

## CHRONIC CONDITIONS (CC)

*CC1.	YES (1)	NO (5)	DK (8)	RF (9)
*CC1a. The next few questions are about health problems you might have had at any time in your life. Have you ever had any of the following: arthritis or rheumatism?  (KEY PHRASE: arthritis or rheumatism)	1	5	8	9
*CC1b. Chronic back or neck problems?  (KEY PHRASE: back or neck problems)	1	5	8	9
*CC1c. Frequent or severe headaches?  (KEY PHRASE: frequent or severe headaches)	1	5	8	9
*CC1d. Any other chronic pain?  [KEY PHRASE: (any other) chronic pain]	1	5	8	9
*CC1e. Seasonal allergies like hay fever?  (KEY PHRASE: seasonal allergies)	1	5	8	9
*CC1f. A stroke?  (KEY PHRASE: stroke)	1	5	8	9
*CC1g. A heart attack?  (KEY PHRASE: heart attack)	1	5	8	9
*CC1h. Did a doctor or other health professional ever tell you that you had any of the following illnesses: heart disease?  (KEY PHRASE: heart disease)	1	5	8	9
*CC1i. High blood pressure?  (KEY PHRASE: high blood pressure)	1	5	8	9
*CC1j. Asthma?  (KEY PHRASE: asthma)	1	5	8	9
*CC1k. Tuberculosis?  (KEY PHRASE: tuberculosis)	1	5	8	9
*CC1l. Any other chronic lung disease, like COPD or emphysema?  (KEY PHRASE: chronic lung disease)	1	5	8	9
*CC1n. Diabetes or high blood sugar?  (KEY PHRASE: diabetes or high blood sugar)	1	5	8	9
*CC1o. An ulcer in your stomach or intestine?  (KEY PHRASE: ulcer)	1	5	8	9
*CC1r. HIV infection or AIDS?  (KEY PHRASE: HIV infection)	1	5	8	9
*CC1s. Epilepsy or seizures?  (KEY PHRASE: epilepsy or seizure disorder)	1	5	8	9
*CC1t. Cancer?  (KEY PHRASE: cancer)	1	5	8	9

**\*CC2. INTERVIEWER INSTRUCTION: (SEE \*CC1a - \*CC1t SERIES)**  
**CIRCLE ALL ENDORSED CONDITIONS IN \*CC1a - \*CC1t SERIES IN LEFT COLUMN BELOW AND ON THE FOLLOWING TWO PAGES. THEN ASK FOLLOW-UP QUESTIONS TO THE RIGHT IN SEQUENCE ONE ITEM AT A TIME. IF NO CONDITIONS WERE ENDORSED, GO TO \*CC6.1.**

	*CC3. How old were you the first time you had (DX)?	*CC4. Did you still have (DX) or receive any treatment for (it/ them) at any time during the <u>past 12 months</u> ?			
		YES (1)	NO (5)	DK (8)	RF (9)
ARTHRITIS OR RHEUMATISM	*CC3a.  _____ YEARS DK..... 998 RF ..... 999				
BACK OR NECK PROBLEMS	*CC3b.  _____ YEARS DK..... 998 RF ..... 999	*CC4b.  1  GO TO *CC3 FOR NEXT DX OR *CC6.1	5  GO TO *CC3 FOR NEXT DX OR *CC6.1	8  GO TO *CC3 FOR NEXT DX OR *CC6.1	9  GO TO *CC3 FOR NEXT DX OR *CC6.1
FREQUENT OR SEVERE HEADACHES	*CC3c.  _____ YEARS DK..... 998 RF ..... 999	*CC4c.  1  GO TO *CC3 FOR NEXT DX OR *CC6.1	5  GO TO *CC3 FOR NEXT DX OR *CC6.1	8  GO TO *CC3 FOR NEXT DX OR *CC6.1	9  GO TO *CC3 FOR NEXT DX OR *CC6.1
(ANY OTHER) CHRONIC PAIN	*CC3d.  _____ YEARS DK..... 998 RF ..... 999	*CC4d.  1  GO TO *CC3 FOR NEXT DX OR *CC6.1	5  GO TO *CC3 FOR NEXT DX OR *CC6.1	8  GO TO *CC3 FOR NEXT DX OR *CC6.1	9  GO TO *CC3 FOR NEXT DX OR *CC6.1
SEASONAL ALLERGIES	*CC3e.  _____ YEARS DK..... 998 RF ..... 999	*CC4e.  1  GO TO *CC3 FOR NEXT DX OR *CC6.1	5  GO TO *CC3 FOR NEXT DX OR *CC6.1	8  GO TO *CC3 FOR NEXT DX OR *CC6.1	9  GO TO *CC3 FOR NEXT DX OR *CC6.1
STROKE	*CC3f.  _____ YEARS DK..... 998 RF ..... 999  GO TO *CC3 FOR NEXT DX OR *CC6.1				

	*CC3. How old were you when you were first diagnosed with (DX)?	*CC4. Did you still have (DX) or receive any treatment for it at any time during the <u>past 12 months</u> ?			
		YES (1)	NO (5)	DK (8)	RF (9)
HEART ATTACK	*CC3g.  _____ YEARS DK.....998 RF .....999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>				
HEART DISEASE	*CC3h.  _____ YEARS DK.....998 RF .....999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>				
HIGH BLOOD PRESSURE	*CC3i.  _____ YEARS DK.....998 RF .....999	*CC4i.  1  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	5  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	8  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	9  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>
ASTHMA	*CC3j.  _____ YEARS DK.....998 RF .....999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>				
TUBERCULOSIS	*CC3k.  _____ YEARS DK.....998 RF .....999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>				
CHRONIC LUNG DISEASE	*CC3l.  _____ YEARS DK.....998 RF .....999  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	*CC4k.  1  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	5  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	8  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>	9  <b>GO TO *CC3 FOR NEXT DX OR *CC6.1</b>

	*CC3. How old were you when you were first diagnosed with (DX)?	*CC4. Did you still have (DX) or receive any treatment for it at any time during the <u>past 12 months</u> ?			
		YES (1)	NO (5)	DK (8)	RF (9)
DIABETES OR HIGH BLOOD SUGAR	*CC3n.  _____ YEARS DK.....998 RF.....999	*CC4n.  1  GO TO *CC3 FOR NEXT DX OR *CC6.1	5  GO TO *CC3 FOR NEXT DX OR *CC6.1	8  GO TO *CC3 FOR NEXT DX OR *CC6.1	9  GO TO *CC3 FOR NEXT DX OR *CC6.1
(AN/THE) ULCER	*CC3o.  _____ YEARS DK.....998 RF.....999	*CC4o.  1  GO TO *CC3 FOR NEXT DX OR *CC6.1	5  GO TO *CC3 FOR NEXT DX OR *CC6.1	8  GO TO *CC3 FOR NEXT DX OR *CC6.1	9  GO TO *CC3 FOR NEXT DX OR *CC6.1
HIV (INFECTION)	*CC3r.  _____ YEARS DK.....998 RF.....999  GO TO *CC3 FOR NEXT DX OR *CC6.1				
EPILEPSY OR SEIZURES	*CC3s.  _____ YEARS DK.....998 RF.....999  GO TO *CC3 FOR NEXT DX OR *CC6.1				
CANCER	*CC3t.  _____ YEARS DK.....998 RF.....999  GO TO *CC6				

\*CC6. Are you currently in treatment for your cancer, in remission, or has it been cured?

- TREATMENT.....1
- REMISSION .....2
- CURED.....3
- DON'T KNOW .....8
- REFUSED .....9

\*CC6a. Where (is/ was) your cancer? In what part of your body?

CIRCLE ALL THAT APPLY.

- BREAST CANCER .....1
- COLON CANCER.....2
- LUNG CANCER .....3
- LYMPHOMA OR LEUKEMIA .....4
- PROSTATE CANCER .....5
- SKIN CANCER (MELANOMA) .....6
- UTERINE CANCER .....7
- OVARIAN CANCER.....8
- CERVICAL CANCER .....9
- OTHER (SPECIFY).....10

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- DON'T KNOW .....98
  - REFUSED .....99

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\*CC6.1. In the past 12 months did you have an accident, injury or poisoning that required medical attention?

- YES.....1
- NO.....2 **GO TO \*CC7**
- DON'T KNOW .....8 **GO TO \*CC7**
- REFUSED .....9 **GO TO \*CC7**

\*CC6.1a. How many accidents, injuries, or poisonings did you have in the pas 12 months that required medical attention?

\_\_\_\_\_ NUMBER

- DON'T KNOW .....998
- REFUSED .....999

\*CC6.1b. (Think about the most recent of these accidents, injuries, or poisonings in answering the next questions.) Was that a real accident, or was it something you did to yourself on purpose, or something that happened during a fight or attack?

- ACCIDENT ..... 1
- DID TO SELF ON PURPOSE ..... 2
- DURING FIGHT OR ATTACK ..... 3
- OTHER (SPECIFY) ..... 4

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- 
- DON'T KNOW ..... 8
  - REFUSED ..... 9

\*CC6.1c. Did it happen while you were at work, on work-related travel, or some place else?

WORK.....	1
WORK-RELATED TRAVEL.....	2
SOME PLACE ELSE.....	3
DON'T KNOW .....	8
REFUSED .....	9

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\*CC6.2. (RB, PG 42) Which of the conditions on this list or any other conditions resulted from that injury? (Just give me the number from the list?)

RECORD ALL MENTIONS

BROKEN OR DISLOCATED BONES .....	1
SPRAIN, STRAIN, OR PULLED MUSCLE.....	2
CUTS, SCRAPES, OR PUNCTURE WOUNDS.....	3
HEAD INJURY, CONCUSSION .....	4
BRUISE, CONTUSION, OR INTERNAL BLEEDING.....	5
BURN, SCALD.....	6
POISONING FROM CHEMICALS, MEDICINES, OR DRUGS.....	7
RESPIRATORY PROBLEM SUCH AS BREATHING, COUGH, PNEUMONIA.....	8
OTHER (SPECIFY).....	96

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DON'T KNOW .....	98
REFUSED .....	99

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\*CC6.3. (RB, PG 43) Where did the injury occur?

RECORD ALL MENTIONS

R'S HOME OR YARD .....	1
SOMEONE ELSE'S HOME OR YARD .....	2
SCHOOL (INCLUDING PLAYGROUND).....	3
WORKPLACE .....	4
TRAVELING TO OR FROM WORK OR AS PART OF WORK .....	5
STREET OR HIGHWAY (NOT TRAVELING FOR WORK).....	6
PUBLIC SPACE (e.g., SIDEWALK) OR BUILDING.....	7
FARM OR AGRICULTURAL AREA .....	8
PLACE OF RECREATION OR SPORTS (EXCEPT AT SCHOOL) .....	9
OTHER (SPECIFY).....	96

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DON'T KNOW .....	98
REFUSED .....	99

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\*CC6.3.a. What caused the injury? For example, were you hit by a car while riding a bike, burned by a hot pot while you were cooking, or pushed down a flight of stairs during a fight?

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**\*CC7. INTERVIEWER CHECKPOINT:** (SEE \*CC1a, \*CC1f, \*CC1g, \*CC1h, \*CC1j, \*CC1l, \*CC1r, \*CC1s, \*CC1t, \*CC4b, \*CC4c, \*CC4d, \*CC4e, \*CC4i, \*CC4k, \*CC4n, \*CC4o, \*CC6, \*CC6.1)

\*CC1a EQUALS '1' OR \*CC1f EQUALS '1' OR \*CC1g EQUALS '1' OR \*CC1h EQUALS '1'  
 OR \*CC1j EQUALS '1' OR \*CC1l EQUALS '1' OR \*CC1r EQUALS '1' OR \*CC1s EQUALS '1'  
 OR \*CC1t EQUALS '1' OR \*CC4b EQUALS '1' OR \*CC4c EQUALS '1' OR \*CC4d EQUALS '1'  
 OR \*CC4e EQUALS '1' OR \*CC4i EQUALS '1' OR \*CC4k EQUALS '1' OR \*CC4n EQUALS '1'  
 OR \*CC4o EQUALS '1' OR \*CC6 EQUALS '1' OR \*CC6.1 EQUALS '1' .....1  
 ALL OTHERS .....2 GO TO \*CC20

**\*CC8. INTERVIEWER CHECKPOINT:** (SEE \*CC1a, \*CC1f, \*CC1g, \*CC1h, \*CC1j, \*CC1l, \*CC1r, \*CC1s, \*CC1t, \*CC4b, \*CC4c, \*CC4d, \*CC4e, \*CC4i, \*CC4k, \*CC4n, \*CC4o, \*CC6, \*CC6.1)

COUNT THE NUMBER OF R'S CONDITIONS.

**STEP 1.** CIRCLE THAT NUMBER IN LEFT-HAND COLUMN BELOW. THE RIGHT-HAND COLUMN BELOW GIVES NUMBER OF RANDOMLY ASSIGNED CONDITION.

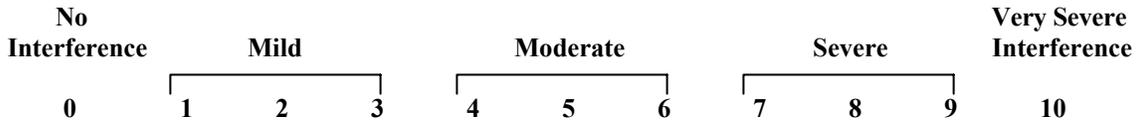
TOTAL NUMBER OF CONDITION TYPES REPORTED	RANDOM CONDITION
1	1
2	(random b/w 1-2)
3	(random b/w 1-3)
4	(random b/w 1-4)
5	(random b/w 1-5)
6	(random b/w 1-6)
7	(random b/w 1-7)
8	(random b/w 1-8)
9	(random b/w 1-9)
10	(random b/w 1-10)
11	(random b/w 1-11)
12	(random b/w 1-12)
13	(random b/w 1-13)
14	(random b/w 1-14)
15	(random b/w 1-15)
16	(random b/w 1-16)
17	(random b/w 1-17)
18	(random b/w 1-18)
19	(random b/w 1-19)
20	(random b/w 1-20)
21	(random b/w 1-21)
22	(random b/w 1-22)

**STEP 2.** RECORD KEY PHRASE FOR RANDOMLY-ASSIGNED CONDITION: (SEE \*CC1a, \*CC1f, \*CC1g, \*CC1h, \*CC1j, \*CC1l, \*CC1r, \*CC1s, \*CC1t, \*CC4b, \*CC4c, \*CC4d, \*CC4e, \*CC4i, \*CC4k, \*CC4n, \*CC4o, \*CC6, \*CC6.1)

\*CC9. The next questions are about (the condition/ one of the conditions) you reported, (RANDOM CONDITION). How many times did you see a doctor or other health professional in the past 12 months for treatment of your (RANDOM CONDITION)?

\_\_\_\_\_ TIMES

DON'T KNOW..... 998  
 REFUSED..... 999



\*CC10. (RB, PG 64) Think about the month or longer in the past 12 when (RANDOM CONDITION) or its consequences were most severe. Using a 0 to 10 scale on page 64 in your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much (RANDOM CONDITION) or its consequences interfered with each of the following activities during that time?

(IF NEC: How much did (RANDOM CONDITION) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

**NUMBER (0-10)**

\*CC10a. Your home management, like cleaning,  
 Shopping, and taking care of the (house/ apartment)? \_\_\_\_\_

DOES NOT APPLY ..... 97  
 DON'T KNOW..... 98  
 REFUSED..... 99

\*CC10b. Your ability to work? \_\_\_\_\_

DOES NOT APPLY ..... 97  
 DON'T KNOW..... 98  
 REFUSED..... 99

\*CC10c. Your ability to form and maintain close  
 relationships with other people? \_\_\_\_\_

DOES NOT APPLY ..... 97  
 DON'T KNOW..... 98  
 REFUSED..... 99

\*CC10d. Your social life? \_\_\_\_\_

DOES NOT APPLY ..... 97  
 DON'T KNOW..... 98  
 REFUSED..... 99

\*CC11. INTERVIEWER CHECKPOINT: (SEE \*CC10a - \*CC10d)

ALL FOUR RESPONSES TO \*CC10a - \*CC10d SERIES EQUAL '0' OR '97' .... 1    **GO TO \*CC13**  
 ALL OTHERS..... 2

\*CC12. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of (RANDOM CONDITION)?

(IF NEC: You can use any number between 0 and 365 to answer.)

\_\_\_\_\_ DAYS

DON'T KNOW ..... 998

REFUSED ..... 999

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\*CC13. INTERVIEWER CHECKPOINT: (\*CC8 STEP 2, \*CC4c)

RANDOM CONDITION EQUALS HEADACHES ..... 1

“YES” RESPONSE IN \*CC4c..... 2

ALL OTHERS. .... 3

**GO TO \*CC14a**

**GO TO \*CC20**

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\*CC14. About how many days out of 365 did you have a headache in the past 12 months?

\_\_\_\_\_ DAYS      **GO TO \*CC15**

DON'T KNOW ..... 998      **GO TO \*CC15**

REFUSED ..... 999      **GO TO \*CC15**

\*CC14a. You mentioned having frequent or severe headaches in the past 12 months. The next few questions are about these headaches. About how many days out of 365 in the past 12 months did you have a headache?

\_\_\_\_\_ DAYS

DON'T KNOW ..... 998

REFUSED..... 999

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\*CC15. About how many minutes or hours do your headaches usually last?

\_\_\_\_\_ DURATION NUMBER

CIRCLE UNIT OF TIME:    MINUTES ..... 1            HOURS..... 2

DON'T KNOW ..... 998

REFUSED ..... 999

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\*CC16. (RB, PG 45) On a scale from 0 to 10, where 0 is “no pain” and 10 is “pain as bad as you can imagine,” what number best describes your headache pain at its worst in the past 12 months?

\_\_\_\_\_ (0-10) NUMBER

DON'T KNOW ..... 998

REFUSED ..... 999

\*CC17. (RB, PG 45) Using the same 0 to 10 scale, what number describes your headache pain at its least in the past 12 months?

\_\_\_\_\_ (0-10) NUMBER

DON'T KNOW ..... 998

REFUSED ..... 999

\*CC18. (RB, PG 45) And what number on that same 0 to 10 scale best describes your headache pain on the average in the past 12 months?

\_\_\_\_\_ (0-10) NUMBER

DON'T KNOW ..... 998

REFUSED ..... 999

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*CC19a. Are your headaches ever accompanied by nausea or vomiting?	1	5	8	9
*CC19b. Are your headaches ever accompanied by increased sensitivity to light or sound?	1	5	8	9
*CC19c. Do you ever see spots, lines, or heat waves before your headaches start?	1	5	8	9
*CC19d. Is the headache pain ever on only one side of your head?	1	5	8	9
*CC19e. Do you ever have pain behind one eye during your headaches?	1	5	8	9
*CC19f. Do you ever have partial loss of vision before a headache?	1	5	8	9
*CC19g. Does the pain ever throb or come in pulses during your headaches?	1	5	8	9

**\*CC20.** The next few questions are about problems with your sleep. Did you have a period lasting two weeks or longer in the past 12 months when you had any of the following problems with your sleep:

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*CC20a. Problems <u>getting</u> to sleep, when nearly every night it took you two hours or longer before you could fall asleep?	1	5	8	9
*CC20b. Problems <u>staying</u> asleep, when you woke up nearly every night and took an hour or more to get back to sleep?	1	5	8	9
*CC20c. Problems waking <u>too early</u> , when you woke up nearly every morning at least two hours earlier than you wanted to?	1	5	8	9
*CC20d. Problems feeling sleepy during the day?	1	5	8	9

**\*CC21. INTERVIEWER CHECKPOINT: (SEE \*CC20 SERIES)**

ONE OR MORE "YES" RESPONSES IN \*CC20 SERIES..... 1  
 ALL OTHERS..... 2      **GO TO \*CC28.1**

**\*CC22.** About how many weeks in the past 52 did you have problems with your sleep?

\_\_\_\_\_ WEEKS

DON'T KNOW ..... 998  
 REFUSED ..... 999

**\*CC23. INTERVIEWER CHECKPOINT: (SEE \*CC20d)**

**\*CC20d** EQUALS "YES" ..... 1  
 ALL OTHERS..... 2      **GO TO \*CC26**

*CC24. Think of the time during the past 12 months when your sleep problems were most severe and frequent. During that time, how often did you have each of the following experiences:						
(IF NEC: How often did you.../ Often, sometimes, rarely, or never?)	<b>OFTEN (1)</b>	<b>SOME (2)</b>	<b>RARE (3)</b>	<b>NEVER (4)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*CC24a. ...fall asleep while watching TV, listening to the radio, or reading – often, sometimes, rarely, or never?	1	2	3	4	8	9
*CC24b. ...get drowsy within 10 minutes of sitting still?	1	2	3	4	8	9
*CC24c. ...doze off when you relaxed?	1	2	3	4 <b>GO TO *CC24f</b>	8	9
*CC24d. ...fall asleep during conversations or while visiting friends?	1	2	3	4	8	9
*CC24e. ...feel fatigued during the day because of poor sleep?	1	2	3	4	8	9
*CC24f. ...wake up more than 3 times per night?	1	2	3	4	8	9
*CC24g. ...wake up feeling rested?	1	2	3	4	8	9
*CC24h. ...have difficulty getting up in the morning?	1	2	3	4	8	9
*CC24j. ...feel you had not slept long enough even after having enough time in bed?	1 <b>GO TO *CC28.1</b>	2 <b>GO TO *CC28.1</b>	3 <b>GO TO *CC28.1</b>	4 <b>GO TO *CC28.1</b>	8 <b>GO TO *CC28.1</b>	9 <b>GO TO *CC28.1</b>

*CC26. Think of the time during the past 12 months when your sleep problems were most severe and frequent. During that time, how often did you have each of the following experiences:						
(IF NEC: How often did you.../ Often, sometimes, rarely, or never?)	OFTEN (1)	SOME (2)	RARE (3)	NEVER (4)	DK (8)	RF (9)
*CC26a. ...wake up more than 3 times per night?	1	2	3	4	8	9
*CC26b. ...wake up feeling rested?	1	2	3	4	8	9
*CC26c. ...have difficulty getting up in the morning?	1	2	3	4	8	9
*CC26d. ...feel refreshed after sleeping?	1	2	3	4	8	9
*CC26e ...feel you had not slept long enough even after having enough time in bed?	1	2	3	4	8	9

\*CC28.1. The next questions are about “medically unexplained chronic pain”. This is defined as pain lasting six months or longer that is (READ SLOWLY) severe enough either to interfere a lot with your normal activities or to cause a lot of emotional distress and that a doctor cannot find a physical cause to explain. With that definition in mind, did you ever have “medically unexplained chronic pain”?

- YES..... 1
- NO ..... 5 **GO TO \*CC36**
- DON'T KNOW ..... 8 **GO TO \*CC36**
- REFUSED ..... 9 **GO TO \*CC36**

\*CC28.1a. In what part of your body did the pain occur?

RECORD ALL MENTIONS

- NECK OR BACK..... 1
  - STOMACH OR ABDOMEN ..... 2
  - JOINTS LIKE ARMS, HANDS, LEGS, OR FEET ..... 3
  - FACE OR JAW OF THE JOING JUST BELOW THE EAR ..... 4
  - CHEST..... 5
  - ANY OTHER TYPE OF CHRONIC PAIN (SPECIFY)..... 6
- 
- DON'T KNOW..... 8
  - REFUSED..... 9

\*CC28.2. Thinking of a time in your life when the pain was most consistent and severe, how much emotional distress did you experience because of your pain – none, mild, moderate, severe, or very severe distress?

- NONE ..... 1
- MILD ..... 2
- MODERATE ..... 3
- SEVERE ..... 4
- VERY SEVERE ..... 5
- DON'T KNOW ..... 8
- REFUSED..... 9

\*CC28.3. How much did your pain ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL..... 1 **GO TO \*CC28.4**  
A LITTLE..... 2  
SOME ..... 3  
A LOT..... 4  
EXTREMELY ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

\*CC28.3a. How often were you unable to carry out your daily activities because of your pain – often, sometimes, rarely, or never?

OFTEN..... 1  
SOMETIMES ..... 2  
RARELY ..... 3  
NEVER ..... 4  
DON'T KNOW ..... 8  
REFUSED ..... 9

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\*CC28.4 INTERVIEWER CHECKPOINT: (SEE \*CC28.2, \*CC28.3, \*CC28.3a)

\*CC28.2 EQUALS '3' – '5' OR \*CC28.3 EQUALS '3' – '5' OR  
\*CC28.3a EQUALS '1' – '3' ..... 1  
ALL OTHERS..... 2 **GO TO \*CC36**

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\*CC29.1. How old were you the first time you had “medically unexplained chronic pain”?

\_\_\_\_\_ YEARS OLD

DON'T KNOW ..... 998  
REFUSED ..... 999

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\*CC29.2. How many years altogether did you have medically unexplained pain for at least six months of the year?

\_\_\_\_\_ YEARS

DON'T KNOW ..... 998  
REFUSED ..... 999

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\*CC29.3. Did you have medically unexplained chronic pain for six months or longer in the past 12 months?

YES ..... 1  
NO..... 5 **GO TO \*CC34.1**  
DON'T KNOW ..... 8 **GO TO \*CC34.1**  
REFUSED..... 9 **GO TO \*CC34.1**

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\*CC29.4. How many months in the past 12 months did you have this pain?

\_\_\_\_\_ MONTHS

DON'T KNOW ..... 998  
REFUSED ..... 999

\*CC30. Think of the months during the past year when your pain was worst. About how many days per month did you have pain during this time?

\_\_\_\_\_ DAYS PER MONTH

DON'T KNOW ..... 998

REFUSED ..... 999

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\*CC31. How many minutes or hours per day did the pain usually last during the months it was worst?

\_\_\_\_\_ DURATION NUMBER

CIRCLE UNIT OF TIME: MINUTES ..... 1      HOURS ..... 2      DAYS ..... 3

DON'T KNOW ..... 998

REFUSED ..... 999

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\*CC32. (RB, PG 45) On a scale from 0 to 10, where 0 is "no pain" and 10 is "pain as bad as you can imagine," what number best describes your pain at its worst in the past 12 months?

\_\_\_\_\_ (0-10) NUMBER

DON'T KNOW ..... 998

REFUSED ..... 999

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\*CC34. (RB, PG 45) And what number on that same 0 to 10 scale best describes your pain on the average during these worst months?

\_\_\_\_\_ (0-10) NUMBER

DON'T KNOW ..... 998

REFUSED ..... 999

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\*CC34.1. How many doctors have you seen about the pain?

\_\_\_\_\_ NUMBER

DON'T KNOW ..... 998

REFUSED ..... 999

---

\*CC34.2. INTERVIEWER CHECKPOINT: (SEE \*CC34.1)

\*CC34.1 EQUALS '0' ..... 1

ALL OTHERS ..... 2

**GO TO \*CC34.3**

\*CC34.2a. Experiences of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your medically unexplained chronic pain ever occurred as the result of such physical causes?

YES ..... 1  
NO ..... 5 **GO TO \*CC36**  
DON'T KNOW ..... 8 **GO TO \*CC36**  
REFUSED ..... 9 **GO TO \*CC36**

\*CC34.2b. Do you think they were always the result of physical causes?

YES ..... 1  
NO ..... 5 **GO TO \*CC36**  
DON'T KNOW ..... 8 **GO TO \*CC36**  
REFUSED ..... 9 **GO TO \*CC36**

\*CC34.2c. What do you think the cause was?

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**GO TO \*CC36**

**\*CC34.3.**What did the doctor(s) say was the cause of your pain?

IF VOL "MORE THAN ONE DOCTOR," PROBE: What were all the causes the different doctors told you?

CIRCLE ALL THAT APPLY.

PSYCHOLOGICAL PROBLEMS

- PANIC ..... 1
- ANXIETY ..... 2
- DEPRESSION..... 3
- NERVES/EMOTIONS/MENTAL HEALTH. .... 4
- OTHER PSYCHOLOGICAL (SPECIFY BELOW)..... 5

STRESS

- OVERWORK..... 10
- TENSION..... 11
- OTHER STRESSFUL EXPERIENCE (SPECIFY BELOW) 12

PHYSICAL ILLNESS/INJURY/CONDITION

- CHRONIC FATIGUE SYNDROME..... 20
- EXHAUSTION ..... 21
- HYPERVENTILATION ..... 22
- HYPOCHONDRIASIS ..... 23
- MENSTRUAL CYCLE..... 24
- PREGNANCY/POSTPARTUM ..... 25
- HEART DISEASE ..... 26
- HIGH BLOOD PRESSURE..... 27
- OVERWEIGHT ..... 28
- OTHER PHYSICAL ILLNESS (SPECIFY BELOW)..... 29

MEDICATION/DRUGS/ALCOHOL

- MEDICATION (SPECIFY BELOW) ..... 30
- DRUGS (SPECIFY BELOW)..... 31
- ALCOHOL..... 32

OTHER

- NO DEFINITIVE DIAGNOSIS..... 81
- OTHER (SPECIFY BELOW)..... 82
- DON'T KNOW..... 88
- REFUSED ..... 99

SPECIFY:

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**\*CC34.4.** INTERVIEWER CHECKPOINT: (SEE **\*CC34.3**) FOLLOW SKIP FOR FIRST ENDORSED ITEM

- ONE OR MORE RESPONSES ARE CIRCLED IN **1-12** SERIES  
(PSYCHOLOGICAL/STRESS) ..... 1 **GO TO \*CC36**
- ONE OR MORE RESPONSES ARE CIRCLED IN **30-32** SERIES  
(MED/DRUGS/ALC) ..... 2
- ONE OR MORE RESPONSES ARE CIRCLED IN **20-29** SERIES  
(PHYSICAL ILLNESS) ..... 3 **GO TO \*CC34.9**
- ALL OTHERS ..... 4 **GO TO \*CC34.8**

\*CC34.5. Was your pain always the result of taking medication, drugs, or alcohol?

YES..... 1 **GO TO \*CC34.10**  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

---

\*CC34.6. INTERVIEWER CHECKPOINT: (SEE \*CC34.3)

ONE OR MORE RESPONSES ARE CIRCLED IN 20-29 SERIES  
(PHYSICAL ILLNESS) ..... 1  
ALL OTHERS ..... 2 **GO TO \*CC34.10**

---

\*CC34.7. When the pain was not due to taking medication, drugs, or alcohol, was it always the result of a physical illness, or injury [such as (MENTIONS IN \*CC34.3)]?

YES..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

**GO TO \*CC34.10**

---

\*CC34.8. Did they find anything abnormal when they examined you or took tests or x-rays?

YES..... 1  
NO ..... 5 **GO TO \*CC34.10**  
NO EXAMINATION PERFORMED ..... 6 **GO TO \*CC34.10**  
DON'T KNOW ..... 8 **GO TO \*CC34.10**  
REFUSED ..... 9 **GO TO \*CC34.10**

---

\*CC34.9. Was your pain always the result of a physical illness or injury [such as (MENTIONS IN \*CC34.3)]?

YES..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

---

\*CC34.10. Do you think that psychological factors ever played an important part in your frequent tiredness and other related problems?

PSYCHOLOGICAL FACTORS IMPORTANT ..... 1  
PSYCHOLOGICAL FACTORS NOT IMPORTANT ..... 2  
DON'T KNOW ..... 8  
REFUSED..... 9

\*CC36. Have you ever had your gall bladder removed?

YES.....1 **GO TO \*CC48**  
NO .....5  
DON'T KNOW .....8  
REFUSED .....9

---

\*CC37. INTERVIEWER CHECKPOINT: (R'S GENDER)

R IS MALE .....1 **GO TO \*CC38 INTRO 1**  
R IS FEMALE .....2 **GO TO \*CC38 INTRO 2**

<p><b>*CC38 INTRO 1.</b></p> <p>Have you ever had abdominal surgery or intestinal surgery, such as an appendectomy?</p> <p>YES .....1 <b>GO TO *CC48</b> NO .....5 <b>GO TO *CC39</b> DON'T KNOW .....8 <b>GO TO *CC39</b> REFUSED .....9 <b>GO TO *CC39</b></p>	<p><b>*CC38 INTRO 2.</b></p> <p>Have you ever had abdominal or intestinal surgery, such as a hysterectomy, a cesarean section, or an appendectomy?</p> <p>YES .....1 <b>GO TO *CC48</b> NO .....5 DON'T KNOW .....8 REFUSED .....9</p>
--	--

\*CC39. Have you ever been diagnosed as having ulcerative colitis or Crohn's Disease?

YES.....1  
NO.....5 **GO TO \*CC40**  
DON'T KNOW .....8 **GO TO \*CC40**  
REFUSED .....9 **GO TO \*CC40**

---

\*CC39.1. How old were you when you received that diagnosis?

\_\_\_\_\_ YEARS OLD **GO TO \*CC48**  
DON'T KNOW .....998 **GO TO \*CC48**  
REFUSED .....999 **GO TO \*CC48**

---

\*CC40. Have you ever had a period lasting 12 months or longer when at least one week each month you had frequent pain or discomfort in your stomach or lower abdomen that was relieved when you had a bowel movement?

YES.....1  
NO .....5 **GO TO \*CC48**  
DON'T KNOW .....8 **GO TO \*CC48**  
REFUSED .....9 **GO TO \*CC48**

---

\*CC41. Did you have either frequent diarrhea or frequent constipation during that period?

YES.....1 **GO TO \*CC43**  
NO .....5  
DON'T KNOW .....8  
REFUSED .....9

\*CC42. Did you have a change in the frequency of your bowel movements during that period?

- YES.....1
  - NO .....5 **GO TO \*CC48**
  - DON'T KNOW .....8 **GO TO \*CC48**
  - REFUSED .....9 **GO TO \*CC48**
- 

\*CC43. Did these problems ever last at least one week per month for 12 months or longer?

- YES.....1
  - NO .....5 **GO TO \*CC48**
  - DON'T KNOW .....8 **GO TO \*CC48**
  - REFUSED .....9 **GO TO \*CC48**
- 

\*CC44. How old were you the first time you had a period of this sort?

- \_\_\_\_\_ YEARS OLD
  - DON'T KNOW .....998
  - REFUSED .....999
- 

\*CC44.1. How many different years in your life did you have bowel problems at least one week every month?

- \_\_\_\_\_ YEARS OLD
  - DON'T KNOW .....998
  - REFUSED .....999
- 

\*CC44.2. Did you have these problems at least one week every month in the past 12 months?

- YES ..... 1
  - NO ..... 5
  - DON'T KNOW ..... 8
  - REFUSED..... 9
- 

\*CC45. How much emotional distress did you ever experience because of these problems – no distress, mild, moderate, severe, or very severe distress?

- NO..... 1
- MILD ..... 2
- MODERATE ..... 3
- SEVERE ..... 4
- VERY SEVERE..... 5
- DON'T KNOW..... 8
- REFUSED..... 9

\*CC46. How much did these problems (with your bowels) ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

- NOT AT ALL..... 1    **GO TO \*CC48**
- A LITTLE ..... 2
- SOME..... 3
- A LOT ..... 4
- EXTREMELY..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

\*CC46a. How often were these problems so severe you could not carry out your daily activities – often, sometimes, rarely, or never?

- OFTEN..... 1
- SOMETIMES ..... 2
- RARELY ..... 3
- NEVER ..... 4
- DON'T KNOW ..... 8
- REFUSED ..... 9

\*CC48. Do you have a regular medical doctor who you usually visit when you need routine medical care?

- YES..... 1    **GO TO \*CC49**
- NO ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

\*CC48a. Do you have a regular place where you usually go when you need routine medical care – like a particular clinic or hospital?

- YES..... 1
- NO..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

\*CC49. How many visits did you make to each of the following types of health professionals in the past 12 months:

*CC49a. A doctor, hospital, or clinic for a routine physical check-up or gynecological exam?	<p>_____ VISITS IN PAST 12 MO.</p> <p>DON'T KNOW .....998</p> <p>REFUSED.....999</p>
*CC49b. A dentist or optician for a routine check-up or exam?	<p>_____ VISITS IN PAST 12 MO.</p> <p>DON'T KNOW .....998</p> <p>REFUSED.....999</p>
*CC49c. A doctor, emergency room, or clinic for urgent care treatment – for example, because of new symptoms, an accident, or something else unexpected?	<p>_____ VISITS IN PAST 12 MO.</p> <p>DON'T KNOW .....998</p> <p>REFUSED.....999</p>
*CC49d. A doctor, hospital, clinic, orthodontist, or ophthalmologist for scheduled treatment or surgery?	<p>_____ VISITS IN PAST 12 MO.</p> <p>DON'T KNOW .....998</p> <p>REFUSED.....999</p>

\*CC49.1. INTERVIEWER CHECKPOINT: (SEE \*CC49a-d)

AT LEAST ONE RESPONSE IN THE RANGE  
 '1' - '997' IN \*CC49a - \*CC49d SERIES .....1  
 ALL OTHERS.....2      **GO TO \*CC50**

\*CC49.2. In the past 12 months, did a medical doctor do any of the following things either as part of a routine physical check-up or in a visit you made for a physical health problem: ask you about your use of alcohol or illegal drugs?

YES ..... 1  
 NO.....5      **GO TO \*CC49.2b**  
 DON'T KNOW .....8      **GO TO \*CC49.2b**  
 REFUSED .....9      **GO TO \*CC49.2b**

\*CC49.2a. (In the past 12 months, did a medical doctor) Advise you to cut down or stop alcohol or drug use?

YES..... 1  
 NO.....5  
 DON'T KNOW .....8  
 REFUSED.....9

\*CC49.2b. (In the past 12 months, did a medical doctor) Ask you about your emotions, nerves, or mental health?

YES..... 1      **GO TO \*CC49.2d**  
 NO.....5  
 DON'T KNOW .....8  
 REFUSED.....9

\*CC49.2c. INTERVIEWER CHECKPOINT: (SEE \*CC49.2)

\*CC49.2 EQUALS '1' ..... 1  
 ALL OTHERS ..... 2      **GO TO \*CC50**

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*CC49.2d. (In the past 12 months, did a medical doctor) Suggest that you see a specialist or go to a special program for emotional or substance problems?	1	5	8	9
*CC49.2e. (In the past 12 months, did a medical doctor) Suggest that you take medication for emotional or substance problems?	1	5	8	9
*CC49.2f. (In the past 12 months, did a medical doctor) Spend at least 5 minutes counseling you about your emotional or substance problems?	1	5	8	9

**\*CC50.** The next questions are about health insurance obtained through jobs, purchased directly, or obtained from government programs. In answering, do not include plans that only supplement your income if you are in the hospital or that only pay for one type of service, such as dental care or eye glasses, or nursing home care, or accidents. With all that in mind, are you currently covered by some type of military health insurance, such as CHAMPUS, CHAMP-VA, TRICARE, or VA care?

YES ..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

---

**\*CC50.1.** (IF **\*CC50** EQUALS '1': Other than military health insurance, are you covered by any other/ ALL OTHERS: Are you covered by a) health insurance plan obtained through a current or past employer or union — either your own employer or union or the employer or union of someone else?

YES ..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

---

**\*CC50.2.** Are you covered by a health insurance plan purchased directly from an insurance company?

YES ..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

---

**\*CC50.3.** Are you covered by Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities?

(IF NEC: Include HMO plans as well as the traditional Medicare plan.)

YES ..... 1  
NO ..... 5 **GO TO \*CC50.4**  
DON'T KNOW ..... 8 **GO TO \*CC50.4**  
REFUSED..... 9 **GO TO \*CC50.4**

---

**\*CC50.3a.** Are you covered by a Medicare supplemental or Medigap policy to cover the costs of health care that are not covered by Medicare?

YES ..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

\*CC50.4. Are you covered by (STATE NAME FOR MEDICAID), the government assistance program for people in need?

STATE NAMES FOR MEDICAID TO INSERT INTO \*CC50.4:

- ALABAMA: Medicaid
- ARIZONA: AHCCS (Arizona Health Care Cost Containment System)
- ARKANSAS: Medicaid
- CALIFORNIA: MediCal
- COLORADO: Colorado Medicaid or the Colorado Indigent Care Program
- CONNECTICUT: Medicaid or the General Assistance Medical Aid Program
- DELAWARE: Medicaid
- DISTRICT OF COLUMBIA: Medicaid
- FLORIDA: Medicaid
- GEORGIA: Medicaid
- IDAHO: Medicaid
- ILLINOIS: Medical Assistance
- INDIANA: Medicaid
- IOWA: Medicaid or the Medically Needy Program
- KANSAS: Medicaid
- KENTUCKY: Medicaid
- LOUISIANA: Medicaid
- MAINE: Medicaid or the Medically Needy Program
- MARYLAND: Medicaid or the Health Choice Program
- MASSACHUSETTS: MassHealth
- MICHIGAN: Medicaid
- MINNESOTA: Medical Assistance (MA)
- MISSISSIPPI: Medicaid
- MISSOURI: Medicaid
- MONTANA: Medicaid
- NEBRASKA: Medicaid
- NEVADA: Medicaid
- NEW HAMPSHIRE: Medicaid or the In & Out Program
- NEW JERSEY: Medicaid or any other program
- NEW MEXICO: Medicaid
- NEW YORK: Medicaid or the Family Health Plus Program
- NORTH CAROLINA: Medicaid
- NORTH DAKOTA: Medicaid
- OHIO: Ohio Health Plans
- OKLAHOMA: Medicaid
- OREGON: Oregon Health Plan
- PENNSYLVANIA: Medicaid
- RHODE ISLAND: Medicaid
- SOUTH CAROLINA: Medicaid
- SOUTH DAKOTA: South Dakota Medical Assistance
- TENNESSEE: TennCare
- TEXAS: Medicaid
- UTAH: Medicaid or the HIP (Utah Comprehensive Health Insurance Pool)
- VERMONT: Medicaid or the VHAP (Vermont Health Access Plan)
- VIRGINIA: FAMIS (Family Access to Medical Insurance Security)
- WASHINGTON: Medicaid or the Medically Needy Program
- WEST VIRGINIA: Medicaid
- WISCONSIN: Medicaid
- WYOMING: Medicaid

- YES ..... 1
- NO ..... 5
- DON'T KNOW ..... 8
- REFUSED ..... 9

\*CC50.5. Are you covered by (STATE NAME FOR STATE PLAN), the state health insurance plan for uninsured people?

STATE NAMES FOR STATE PLANS TO INSERT INTO \*CC50.5

- ALABAMA: All Kids
- ARIZONA: Kids Care
- ARKANSAS: ARKids First
- CALIFORNIA: Healthy Families
- COLORADO: Child Health Plan Plus (CHP+)
- CONNECTICUT: The Husky Plan (Health Plan Healthcare for Uninsured Kids and Youth)
- DELAWARE: Delaware Healthy Children Program
- DISTRICT OF COLUMBIA: D.C. Healthy Families
- FLORIDA: Kid Care
- GEORGIA: Peach Care for Kids
- IDAHO: Brighton Futures Children’s Health Insurance Program
- ILLINOIS: Kid Care
- INDIANA: Hoosier Healthwise
- IOWA: HAWK-I
- KANSAS: Healthwave Program
- KENTUCKY: Kentucky Children’s Health Insurance Program (KCHIP)
- LOUISIANA: LA CHIP
- MAINE: Cub Care
- MARYLAND: Maryland Children’s Health Program
- MASSACHUSETTS: Mass Health
- MICHIGAN: MI Child
- MINNESOTA: Minnesota Care
- MISSISSIPPI: Children’s Health Insurance Program (CHIP)
- MISSOURI: MC+ For Kids
- MONTANA: Children’s Health Insurance Plan (CHIP)
- NEBRASKA: Kids Connection
- NEVADA: Nevada CheckUp
- NEW HAMPSHIRE: Healthy Kids (Healthy Kids Gold/Healthy Kids Silver)
- NEW JERSEY: NJ KidCare
- NEW MEXICO: New Mexikids
- NEW YORK: Child Health Plus
- NORTH CAROLINA: NC Health Choice for Children
- NORTH DAKOTA: Healthy Steps Program
- OHIO: Healthy Start
- OKLAHOMA: Sooner Care
- OREGON: Oregon Health PPlan
- PENNSYLVANIA: Children’s Health Insurance Plan (CHIP)
- RHODE ISLAND: RItE Care
- SOUTH CAROLINA: Child Health Insurance Plan (CHIP)
- SOUTH DAKOTA: Child Health Insurance Program (CHIP)
- TENNESSEE: TennCare for Children Program
- TEXAS: Tex Care Partnership
- UTAH: Children’s Health Insurance Program
- VERMONT: Dr. Dynasaur
- VIRGINIA: Children’s Medical Security Insurance Plan
- WASHINGTON: CHIP
- WEST VIRGINIA: West Virginia Children’s Health Insurance Program
- WISCONSIN: Badger Care
- WYOMING: Wyoming Kid Care

- YES ..... 1
- NO ..... 5
- DON’T KNOW ..... 8
- REFUSED..... 9

\*CC50.6. Are you covered by the Indian Health Service?

- YES ..... 1
- NO ..... 5
- DON'T KNOW ..... 8
- REFUSED..... 9

---

\*CC50.7. Are you covered by any other type of health insurance that I have not mentioned?

- YES (SPECIFY: \_\_\_\_\_)..... 1
- NO ..... 5
- DON'T KNOW ..... 8
- REFUSED..... 9

---

\*CC50.8. INTERVIEWER CHECKPOINT: (SEE CC50-\*CC50.7)

- IF \*CC50 EQUALS '1' OR \*CC50.1 EQUALS '1' OR  
\*CC50.2 EQUALS '1' OR \*CC50.3 EQUALS '1' OR  
\*CC50.4 EQUALS '1' OR \*CC50.5 EQUALS '1' OR  
\*CC50.6 EQUALS '1' OR \*CC50.7 EQUALS '1' ..... 1
- ALL OTHERS..... 2     **GO TO \*CC51**

---

\*CC50.9. Does your health insurance plan require you to sign up with a certain primary care doctor, group of doctors, or clinic, which you must go to for all of your routine care?

(IF NEC: Do not include emergency care or care from a specialist you were referred to.)

- YES ..... 1
- (IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3
- NO ..... 5
- DON'T KNOW ..... 8
- REFUSED..... 9

---

\*CC50.11. Does your health insurance plan require you to get approval or a referral to see a specialist or to get special care?

(IF NEC: Do not include emergency care.)

- YES ..... 1
- (IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3
- NO ..... 5
- DON'T KNOW ..... 8
- REFUSED..... 9

---

\*CC50.12. Can you go to any doctor or clinic who will accept your insurance, or do you have to choose from a list of doctors in a plan book or network directory?

- CAN GO TO ANY DOCTOR ..... 1
- (IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3     **GO TO \*CC50.14**
- MUST CHOOSE FROM LIST ..... 5     **GO TO \*CC50.14**
- (IF VOL) HAS TO SEE A SPECIFIC DOCTOR..... 6     **GO TO \*CC50.14**
- DON'T KNOW ..... 8     **GO TO \*CC50.14**
- REFUSED..... 9     **GO TO \*CC50.14**

\*CC50.13. Do you have to pay a higher co-payment to see a doctor who is not in the network of your plan?

YES ..... 1  
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

---

\*CC50.14. Is your health plan an HMO – that is, a health Maintenance Organization?

(IF NEC: With an HMO, you have to receive care from HMO doctors to have the expense covered, unless there is an emergency or you are referred by the HMO to some other doctor.)

YES ..... 1  
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

---

\*CC50.15. If you do not have a referral, will your health plan pay for any of the costs of visits to doctors who are not associated with the plan?

YES ..... 1  
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES ..... 3  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED..... 9

---

\*CC50.16.5. How much do you have to pay if you go to a plan doctor for a routine visit?

IF R HAS MULTIPLE PLANS AND “IT VARIES” ASK R TO ANSWER FOR THE PLAN USED MOST OFTEN.

%/ \$ \_\_\_\_\_

FULL PRICE ..... 997  
DON'T KNOW ..... 998  
REFUSED..... 999

---

\*CC50.16a. Please indicate whether dollar or percentage.

DOLLARS..... 1  
PERCENTAGE..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

---

\*CC50.17.5. How much do you have to pay for prescription medicines?

IF R HAS MULTIPLE PLANS AND “IT VARIES” ASK R TO ANSWER FOR THE PLAN USED MOST OFTEN.

%/ \$ \_\_\_\_\_

FULL PRICE ..... 997  
DON'T KNOW ..... 998  
REFUSED..... 999

\*CC50.17a. Please indicate whether dollar or percentage.

DOLLARS..... 1  
PERCENTAGE..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

---

\*CC51. People differ a lot in their feelings about professional help for emotional problems. If you had a serious emotional problem, would you definitely go for professional help, probably go, probably not go, or definitely not go for professional help?

WOULD DEFINITELY GO..... 1  
WOULD PROBABLY GO..... 2  
WOULD PROBABLY NOT GO ..... 3  
WOULD DEFINITELY NOT GO ..... 4  
DON'T KNOW ..... 8  
REFUSED ..... 9

---

\*CC52. How comfortable would you feel talking about personal problems with a professional – very comfortable, somewhat, not very, or not at all comfortable?

VERY COMFORTABLE..... 1  
SOMEWHAT COMFORTABLE ..... 2  
NOT VERY COMFORTABLE ..... 3  
NOT AT ALL COMFORTABLE ..... 4  
DON'T KNOW ..... 8  
REFUSED ..... 9

\*CC53. How embarrassed would you be if your friends knew you were getting professional help for an emotional problem – very embarrassed, somewhat, not very, or not at all embarrassed?

VERY EMBARRASSED ..... 1  
SOMEWHAT EMBARRASSED..... 2  
NOT VERY EMBARRASSED..... 3  
NOT AT ALL EMBARRASSED ..... 4  
DON'T KNOW ..... 8  
REFUSED ..... 9

---

\*CC54. Of the people who see a professional for serious emotional problems, what percent do you think are helped?

\_\_\_\_\_ PERCENT

DON'T KNOW ..... 998  
REFUSED ..... 999

---

\*CC55. Of those who do not get professional help, what percent do you think get better even without it?

\_\_\_\_\_ PERCENT

DON'T KNOW ..... 998  
REFUSED ..... 999

---

\*CC60. Not counting times you were hunting or shooting targets, how many days during the past 30 days did you carry a gun outside your home?

\_\_\_\_\_ DAYS

DON'T KNOW ..... 998  
REFUSED ..... 999

---

\*CC61. How many days during the past 30 days did you carry some other weapon outside your home, such as a knife, club, or mace?

\_\_\_\_\_ DAYS

DON'T KNOW ..... 998  
REFUSED ..... 999

---

\*CC62. How many guns that are in working condition do you have in your house, including handguns, rifles, and shotguns?

\_\_\_\_\_ NUMBER

DON'T KNOW ..... 998  
REFUSED ..... 999

---

\*CC63. INTERVIEWER CHECKPOINT: (SEE \*CC62)

\*CC62 EQUALS '0' ..... 1    **GO TO \*CC67**  
ALL OTHERS..... 2

\*CC64. (IF \*CC62 EQUALS '1': Is this gun/ IF \*CC62 EQUALS '2': Is either of these guns/ IF \*CC62 EQUALS ANY OTHER NUMBER: Are any of these guns) currently loaded and unlocked?

YES..... 1   **GO TO \*CC67**  
NO..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

---

\*CC65. INTERVIEWER CHECKPOINT: (SEE **RESPONDENT'S AGE**)

R'S AGE IS LESS THAN 18.....1  
ALL OTHERS.....2   **GO TO \*CC67**

---

\*CC66. Could you get (the gun/ one of the guns) and shoot it right now if you wanted to? Or is either the gun or the ammunition put away where you can't get it?

COULD GET IT.....1  
COULD NOT GET IT .....2  
(IF VOL) COULD MAYBE GET IT WITH GREAT EFFORT .....3  
DON'T KNOW .....8  
REFUSED .....9

---

\*CC67. Did you ever have a job that required you to carry a gun, such as being in the army forces, the police, or security business?

YES..... 1  
NO..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

---

\*CC68. (IF \*CC67 EQUALS '1': Not counting the time on your job,) About how many times in your life did you ever threaten someone with a gun?

\_\_\_\_\_ TIMES  
DON'T KNOW ..... 998  
REFUSED ..... 999

---

\*CC69. INTERVIEWER CHECKPOINT: (SEE \*CC68)

\*CC68 EQUALS '0'.....1   **GO TO \*CC75**  
ALL OTHERS.....2

\*CC70. Was this always in self-defense?

YES..... 1  
NO..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

---

\*CC71. INTERVIEWER CHECKPOINT: (SEE \*CC68)

\*CC68 EQUALS '1'.....1  
ALL OTHERS.....2   **GO TO \*CC73**

---

\*CC72. How old were you when this happened?

\_\_\_\_\_ YEARS OLD

DON'T KNOW ..... 998  
REFUSED ..... 999

**GO TO \*CC75**

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\*CC73. How old were you the first time you threatened someone with a gun?

\_\_\_\_\_ YEARS OLD

DON'T KNOW ..... 998  
REFUSED ..... 999

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\*CC74. Did you threaten someone with a gun at any time in the past 12 months?

YES..... 1  
NO..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

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\*CC75. About how many times did you ever threaten someone with any other type of weapon, like a knife, stick, broken bottle, or mace?

\_\_\_\_\_ TIMES

DON'T KNOW ..... 998  
REFUSED ..... 999

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\*CC76. INTERVIEWER CHECKPOINT: (SEE \*CC75)

\*CC75 EQUALS '0'.....1   **GO TO \*N1, NEXT SECTION**  
ALL OTHERS.....2

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\*CC77. Was this (always) in self-defense?

YES..... 1  
NO..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

\*CC78. INTERVIEWER CHECKPOINT: (SEE \*CC75)

\*CC75 EQUALS '1' ..... 1  
ALL OTHERS ..... 2    **GO TO \*CC80**

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\*CC79. How old were you when this happened?

\_\_\_\_\_ YEARS OLD

DON'T KNOW ..... 998  
REFUSED ..... 999

**GO TO \*N1, NEXT SECTION**

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\*CC80. How old were you the first time you threatened someone with a weapon other than a gun?

\_\_\_\_\_ YEARS OLD

DON'T KNOW ..... 998  
REFUSED ..... 999

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\*CC81. Did you threaten someone with a weapon other than a gun at any time in the past 12 months?

YES ..... 1  
NO ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

**GO TO \*N1, NEXT SECTION**