/gyn (obstetrician or gynecologist) male or female? (SINGLE RECORD)

- Male..... (354(\_\_\_\_ - 1
- Female ..... \_\_\_\_ - 2
- Don't know..... \_\_\_\_ - & (355)Z
- Refused ..... \_\_\_\_ - -

BASE: SEE OB/GYN (Q.50 /1 OR Q.15/3)

(Women's Health Q.A13)

57. Would you prefer a male or female OB/GYN (obstetrician or gynecologist), or does it make no difference to you? (SINGLE RECORD)

- Prefer male OB/GYN..... (356(\_\_\_\_ - 1
- Prefer female OB/GYN..... \_\_\_\_ - 2
- No difference ..... \_\_\_\_ - 3
- Don't know..... \_\_\_\_ - & (357-369)Z
- Refused ..... \_\_\_\_ - -

BASE: ALL RESPONDENTS

(Women's Health Q.A22; added "regular doctor or OB/GYN")

60. Have you changed doctors, (IF FEMALE: either your regular doctor or your OB/GYN), because you were dissatisfied in the past five years, or not?

- Yes ..... (370(\_\_\_\_ - 1 (ASK Q.65) (371)Z
- No ..... \_\_\_\_ - 2 (SKIP TO Q.100)
- Don't know..... \_\_\_\_ - & (SKIP TO Q.100)
- Refused ..... \_\_\_\_ - - (SKIP TO Q.100)

BASE: CHANGED DOCTORS IN PAST FIVE YEARS (Q.60/1)

(Women's Health Q.A23 -- added answer categories)

65. The last time you changed doctors because you were dissatisfied, what was the reason?  
(DO NOT READ LIST - - MULTIPLE RECORD)

SATISFACTION

- Couldn't diagnose problem..... (372(\_\_\_\_ - 1
- Didn't explain enough to me ..... \_\_\_\_ - 2
- Didn't like him/her ..... \_\_\_\_ - 3
- Didn't listen to me ..... \_\_\_\_ - 4
- Didn't spend enough time with me ..... \_\_\_\_ - 5
- Didn't trust his/her judgment..... \_\_\_\_ - 6
- Didn't trust his/her skills/experience ..... \_\_\_\_ - 7
- Gender/wanted a (woman/man)..... \_\_\_\_ - 8
- Lack of communication..... \_\_\_\_ - 9
- Poor quality .....(373(\_\_\_\_ - 0
- Race/ethnicity of physician ..... \_\_\_\_ - 1
- Too hard to get an appointment ..... \_\_\_\_ - 2
- Waited too long..... \_\_\_\_ - 3
- Not concerned/interested ..... \_\_\_\_ - 4
- Condescending..... \_\_\_\_ - 5
- Doctor made sexual advances ..... \_\_\_\_ - 6
- Generally dissatisfied with doctor..... \_\_\_\_ - 7

COST

- Costs too much..... \_\_\_\_ - 8

OTHER

- Some other reason (specify at Q.65x ):
  - \_\_\_\_\_ .....(374(\_\_\_\_ - 1
  - Don't know ..... (372(\_\_\_\_ - & SP
  - Refused ..... \_\_\_\_ -- SP

**B. HEALTH INSURANCE**

BASE: ALL RESPONDENTS

(Matches K/CF Health 3)

(Women's Health Q.B1 - exclude "HMO"; changed "spouse's" to "someone else's"; changed "Public Aid" to "Medical Assistance"; split bought directly and other source)

100. Now a question about different kinds of health plans or health insurance, including those provided by the government. As I read each of the following health plans, please tell me whether or not you are covered by it? (READ LIST)

<u>ROTATE -- START AT "X"</u>	<u>Yes Covered</u>	<u>No, Not Covered</u>	<u>Don't Know</u>	<u>Refused</u>
( ) A. Health insurance or a health plan through your work or union ..... (375( ___ - 1	___ - 2	___ - &	___ - -	(376)Z
( ) B. Health insurance or a health plan through someone else's work or union..... (377( ___ - 1	___ - 2	___ - &	___ - -	(378)Z
( ) C. Health insurance bought directly by yourself or your family ..... (379( ___ - 1	___ - 2	___ - &	___ - -	(380)Z
( ) D. Medicare, a government plan that pays health care bills for people aged 65 and over and for some disabled people..... (408( ___ - 1	___ - 2	___ - &	___ - -	(409)Z
( ) E. Medicaid or Medical Assistance, (IF NECESSARY: or Medi-Cal, ACCESS (AHCCCS)/Health Quest/ Rite Care/TennCare/or the Basic Health Plan) (410( ___ - 1	___ - 2	___ - &	___ - -	(411)Z
<u>READ LAST</u> F. Health insurance through some other source .. (412( ___ - 1	___ - 2	___ - &	___ - -	(413)Z

ASK Q.105 IF NO/DON'T KNOW/REFUSED TO ALL ITEMS IN Q.100 – ALL OTHERS SKIP TO Q.106

BASE: INDIVIDUALS WITH NO HEALTH INSURANCE (Q100 Items A,B,C,D,E and F/≠1)

105. Do you have any health insurance, or not?

Yes .....	(414( ___ - 1 (ASK Q.106)	(415)Z
No .....	___ - 2 (SKIP TO Q.107)	
Don't know.....	___ - & (SKIP TO Q.107)	
Refused .....	___ - - (SKIP TO Q.107)	

BASE: CURRENTLY INSURED (Q100 Items A,B,C,D,E or F/1 OR Q105/1)

106. In the past twelve months, has there been a time when you were uninsured, or not?

- Yes, time uninsured in past twelve months.....(416(\_\_ -1 (ASK Q.107) (417)Z
- No, not uninsured in past twelve months ..... \_\_-2 (SKIP TO Q.110)
- Don't know..... \_\_-& (SKIP TO Q.110)
- Refused ..... \_\_-- (SKIP TO Q.110)

BASE: INDIVIDUALS UNINSURED NOW OR IN PAST YEAR (Q.105/≠1 OR Q106/1)

107. How many months (have you been/were you) uninsured?

(RANGE 1-97)

/ / / months  
(418-419)

- Less than one month ..... (418(\_\_ - 0
- Don't know..... \_\_ - &
- Refused ..... \_\_ - -

ASK Q.110 IF INSURED (Q.100/1 FOR ANY ITEM OR Q.105/1) --  
OTHERS SKIP TO Q.200

BASE: CURRENTLY INSURED (Q100 Items A,B,C,D,E or F/1 OR Q105/1)

110. Is your health plan an HMO or a PPO, or neither?

(IF NECESSARY: An HMO is an organization that provides a full range of health care services and generally requires you to choose doctors and hospitals on the plan's list.)

(IF NECESSARY: A PPO, or Preferred Provider Organization, gives you a list of doctors who they prefer you to use. If you use these doctors, you must pay only a small amount, but if you visit a doctor who is NOT on list, you must pay all or most of what that doctor charges.)

- Health plan is an HMO ..... (420(\_\_ - 1 (SKIP TO Q.125)
- Health plan is an PPO..... \_\_ - 2 (SKIP TO Q.125) (421)Z
- No, neither ..... \_\_ - 3 (ASK Q.115)
- Don't know..... \_\_ - & (ASK Q.115)
- Refused ..... \_\_ - - (ASK Q.115)

(NHIS Q.6b)

BASE: HEATH PLAN IS NOT AN HMO/PPO (Q110/3, DK or Ref)

115. Under this plan, can you choose ANY doctor, or MUST you choose one from a specific group or list of doctors?

- Can choose any doctor ..... (422(\_\_ - 1
- Must choose one from a specific group/list..... \_\_ - 2
- Don't know..... \_\_ - &
- Refused ..... \_\_ - - (423)Z

BASE: CURRENTLY INSURED (Q100 Items A,B,C,D,E and F/1 OR Q105/1)

125. Does your health plan require you to get a referral from your primary care physician in order to receive specialty care, or not? (IF NECESSARY: Specialists are doctors like surgeons, heart doctors, psychiatrists, allergy doctors, skin doctors, eye doctors, and others who specialize in one area of health care.)

- Yes, plan requires referral..... (424(\_\_\_ - 1 (ASK Q.130 IF FEMALE—MEN SKIP TO Q.135) (425)Z
- No, plan does not ..... \_\_\_ - 2 (SKIP TO Q.135)
- Don't know..... \_\_\_ -& (SKIP TO Q.135)
- Refused ..... \_\_\_ - - (SKIP TO Q.135)

BASE: PLAN REQUIRES REFERRAL AND FEMALE (Q.F/2 AND Q.125/1)

130. Does your health plan require you to get a referral from your primary care physician in order to visit an OB/GYN (obstetrician/gynecologist), or not?

- Yes, plan requires referral..... (426(\_\_\_ - 1
- No, plan does not ..... \_\_\_ - 2
- Don't know..... \_\_\_ -& (427)Z
- Refused ..... \_\_\_ - -

BASE: CURRENTLY INSURED (Q100 Items A,B,C,D,E or F/1 OR Q105/1)

135. How long have you been in this health plan? Would you say for less than one year, one year to less than two years, two years to less than five years, or five or more years ?

- Less than one year..... (428(\_\_\_ - 1
- One year to less than two years..... \_\_\_ - 2
- Two years to less than five years..... \_\_\_ - 3
- Five or more years ..... \_\_\_ - 4
- Don't know..... \_\_\_ -& (429)Z
- Refused ..... \_\_\_ - -

BASE: CURRENTLY INSURED (Q100 Items A,B,C,D,E or F/1 OR Q105/1)

140. Does your health insurance send you a reminder when it is time for you to get preventive health care services, or not?

- Yes, health insurance sends reminder..... (430(\_\_\_ -1 (431)Z
- No, it does not ..... \_\_\_ -2
- Don't know..... \_\_\_ -&
- Refused ..... \_\_\_ - -

145. Does your health insurance cover the cost of (READ EACH ITEM), or not?

<u>ROTATE -- START AT "X"</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	
<u>BASE: CURRENTLY INSURED (Q100 Items A,B,C,D,E or F/1 OR Q105/1)</u>					
( ) 1. Prescription medications .....	(432( ___ - 1	___ - 2	___ - &	___ - -	(433)Z
( ) 2. Home health services .....	(434( ___ - 1	___ - 2	___ - &	___ - -	(435)Z
<u>BASE: WOMEN AGED 45 AND UNDER ONLY CURRENTLY INSURED (Q.43/≤45) AND (Q100 Items A,B,C,D,E or F/1 OR Q105/1)</u>					
( ) 3. Family planning services (IF NECESSARY: contraceptive services, for example, birth control pills) .....	(436( ___ - 1	___ - 2	___ - &	___ - -	(437)Z
<u>BASE: CURRENTLY INSURED (Q100 Items A,B,C,D,E or F/1 OR Q105/1)</u>					
( ) 4. Physical exams and preventive care.....	(438( ___ - 1	___ - 2	___ - &	___ - -	(439)Z

BASE: CURRENTLY INSURED (Q100 Items A,B,C,D,E or F/1 OR Q105/1)

150. In the past year, has there been a time when your health insurance plan refused to approve or pay for any tests or treatment that you thought you needed and that should have been covered by your plan, or not?

Yes, there has been a time .....	(440( ___ - 1				
No such time .....	___ - 2				
Not applicable (vol.).....	___ - 3				
Don't know .....	___ - &				(441)Z
Refused .....	___ - -				

**C. ACCESS TO CARE AND USE**

**BASE: ALL RESPONDENTS**

(Women's Health Q.A15, added "and other health professional"; revised structure)

200. How many visits to doctors have you, yourself, had in the past twelve months?

/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ Visits (Range: 0-97)  
(442-443)

Don't know.....(442(\_\_\_\_ - &  
Refused.....\_\_\_\_ - -

ASK Q.202 IF 1 OR MORE VISITS IN Q.200 – OTHERS SKIP TO Q.205

**BASE: ONE OR MORE VISITS IN PAST TWELVE MONTHS (Q.200/≥1)**

(Women's Health Q.A15, added "and other health professional"; revised structure)

202. How many different doctors have you yourself had in the past twelve months?

/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ Doctors/Health professionals (Range 0-97)  
(444-445)

Don't know.....(444(\_\_\_\_ - &  
Refused.....\_\_\_\_ - -

**BASE: ALL RESPONDENTS**

Women's Health Q.C1

205. In the past 12 months, was there a time when you needed medical care but did not get it, or not?

Yes, needed care but did not get it ..... (446(\_\_\_\_ - 1

No, did not ..... \_\_\_\_ - 2

Don't know..... \_\_\_\_ - &

Refused..... \_\_\_\_ - -

(447)Z

(1994 NHIS ACCESS TO CARE Q.16b, 17b, and 19b)

**BASE: ALL RESPONDENTS**

207. In the past twelve months, was there ever a time when you (READ EACH ITEM), or not?

	<u>Yes</u>	<u>No</u>	Not Applicable (Vol.)	<u>Don't Know</u>	<u>Refused</u>
--	------------	-----------	-----------------------------	-----------------------	----------------

( ) a. Did not fill a prescription medicine because of costs.....	(448(	____ - 1	____ - 2	____ - 3	____ - &	____ - -
---	-------	----------	----------	----------	----------	----------

(449)Z

BASE: ALL RESPONDENTS

210. In the past 12 months, was there ever a time when you were not able to see a specialist when you thought you needed one, or not? (Read if necessary: A specialist includes doctors like surgeons, heart doctors, allergists, dermatologists, psychiatrists, or any other doctors who specialize in a particular health area.)

- Yes, there was such a time .....(450(\_\_\_ -1
- No such time ..... \_\_\_-2
- I haven't tried to see a specialist in the  
past 12 months (vol.)..... \_\_\_-3
- Don't know..... \_\_\_-&
- Refused ..... \_\_\_ - -

(451)Z

(K/CF HEALTH INSURANCE 3 Q.D7)

BASE: ALL RESPONDENTS

225. Overall, how difficult is it for you to get medical care when you need it – extremely difficult, very difficult, somewhat difficult, not too difficult, or not at all difficult?

- Extremely difficult .....(452(\_\_\_ -1
- Very difficult ..... \_\_\_-2
- Somewhat difficult ..... \_\_\_-3
- Not too difficult..... \_\_\_-4
- Not at all difficult ..... \_\_\_-5
- Don't know ..... \_\_\_-&
- Refused ..... \_\_\_ - -

(453)Z

BASE: ALL RESPONDENTS

227. Which statement best describes how you react when you feel sick or are in pain or concerned about your health? (READ LIST)

- I would wait as long as possible to see if I get better . (454(\_\_\_ - 1
- I would wait at least a week to see if I get better..... \_\_\_ - 2
- I would wait a few days to see if I get better..... \_\_\_ - 3
- I would seek care or medical advice as soon as possible .. \_\_\_ - 4
- Don't know ..... \_\_\_ - &
- Refused ..... \_\_\_ - -

(455)Z

BASE: ALL RESPONDENTS

235. Have you or another family member living with you or under your care been hospitalized in the last 12 months, or not?

- Yes, at least one family member hospitalized.....(456(\_\_\_ -1
- No, no family member hospitalized ..... \_\_\_-2
- Don't know ..... \_\_\_-&
- Refused ..... \_\_\_ - -

(ASK Q.240)

(457)Z

(SKIP TO Q.270)

(SKIP TO Q.270)

(SKIP TO Q.270)



BASE: RESPONDENT OR FAMILY MEMBER HOSPITALIZED (Q.235/1)

240. Was it you or another family member who was hospitalized during the past twelve months?

- Respondent.....(458(\_\_\_\_-1 ASK Q.245 IF RESPONDENT IS FEMALE AND AGE ≤45. IF AGE >45 OR MALE SKIP TO Q.250 (459)Z
- Another family member..... \_\_\_\_-2 ASK Q.245
- Both respondent and another family member ..... \_\_\_\_-3 ASK Q.245
- Don't know ..... \_\_\_\_-& ASK Q.245
- Refused..... \_\_\_\_-- ASK Q.245

BASE: FEMALE RESPONDENT AGED 45 AND UNDER HOSPITALIZED (Q.240/1 and Q.F/2 and Q.43/≤ 45) OR ANOTHER FAMILY MEMBER HOSPITALIZED (Q.240/≠)

245. Was your (this other family member's) hospitalization to give birth, or not? (IF FEMALE AND ANOTHER FAMILY MEMBER WERE HOSPITALIZED IN PAST 12 MONTHS, PROBE: "Please tell me about your hospitalization." IF HOSPITALIZED MORE THAN ONCE, PROBE: "Please tell me about the most recent time you or they were hospitalized.")

- Yes, to give birth.....(460(\_\_\_\_-1 (461)Z
- No, not to give birth ..... \_\_\_\_-2
- Both to give birth and other reasons (vol.) ..... \_\_\_\_-3
- Don't know..... \_\_\_\_-&
- Refused ..... \_\_\_\_--

BASE: RESPONDENT OR FAMILY MEMBER WAS HOSPITALIZED (Q.235/1)

250. [IF NECESSARY: Thinking about YOUR hospitalization,] Do you think that the time you (they) spent in the hospital was about right, too long, or too short? (IF RESPONDENT AND ANOTHER FAMILY MEMBER WERE HOSPITALIZED IN PAST 12 MONTHS, PROBE: "Please tell me about your hospitalization." IF HOSPITALIZED MORE THAN ONCE, PROBE: "Please tell me about the most recent time you or they were hospitalized.")

- About right .....(462(\_\_\_\_-1
- Too long ..... \_\_\_\_-2
- Too short ..... \_\_\_\_-3
- Don't know..... \_\_\_\_-& (463)Z
- Refused ..... \_\_\_\_--

BASE: RESPONDENT OR FAMILY MEMBER WAS HOSPITALIZED (Q.235/1)

255. When you (the other family member) were/was discharged from the hospital, did you (they) need care at home, or not? (IF RESPONDENT AND ANOTHER FAMILY MEMBER WERE HOSPITALIZED IN PAST 12 MONTHS, PROBE: "Please tell me about your hospitalization." IF HOSPITALIZED MORE THAN ONCE, PROBE: "Please tell me about the **most recent time** you or they were hospitalized.")

- Yes .....(464(\_\_\_\_-1 (ASK Q.260) (465)Z
- No ..... \_\_\_\_-2 (SKIP TO Q.270)
- Don't know..... \_\_\_\_-& (SKIP TO Q.270)
- Refused ..... \_\_\_\_-- (SKIP TO Q.270)

**BASE: NEEDED CARE AT HOME (Q.255/1)**

260. Who provided the care at home? (READ LIST IF NECESSARY – MULTIPLE RECORD;  
NOTE: IF "CHILD" ASK: How old is the child who provided care at home?)

- Adult child (aged 18+) .....(466( \_\_\_ -1
- Another adult household member ..... \_\_\_-2
- Child under the age of 18 ..... \_\_\_-3
- Friend ..... \_\_\_-4
- Paid/Salaried Medical Professional ..... \_\_\_-5
- Parent ..... \_\_\_-6 (467)Z
- Respondent ..... \_\_\_-7
- Spouse ..... \_\_\_-8
- Other (specify at Q.260x) .....(468( \_\_\_ -1
- No one provided care (vol.)..... \_\_\_-2
- Don't know..... (466( \_\_\_-& (SP)
- Refused ..... \_\_\_-- (SP)

(Women's Health Q.C4; dropped 2 items; added "colon cancer screening")  
270. In the last year have you received (a/an) (READ EACH ITEM), or not?

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
<b>BASE: ALL RESPONDENTS</b>				
a. Complete physical exam ..... (469( ___ - 1	___ - 2	___ - &	___ - -	___ - - (470)Z
b. Blood cholesterol test ..... (471( ___ - 1	___ - 2	___ - &	___ - -	___ - - (472)Z
<b>BASE: WOMEN ONLY (Q.F/2)</b>				
c. Physical breast exam by a healthcare professional ..... (473( ___ - 1	___ - 2	___ - &	___ - -	___ - - (474)Z
<b>BASE: WOMEN AGED 40+ ONLY (Q.F/2 AND Q.43/≥ 40)</b>				
d. Mammogram ..... (475( ___ - 1	___ - 2	___ - &	___ - -	___ - - (476)Z
<b>BASE: WOMEN ONLY (Q.F/2)</b>				
e. Pap smear ..... (477( ___ - 1	___ - 2	___ - &	___ - -	___ - - (478)Z
<b>BASE: MEN AND WOMEN AGED 50+ ONLY (Q.43/≥ 50)</b>				
f. Colon cancer screening..... (479( ___ - 1	___ - 2	___ - &	___ - -	___ - - (480)Z
<b>BASE: MEN AGED 50+ ONLY (Q.F/1 and Q.43/≥50)</b>				
g. Blood test for Prostate cancer screening (PSA)(508( ___ - 1	___ - 2	___ - &	___ - -	___ - - (509)Z

ASK Q.275 IF "NO" TO THE CORRESPONDING ITEMS IN Q.270 -- OTHERS SKIP TO INSTRUCTIONS ABOVE Q.280

(Women's Health Q.C5 – dropped 2 items)

275. Have you had (a/an) (READ EACH ITEM) within the last three years, or not?

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	
<u>BASE: ALL RESPONDENTS (Q.270a/≠ 1)</u>					
a. Complete physical exam.....(510(	___ - 1	___ - 2	___ - &	___ - -	(511)Z
<u>BASE: WOMEN ONLY (Q.270c/≠ 1)</u>					
b. Physical breast exam by a healthcare professional.....(512(	___ - 1	___ - 2	___ - &	___ - -	(513)Z
<u>BASE: WOMEN AGED 40+ ONLY (Q.270d/≠ 1)</u>					
c. Mammogram.....(514(	___ - 1	___ - 2	___ - &	___ - -	(515)Z
<u>BASE: WOMEN ONLY (Q.270e/≠ 1)</u>					
d. Pap smear .....(516(	___ - 1	___ - 2	___ - &	___ - -	(517)Z

ASK Q.280 IF "NO" TO THE CORRESPONDING ITEMS IN Q.270 -- OTHERS SKIP TO INSTRUCTIONS ABOVE Q.285

280. Have you had (READ EACH ITEM) within the last 5 years, or not?

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	
<u>BASE: ALL RESPONDENTS (Q.270b/≠ 1)</u>					
a. A blood cholesterol test.....(518(	___ - 1	___ - 2	___ - &	___ - -	(519)Z
<u>BASE: MEN AND WOMEN AGED 50+ ONLY (Q.270f/≠ 1)</u>					
b. Colon cancer screening..... (520(	___ - 1	___ - 2	___ - &	___ - -	(521)Z

ASK Q.285 IF MEN AGED 40+ -- OTHERS SKIP TO Q.400

BASE: MEN AGED 40+ ONLY (Q.F/1 and Q.43/≥ 40)

285. Has your current doctor ever discussed any family history of prostate cancer with you, or not?

Yes, doctor has discussed .....	(522(	___ - 1			(523)Z
No, has not .....		___ - 2			
Don't have doctor (vol.) .....		___ - 3			
Don't know .....		___ - &			
Refused .....		___ - -			

BASE: MEN AGED 40+ ONLY (Q.F/1 AND Q.43/≥ 40)

286. In the past 12 months, has a doctor discussed (READ EACH ITEM), or not?

<u>ROTATE -- START AT "X"</u>	<u>Yes</u>	<u>No</u>	Not Applicable (Vol.)	<u>Don't Know</u>	<u>Refused</u>
( ) i. Any concerns you might have about sexual dysfunction or impotence. ....(524(____ - 1	____ - 2	____ - 3	____ - &	____ - -	(525)Z
( ) j. Any concerns you might have about difficulties with urination..... (526(____ - 1	____ - 2	____ - 3	____ - &	____ - -	(527)Z

**D. HEALTH HABITS**

BASE: ALL RESPONDENTS

(Women's Health Q.D8)

400. In a typical week, how often do you exercise strenuously - - that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes? (INTERVIEWER READ IF NECESSARY: Would that be never, less than 1 day a week, 1 to 2 days a week, 3 days a week, or more than 3 days a week)

- Never ..... (528(\_\_\_\_ - 0
- Less than 1 day a week ..... \_\_\_\_ - 1
- 1 to 2 days a week ..... \_\_\_\_ - 2
- 3 days a week ..... \_\_\_\_ - 3
- More than 3 days a week ..... \_\_\_\_ - 4 (529)Z
- Don't know ..... \_\_\_\_ - &
- Refused ..... \_\_\_\_ - -

BASE: ALL RESPONDENTS

(Women's Health Q.D9a)

410. Do you smoke cigarettes now, or not?

- Yes, smoke ..... (530(\_\_\_\_ -1 (531)Z
- No, do not smoke ..... \_\_\_\_ -2
- Don't know ..... \_\_\_\_ -&
- Refused ..... \_\_\_\_ - -

BASE: ALL RESPONDENTS

(Women's Health Q.D9a)

415. Do you drink alcohol at least once a week, or not?

- Yes, drink alcohol ..... (532(\_\_\_\_ -1 (ASK Q.416) (533)Z
- No, do not drink ..... \_\_\_\_ -2 (SKIP TO INSTRUCTIONS ABOVE Q.450)
- Don't know ..... \_\_\_\_ -& (SKIP TO INSTRUCTIONS ABOVE Q.450)
- Refused ..... \_\_\_\_ - - (SKIP TO INSTRUCTIONS ABOVE Q.450)

BASE: DRINK ALCOHOL AT LEAST ONCE A WEEK (Q.415/1)

416. How many drinks of alcohol do you usually have in a week?

- / \_\_\_\_ / \_\_\_\_ / drinks (RANGE = 0 - 70) (534-535)
- Don't know ..... (534(\_\_\_\_ - &
- Refused ..... \_\_\_\_ - -

**E. KNOWLEDGE ABOUT HEALTH RISKS AND PROTECTION MEASURES - -  
OSTEOPOROSIS**

ASK Q.450 IF FEMALE IN Q.F -- SKIP MEN TO Q.600

BASE: WOMEN (Q.F/2)

Women's Health Q.E1

450. How familiar are you with a disease called osteoporosis or brittle bones - - very familiar, somewhat familiar, not very familiar, or not familiar at all?

- Very familiar..... (536( \_\_\_ - 1
  - Somewhat familiar ..... \_\_\_ - 2
  - Not very familiar..... \_\_\_ - 3
  - Not familiar at all..... \_\_\_ - 4
  - Don't know ..... \_\_\_ - &
  - Refused ..... \_\_\_ - -
- (537)Z

(Women's Health Q.E2)

455. Are you (READ EACH ITEM), or not?

DO NOT ROTATE

- |   | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> | <u>Refused</u> |
|---|------------|-----------|-------------------|----------------|
| <u>BASE: WOMEN (Q.F/2)</u>                                |            |           |                   |                |
| a. Currently taking calcium supplements.....(538( ___ - 1 | ___ - 2    | ___ - &   | ___ - -           | (539)Z         |

ASK ITEM B IF "NO", DK OR RF TO ITEM A

BASE: WOMEN WHO ARE NOT CURRENTLY TAKING CALCIUM SUPPLEMENTS (Q.455a/≠1)

- |  |         |         |         |        |
|--|---------|---------|---------|--------|
| b. Consuming milk or other foods to get extra calcium in your diet.....(540( ___ - 1 | ___ - 2 | ___ - & | ___ - - | (541)Z |
|--|---------|---------|---------|--------|

**F. MENOPAUSE AND HORMONE REPLACEMENT THERAPY**

ASK Q.500 OF WOMEN AGED 40+ (Q.F=FEMALE AND Q.43=40+) – ALL OTHER WOMEN SKIP TO Q.600

BASE: WOMEN AGED 40+ (Q.F/2 AND Q.43/≥40)

500. In your opinion, how far away from menopause (no more periods) do you think you are? Would you say that you (READ LIST)?

- Are already in menopause or past menopause ..... (542(\_\_\_\_-1
- Have begun the transition into menopause, (IF NECESSARY: you have experienced irregular periods and menopausal symptoms during the past year)..... \_\_\_\_-2 (543)Z
- Have not yet begun the transition into menopause..... \_\_\_\_-3
- Don't know..... \_\_\_\_-&
- Refused ..... \_\_\_\_ - -

BASE: WOMEN AGED 40+ (Q.F/2 AND Q.43/≥40)

505. Have you had a hysterectomy, or not? (IF NECESSARY: A hysterectomy is when your uterus or womb is removed.)

- Yes, had a hysterectomy..... (544(\_\_\_\_-1
- No, did not have a hysterectomy..... \_\_\_\_-2 (545)Z
- Don't know..... \_\_\_\_-&
- Refused ..... \_\_\_\_ - -

ASK Q.510 IF WOMAN HAS REACHED MENOPAUSE, OR IS NEAR MENOPAUSE (Q.500 = 1 OR 2) OR HAS HAD A HYSTERECTOMY (Q.505 = 1) – ALL OTHER WOMEN SKIP TO Q.600

BASE: WOMEN 40+ AT OR NEAR MENOPAUSE OR HAD HYSTERECTOMY (Q.500/1 or 2 OR Q.505/1)

510. Are you currently taking hormone replacement therapy, or not? (IF NECESSARY: Hormone replacement therapy is a treatment that gives replacement estrogen with a form of progesterone to prevent or treat problems caused by a lowered estrogen level. Estrogen is a female sex hormone.)

- Yes, taking HRT ..... (546(\_\_\_\_-1 (GO TO INSTRUCTIONS ABOVE Q.512)
- No, not taking HRT ..... \_\_\_\_-2 (SKIP TO Q.530)
- Don't know..... \_\_\_\_-& (SKIP TO Q.530) (547)Z
- Refused ..... \_\_\_\_ - - (SKIP TO Q.530)

ASK Q.512 IF INSURED (ANY ITEM=1 TO Q.100 OR Q.105=1) AND FEMALE (QF=FEMALE AND TAKING HRT (Q.510=1) - - OTHERS SKIP TO Q.515

BASE: INSURED WOMEN TAKING HRT (Q.100/A,B,C,D,E or F/1 OR Q.105/1) AND (Q.510/1)

512. Does your insurance plan cover the costs of hormone replacement therapy, or not?

- Yes, insurance covers HRT ..... (548(\_\_\_\_-1 (ASK Q.514) (549)Z
- No, insurance does not cover HRT ..... \_\_\_\_-2 (SKIP TO Q.515)
- Don't know..... \_\_\_\_-& (SKIP TO Q.515)
- Refused ..... \_\_\_\_ - - (SKIP TO Q.515)

BASE: INSURANCE COVERS HRT (Q.512/1)

514. Are there any restrictions on which medications are covered for hormone replacement therapy, or not?

- Yes, there are restrictions .....(550(\_\_\_\_-1 (551)Z
- No, there are not any restrictions ..... \_\_\_\_-2
- Don't know ..... \_\_\_\_-&
- Refused ..... \_\_\_\_ - -

BASE: TAKING HRT (Q.510/1)

515. What type of hormone replacement therapy are you currently receiving? Is it estrogen, progesterone, or a combination of the two?

- Estrogen .....(552(\_\_\_\_-1
- Progesterone ..... \_\_\_\_-2
- A combination of Estrogen and Progesterone ..... \_\_\_\_-3
- Don't know ..... \_\_\_\_-& (553)Z
- Refused ..... \_\_\_\_ - -

BASE: TAKING HRT (Q.510/1)

520. How long have you been taking hormone replacement therapy?

- Weeks ..... (554(\_\_\_\_ - 1 (ASK Q.521)
- Months ..... \_\_\_\_ - 2 (ASK Q.522)
- Years ..... \_\_\_\_ - 3 (ASK Q.523) (555)Z
- Don't know ..... \_\_\_\_ - & (SKIP TO Q.525)
- Refused ..... \_\_\_\_ - - (SKIP TO Q.525)

521. / \_\_\_\_ / \_\_\_\_ / weeks (Range: 1-52)  
(556-557)

- Don't know ..... (556(\_\_\_\_-& (SKIP TO Q.525)
- Refused ..... \_\_\_\_ - (SKIP TO Q.525)

522. / \_\_\_\_ / \_\_\_\_ / months (Range: 1-97)  
(558-559)

- Don't know ..... (558(\_\_\_\_-& (SKIP TO Q.525)
- Refused ..... \_\_\_\_ - (SKIP TO Q.525)

523. / \_\_\_\_ / \_\_\_\_ / years (Range: 1-97)  
(560-561)

- Don't know ..... (560(\_\_\_\_-&
- Refused ..... \_\_\_\_ -



BASE: TAKING HRT (Q.510/1)

525. What made you decide to take hormone replacement therapy? (MULTIPLE RECORD – DO NOT READ LIST)

- Menopausal symptoms (such as hot flashes, sleeplessness, etc.) ..... (562(\_\_\_\_-1
- Protection against heart disease and/or bone loss (osteoporosis) ..... \_\_\_\_-2
- Recommended by doctor/health professional ..... \_\_\_\_-3 (563)Z
- Other (specify at Q.525x) ..... (564(\_\_\_\_-1
- Don't know ..... (562(\_\_\_\_-& SP
- Refused ..... \_\_\_\_ - - SP

SKIP TO Q.600

BASE: WOMEN 40+ NOT RECEIVING HRT, "DON'T KNOW" OR "REFUSED" IN Q.510 WHO ARE IN TRANSITION TO MENOPAUSE, PAST MENOPAUSE OR HAVE HAD A HYSTERECTOMY (Q.510/≠1) AND (Q.500/1 or 2 OR Q.505/1)

530. Have you taken hormone replacement therapy in the past, or not?

- Yes, have taken HRT ..... (565(\_\_\_\_-1 (SKIP TO Q.540)
- No, have not ..... \_\_\_\_-2 (ASK Q.535)
- Don't know ..... \_\_\_\_-& (ASK Q.535) (566)Z
- Refused ..... \_\_\_\_ - - (ASK Q.535)

BASE: HAVE NOT RECEIVED HRT (Q.530/≠1)

535. Have you ever discussed hormone replacement therapy with your doctor, or not?

- Yes, discussed HRT with doctor ..... (567(\_\_\_\_-1 (SKIP TO Q.545)
- No, did not ..... \_\_\_\_-2 (SKIP TO Q.545)
- Don't know ..... \_\_\_\_-& (SKIP TO Q.545) (568)Z
- Refused ..... \_\_\_\_ - - (SKIP TO Q.545)

BASE: RECEIVED HRT IN PAST, BUT NOT NOW (Q.530 /1)

540. Why did you discontinue the hormone replacement therapy? (DO NOT READ LIST – MULTIPLE RECORD)

- Side effects ..... (569(\_\_\_\_-1
- Concern about breast cancer/endometrial cancer ..... \_\_\_\_-2
- Cost ..... \_\_\_\_-3 (570)Z
- Doctor's instructions ..... \_\_\_\_ - 4
- Other (specify at Q.540x) ..... (571(\_\_\_\_-1
- Don't know ..... (569(\_\_\_\_-& SP
- Refused ..... \_\_\_\_ - - SP

SKIP TO Q.600

BASE: HAVE NOT RECEIVED HRT (Q.530/2)

545. Why did you decide not to take hormone replacement therapy? (DO NOT READ LIST – MULTIPLE RECORD)

- Concern about breast cancer/endometrial cancer ..... (572(\_\_\_\_-1
  - Cost ..... \_\_\_\_\_-2
  - Doctor's recommendation..... \_\_\_\_\_-3
  - History of breast cancer ..... \_\_\_\_\_-4
  - Never heard of it..... \_\_\_\_\_-5 SP
  - Side effects ..... \_\_\_\_\_-6
  - Other (specify)
  - \_\_\_\_\_ ..... (574(\_\_\_\_-1
  - Don't know ..... (572(\_\_\_\_-& SP
  - Refused ..... \_\_\_\_\_ - - SP
- (573)Z

**G. WORK AND CAREGIVING ACTIVITIES**

BASE: ALL RESPONDENTS

(Women's Health Q.G7)

600. Are you the parent or guardian of any children under 18 living in your household, or not?

- Yes, have children under 18 living in household.....(575( \_\_-1 (ASK Q.605) (576)Z
- No, do not have children under 18 at home ..... \_\_-2 (SKIP TO Q.610)
- Don't know ..... \_\_-& (SKIP TO Q.610)
- Refused ..... \_\_-- (SKIP TO Q.610)

BASE: HAVE CHILDREN (Q.600/1)

605. What is the age of your youngest child?

/ / / years (Range: 0-17) "0" = Less than one year  
(577-578)

- Don't know ..... (577( \_\_-&
- Refused ..... \_\_-- (579-580)Z

ASK ITEMS 1 AND 2 IN Q.610 ONLY IF HAVE CHILDREN –  
OTHERS SKIP TO ITEM 3 IN Q.610

610. Who in your family usually (READ EACH ITEM)?

ROTATE -- START AT "X"	Respondent	Spouse/ Partner	Joint Dec- sion	Another adult family member	Not Applicable (Vol.)	Other (Specify)	Don't Know	Refused
<u>BASE: HAVE CHILDREN (Q.600/1)</u>								
( ) 1. Makes decisions about selecting your child(ren)'s doctor.....	__-1 (608(	__-2	__-3	__-4	__-5	__-1 (610(	__-& (608(	__-- (609)Z
<u>BASE: HAVE CHILDREN (Q.600/1)</u>								
( ) 2. Takes your child(ren) for doctor's appointments.	__-1 (611(	__-2	__-3	__-4	__-5	__-1 (613(	__-& (611(	__-- (612)Z
<u>BASE: ALL RESPONDENTS</u>								
( ) 3. Selects your family health insurance plan INTERVIEWER: [If respondent says "I don't have health insurance"], PROBE: [for those members of your family who have health insurance]	__-1 (614(	__-2	__-3	__-4	__-5	__-1 (616(	__-& (614(	__-- (615)Z

BASE: ALL RESPONDENTS

615. Are you working full-time, working part-time, or not working?

- Full-time ..... (617( \_\_\_ - 1 (SKIP TO Q.650)
- Part-time ..... \_\_\_ - 2 (SKIP TO Q.650)
- Not working ..... \_\_\_ - 3 (ASK Q.620) (618)Z
- Self-employed (vol.) ..... \_\_\_ - 4 (SKIP TO Q.650)
- Don't know ..... \_\_\_ - & (ASK Q.620)
- Refused ..... \_\_\_ - - (ASK Q.620)

BASE: RESPONDENT NOT WORKING (Q.615/3, DK or Ref)

620. Are you (READ LIST):

- Unemployed, looking for work ..... (619( \_\_\_ - 1
- Retired ..... \_\_\_ - 2
- Disabled ..... \_\_\_ - 3
- Caring for children or family ..... \_\_\_ - 4 (620)Z
- A student ..... \_\_\_ - 5
- Other (vol.) ..... \_\_\_ - 6
- Don't know ..... \_\_\_ - &
- Refused ..... \_\_\_ - -

ASK Q.650 IF EMPLOYED (Q.615/1,2, 4) – ALL OTHERS SKIP TO Q.680

BASE: EMPLOYED, (615/1, 2 or 4)

650. In the past twelve months, have you missed any work days to care for a sick child or other family member, or not?

- Yes, missed work days to care for sick relative ..... (621( \_\_\_ -1
- No, did not miss work days ..... \_\_\_ -2
- Don't know ..... \_\_\_ -& (622)Z
- Refused ..... \_\_\_ - -

BASE: EMPLOYED, (615/1, 2 or 4)

670. Would you lose pay if you were to take time off from your job to provide care for a sick family member, or not?

- Yes, lose pay ..... (623( \_\_\_ -1
- No, do not ..... \_\_\_ -2
- Don't know ..... \_\_\_ -& (624)Z
- Refused ..... \_\_\_ - -

BASE: EMPLOYED, (615/1, 2 or 4)

675. Would your current job provide you with flexibility to change your work hours or to take time off if you had a family crisis, such as a sick family member, or not?

- Yes, job would provide flexibility ..... (625( \_\_\_ -1
- No, job does not ..... \_\_\_ -2
- Don't know ..... \_\_\_ -& (626)Z
- Refused ..... \_\_\_ - -

BASE: ALL RESPONDENTS

680. Are you currently caring for a sick or disabled relative, or not? This could include your child, spouse or partner, parent, or other family member.

- Yes, caring for relative .....(627( \_\_\_-1 (ASK Q.685)
- No ..... \_\_\_-2 (SKIP TO Q.805 INSTR.)
- Yes, sometimes (vol.)..... \_\_\_-3 (ASK Q.685) (628)Z
- Care for someone other than a family member (vol.) .. \_\_\_-4 (SKIP TO Q.690)
- Don't know..... \_\_\_-& (SKIP TO Q.805 INSTR.)
- Refused ..... \_\_\_-- (SKIP TO Q.805 INSTR.)

BASE: CARE FOR SICK OR DISABLED RELATIVE (Q.680/1 or 3)

685. How is this person related to you? (IF NECESSARY: Is the sick or disabled relative that you care for your (READ LIST)?) (MULTIPLE RECORD)

- Child .....(629( \_\_\_-1
- Spouse/Partner ..... \_\_\_-2
- Parent or parent-in-law..... \_\_\_-3
- Another relative ..... \_\_\_-4 (630)Z
- Don't know..... \_\_\_-&
- Refused ..... \_\_\_--

BASE: CARE FOR SICK OR DISABLED PERSON (Q.680/1, 3 or 4)

690. How many hours per week do you typically spend caring for this person? Please include time you spend taking this relative for medical visits as well as time you care for his or her needs. (IF NECESSARY: A rough estimate will be fine.) (INTERVIEWER: If respondent cares for more than one person; PROBE: Please answer about the person you spend the most time caring for)

/ \_\_\_ / \_\_\_ / \_\_\_ / hours (Range 1-168)  
(631-633)

- Don't know..... (631( \_\_\_-&
- Refused ..... \_\_\_--

BASE: CARE FOR SICK OR DISABLED PERSON (Q.680/1, 3 or 4)

700. Does this person live with you, live in his or her home, live in a group or nursing home, or some other place? (INTERVIEWER: If respondent cares for more than one person; PROBE: Please answer about the person you spend the most time caring for)

- Lives at respondent's home .....(634( \_\_\_-1
- Lives in his/her own home..... \_\_\_-2
- Lives in a group/nursing home..... \_\_\_-3
- Lives in some other place ..... \_\_\_-4
- Lives with another family member (vol.) ..... \_\_\_-5 (635)Z
- Don't know..... \_\_\_-&
- Refused ..... \_\_\_--

BASE: CARE FOR SICK OR DISABLED PERSON (Q.680/1, 3 or 4)

705. Other than any care you or your family provide, does this person receive any paid home health care or support in the home, or not? (INTERVIEWER: If respondent cares for more than one person; PROBE: Please answer about the person you spend the most time caring for)

- Yes, relative receives paid home health care.....(636(\_\_\_ -1 (ASK Q.710) (637)Z
- No, does not..... \_\_\_ -2 (SKIP TO Q.805 INSTR.)
- Don't know..... \_\_\_ -& (SKIP TO Q.805 INSTR.)
- Refused..... \_\_\_ - - (SKIP TO Q.805 INSTR.)

BASE: SICK OR DISABLED PERSON RECEIVES PAID HOME HEALTH CARE OR SUPPORT (Q.705/1)

710. Do you personally pay for this help, or not? (IF YES, ASK: Do you pay all or some of these costs?) (INTERVIEWER: If respondent cares for more than one person; PROBE: Please answer about the person you spend the most time caring for)

- Yes, pay all.....(638(\_\_\_ -1 (ASK Q.715)
- Yes, pay some..... \_\_\_ -2 (ASK Q.715) (639)Z
- No..... \_\_\_ -3 (SKIP TO Q.720)
- Don't know..... \_\_\_ -& (SKIP TO Q.720)
- Refused..... \_\_\_ - - (SKIP TO Q.720)

BASE: PAY FOR HOME CARE FOR SICK OR DISABLED PERSON (Q.710/1 or 2)

715. About how much do you pay per month for this help? Would you say (READ LIST)? (SINGLE RECORD) (INTERVIEWER: If respondent cares for more than one person; PROBE: Please answer about the person you spend the most time caring for)

- Less than \$50.....(640(\_\_\_ -1
- \$51-\$100 ..... \_\_\_ -2
- \$101-\$200 ..... \_\_\_ -3
- \$201-\$500 ..... \_\_\_ -4
- \$501-\$1,000 ..... \_\_\_ -5 (641)Z
- More than \$1,000 ..... \_\_\_ -6
- Don't know..... \_\_\_ -&
- Refused..... \_\_\_ - -

BASE: SICK OR DISABLED PERSON RECEIVES PAID HOME HEALTH CARE OR SUPPORT (Q.705/1)

720. Does this person have Medicare, Medicaid or private insurance that pays for any of this home care, or not? (INTERVIEWER: If respondent cares for more than one person; PROBE: Please answer about the person you spend the most time caring for)

- Yes, relative has insurance coverage.....(642(\_\_\_ -1
- No, does not..... \_\_\_ -2
- Don't know..... \_\_\_ -& (643)Z
- Refused..... \_\_\_ - -

I. MENTAL HEALTH

ASK Q.805 IF EMPLOYED (Q.615/1,2,4) – ALL OTHERS SKIP TO Q.900

BASE: EMPLOYED, (615/1, 2 or 4)

805. What is your job or occupation? (DO NOT READ LIST – SINGLE RECORD)

Professional Specialists:

Health Professional:

- Doctor, psychologist, etc. .... (644( \_\_\_ - 1
- Nurse ..... \_\_\_ - 2
- Physical therapist, lab or radiology  
technology, pharmacist..... \_\_\_ - 3

Professional, not health care:

- Education: professor, teacher ..... \_\_\_ - 4
- Social worker, counselor ..... \_\_\_ - 5
- Other professionals, e.g., lawyer, engineer, artist  
musician, computer programmer, etc..... \_\_\_ - 6
- Business executive, top administrative or  
top management..... \_\_\_ - 7
- Other managers..... \_\_\_ - 8
- Small business owner..... \_\_\_ - 9
- Technicians and technical workers (includes health  
technicians) ..... (645( \_\_\_ - 0
- Sales ..... \_\_\_ - 1
- Clerical and administrative support workers  
(not management) ..... \_\_\_ - 2
- Health services (not professional): hospital, nursing  
home, home health, clinic workers ..... \_\_\_ - 3
- Service workers (not health): restaurants, hotel,  
janitors, etc. .... \_\_\_ - 4
- Precision production, crafts and repair..... \_\_\_ - 5
- Transportation (truck, bus, train drivers) ..... \_\_\_ - 6
- Machine operators, laborers, factory workers ..... \_\_\_ - 7
- Agriculture, farms, forestry, fishery, etc..... \_\_\_ - 8
- Other (specify at Q.805x) ..... (646( \_\_\_ - 1
- Don't know ..... \_\_\_ - &
- Refused ..... \_\_\_ - -

BASE: EMPLOYED, (615/1, 2 or 4)

810. During a typical day at work, how much control do you think you have over the speed or pace of your work – a lot, some, little or none?

- A lot of control ..... (647( \_\_\_ - 1
- Some control ..... \_\_\_ - 2
- Little control ..... \_\_\_ - 3
- None ..... \_\_\_ - 4
- Don't know ..... \_\_\_ - &
- Refused ..... \_\_\_ - -

(648)Z

BASE: EMPLOYED, (615/1, 2 or 4)

815. Thinking about the content of your work, how much control do you think you have over what you do each day and how you do it – a lot, some, little or none?

- A lot of control ..... (649(\_\_\_\_-1
- Some control ..... \_\_\_\_-2
- Little control ..... \_\_\_\_-3
- None ..... \_\_\_\_-4
- Don't know ..... \_\_\_\_-&
- Refused ..... \_\_\_\_- - (650)Z

BASE: EMPLOYED, (615/1, 2 or 4)

820. How satisfied are you with balancing your work and family life? Would you say that you are very satisfied, somewhat satisfied, or not satisfied?

- Very satisfied ..... (651(\_\_\_\_-1
- Somewhat satisfied ..... \_\_\_\_-2
- Not satisfied ..... \_\_\_\_-3
- Not applicable (vol.) ..... \_\_\_\_-4
- Don't know ..... \_\_\_\_-&
- Refused ..... \_\_\_\_- - (652)Z

BASE: ALL RESPONDENTS

Women's Health Q.12

900. I am going to read you a list of ways you might have felt or behaved recently. How often have you felt this way during the past week (READ EACH ITEM) - - never, rarely, some of the time, or most of the time?

<u>ROTATE - - START AT "X"</u>	<u>Never</u>	<u>Rarely</u>	<u>Some of the Time</u>	<u>Most of the Time</u>	<u>Don't know</u>	<u>Refused</u>
( ) a. I felt depressed ..... (653(____-1	____-2	____-3	____-4	____-&	____- -	(654)Z
( ) b. My sleep was restless ..... (655(____-1	____-2	____-3	____-4	____-&	____- -	(656)Z
( ) c. I enjoyed life ..... (657(____-1	____-2	____-3	____-4	____-&	____- -	(658)Z
( ) d. I had crying spells ..... (659(____-1	____-2	____-3	____-4	____-&	____- -	(660)Z
( ) e. I felt sad ..... (661(____-1	____-2	____-3	____-4	____-&	____- -	(662)Z
( ) f. I felt that people disliked me ..... (663(____-1	____-2	____-3	____-4	____-&	____- -	(664)Z

BASE: ALL RESPONDENTS

905. Do you have a person you can turn to for support when you are feeling stressed, overwhelmed, or depressed, or not?

- Yes, have support ..... (665(\_\_\_\_-1
- No, do not have ..... \_\_\_\_-2
- Don't know ..... \_\_\_\_-&
- Refused ..... \_\_\_\_- - (666)Z



BASE: ALL RESPONDENTS

907. How comfortable would you feel discussing your feelings with a doctor – very comfortable, somewhat comfortable, not very comfortable, not at all comfortable?

- Very comfortable ..... (667( \_\_ - 1
- Somewhat comfortable..... \_\_ - 2
- Not very comfortable ..... \_\_ - 3
- Not at all comfortable..... \_\_ - 4
- Don't know ..... \_\_ - & (668)Z
- Refused ..... \_\_ - -

BASE: ALL RESPONDENTS

910. In the past 12 months, was there any time when you thought you needed to see or consult with a health professional because you felt depressed or anxious, or not?

- Yes, needed to consult..... (669( \_\_ -1 (ASK Q.915) (670)Z
- No, did not need ..... \_\_ -2
- Don't know ..... \_\_ - & (SKIP TO INSTRUCTIONS
- Refused ..... \_\_ - - (SKIP TO Q.1000)

BASE: NEEDED TO CONSULT A HEALTH PROFESSIONAL (Q.910/1)

915. Did you see a health professional when you felt depressed or anxious, or not?

- Yes, have seen professional for these reasons ..... (671( \_\_ -1 (ASK Q.918) (672)Z
- No, have not ..... \_\_ -2 (SKIP TO Q.927)
- Don't know ..... \_\_ - & (SKIP TO Q.927)
- Refused ..... \_\_ - - (SKIP TO Q.927)

BASE: SAW A HEALTH PROFESSIONAL (Q.915/1)

918. Did you have any problems getting to see the health professional you needed to see?

- Yes, had problems ..... (673( \_\_ -1
- No, no problems ..... \_\_ -2
- Don't know ..... \_\_ - & (674)Z
- Refused ..... \_\_ - -

BASE: SAW A HEALTH PROFESSIONAL (Q.915/1)

920. What was the specialty of this professional? (READ LIST IF NECESSARY – MULTIPLE RECORD)

- General physician..... (675( \_\_ -1
- Mental health counselor/social worker ..... \_\_ -2
- Psychologist ..... \_\_ -3
- Psychiatrist ..... \_\_ -4
- Other..... \_\_ -5 (676)Z
- Don't know ..... \_\_ - & SP
- Refused ..... \_\_ - - SP

BASE: NEEDED TO CONSULT A HEALTH PROFESSIONAL (Q.910/1)

927. Are you currently taking medication for your depression or anxiety, or not?

- Yes, currently taking medication ..... (677( \_\_ -1
- No, not taking ..... \_\_ -2
- Don't know..... \_\_-& (678-679)Z
- Refused ..... \_\_ - -

BASE: NEEDED TO CONSULT, BUT DID NOT (Q.915/2)

930. What was the main reason that you did not see a health professional when needed?  
(DO NOT READ LIST - MULTIPLE RECORD)

- Too expensive ..... (708( \_\_ -1
- Too embarrassed ..... \_\_ -2
- Could handle by self ..... \_\_ -3
- Mental health not covered by insurance ..... \_\_ -4
- Could not get a referral ..... \_\_ -5 (709)Z
- Other (specify at Q.930x)
- \_\_\_\_\_ ..... (710( \_\_ -1
- Don't know..... \_\_-& SP
- Refused ..... \_\_ - - SP

**J. CRIME/BATTERING/RAPE/ABUSE**

(Women's Health Q.J1; changed past five years to ever)  
1000. Have you ever been a victim of a (READ EACH ITEM), or not?

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
<u>BASE: ALL RESPONDENTS</u>				
a. Physical assault.....(711(	___ - 1	___ - 2	___ - &	___ -- (712)Z
<u>BASE: WOMEN (Q.F/2)</u>				
b. Rape .....(713(	___ - 1	___ - 2	___ - &	___ -- (714)Z
<u>BASE: WOMEN (Q.F/2)</u>				
c. Sexual assault .....(715(	___ - 1	___ - 2	___ - &	___ -- (716)Z

ASK Q.1005 IF "YES" TO ANY ITEM IN Q.1000 – OTHERWISE WOMEN  
SKIP TO Q.1020 AND MEN SKIP TO Q.1065

1005. In the past twelve months, have you been a victim of (READ EACH ITEM), or not?

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
<u>BASE: EVER A VICTIM OF RAPE, SEXUAL ASSAULT, OR PHYSICAL ASSAULT (Q.1000 Item A, B, or C/1)</u>				
a. Physical assault.....(717(	___ - 1	___ - 2	___ - &	___ -- (718)Z
<u>BASE: WOMEN EVER A VICTIM OF RAPE, SEXUAL ASSAULT, OR PHYSICAL ASSAULT (Q.1000 Item A, B, or C/1 AND Q.F/2)</u>				
b. Rape .....(719(	___ - 1	___ - 2	___ - &	___ -- (720)Z
<u>BASE: WOMEN EVER A VICTIM OF RAPE, SEXUAL ASSAULT, OR PHYSICAL ASSAULT (Q.1000 Item A, B, or C/1 AND Q.F/2)</u>				
c. Sexual assault ..... (721(	___ - 1	___ - 2	___ - &	___ -- (722)Z

BASE: WOMEN WHO HAVE EVER BEEN A VICTIM OF RAPE, SEXUAL ASSAULT OR PHYSICAL ASSAULT (Q.1000 Item A, B or C/1 AND Q.F/2)

(Women's Health Q.J3)

1010. Did you seek medical attention, or not?

Yes .....	(723(	___ - 1	(ASK Q.1015)	(724)Z
No .....	___ - 2	(SKIP TO Q.1020)		
Don't know.....	___ - &	(SKIP TO Q.1020)		
Refused .....	___ - -	(SKIP TO Q.1020)		

BASE: SOUGHT MEDICAL ATTENTION (Q.1010 /1)

(Women's Health Q.J4; added "enough" to item 2)

1015. Did the doctor or emergency room staff (READ EACH ITEM), or not?

<u>ROTATE -- START AT "X"</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
( ) a. Treat you with respect ..... (725( ___ - 1	___ - 2	___ - &	___ --	(726)Z
( ) b. Help you feel comfortable enough to discuss what happened ..... (727( ___ - 1	___ - 2	___ - &	___ --	(728)Z
( ) c. Ask you about the cause of your injury .. (729( ___ - 1	___ - 2	___ - &	___ --	(730)Z
( ) d. Refer you to a support service (such as a victim services agency, a rape crisis center, or a safe house) ..... (731( ___ - 1	___ - 2	___ - &	___ --	(732)Z

BASE: WOMEN (Q.F/2)

(Women's Health Q.J5, shortened list of items; new introduction; added item g; changed base)

1020. Domestic violence affects many women's lives. Has a spouse or boyfriend ever (READ LIST), or not?

<u>DO NOT ROTATE</u>	<u>Has</u>	<u>Not</u>	<u>Don't Know</u>	<u>Refused</u>
a. Threatened to hit you or throw something at you(733( ___ - 1	___ - 2	___ - &	___ --	(734)Z
b. Thrown something at you ..... (735( ___ - 1	___ - 2	___ - &	___ --	(736)Z
c. Pushed, grabbed, shoved, or slapped you ..... (737( ___ - 1	___ - 2	___ - &	___ --	(738)Z
d. Kicked, bit or hit you with a fist or some other object..... (739( ___ - 1	___ - 2	___ - &	___ --	(740)Z
e. Beaten you up ..... (741( ___ - 1	___ - 2	___ - &	___ --	(742)Z
f. Choked you..... (743( ___ - 1	___ - 2	___ - &	___ --	(744)Z
g. Forced you to have sex against your will ..... (745( ___ - 1	___ - 2	___ - &	___ --	(746-758)Z

ASK Q.1025 IF "YES" TO ANY ITEM B-G IN Q.1020 --  
OTHERS SKIP TO INSTRUCTIONS ABOVE Q.1030

(Women's Health Q.J6 – fewer items in Q.J5 skip into this question; dropped "this occurred")

BASE: WOMEN WHO RESPONDED "YES" TO ANY ITEM FROM b-g IN Q.1020 (Q.1020 Item B, C, D, E, F or G/1)

1025. Were you pregnant (any of these times/at the time), or not?

Yes .....	(759( ___ - 1	
No .....	___ - 2	
Don't know.....	___ - &	(760)Z

Refused ..... --

FOR EACH ITEM IN Q.1030, ASK THAT ITEM, IF "YES" TO THE CORRESPONDING ITEM IN Q.1020; OTHERS SKIP TO INSTRUCTIONS ABOVE Q.1035

BASE: WOMEN WHO RESPONDED "YES" TO ANY ITEM IN Q.1020 (Q.1020 Item A, B, C, D, E, F, or G/1)

(Women's Health Q.J5, deleted many items)

1030. Has a spouse or a boyfriend (READ LIST) in the past twelve months, or not?

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. Threatened to hit you or throw something at you(761( ___ - 1	___ - 2	___ - &	___ --	(762)Z
b. Thrown something at you ..... (763( ___ - 1	___ - 2	___ - &	___ --	(764)Z
c. Pushed, grabbed, shoved, or slapped you ..... (765( ___ - 1	___ - 2	___ - &	___ --	(766)Z
d. Kicked, bit or hit you with a fist or some other object..... (767( ___ - 1	___ - 2	___ - &	___ --	(768)Z
e. Beaten you up ..... (769( ___ - 1	___ - 2	___ - &	___ --	(770)Z
f. Choked you..... (771( ___ - 1	___ - 2	___ - &	___ --	(772)Z
g. Forced you to have sex against your will ..... (773( ___ - 1	___ - 2	___ - &	___ --	(774-780)Z

ASK Q.1035 IF "YES" TO ANY ITEM B-G IN Q.1030 -- OTHERS SKIP TO INSTRUCTIONS ABOVE Q.1045

BASE: "YES" TO ITEMS b-g IN Q.1030 (Q.1030 Item B, C, D, E, F or G/1)

1035. How often do incidents of physical abuse occur? Would you say several times a week, several times a month, several times a year, or less often than that?

Several times/week .....	(808( ___ - 1	
Several times/month.....	___ - 2	
Several times/year.....	___ - 3	
Less often than that.....	___ - 4	
Happened one time only (vol.) .....	___ - 5	(809)Z
Don't know.....	___ - &	
Refused .....	___ --	

ASK Q.1050 IF "YES" TO ANY ITEM B-G IN Q.1020 OR IN Q. 1030 -- OTHERS SKIP Q.1065

(Women's Health Q.J8 – fewer women skip into this question; added "health care professional")

BASE: "YES" TO ANY ITEM b-g IN Q.1020 OR IN Q1030 (Q.1020 Item B, C, D, E, F or G/1 OR Q.1030 Item B, C, D, E, F or G/1)

1050. Did you ever discuss (this/any of these) incident(s) with a doctor or health care professional, or not?

Yes, discussed with doctor or health professional .....	(810( ___ - 1	(ASK Q.1055)	(811)Z
No, did not .....	___ - 2	(SKIP TO Q.1065)	

Don't know..... - & (SKIP TO Q.1065)  
Refused..... -- (SKIP TO Q.1065)

BASE: DISCUSSED ABUSE WITH HEALTH CARE PROFESSIONAL (Q.1050 /1)

1055. Who raised the subject of abuse – you or your doctor/health care professional?

Respondent..... (812( \_\_\_ - 1  
Doctor/health care professional ..... \_\_\_ - 2  
Both (vol.) ..... \_\_\_ - 3  
Someone else (vol.) ..... \_\_\_ - 4 (813)Z  
Don't know..... - &  
Refused ..... --

(Women's Health Q.J10 – fewer women skip into this question)

BASE: DISCUSSED ABUSE WITH HEALTH CARE PROFESSIONAL (Q.1050 /1)

1060. Did your doctor/health care professional (READ EACH ITEM), or not?

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	
a. Ask you about your history of abuse .....	(814( ___ - 1	___ - 2	___ - &	___ --	(815)Z
b. Refer you to the police.....	(816( ___ - 1	___ - 2	___ - &	___ --	(817)Z
c. Refer you to a support service .....	(818( ___ - 1	___ - 2	___ - &	___ --	(819)Z

BASE: "YES" TO ANY ITEM b-g IN Q.1020 OR IN Q.1030 (Q.1020 Item B, C, D, E, F or G/1 OR Q.1030 Item B, C, D, E, F or G/1)

1062. Did you ever discuss (this/these) incident(s) with (anyone/anyone else), or not?

Yes, discussed with someone..... (820( \_\_\_ - 1  
No, did not ..... \_\_\_ - 2  
Don't know..... - & (821)Z  
Refused ..... --

BASE: ALL RESPONDENTS

(Women's Health Q.J11-- excludes verbal/emotional abuse; dropped "do you feel you were")

1065. When you were growing up, were you ever (READ EACH ITEM), or not?

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	
( ) a. Physically abused.....	(822( ___ - 1	___ - 2	___ - &	___ --	(823)Z
( ) b. Sexually abused .....	(824( ___ - 1	___ - 2	___ - &	___ --	(825)Z

ASK Q.1070 IF PHYSICALLY OR SEXUALLY ABUSED WHEN GROWING UP (Q.1065 ANY ITEM=1) --  
OTHERS SKIP TO INSTRUCTIONS ABOVE Q.1090

BASE: PHYSICALLY OR SEXUALLY ABUSED WHEN GROWING UP (Q.1065, ITEM A or B/1)

(Women's Health Q.J12 – dropped items; added "someone else you know")

1070. Was the person who abused you a stranger, an immediate family member, a close relative, a friend or friend of the family, or someone else you knew? (MULTIPLE RECORD)

- A stranger .....(826( \_\_\_ - 1
- An immediate family member..... \_\_\_ - 2
- A close relative ..... \_\_\_ - 3
- A friend or friend of the family ..... \_\_\_ - 4
- Someone else you knew ..... \_\_\_ - 5
- Don't know..... \_\_\_ - & (827)Z
- Refused ..... \_\_\_ - -

BASE: PHYSICALLY OR SEXUALLY ABUSED WHEN GROWING UP (Q.1065, ITEM A or B/1)

1075. Did the abuse occur one time or more than once?

- One time ..... (828(\_\_\_ - 1
- More than once ..... \_\_\_ - 2
- Don't know..... \_\_\_ - & (829)Z
- Refused ..... \_\_\_ - -

BASE: PHYSICALLY OR SEXUALLY ABUSED WHEN GROWING UP (Q.1065, ITEM A or B/1)

(Women's Health Q.J13 – excludes "verbal/emotionally abused"; added "health care professional")

1080. Did you ever discuss any of these incidents of abuse with a doctor or health care professional, or not?

- Yes, discussed with doctor or health professional ..... (830(\_\_\_ - 1
- No, did not ..... \_\_\_ - 2
- Don't know..... \_\_\_ - & (831)Z
- Refused ..... \_\_\_ - -

BASE: PHYSICALLY OR SEXUALLY ABUSED WHEN GROWING UP (Q.1065, ITEM A or B/1)

(Women's Health Q.J15)

1085. Did you ever discuss these incidents with (anyone/anyone else), or not? (IF NECESSARY: Physical or sexual abuse when growing up)

- Yes, discussed with someone..... (832(\_\_\_ - 1
- No, did not ..... \_\_\_ - 2
- Don't know..... \_\_\_ - & (833)Z
- Refused ..... \_\_\_ - -

BASE: PHYSICALLY OR SEXUALLY ABUSED AS AN ADULT OR CHILD (Q.1065, Item A or B/1) OR (Q.1020, Item A, B, C, D, E, F or G/1) OR (Q.1000, Item A, B or C/1 OR Q.1005, Item A, B, or C/ 1)  
(Women's Health Q.J16)

1090. I have a number for you to call if you would like to talk to someone further about any of these issues - - would you like me to give it to you?

- Yes ..... (834(\_\_\_\_ - 1 (SEE HOTLINE SHEET)
- No ..... \_\_\_\_\_ - 2 (SKIP TO Q.1100)
- Don't know..... \_\_\_\_\_ - & (SKIP TO Q.1100) (835)Z
- Refused ..... \_\_\_\_\_ -- (SKIP TO Q.1100)



**K. HEALTH STATUS**

IF OVERSAMPLE, SKIP TO Q.1105

BASE: ALL RESPONDENTS

(Women's Health Q.K1)

(Oversample asked this question in Q.B)

1100. Would you say your health, in general, is excellent, very good, good, fair or poor?

Excellent .....	(836(	___ - 1	
Very good .....	___ - 2		
Good .....	___ - 3		
Fair .....	___ - 4		
Poor .....	___ - 5		
Don't know .....	___ - &		(837)Z
Refused .....	___ - -		

BASE: ALL RESPONDENTS

(Women's Health Q.K3)

1105. Does a disability, handicap or chronic disease keep you from participating fully in school, work, housework, or other activities, or not?

Yes .....	(838(	___ - 1	
No .....	___ - 2		
Don't know .....	___ - &		(839)Z
Refused .....	___ - -		

BASE: ALL RESPONDENTS; WOMEN ONLY ITEM F

(Women's Health Q.K6; deleted several items; added "health care professional")

1110. In the past five years, has a doctor told you that you have any of the following health problems or conditions? (READ EACH ITEM), or not?

<u>ROTATE – START AT "X"</u>	Have <u>Been Told</u>	Have Not <u>Been Told</u>	Don't <u>Know</u>	<u>Refused</u>
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BASE: ALL RESPONDENTS

( ) a. Hypertension, sometimes called high blood pressure .....	(840(	___ - 1	___ - 2	___ - &	___ - -	
						(841)Z
( ) b. Heart attack, or any other heart disease .....	(842(	___ - 1	___ - 2	___ - &	___ - -	(843)Z
( ) c. Cancer, other than skin cancer .....	(844(	___ - 1	___ - 2	___ - &	___ - -	(845)Z
( ) d. Diabetes .....	(846(	___ - 1	___ - 2	___ - &	___ - -	(847)Z
( ) e. Anxiety or depression .....	(848(	___ - 1	___ - 2	___ - &	___ - -	(849)Z

BASE: WOMEN ONLY (Q.F/2)

( ) f. Osteoporosis or brittle bones .....	(850(	___ - 1	___ - 2	___ - &	___ - -	
						(851)Z

BASE: ALL RESPONDENTS

( ) g. Arthritis .....	(852(	___ - 1	___ - 2	___ - &	___ - -	
						(853)Z
( ) h. Obesity .....	(854(	___ - 1	___ - 2	___ - &	___ - -	

(855-861)Z

BASE: ALL RESPONDENTS

1115. Do you take any prescription drugs (IF FEMALE UNDER AGE 45, READ: other than birth control) on a regular basis, or not?

- Yes, takes Rx drugs ..... (862(\_\_\_\_ - 1
  - No, does not ..... \_\_\_\_ - 2
  - Don't know ..... \_\_\_\_ - &
  - Refused ..... \_\_\_\_ - -
- (863)Z

BASE: ALL RESPONDENTS

1120. Do you have a health condition that requires ongoing medical treatment, or not?

- Yes, has health condition ..... (864(\_\_\_\_ - 1
  - No, does not ..... \_\_\_\_ - 2
  - Don't know ..... \_\_\_\_ - &
  - Refused ..... \_\_\_\_ - -
- (865)Z

ASK Q.1125 IF WOMEN UNDER AGE 45 (Q.F=FEMALE AND Q.43 < 45) --  
OTHERS SKIP TO Q.1200

BASE: WOMEN UNDER AGE 45 (Q.F/2 and Q.43/<45)

1125. Have you been pregnant in past year, or not?

- Yes, pregnant ..... (866(\_\_\_\_ - 1 (ASK Q.1130)
  - No, not pregnant ..... \_\_\_\_ - 2 (SKIP TO Q.1200)
  - Don't know ..... \_\_\_\_ - & (SKIP TO Q.1200)
  - Refused ..... \_\_\_\_ - - (SKIP TO Q.1200)
- (867)Z

BASE: PREGNANT IN PAST YEAR (Q.1125/1)

1130. What type of health professional was your main source of care for your pregnancy? Was it your primary care physician, an obstetrician/gynecologist (OB/GYN), Nurse-midwife, or some other type of health professional?

- Primary care physician ..... (868(\_\_\_\_ - 1
  - OB/GYN ..... \_\_\_\_ - 2
  - Nurse-midwife ..... \_\_\_\_ - 3
  - Other (specify at Q.1130x) ..... (870(\_\_\_\_ - 1
  - Don't know ..... (868(\_\_\_\_ - &
  - Refused ..... \_\_\_\_ - -
- (869)Z

**F. FACTUALS**

Now I just need to ask you a few questions to help classify your responses. First, ....

BASE: ALL RESPONDENTS

1200. Including yourself, how many family members, adults and children, live in your household?

/ \_\_\_\_\_ / \_\_\_\_\_ / People (Range: 1-20)  
(871-872)

Don't know.....(871(\_\_\_\_ - &  
Refused .....\_\_\_\_ - -

BASE: ALL RESPONDENTS

1210. What is the highest level of school you have completed or the highest degree you have received? (PROBE: IF RESPONDENT SAYS JUST "HIGH SCHOOL": What was the highest grade you completed? IF 12TH GRADE, CODE "GRADUATE". IF 11TH GRADE OR LESS, CODE "LESS THAN".)

Less than high school (grades 1-11, grade 12  
but no diploma).....(873(\_\_\_\_ - 1  
High school graduate or equivalent (e.g. GED). ..... \_\_\_\_ - 2  
Some college or occupational or vocational  
programs (including 2 year degrees) ..... \_\_\_\_ - 3  
College graduate (e.g. BA, AB, BS) ..... \_\_\_\_ - 4  
Postgraduate (e.g. MA, MS, MEng, Med, MSW,  
MBA, MD, DDS, DVM, LLB, JD, PhD, EdD) ..... \_\_\_\_ - 5  
Don't know ..... \_\_\_\_ - &  
Refused ..... \_\_\_\_ - -

(874)Z

IF OVERSAMPLE, SKIP TO INSTRUCTIONS ABOVE Q.1220

BASE: ALL RESPONDENTS

1215. Do you consider yourself White, Black or African-American, Asian, Native American, mixed race, or some other race?

White .....(875(\_\_\_\_ - 1  
Black ..... \_\_\_\_ - 2  
African-American..... \_\_\_\_ - 3  
Asian or Pacific Islander..... \_\_\_\_ - 4  
Native American or Alaskan native ..... \_\_\_\_ - 5  
Mixed race ..... \_\_\_\_ - 6  
Some other race..... \_\_\_\_ - 7  
Don't know ..... \_\_\_\_ - &  
Refused ..... \_\_\_\_ - -

(876-880)Z  
(908-919)Z

BASE: ASIAN (Q.1215/4, 6, 7, DK or REF) OR (Q.G4/4, 5, or 7)

1220. Are you of Chinese, Vietnamese, Korean, or other Asian heritage? (MULTIPLE RECORD)

- Chinese .....(920( \_\_\_ - 1
- Vietnamese ..... \_\_\_ - 2
- Korean..... \_\_\_ - 3
- Other (specify at Q.1220x) ..... (921-928)Z
- \_\_\_\_\_.....(922( \_\_\_ - 1
- Don't know..... (920( \_\_\_ - &
- Refused ..... \_\_\_ - -

IF OVERSAMPLE, SKIP TO INSTRUCTIONS ABOVE Q.1230

BASE: ALL RESPONDENTS

1225. Are you of Hispanic or Latino origin or descent, or not?

- Yes, of Hispanic/Latino origin.....(929( \_\_\_ - 1 (ASK Q.1230)
- No, not of Hispanic/Latino origin ..... \_\_\_ - 2 (SKIP TO Q.1231)
- Don't know..... \_\_\_ - & (SKIP TO Q.1231) (930-942)Z
- Refused ..... \_\_\_ - - (SKIP TO Q.1231)

BASE: HISPANIC ORIGIN (Q.1225/1 OR Q.G5/1)

1230. Do you consider yourself Mexican, Puerto Rican, Cuban, Dominican, Costa Rican, Brazilian or from some other Spanish speaking country? (MULTIPLE RECORD)

- Mexican .....(943( \_\_\_ - 1
- Puerto Rican..... \_\_\_ - 2
- Cuban ..... \_\_\_ - 3
- Dominican ..... \_\_\_ - 4
- Costa Rican..... \_\_\_ - 5
- Other (specify at Q.1230x) ..... ((944)Z
- \_\_\_\_\_.....(945( \_\_\_ - 1
- Don't know..... (943( \_\_\_ - &
- Refused ..... \_\_\_ - -

BASE: ALL RESPONDENTS

(Women's Health Q.G5)

1231. Are you single, married, living as a couple, widowed, separated, or divorced?

- Single..... (952( \_\_\_ - 1 (SKIP TO Q.1235)
- Married ..... \_\_\_ - 2 (ASK Q.1232) (953)Z
- Living as a couple..... \_\_\_ - 3 (SKIP TO Q.1232)
- Widowed..... \_\_\_ - 4 (SKIP TO Q.1235)
- Separated..... \_\_\_ - 5 (SKIP TO Q.1235)
- Divorced ..... \_\_\_ - 6 (SKIP TO Q.1235)
- Don't know..... \_\_\_ - & (SKIP TO Q.1235)
- Refused ..... \_\_\_ - - (SKIP TO Q.1235)

BASE: MARRIED OR LIVING AS A COUPLE (Q.1231/2 or 3)

1232. Is your spouse or partner working full-time, working part-time, or not working?

- Full-time ..... (954( \_\_\_ - 1 (SKIP TO Q.1235)
- Part-time ..... \_\_\_ - 2 (SKIP TO Q.1235) (955)Z
- Not working ..... \_\_\_ - 3 (ASK Q.1233)
- Self-employed (vol.) ..... \_\_\_ - 4 (ASK Q.1233)
- Don't know ..... \_\_\_ - & (ASK Q.1233)
- Refused ..... \_\_\_ - - (ASK Q.1233)

BASE: SPOUSE OR PARTNER IS NOT WORKING (Q.1232/3,DK or Ref)

1233. Is your spouse or partner (READ LIST):

- Unemployed, looking for work ..... (956( \_\_\_ - 1
- Retired ..... \_\_\_ - 2
- Disabled ..... \_\_\_ - 3
- Caring for children or family ..... \_\_\_ - 4
- Student ..... \_\_\_ - 5 (957)Z
- Other (vol.) ..... \_\_\_ - 6
- Don't know ..... \_\_\_ - &
- Refused ..... \_\_\_ - -

BASE: ALL RESPONDENTS

1235. Was your total 1997 household income above or below \$35,000?

INTERVIEWER: Total household income before taxes from all sources – if unsure of 1997 income, probe for estimate

- Above \$35,000 ..... (958( \_\_\_ - 1 (SKIP TO Q.1237)
- Below \$35,000 ..... \_\_\_ - 2 (ASK Q.1236) (959)Z
- Equal to \$35,000 (vol.) ..... \_\_\_ - 3 (SKIP TO Q.1250)
- Don't know ..... \_\_\_ - & (SKIP TO Q.1240)
- Refused ..... \_\_\_ - -- (SKIP TO Q.1240)

BASE: HOUSEHOLD INCOME BELOW \$35,000 (Q.1235/2)

1236. Which of the following income categories best describes your total 1997 household income? Just stop me when I get to the right category. Was it (READ LIST)?

- \$8,000 or less ..... (960 ( \_\_\_ - 1
- \$8,001 to \$10,000 ..... \_\_\_ - 2
- \$10,001 to \$12,000 ..... \_\_\_ - 3
- \$12,001 to \$16,000 ..... \_\_\_ - 4
- \$16,001 to \$20,000 ..... \_\_\_ - 5
- \$20,001 to \$25,000 ..... \_\_\_ - 6 (961)Z
- \$25,001 to \$30,000 ..... \_\_\_ - 7
- \$30,001 to \$35,000 ..... \_\_\_ - 8
- Don't know ..... \_\_\_ - &
- Refused ..... \_\_\_ - -

SKIP TO Q.1250

BASE: HOUSEHOLD INCOME ABOVE \$35,000 (Q.1235/1)

1237. Which of the following income categories best describes your total 1997 household income? Just stop me when I get to the right category. Was it (READ LIST)?

- \$35,001 to \$40,000.....(962( \_\_\_ - 1
- \$40,001 to \$50,000..... \_\_\_ - 2
- \$50,001 to \$60,000..... \_\_\_ - 3
- \$60,001 to \$75,000..... \_\_\_ - 4
- \$75,001 to \$100,000..... \_\_\_ - 5
- \$100,001 + ..... \_\_\_ - 6 (963)Z
- Don't know ..... \_\_\_ - &
- Refused ..... \_\_\_ - -

SKIP TO Q.1250

BASE: ONE PERSON HOUSEHOLD AND DK OR REF IN Q.1235 (Q1200/1 AND Q.1235/DK or REF)

1240. Can you tell me if your 1997 household income is less than \$8,000?

- Less than \$8,000.....(964( \_\_\_ - 1
- \$8,000 or more ..... \_\_\_ - 2
- Don't know..... \_\_\_ - & (965)Z
- Refused ..... \_\_\_ - -

BASE: TWO OR MORE PERSON HOUSEHOLD AND DK OR REF IN Q.1235 (Q1200/≥2 AND Q.1235/DK or REF)

1245. Can you tell me if your 1997 household income is less than \$10,000?

- Less than \$10,000.....(966( \_\_\_ - 1
- \$10,000 or more ..... \_\_\_ - 2
- Don't know..... \_\_\_ - & (967)Z
- Refused ..... \_\_\_ - -

BASE: ALL RESPONDENTS

1250. In general, do you and your family have a lot of trouble, some trouble or no trouble at all paying for basic needs such as food, phone, gas and electric bills?

- Have a lot of trouble ..... (968( \_\_\_ - 1
- Have some trouble ..... \_\_\_ - 2
- No trouble at all ..... \_\_\_ - 3
- Don't know..... \_\_\_ - & (969)Z
- Refused ..... \_\_\_ - -

BASE: HOUSEHOLD INCOME BELOW \$35,000 (Q.1235/2)

1255. Do you receive food stamps, cash assistance or some other form of public assistance, or not?

- Yes, receive ..... (970( \_\_\_ - 1
- No, do not receive ..... \_\_\_ - 2
- Don't know ..... \_\_\_ - & (971)Z
- Refused ..... \_\_\_ - -



BASE: ALL RESPONDENTS

1265. All of the information you have provided is confidential. When the results of this study are published, we or reporters may want to talk to some of the people we have surveyed about their experiences. Would you be willing to be contacted, or not?

- Yes, willing ..... (972(\_\_\_\_ - 1 (ASK Q.1270) (973)Z
- No, not willing ..... \_\_\_\_ - 2 (SKIP TO END)
- Don't know ..... \_\_\_\_ - & (SKIP TO END)
- Refused ..... \_\_\_\_ -- (SKIP TO END)

BASE: WILLING TO BE CALLED AGAIN (Q.1265 /1)

1270. Could you please tell me your first name so that we can ask for you if we should call again?

- Name given ..... (974(\_\_\_\_ - 1
- Name not given ..... \_\_\_\_ - 2
- Don't know ..... \_\_\_\_ - & (975)Z
- Refused ..... \_\_\_\_ - -

BASE: PROVIDED NAME IN Q.1270

1275. Will you give us permission to give your name and telephone number to a reporter?

- Yes ..... (976(\_\_\_\_ - 1
- No ..... \_\_\_\_ - 2 (977)Z

That completes the interview. Thank you very much for your cooperation with this Harris Poll. Now your opinion really counts.

INTERVIEWER OBSERVATION:

1280. Interesting story

- Yes ..... (978(\_\_\_\_ - 1
- No ..... \_\_\_\_ - 2 (979-980)Z

1285. Language difficulty

- Yes ..... (1008(\_\_\_\_ - 1
- No ..... \_\_\_\_ - 2 (1009)Z

1290. Language of interview:

- English.....(1010(\_\_\_\_ - 1
- Spanish ..... \_\_\_\_ - 2
- Korean..... \_\_\_\_ - 3
- Chinese -- Mandarin..... \_\_\_\_ - 4
- Chinese -- Cantonese ..... \_\_\_\_ - 5 (1011)Z
- Vietnamese ..... \_\_\_\_ - 6

Time ended: \_\_\_\_\_A.M./P.M.





## CATI QUOTA DEFINITIONS:

Q.A5	Hispanic oversample
Q.A7	Black oversample
Q.A8	Asian oversample
Q.1217	Female race cross-section (answers to Q.1215)
Q.1218	Female race oversample (answers to Q.1215)
Q.1222	Female Asian heritage question (answers to Q.1220) both XS and OS
Q.1227	Female Hispanic cross-section
Q.1228	Female Hispanic oversample
Q.1230z	Female Hispanic country (answers to Q.1230) both XS and OS
Q1290	Language