



Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Interviewer ID: \_\_\_\_\_

2017-0791-02

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**Professional Research Consultants, Inc.**

**WNC HEALTHY IMPACT  
2018 Community Health Needs Assessment  
Asheville, North Carolina**

**Hello, this is \_\_\_\_\_ with Professional Research Consultants. A collaboration of hospitals and health departments in Western North Carolina has asked us to conduct a survey to study ways to improve the health of your community.**

INTRO. (INTERVIEWER: THIS SCREEN IS FOR REINTRODUCTIONS & CLARIFYING THE PURPOSE & SPONSOR OF THE CALL).

(Hello, this is \_\_\_\_\_ with Professional Research Consultants. A collaboration of hospitals and health departments in Western North Carolina has asked us to conduct a survey to study ways to improve the health of your community.)

(IF NECESSARY, READ:) Your number has been chosen randomly to be included in the study, and we'd like to ask some questions about things people do which may affect their health. Your answers will be kept completely confidential.

(IF Respondent Seems Suspicious, READ:) Some people we call want to know more before they answer the survey. If you would like more information regarding this research study, you can call Jana Distefano of Professional Research Consultants at 877-247-9477 during regular business hours.

CONTINUE

1. In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?

One  
Two  
Three  
Four  
Five  
Six or More

**SCRIPTING NOTE: We Will Ask County and ZIP Code of All Respondents for This Study.**

**Note That We Terminate if "All Others" in Q3 (County), But There Is NO Termination Based on ZIP Code in Q2.**

3. Would you please tell me which county you live in?

Buncombe County  
Cherokee County  
Clay County  
Graham County  
Haywood County  
Henderson County  
Jackson County  
Macon County  
Madison County  
McDowell County  
Mitchell County  
Polk County  
Rutherford County  
Swain County  
Transylvania County  
Yancey County  
All Others

NOTE: If Q3 is "All Others", THANK & TERMINATE.

2. Would you please tell me which ZIP Code area you live in?

[Don't Know/Not Sure]

[Refused]

28018

28019

28020

28024

28040

28043

28074

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28114

28139

28160

28167

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28909

Other (Specify)

**This survey may be recorded for quality assurance.**

4. Sex of Respondent. (Do Not Ask - Just Record)

Male  
Female

301. First I would like to ask, overall, how would you describe your county as a place to live?  
Would you say it is:

Excellent  
Very Good  
Good  
Fair  
or Poor  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

302. What is the ONE THING that needs the most improvement in your county?

- (SKIP to 5) [Don't Know/Not Sure]
- (SKIP to 5) [Refused]
- (SKIP to 5) [Nothing]
- (SKIP to 5) Animal Control
- (SKIP to 5) Availability of Employment
- (SKIP to 5) Better/More Health Food Choices
- (SKIP to 5) Child Care Options
- (SKIP to 5) Counseling/Mental Health/Support Groups
- (SKIP to 5) Culturally Appropriate Health/Support Groups
- (SKIP to 5) Elder Care Options
- (SKIP to 5) Healthy Family Activities
- (SKIP to 5) Higher Paying Employment
- (SKIP to 5) More Affordable Health Care
- (SKIP to 5) More Affordable/Better Housing
- (SKIP to 5) Number of Health Care Providers
- (SKIP to 5) Positive Teen Activities
- (SKIP to 5) Recreational Facilities (Parks, Trails, Community Ctrs)
- (SKIP to 5) Road Maintenance
- (SKIP to 5) Road Safety
- (SKIP to 5) Safe Places to Walk/Ride Bike for Commuting
- (SKIP to 5) Safe Places to Walk/Ride Bike for Recreation
- (SKIP to 5) Services for Disabled People
- (SKIP to 5) Transportation Options
- (SKIP to 5) Other (Specify)

IVAR302A. Is there anything at all you can think of?

[Don't Know/Not Sure]  
[Refused]  
[Nothing]  
Animal Control  
Availability of Employment  
Better/More Health Food Choices  
Child Care Options  
Counseling/Mental Health/Support Groups  
Culturally Appropriate Health/Support Groups  
Elder Care Options  
Healthy Family Activities  
Higher Paying Employment  
More Affordable Health Care  
More Affordable/Better Housing  
Number of Health Care Providers  
Positive Teen Activities  
Recreational Facilities (Parks, Trails, Community Ctrs)  
Road Maintenance  
Road Safety  
Safe Places to Walk/Ride Bike for Commuting  
Safe Places to Walk/Ride Bike for Recreation  
Services for Disabled People  
Transportation Options  
Other (Specify)

**SCRIPTING NOTE: Force Responses from IVAR302A Back Into Q302.**

5. Would you say that, in general, your health is:

Excellent  
Very Good  
Good  
Fair  
or Poor  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

**PROCESSING NOTE: Collapse N/A into No in Q303.**

303. Was there a time in the past 12 months when you needed medical care, but could not get it?

	Yes
(SKIP to 16)	No
(SKIP to 16)	[Not Applicable]
(SKIP to 16)	[Don't Know/Not Sure]
(SKIP to 16)	[Refused]
	[Terminate Interview]

304. What was the MAIN reason you did NOT get this needed medical care?

[Don't Know/Not Sure]  
[Refused]  
Cost/No Insurance  
Didn't Accept My Insurance  
Distance Too Far  
Inconvenient Office Hours/Office Closed  
Lack of Child Care  
Lack of Transportation  
Language Barrier  
No Access for People With Disabilities  
Too Long of Wait for Appointment  
Too Long of Wait in Waiting Room  
Other (Specify)

16. Do you have ONE place where you usually go if you are sick or need advice about your health?

	Yes
(SKIP to 18)	No
(SKIP to 18)	[Don't Know/Not Sure]
(SKIP to 18)	[Refused]
	[Terminate Interview]

17. What kind of place is it:

(SKIP to 18)	A Doctor's Office
(SKIP to 18)	A Health Department or A Public Health Clinic
(SKIP to 18)	Community Health Center
(SKIP to 18)	An Urgent Care/Walk-In Clinic
(SKIP to 18)	A Hospital Emergency Room
(SKIP to 18)	A Military or Other VA Healthcare Facility
(SKIP to 18)	Indian Health Services or Some Other Place
(SKIP to 18)	[Don't Know/Not Sure]
(SKIP to 18)	[Refused]
	[Terminate Interview]

250. What kind of place do you go to?

[Don't Know/Not Sure]

[Refused]

Other (Specify)

18. A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?

Within the Past Year (Less Than 1 Year Ago)

Within the Past 2 Years (1 Year But Less Than 2 Years Ago)

Within the Past 5 Years (2 Years But Less Than 5 Years Ago)

5 or More Years Ago

[Never]

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

NOTE: If Q3 is "Polk County", ASK Q305.

All Others, SKIP to 20.

## **POLK COUNTY**

305. Now I would like to mention that some doctor's offices are beginning to offer tele-health visits. In a tele-health visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face.

If it were available to you, how likely would you be to use this type of visit for health care? Would you be:

Very Likely

Somewhat Likely

or Not At All Likely

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

20. About how long has it been since you last visited a dentist or a dental clinic for any reason? This includes visits to dental specialists, such as orthodontists.

- Within the Past Year (Less Than 1 Year Ago)
- Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
- Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
- 5 or More Years Ago
- [Never]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "Henderson County", ASK Q306.  
If Q3 is "Haywood County", SKIP to 307.  
All Others, SKIP to 24.

## HENDERSON COUNTY

306. Do you have any dental needs that have gone untreated in the past 12 months due to lack of insurance or because you did not have enough insurance to cover the needed dental care costs?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 24.

## HAYWOOD COUNTY

307. Was there a time during the past 12 months when you needed dental care but did not get it?

- (SKIP to 24)
- (SKIP to 24)
- (SKIP to 24)
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

**HAYWOOD COUNTY**

308. What was the MAIN reason you did not get this needed dental care?

- [Don't Know/Not Sure]
- [Refused]
- Cost/No Insurance
- Didn't Accept My Insurance
- Distance Too Far
- Inconvenient Office Hours/Office Closed
- Lack of Child Care
- Lack of Transportation
- Language Barrier
- No Access for People With Disabilities
- Too Long of Wait for Appointment
- Too Long of Wait in Waiting Room
- Other (Specify)

24. Now I would like to ask you about some specific medical conditions.

Have you ever suffered from or been diagnosed with COPD, or Chronic Obstructive Pulmonary Disease, including Bronchitis or Emphysema?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

**Has a doctor, nurse or other health professional EVER told you that you had any of the following: (Insert Qs in BOLD)?**

309. A Heart Attack, Also Called a Myocardial Infarction, OR Angina or Coronary Heart Disease

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

33. A Stroke

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

*(End of Rotate)*

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

(SKIP to 36)  
(SKIP to 36)  
(SKIP to 36)  
Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

35. Do you still have asthma?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

36. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

(SKIP to SCRIPTING NOTE before 38)  
(SKIP to SCRIPTING NOTE before 38)  
(SKIP to SCRIPTING NOTE before 38)  
(SKIP to SCRIPTING NOTE before 38)  
(SKIP to SCRIPTING NOTE before 38)  
Yes  
No  
[Yes, But Female Told Only During Pregnancy]  
[Pre-Diabetes or Borderline Diabetes]  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: If Q4 is "Male", SKIP to NOTE before 38. If Q4 is "Female", ASK IVAR36A.
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IVAR36A. Was this only when you were pregnant?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

**SCRIPTING NOTE: If IVAR36A is "Yes"/"Si", Recode Initial Q36 Response of "Yes"/"Si" to "[Yes, but Female Told Only During Pregnancy]"**.

NOTE: If Q36 is "Yes"/"Si", SKIP to 39.

If Q36 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Female", Force Q38 to "Yes"/"Sí" and SKIP to IVAR38A.

If Q36 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Male", Force Q38 to "Yes"/"Si" and SKIP to 39.

All Others, CONTINUE.

38. Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?

- |              |  |                       |
|--------------|--|-----------------------|
|              |  | Yes                   |
| (SKIP to 39) |  | No                    |
| (SKIP to 39) | [Yes, But Female Told Only During Pregnancy] |                       |
| (SKIP to 39) |  | [Don't Know/Not Sure] |
| (SKIP to 39) |  | [Refused]             |
|              |  | [Terminate Interview] |

NOTE: If Q4 is "Male", SKIP to 39.  
If Q4 is "Female", ASK IVAR38A.

IVAR38A. Was this only when you were pregnant?

- |  |                       |
|--|-----------------------|
|  | Yes                   |
|  | No                    |
|  | [Don't Know/Not Sure] |
|  | [Refused]             |
|  | [Terminate Interview] |

**SCRIPTING NOTE: If IVAR38A is "Yes"/"Si", Recode Initial Q38 Response of "Yes"/"Si" to "[Yes, But Female Told Only During Pregnancy]"**.

**If Q38 is "Yes"/"Sí", FORCE Q36 to "[Pre-Diabetes or Borderline Diabetes]"**.

39. Have you ever been told by a doctor, nurse or other health professional that you had high blood pressure?

(SKIP to 43) Yes  
(SKIP to 43) No  
(SKIP to 43) [Don't Know/Not Sure]  
(SKIP to 43) [Refused]  
[Terminate Interview]

41. Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

43. Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

(SKIP to NOTE before 310) Yes  
(SKIP to NOTE before 310) No  
(SKIP to NOTE before 310) [Don't Know/Not Sure]  
(SKIP to NOTE before 310) [Refused]  
[Terminate Interview]

44. Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: If Q3 is "Cherokee County", ASK Q310.  
If Q3 is "Transylvania County", SKIP to 311.  
All Others, SKIP to 49.

## CHEROKEE COUNTY

310. Do you feel existing community resources or services for chronic diseases such as diabetes, heart disease, and COPD are:

More Than Sufficient  
Sufficient  
Insufficient  
or Not Available  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: SKIP to 49.

## TRANSYLVANIA COUNTY

311. The hepatitis C virus causes inflammation and damage to the liver. A person contracts this virus by coming into contact with blood or other bodily fluids from someone else who is already infected with hepatitis C virus.

Except for donating or giving blood, have you ever had your blood tested for hepatitis C?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

49. The next questions are about tobacco use. Do you NOW smoke cigarettes "Every Day," "Some Days," or "Not At All"?

Every Day  
Some Days  
Not At All  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

**SCRIPTING NOTE: If Q49 is "Every Day" or "Some Days", set '+temp44+' to "other than yourself"/"diferente a Ud.". All Others, set '+temp44+' to NULL.**

312. During how many of the past 7 days, at your workplace, did you breathe the smoke from someone '+temp44+' who was using tobacco?

(INTERVIEWER: Code "Not Applicable" as 8.)

0 to 7/8  
 [Don't Know/Not Sure]  
 [Refused]

313. Do you currently use chewing tobacco, dip, snuff, or snus (pronounced "snoose"; rhymes with goose) "Every Day," "Some Days," or "Not At All"?

Every Day  
 Some Days  
 Not At All  
 [Don't Know/Not Sure]  
 [Refused]  
 [Terminate Interview]

NOTE: If Q3 is "Cherokee County", "Graham County", or "Macon County", ASK Q314.  
 If Q3 is "Madison County", SKIP to 315.  
 All Others, SKIP to 54.

**CHEROKEE, GRAHAM, AND MACON COUNTIES**

314. Please tell me your level of agreement or disagreement with the following statement:

I believe it is important for ALL PUBLIC PLACES to be 100% tobacco free.

Do you:

Strongly Agree  
 Agree  
 Neither Agree Nor Disagree  
 Disagree  
 or Strongly Disagree  
 [Not Applicable]  
 [Don't Know/Not Sure]  
 [Refused]  
 [Terminate Interview]

NOTE: SKIP to 54.

## MADISON COUNTY

315. Please tell me your level of agreement or disagreement with the following statement:

I believe it is important for GOVERNMENT BUILDINGS AND GROUNDS in Madison County to be 100% tobacco free.

Do you:

Strongly Agree  
Agree  
Neither Agree Nor Disagree  
Disagree  
or Strongly Disagree  
[Not Applicable]  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

54. Electronic "vaping" products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco.

Do you NOW use electronic "vaping" products, such as electronic cigarettes, "Every Day," "Some Days," or "Not At All"?

Every Day  
Some Days  
Not At All  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

**SCRIPTING NOTE: If Interviewing During the Months of December, January, or February, Change "During the past 30 days" to "During a typical month" in the Following Questions.**

55. The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

(NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

1 to 30  
(SKIP to 316) 0  
(SKIP to 316) [Don't Know/Not Sure]  
(SKIP to 316) [Refused]

56. On the day(s) when you drank, about how many drinks did you have on the average?  
(If "None", PROBE)

1 to 10  
[Don't Know/Not Sure]  
[Refused]

**SCRIPTING NOTE: If Respondent is "Male", Set "temp57" to "5".**

**If Respondent is "Female", Set "temp57" to "4".**

57. Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have '+temp57+' or more drinks on an occasion?

0 to 30  
[Don't Know/Not Sure]  
[Refused]

316. Opiates ("OH-pee-its") or opioids ("OH-pee-oids") are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine ("MORE-feen"), codeine ("KOH-deen"), hydrocodone ("HYE-droh-KOH-dohn"), oxycodone ("OX-ee-KOH-dohn"), methadone ("METH-uh-dohn"), and fentanyl ("FEN-ten-ill").

In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?

(INTERVIEWER For Reference Only: Common Brand Name Opiates are Vicodin, Dilaudid, Percocet, Oxycontin, and Demerol.)

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: If Q3 is "Jackson County", ASK Q317.

If Q3 is "Henderson County", "Macon County", "Mitchell County", "Rutherford County", "Swain County", "Transylvania County", or Yancey County", SKIP to 318.

If Q3 is "Clay County" or "Graham County", SKIP to 319.

All Others, SKIP to 61.

**JACKSON COUNTY**

317. During the past 30 days, have you taken a prescription drug that was not prescribed to you?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 61.

**HENDERSON, MACON, MITCHELL, RUTHERFORD, SWAIN, TRANSYLVANIA, AND YANCEY COUNTIES**

318. During the past 30 days, have YOU or has SOMEONE THAT YOU KNOW used an illegal drug or taken a prescription drug that was not prescribed to them?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "Henderson County", "Rutherford County", "Swain County", or "Transylvania County", SKIP to 61.  
All Others, ASK Q319.

**CLAY, GRAHAM, MACON, MITCHELL, AND YANCEY COUNTIES**

319. Do you keep your medicine in a locked place so that no one else can access it?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

61. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:

- A Great Deal
- Somewhat
- A Little
- or Not at All
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

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

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

- (SKIP to 64)
- (SKIP to 64)
- (SKIP to 64)
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

110. What is the major impairment or health problem that limits you?

- Arthritis/Rheumatism
- Back or Neck Problem
- Cancer
- Depression/Anxiety/Emotional Problem
- Diabetes
- Eye/Vision Problem
- Fractures, Bone/Joint Injury
- Hearing Problem
- Heart Problem
- Hypertension/High Blood Pressure
- Lung/Breathing Problem
- Stroke Problem
- Walking Problem
- Other Impairment/Problem
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

64. Next, I'd like to ask you some general questions about yourself.

What is your age?

- 18 to 110
- [Don't Know/Not Sure]
- [Refused]

**SCRIPTING NOTE: If Qlang is "Spanish", Set Q65 to "Sí" and SKIP to 66.**

65. Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

66. What is your race? Would you say:  
(Do Not Read the Latino/Hispanic Code.)

- [Don't Know/Not Sure]
- [Refused]
- American Indian, Alaska Native
- Native Hawaiian, Pacific Islander
- Asian
- Black/African American
- White
- [Latino/Hispanic]
- Other (Specify)

NOTE: If Q3 is "Buncombe County", ASK Q320.  
All Others, SKIP to NOTE before 321.

**BUNCOMBE COUNTY**

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

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q66 is "American Indian, Alaska Native"/"Indígena Americano(a), Nativo(a) de Alaska", ASK Q321.  
All Others, SKIP to 68.

321. Which of the following BEST describes you? Are you:

An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla (KWAH-lah) boundary;  
An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla (KWAH-lah) boundary,  
or An Enrolled Member of a Different Federally-Recognized Tribe?

Enrolled EBCI on Boundary  
Enrolled EBCI off Boundary  
Enrolled Other Tribe  
[Not a Member]  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

68. What is the highest grade or year of school you have completed?

Never Attended School or Kindergarten Only  
Grades 1 through 8 (Elementary)  
Grades 9 through 11 (Some High School)  
Grade 12 or GED (High School Graduate)  
College 1 Year to 3 Years (Some College or Technical School)  
Bachelor's Degree (College Graduate)  
Postgraduate Degree (Master's, M.D., Ph.D., J.D.)  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

69. Are you currently:

Employed for Wages  
Self-Employed  
Out of Work for More Than 1 Year  
Out of Work for Less Than 1 Year  
A Homemaker  
A Student  
Retired  
or Unable to Work  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

115. How many children under the age of 18 are currently LIVING in your household?

- One
- Two
- Three
- Four
- Five or More
- [None]
- [Refused]
- [Terminate Interview]

(SKIP to NOTE before 71)

(SKIP to NOTE before 71)

NOTE: If Q3 is "Polk County", ASK Q322.

All Others, SKIP to NOTE before 71.

## POLK COUNTY

322. In the PAST 12 MONTHS, has a lack of child care arrangements made it difficult for you to seek healthcare, keep a job, or further your education?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "Buncombe County", "Henderson County", "Jackson County", "Madison County", "McDowell County", or "Transylvania County", ASK Q71.

If Q3 is "Clay County", SKIP to 323.

All Others, SKIP to 326.

**BUNCOMBE, HENDERSON, JACKSON, MADISON, MCDOWELL, AND  
TRANSYLVANIA COUNTIES**

71. In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed:

(INTERVIEWER: This Response List is Different Than All Others in This Survey.)

- Always
- Usually
- Sometimes
- Rarely
- or Never
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "Clay County" or "McDowell County", ASK Q323.  
If Q3 is "Jackson County", SKIP to 324.  
If Q3 is "Madison County", SKIP to 325.  
All Others, SKIP to 326.

**CLAY AND MCDOWELL COUNTIES**

323. Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 326.

## JACKSON COUNTY

324. Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: SKIP to 326.

## MADISON COUNTY

325. Please tell me your level of agreement or disagreement with the following statement:

In the past 12 months, a lack of transportation has prevented me from going someplace I wanted or needed to go in Madison County.

Do you:

Strongly Agree  
Agree  
Neither Agree Nor Disagree  
Disagree  
or Strongly Disagree  
[Not Applicable]  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

326. Do you have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO, or a government-sponsored plan such as Medicare, Medicaid, Military, or Indian Health Services?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: If Q3 is "McDowell County" or "Rutherford County", ASK Q327.

All Others, SKIP to 78.

**MCDOWELL AND RUTHERFORD COUNTY**

327. Do you currently have access to the internet for PERSONAL use, either at home, work, or school?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

78. Now I would like to ask, about how much do you weigh without shoes?

(INTERVIEWER: Round Fractions Up)

- 40 to 600
- [Don't Know/Not Sure]
- [Refused]

79. About how tall are you without shoes?

(INTERVIEWER: Round Fractions Down)

- 300 to 311
- 400 to 411
- 500 to 511
- 600 to 611
- 700 to 711
- 800 to 811
- [Don't Know/Not Sure]
- [Refused]

NOTE: If Q4 is "Male", SKIP to 328.  
If Q4 is "Female", CONTINUE.

80. A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?

- Within the Past Year (Less Than 1 Year Ago)
- Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
- Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
- Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
- 5 or More Years Ago
- [Never]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

328. Now I would like you to think about the food you ate during the past week.

About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.

0 to 100  
[Don't Know/Not Sure]  
[Refused]

329. And, NOT counting lettuce salad or potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.

0 to 100  
[Don't Know/Not Sure]  
[Refused]

87. Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months.

The first statement is: "I worried about whether our food would run out before we got money to buy more."

Was this statement:

Often True  
Sometimes True  
or Never True  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

88. The next statement is: "The food that we bought just did not last, and we did not have money to get more."

Was this statement:

Often True  
Sometimes True  
or Never True  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: If Q3 is "Mitchell County" or "Yancey County", ASK Q330.

If Q3 is "Rutherford County", SKIP to 331.

All Others, SKIP to READ BOX before 89.

## MITCHELL AND YANCEY COUNTIES

330. In the last 12 months, did you or someone in the household cut the size of your meals or skip meals because there wasn't enough money for food?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: SKIP to READ BOX before 89.

## RUTHERFORD COUNTY

331. How often in the past 12 months would you say you were worried or stressed about having enough money to buy or make nutritious meals? Would you say you were worried or stressed:

Always  
Usually  
Sometimes  
Seldom  
or Never  
[Not Applicable]  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

The next questions are about physical activity.

**SCRIPTING NOTE: If Q69 is "Out of Work for More Than 1 Year", "Out of Work for Less Than 1 Year", or "or Unable to Work", Set temp89 to NULL.**

**If Q69 is Any Other Response, Set temp89 to ", OTHER THAN YOUR REGULAR JOB,"/" , OTRO QUE EN SU TRABAJO,".**

89. During the past month'+temp89+' did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

(SKIP to 96) Yes  
(SKIP to 96) No  
(SKIP to 96) [Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

90. During the past month, what type of physical activity or exercise did you spend the MOST time doing?

(INTERVIEWER: If "Cardio," PROBE for Specific Type of Exercise.)

- (SKIP to 91) Active Gaming Devices (Wii Fit, Dance Dance Revolution)
- (SKIP to 91) Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)
- (SKIP to 91) Backpacking
- (SKIP to 91) Badminton
- (SKIP to 91) Basketball
- (SKIP to 91) Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)
- (SKIP to 91) Bicycling (aka Bike, Cycling)
- (SKIP to 91) Boating (Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)
- (SKIP to 91) Bowling
- (SKIP to 91) Boxing
- (SKIP to 91) Calisthenics
- (SKIP to 91) Canoeing, Rowing in Competition
- (SKIP to 91) Carpentry
- (SKIP to 91) Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.
- (SKIP to 91) Elliptical, EFX Machine Exercise
- (SKIP to 91) Fishing from River Bank or Boat
- (SKIP to 91) Frisbee
- (SKIP to 91) Gardening (Spading, Weeding, Digging, Filling) (aka Yardwork)
- (SKIP to 91) Golf (with Motorized Cart)
- (SKIP to 91) Golf (without Motorized Cart)
- (SKIP to 91) Handball
- (SKIP to 91) Hiking-Cross-Country
- (SKIP to 91) Hockey
- (SKIP to 91) Horseback Riding
- (SKIP to 91) Hunting Large Game-Deer, Elk
- (SKIP to 91) Hunting Small Game-Quail
- (SKIP to 91) Inline Skating
- (SKIP to 91) Jogging
- (SKIP to 91) Lacrosse
- (SKIP to 91) Mountain Climbing
- (SKIP to 91) Mowing Lawn (aka Yardwork)
- (SKIP to 91) Paddleball
- (SKIP to 91) Painting, Papering House
- (SKIP to 91) Pilates
- (SKIP to 91) Racquetball
- (SKIP to 91) Raking Lawn (aka Yardwork)
- (SKIP to 91) Running (aka Treadmill)
- (SKIP to 91) Rock Climbing
- (SKIP to 91) Rope Skipping (aka Jump Roping)
- (SKIP to 91) Rowing Machine Exercise
- (SKIP to 91) Rugby
- (SKIP to 91) Scuba Diving
- (SKIP to 91) Skateboarding
- (SKIP to 91) Skating-Ice or Roller
- (SKIP to 91) Sledding, Tobogganing
- (SKIP to 91) Snorkeling
- (SKIP to 91) Snow Blowing

- (SKIP to 91) Snow Shoveling by Hand
- (SKIP to 91) Snow Skiing
- (SKIP to 91) Snowshoeing
- (SKIP to 91) Soccer
- (SKIP to 91) Softball, Baseball
- (SKIP to 91) Squash
- (SKIP to 91) Stair Climbing, Stairmaster
- (SKIP to 91) Stream Fishing in Waders
- (SKIP to 91) Surfing
- (SKIP to 91) Swimming
- (SKIP to 91) Swimming in Laps
- (SKIP to 91) Table Tennis
- (SKIP to 91) Tai Chi
- (SKIP to 91) Tennis
- (SKIP to 91) Touch Football
- (SKIP to 91) Volleyball
- (SKIP to 91) Walking (aka Treadmill)
- (SKIP to 91) Housework/Cleaning
- (SKIP to 91) Waterskiing
- (SKIP to 91) Weight Lifting (aka Gym, Gym Class)
- (SKIP to 91) Wrestling
- (SKIP to 91) Yoga
- (SKIP to 91) Other
- (SKIP to 96) [No Other Activity]
- (SKIP to 96) [Don't Know/Not Sure]
- (SKIP to 96) [Refused]
- [Terminate Interview]

251. (INTERVIEWER: Enter Verbatim Response From Previous Question, or READ If Necessary:) During the past month, what type of physical activity or exercise did you spend the most time doing?

- [Don't Know/Not Sure]
- [Refused]
- Other (Specify)

91. And during the past month, how many TIMES per week or per month did you take part in this activity?

- (SKIP to IVAR91B) TIMES PER WEEK
- (SKIP to 92) TIMES PER MONTH
- (SKIP to 92) [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

IVAR91A. INTERVIEWER: Enter the times per week specified in the previous question.

NOTE: SKIP to 92.

IVAR91B. INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

92. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

MINUTES

(SKIP to [IVAR92B](#))

HOURS

(SKIP to [93](#))

[Don't Know/Not Sure]

(SKIP to [93](#))

[Refused]

[Terminate Interview]

IVAR92A. INTERVIEWER: Enter the minutes specified in the previous question.

1 to 600

NOTE: SKIP to 93.

IVAR92B. INTERVIEWER: Enter the hours specified in the previous question.

1 to 24

93. During the past month, what OTHER type of physical activity gave you the NEXT most exercise?

(INTERVIEWER: If "Cardio," PROBE for Specific Type of Exercise.)

- (SKIP to 94) Active Gaming Devices (Wii Fit, Dance Dance Revolution)
- (SKIP to 94) Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)
- (SKIP to 94) Backpacking
- (SKIP to 94) Badminton
- (SKIP to 94) Basketball
- (SKIP to 94) Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)
- (SKIP to 94) Bicycling (aka Bike, Cycling)
- (SKIP to 94) Boating (Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)
- (SKIP to 94) Bowling
- (SKIP to 94) Boxing
- (SKIP to 94) Calisthenics
- (SKIP to 94) Canoeing, Rowing in Competition
- (SKIP to 94) Carpentry
- (SKIP to 94) Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.
- (SKIP to 94) Elliptical, EFX Machine Exercise
- (SKIP to 94) Fishing from River Bank or Boat
- (SKIP to 94) Frisbee
- (SKIP to 94) Gardening (Spading, Weeding, Digging, Filling) (aka Yardwork)
- (SKIP to 94) Golf (with Motorized Cart)
- (SKIP to 94) Golf (without Motorized Cart)
- (SKIP to 94) Handball
- (SKIP to 94) Hiking-Cross-Country
- (SKIP to 94) Hockey
- (SKIP to 94) Horseback Riding
- (SKIP to 94) Hunting Large Game-Deer, Elk
- (SKIP to 94) Hunting Small Game-Quail
- (SKIP to 94) Inline Skating
- (SKIP to 94) Jogging
- (SKIP to 94) Lacrosse
- (SKIP to 94) Mountain Climbing
- (SKIP to 94) Mowing Lawn (aka Yardwork)
- (SKIP to 94) Paddleball
- (SKIP to 94) Painting, Papering House
- (SKIP to 94) Pilates
- (SKIP to 94) Racquetball
- (SKIP to 94) Raking Lawn (aka Yardwork)
- (SKIP to 94) Running (aka Treadmill)
- (SKIP to 94) Rock Climbing
- (SKIP to 94) Rope Skipping (aka Jump Roping)
- (SKIP to 94) Rowing Machine Exercise
- (SKIP to 94) Rugby
- (SKIP to 94) Scuba Diving
- (SKIP to 94) Skateboarding
- (SKIP to 94) Skating-Ice or Roller
- (SKIP to 94) Sledding, Tobogganing
- (SKIP to 94) Snorkeling
- (SKIP to 94) Snow Blowing

- (SKIP to 94) Snow Shoveling by Hand
- (SKIP to 94) Snow Skiing
- (SKIP to 94) Snowshoeing
- (SKIP to 94) Soccer
- (SKIP to 94) Softball, Baseball
- (SKIP to 94) Squash
- (SKIP to 94) Stair Climbing, Stairmaster
- (SKIP to 94) Stream Fishing in Waders
- (SKIP to 94) Surfing
- (SKIP to 94) Swimming
- (SKIP to 94) Swimming in Laps
- (SKIP to 94) Table Tennis
- (SKIP to 94) Tai Chi
- (SKIP to 94) Tennis
- (SKIP to 94) Touch Football
- (SKIP to 94) Volleyball
- (SKIP to 94) Walking (aka Treadmill)
- (SKIP to 94) Housework/Cleaning
- (SKIP to 94) Waterskiing
- (SKIP to 94) Weight Lifting (aka Gym, Gym Class)
- (SKIP to 94) Wrestling
- (SKIP to 94) Yoga
- (SKIP to 94) Other
- (SKIP to 96) [No Other Activity]
- (SKIP to 96) [Don't Know/Not Sure]
- (SKIP to 96) [Refused]
- [Terminate Interview]

256. (INTERVIEWER: Enter Verbatim Response From Previous Question, or READ If Necessary:) During the past month, what OTHER type of physical activity or exercise did you spend the most time doing?

- [Don't Know/Not Sure]
- [Refused]
- Other (Specify)

94. And during the past month, how many TIMES per week or per month did you take part in this activity?

- (SKIP to IVAR94B) TIMES PER WEEK
- (SKIP to 95) TIMES PER MONTH
- (SKIP to 95) [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

IVAR94A. INTERVIEWER: Enter the times per week specified in the previous question.

NOTE: SKIP to 95.

IVAR94B. INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

95. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

	MINUTES
(SKIP to <a href="#">IVAR95B</a> )	HOURS
(SKIP to <a href="#">96</a> )	[Don't Know/Not Sure]
(SKIP to <a href="#">96</a> )	[Refused]
	[Terminate Interview]

IVAR95A. INTERVIEWER: Enter the minutes specified in the previous question.

1 to 600

NOTE: SKIP to 96.

IVAR95B. INTERVIEWER: Enter the hours specified in the previous question.

1 to 24

96. During the past month, how many TIMES per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.

	TIMES PER WEEK
(SKIP to <a href="#">IVAR96B</a> )	TIMES PER MONTH
(SKIP to <a href="#">NOTE before 332</a> )	[Never]
(SKIP to <a href="#">NOTE before 332</a> )	[Don't Know/Not Sure]
(SKIP to <a href="#">NOTE before 332</a> )	[Refused]
	[Terminate Interview]

IVAR96A. INTERVIEWER: Enter the times per week specified in the previous question.

1 to 25

NOTE: SKIP to NOTE before 332.

IVAR96B. INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

NOTE: If Q3 is "Cherokee County", ASK Q332.  
If Q3 is "Clay County" or "Graham County", SKIP to 333.  
If Q3 is "Swain County", SKIP to 334.  
All Others, SKIP to 335.

## CHEROKEE COUNTY

332. Please tell me your level of agreement or disagreement with the following statement:

I believe my county provides the facilities and programs needed for ADULTS, CHILDREN and YOUTH to be physically active throughout the year.

Do you:

Strongly Agree  
Agree  
Neither Agree Nor Disagree  
Disagree  
or Strongly Disagree  
[Not Applicable]  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: SKIP to 335.

## CLAY AND GRAHAM COUNTIES

333. The next question is about some pets you may have. Are ALL dogs, cats, and ferrets that you own as pets up-to-date on their rabies vaccinations?

Yes  
No  
[No Pets]  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: SKIP to 335.

## SWAIN COUNTY

334. Do you feel existing community resources or services for SENIORS are:

More Than Sufficient  
Sufficient  
Insufficient  
or Not Available  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

335. Now I would like to ask, in general, how satisfied are you with your life? Would you say:

Very Satisfied  
Satisfied  
Dissatisfied  
or Very Dissatisfied  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

336. How often do you get the social and emotional support you need? Would you say:

Always  
Usually  
Sometimes  
Seldom  
or Never  
[Not Applicable]  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: If Q3 is "Swain County", ASK Q99.  
All Others, SKIP to SCRIPTING NOTE before 337.

## SWAIN COUNTY

99. Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is:

Excellent  
Very Good  
Good  
Fair  
or Poor  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

**SCRIPTING NOTE: If Q3 is "Swain County", set '+temp337+' to "For"/"¿Por".**

**All Others, set '+temp337+' to "Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, for"/"Pensando ahora en su salud MENTAL, la cual incluye estrés, tensión, depresión y problemas emocionales, ¿por".**

337. '+temp337+' how many days during the past 30 days was your mental health NOT good?

0 to 30  
[Don't Know/Not Sure]  
[Refused]

NOTE: If Q3 is "Buncombe County", ASK Q100.  
If Q3 is "Haywood County", SKIP to 101.  
All Others, SKIP to 105.

## BUNCOMBE COUNTY

100. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: SKIP to 105.

## HAYWOOD COUNTY

101. Thinking about the amount of stress in your life, would you say that most days are:

Extremely Stressful  
Very Stressful  
Moderately Stressful  
Not Very Stressful  
or Not At All Stressful  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

105. Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

NOTE: If Q3 is "Polk County", ASK Q338.  
All Others, SKIP to READ BOX before 339.

## POLK COUNTY

338. In the past 12 months, have mental or emotional problems made it difficult for you or someone in your household to HOLD A JOB?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
[Terminate Interview]

**Now I would like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer.**

**At the end of this section, I will give you a phone number for an organization that can provide information and referrals for these issues.**

**As you answer these questions, please think back to the time period before you were 18 years of age.**

339. Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
(SKIP to [GOODBYE](#)) [Terminate Interview]

340. Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
(SKIP to [GOODBYE](#)) [Terminate Interview]

341. Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?

Yes  
No  
[Don't Know/Not Sure]  
[Refused]  
(SKIP to [GOODBYE](#)) [Terminate Interview]

342. Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
- Yes  
No  
[Don't Know/Not Sure]  
[Refused]
- (SKIP to [GOODBYE](#)) [Terminate Interview]
343. Before you were 18 years of age, were your parents separated or divorced?
- Yes  
No  
[Parents Never Married]  
[Don't Know/Not Sure]  
[Refused]
- (SKIP to [GOODBYE](#)) [Terminate Interview]
344. Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up? Would you say:
- Never  
Once  
or More Than Once  
[Don't Know/Not Sure]  
[Refused]
- (SKIP to [GOODBYE](#)) [Terminate Interview]
345. Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say:
- Never  
Once  
or More Than Once  
[Don't Know/Not Sure]  
[Refused]
- (SKIP to [GOODBYE](#)) [Terminate Interview]
346. Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down? Would you say:
- Never  
Once  
or More Than Once  
[Don't Know/Not Sure]  
[Refused]
- (SKIP to [GOODBYE](#)) [Terminate Interview]

347. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually? Would you say:

Never  
Once  
or More Than Once  
[Don't Know/Not Sure]  
[Refused]

(SKIP to [GOODBYE](#))

[Terminate Interview]

348. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually? Would you say:

Never  
Once  
or More Than Once  
[Don't Know/Not Sure]  
[Refused]

(SKIP to [GOODBYE](#))

[Terminate Interview]

349. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex? Would you say:

Never  
Once  
or More Than Once  
[Don't Know/Not Sure]  
[Refused]

(SKIP to [GOODBYE](#))

[Terminate Interview]

**I mentioned when we started this section that I would give you a phone number for an organization that can provide information and referrals for these issues. This number is for the National Hotline for child abuse, and the number is 1-800-4-A-CHILD, or 1-800-422-4453.**

114. Total Family Household Income.

- Under \$12,100
- \$12,100 to \$16,199
- \$16,200 to \$20,399
- \$20,400 to \$24,399
- \$24,400 to \$28,799
- \$28,800 to \$32,799
- \$32,800 to \$37,099
- \$37,100 to \$41,099
- \$41,100 to \$45,499
- \$45,500 to \$49,499
- \$49,500 to \$53,899
- \$53,900 to \$57,799
- \$57,800 to \$65,899
- \$65,900 to \$74,299
- \$74,300 to \$82,599
- \$82,600 to \$90,999
- \$91,000 to \$99,399
- \$99,400 to \$107,699
- \$107,700 to \$116,099
- \$116,100/Over
- [Don't Know/Not Sure]
- [Refused]
- (SKIP to [GOODBYE](#))
- [Terminate Interview]

350. And finally, other than what we've covered in this survey, what other health issue, if any, do you feel is a major problem in your community?

- [Don't Know/Not Sure]
- [Refused]
- [No Other Health Issue]
- Other (Specify)

**That's my last question. Everyone's answers will be combined to give us information about the health of residents in this community. Thank you very much for your time and cooperation.**