

Section 1: Health Status n %

Would you say that in general your health is: (among all respondents)

| | | |
|-----------|-----|------|
| Excellent | 164 | 22.4 |
| Very good | 282 | 39.0 |
| Good | 213 | 27.0 |
| Fair | 74 | 8.6 |
| Poor | 23 | 3.0 |

Section 2: Health Care Access n %

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 694 | 92.2 |
| No | 59 | 7.8 |

Do you have Medicare? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 167 | 19.8 |
| No | 585 | 80.2 |

What type of health care coverage do you use to pay for most of your medical care? (among all respondents reporting health care coverage) Do you have coverage through:

| | | |
|--|-----|------|
| Your employer | 344 | 67.3 |
| Someone else's employer | 119 | 22.4 |
| A plan that you or someone else buys on your own | 36 | 6.6 |
| Medicaid or Medical Assistance | 6 | 0.8 |
| The military, CHAMPUS, or the VA | 4 | 0.8 |
| Some other source | 13 | 2.0 |
| None | 1 | 0.2 |

There are some types of coverage you may not have considered. Please tell me if you have any coverage through: (among respondents reporting no current health care coverage)

| | | |
|--------------------------------|----|------|
| Your employer | 7 | 14.4 |
| Someone else's employer | 1 | 1.6 |
| Medicaid or Medical Assistance | 2 | 4.7 |
| None | 39 | 79.4 |

Section 2: Health Care Access n %

About how long has it been since you had health care coverage? (among all respondents reporting no current health care coverage)

| | | |
|--------------------------|---|------|
| Within the past 6 months | 9 | 24.9 |
| Within the past year | 4 | 25.7 |
| Within the past 2 years | 7 | 19.4 |
| Within the past 5 years | 3 | 12.2 |
| 5 or more years ago | 9 | 17.7 |

During the past 12 months, was there any time that you did not have any health insurance or coverage? (among respondents reporting current health care coverage)

| | | |
|-----|-----|------|
| Yes | 27 | 4.1 |
| No | 676 | 95.9 |

Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 59 | 7.0 |
| No | 698 | 93.0 |

Is there one particular doctor or health professional who you usually go to when you need routine medical care? (among all respondents)

| | | |
|---------------|-----|------|
| Yes, only one | 658 | 85.4 |
| More than one | 22 | 3.1 |
| No | 77 | 11.5 |

About how long has it been since you last visited a doctor for a routine checkup? (among all respondents)

| | | |
|-------------------------|-----|------|
| Within the past year | 593 | 75.2 |
| Within the past 2 years | 72 | 12.2 |
| Within the past 5 years | 38 | 5.7 |
| 5 or more years ago | 43 | 6.2 |
| Never | 2 | 0.7 |

Section 3: Hypertension Awareness n %

About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (among all respondents)

| | | |
|--------------------------|-----|------|
| Within the past 6 months | 622 | 80.1 |
| Within the past year | 67 | 9.8 |
| Within the past 2 years | 37 | 6.6 |
| Within the past 5 years | 11 | 1.7 |
| 5 or more years ago | 14 | 1.8 |
| Never | 0 | 0.0 |

Section 3: Hypertension Awareness n %

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (among all respondents reporting having their blood pressure checked)

| | | |
|-----|-----|------|
| Yes | 197 | 24.1 |
| No | 558 | 75.9 |

Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (among all respondents reporting being told they had high blood pressure)

| | | |
|----------------|-----|------|
| More than once | 145 | 71.1 |
| Only once | 51 | 28.9 |

Section 4: Cholesterol Awareness n %

Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 554 | 72.7 |
| No | 176 | 27.3 |

About how long has it been since you last had your blood cholesterol checked? (among all respondents)

| | | |
|-------------------------|-----|------|
| Within the past year | 384 | 49.1 |
| Within the past 2 years | 79 | 11.4 |
| Within the past 5 years | 50 | 7.5 |
| 5 or more years ago | 31 | 4.4 |
| Never | 176 | 27.7 |

Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (among persons reporting having their cholesterol checked)

| | | |
|-----|-----|------|
| Yes | 166 | 29.4 |
| No | 385 | 70.6 |

Section 5: Diabetes n %

Have you ever been told by a doctor that you have diabetes? (among all respondents)

| | | |
|--|-----|------|
| Yes | 44 | 5.1 |
| Yes, but female told only during pregnancy | 5 | 0.6 |
| No | 707 | 94.3 |

Section 6: Exercise n %

During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 504 | 67.9 |
| No | 250 | 32.1 |

What type of physical activity or exercise did you spend the most time doing during the past month? (among all respondents who participated in a physical activity)

| | | |
|----------------|-----|------|
| Walking | 272 | 48.9 |
| Weight lifting | 25 | 7.6 |
| Running | 22 | 5.7 |
| Aerobics class | 33 | 5.2 |
| Bicycling | 25 | 4.3 |
| Golf | 14 | 3.9 |
| Gardening | 15 | 3.2 |
| Basketball | 7 | 2.3 |
| Swimming laps | 9 | 2.0 |
| Volleyball | 5 | 1.4 |
| Jogging | 6 | 1.4 |
| Softball | 4 | 1.2 |
| Other | 67 | 12.9 |

How many times did you take part in this activity during the past week? (total times per week for a physical activity, among all respondents)

| | | |
|-----------------|-----|------|
| None | 250 | 32.4 |
| Less than three | 163 | 24.1 |
| Three or four | 185 | 23.8 |
| Five or six | 106 | 14.0 |
| Seven or more | 41 | 5.7 |

And when you took part in this activity, for how many minutes or hours did you usually keep at it? (total hours per week, among all respondents)

| | | |
|----------------------|-----|------|
| None | 250 | 32.7 |
| Less than one hour | 289 | 37.5 |
| One or two hours | 167 | 24.9 |
| Three or four hours | 23 | 3.6 |
| More than four hours | 8 | 1.3 |

Section 6: Exercise n %

What other type of physical activity gave you the next most exercise during the past month?(among all respondents who participated in a second physical activity)

| | | |
|----------------|----|------|
| Weight lifting | 25 | 13.1 |
| Bicycling | 20 | 11.7 |
| Walking | 19 | 11.1 |
| Gardening | 16 | 8.1 |
| Swimming laps | 9 | 6.2 |
| Golf | 12 | 5.8 |
| Softball | 8 | 5.3 |
| Aerobics class | 8 | 5.2 |
| Mowing lawn | 8 | 4.7 |
| Other | 45 | 29.0 |

How many times did you take part in this activity during the past week? (total times per week for a physical activity, among all respondents)

| | | |
|-----------------|-----|------|
| None | 582 | 75.6 |
| Less than three | 90 | 13.1 |
| Three or four | 50 | 6.9 |
| Five or six | 17 | 2.8 |
| Seven or more | 11 | 1.6 |

And when you took part in this activity, for how many hours did you usually keep at it? (total hours per week, among all respondents)

| | | |
|----------------------|-----|------|
| None | 582 | 75.6 |
| Less than one hour | 82 | 11.2 |
| One or two hours | 70 | 10.5 |
| Three or four hours | 13 | 2.3 |
| More than four hours | 3 | 0.4 |

Section 7: Seat Belt Use n %

How often do you use seat belts when you drive or ride in a car? (among all respondents)

| | | |
|---------------|-----|------|
| Always | 490 | 62.2 |
| Nearly Always | 107 | 15.5 |
| Sometimes | 77 | 10.9 |
| Seldom | 32 | 5.4 |
| Never | 46 | 5.9 |

Section 7: Seat Belt Use n %

How often does the oldest child in your household use a car safety seat [for child under 5] or seat belt [for child 5 or older] when they ride in a car? (among households with one or more children 0-15 years old; weighted for children 0-15 years old)

| | | |
|---------------|-----|------|
| Always | 186 | 91.2 |
| Nearly Always | 12 | 4.2 |
| Sometimes | 5 | 1.8 |
| Seldom | 4 | 1.5 |
| Never | 2 | 1.3 |

Section 8: Tobacco n %

Have you smoked at least 100 cigarettes in your entire life? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 337 | 44.2 |
| No | 418 | 55.8 |

Do you now smoke cigarettes everyday, some days, or not at all? (among all respondents)

| | | |
|------------|-----|------|
| Everyday | 135 | 18.7 |
| Some days | 24 | 3.1 |
| Not at all | 595 | 78.2 |

On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (among respondents reporting non-daily current smoking)

| | | |
|--|----|------|
| Less than half pack per day (ppd) | 19 | 88.4 |
| Half pack or more, but less than one ppd | 1 | 4.7 |
| One ppd | 1 | 6.9 |

On the average, about how many cigarettes a day do you now smoke? (among respondents reporting smoking daily)

| | | |
|--|----|------|
| Less than half pack per day (ppd) | 41 | 29.0 |
| Half pack or more, but less than one ppd | 19 | 13.4 |
| One ppd | 51 | 40.2 |
| More than one but less than two ppd | 12 | 10.2 |
| Two or more ppd | 10 | 7.3 |

During the past 12 months, have you quit smoking for 1 day or longer? (among respondents reporting smoking daily)

| | | |
|-----|----|------|
| Yes | 56 | 44.1 |
| No | 79 | 55.9 |

Section 8: Tobacco n %

About how long has it been since you last smoked cigarettes regularly, that is, daily? (among respondents reporting previous smoking)

| | | |
|--------------------------|----|------|
| Within the past month | 6 | 2.7 |
| Within the past 3 months | 2 | 1.0 |
| Within the past 6 months | 8 | 4.7 |
| Within the past year | 8 | 4.6 |
| Within the past 5 years | 36 | 21.2 |
| Within the past 15 years | 47 | 25.9 |
| 15 or more years ago | 69 | 39.8 |

Section 9: Smokeless Tobacco Use n %

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (among all respondents)

| | | |
|----------------------|-----|------|
| Yes, chewing tobacco | 92 | 16.2 |
| Yes, snuff | 12 | 2.1 |
| Yes, both | 27 | 5.2 |
| No, neither | 624 | 76.4 |

Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (among all respondents)

| | | |
|----------------------|-----|------|
| Yes, chewing tobacco | 16 | 2.8 |
| Yes, snuff | 5 | 1.3 |
| Yes, both | 4 | 0.9 |
| No, neither | 730 | 95.0 |

Section 10: Demographics n %

What is your age? (among all respondents)

| | | |
|-------|-----|------|
| 18-24 | 63 | 12.8 |
| 25-34 | 117 | 17.5 |
| 35-44 | 158 | 21.6 |
| 45-54 | 152 | 17.0 |
| 55-64 | 94 | 11.8 |
| 65-74 | 84 | 11.1 |
| 75+ | 72 | 8.2 |

What is your race? (among all respondents)

| | | |
|--------------------------------|-----|------|
| White | 710 | 93.0 |
| Black | 21 | 2.8 |
| Asian, Pacific Islander | 2 | 0.3 |
| American Indian, Alaska Native | 3 | 0.8 |
| Other | 20 | 3.1 |

Section 10: Demographics n %

Are you of Spanish or Hispanic origin? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 31 | 4.5 |
| No | 725 | 95.5 |

Are you: (among all respondents)

| | | |
|-----------------------------|-----|------|
| Married | 397 | 61.2 |
| Divorced/Separated | 130 | 12.3 |
| Widowed | 96 | 8.8 |
| Never married/Unmar. Couple | 123 | 17.7 |

How many children live in your household who are less than 5 years old? (among all respondents, using household weight)

| | | |
|-------|-----|------|
| One | 72 | 11.4 |
| Two | 15 | 2.1 |
| Three | 1 | 0.1 |
| None | 664 | 86.3 |

How many children live in your household who are 5 through 12 years old? (among all respondents, using household weight)

| | | |
|-------|-----|------|
| One | 94 | 13.8 |
| Two | 38 | 5.6 |
| Three | 14 | 1.9 |
| None | 605 | 78.7 |

How many children live in your household who are 13 through 17 years old? (among all respondents, using household weight)

| | | |
|-------|-----|------|
| One | 73 | 9.8 |
| Two | 19 | 2.4 |
| Three | 1 | 0.1 |
| None | 659 | 87.8 |

What is the highest grade or year of school you completed? (among all respondents)

| | | |
|--|-----|------|
| Never attended school or only kindergarten | 2 | 0.2 |
| Grades 1 through 8 (Elementary) | 21 | 2.6 |
| Grades 9 through 11 (Some high school) | 42 | 6.1 |
| Grade 12 or GED (High school graduate) | 251 | 34.8 |
| College 1 year to 3 years (Some college or technical school) | 250 | 32.6 |
| College 4 years or more (College graduate) | 189 | 23.6 |

| Section 11: Women's Health | n | % |
|----------------------------|---|---|
|----------------------------|---|---|

A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (among women respondents)

| | | |
|-----|-----|------|
| Yes | 456 | 95.0 |
| No | 23 | 5.0 |

How long has it been since you had your last Pap smear? (among women respondents reporting having had a pap smear)

| | | |
|--|-----|------|
| Within the past year (1 to 12 months ago) | 308 | 69.0 |
| Within the past 2 years (1 to 2 years ago) | 55 | 12.2 |
| Within the past 3 years (2 to 3 years ago) | 29 | 6.3 |
| Within the past 5 years (3 to 5 years ago) | 13 | 2.7 |
| 5 or more years ago | 43 | 9.9 |

Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (among women respondents reporting having had a pap smear)

| | | |
|-----------------------------------|-----|------|
| Routine exam | 436 | 95.4 |
| Check current or previous problem | 17 | 4.5 |
| Other | 1 | 0.1 |

Have you had a hysterectomy? (among women respondents)

| | | |
|-----|-----|------|
| Yes | 166 | 33.6 |
| No | 310 | 66.4 |

To your knowledge, are you now pregnant? (among women respondents 18-44 years old)

| | | |
|-----|-----|------|
| Yes | 4 | 2.8 |
| No | 184 | 97.2 |

| Section 12: Immunization | n | % |
|--------------------------|---|---|
|--------------------------|---|---|

During the past 12 months, have you had a flu shot? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 246 | 29.8 |
| No | 504 | 70.2 |

Have you ever had a pneumonia vaccination? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 165 | 20.3 |
| No | 569 | 79.7 |

| Section 13: HIV / AIDS | n | % |
|------------------------|---|---|
|------------------------|---|---|

What are your chances of getting infected with HIV, the virus that causes AIDS? (among all respondents 18-64 years old)

| | | |
|---------------------------|-----|------|
| High | 5 | 0.5 |
| Medium | 13 | 2.5 |
| Low | 135 | 23.0 |
| None | 436 | 73.9 |
| Not applicable (Have HIV) | 1 | 0.1 |

Have you ever had your blood tested for HIV? (among respondents reporting not having HIV and 18-64 years old)

| | | |
|-----|-----|------|
| Yes | 254 | 43.6 |
| No | 321 | 56.4 |

When was your last blood test for HIV? (among all respondents reporting having had an HIV blood test and 18-64 years old)

| | | |
|-------------|----|------|
| Before 1990 | 5 | 2.6 |
| 1990 | 5 | 2.5 |
| 1991 | 11 | 5.8 |
| 1992 | 3 | 1.8 |
| 1993 | 8 | 2.9 |
| 1994 | 5 | 2.4 |
| 1995 | 18 | 11.6 |
| 1996 | 9 | 4.0 |
| 1997 | 20 | 11.3 |
| 1998 | 26 | 14.6 |
| 1999 | 30 | 15.6 |
| 2000 | 41 | 25.0 |

Section 13: HIV / AIDS n %

What was the main reason you had your last blood test for HIV? (among respondents reporting having had an HIV blood test and 18-64 years old)

| | | |
|--|----|------|
| Just to find out if you were infected | 59 | 23.4 |
| Because of pregnancy | 42 | 14.6 |
| Because it was part of a blood test/donation process | 25 | 10.7 |
| For hospitalization or surgical procedure | 22 | 8.7 |
| To apply for health insurance | 16 | 7.1 |
| To apply for life insurance | 11 | 5.9 |
| For routine check-up | 14 | 4.6 |
| For military induction or military service | 8 | 4.4 |
| For employment | 8 | 3.2 |
| Because of illness | 5 | 3.0 |
| Because of occupational exposure | 6 | 2.7 |
| To apply for a marriage license | 4 | 2.0 |
| Because I am at risk for HIV | 3 | 1.0 |
| Because of referral by a doctor | 2 | 0.8 |
| Referred by your sex partner | 1 | 0.7 |
| Other | 19 | 7.4 |

Where did you have your last blood test for HIV? (among respondents reporting having had an HIV blood test and 18-64 years old)

| | | |
|---|-----|------|
| Private doctor, HMO | 117 | 45.4 |
| Hospital, emergency room, outpatient clinic | 39 | 15.0 |
| Blood bank, plasma center, Red Cross | 22 | 9.2 |
| Health department | 25 | 8.9 |
| Military induction or military service site | 12 | 6.8 |
| Insurance company clinic | 7 | 3.4 |
| Community health clinic | 8 | 3.2 |
| At home, home visit by nurse or health worker | 4 | 1.5 |
| Clinic run by employer | 4 | 1.5 |
| AIDS clinic, counseling, testing site | 3 | 0.8 |
| Prenatal clinic, obstetrician's office | 1 | 0.3 |
| Family planning clinic | 1 | 0.2 |
| Other | 7 | 3.8 |

Did you receive the results of your last test? (among respondents reporting having had an HIV blood test and 18-64 years old)

| | | |
|-----|-----|------|
| Yes | 210 | 81.2 |
| No | 41 | 18.8 |

Section 14: Quality of Life n %

Are you limited in any way in any activities because of any impairment or health problem? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 112 | 13.2 |
| No | 631 | 86.8 |

What is the major impairment or health problem that limits your activities? (among respondents reporting any activity limitation)

| | | |
|------------------------------|----|------|
| Back or neck problem | 27 | 22.8 |
| Arthritis/rheumatism | 21 | 19.2 |
| Heart problem | 11 | 10.3 |
| Walking problem | 8 | 8.7 |
| Lung/breathing problem | 6 | 6.1 |
| Fractures, bone/joint injury | 7 | 5.0 |
| Cancer | 2 | 2.1 |
| Diabetes | 2 | 1.5 |
| Hearing problem | 1 | 1.3 |
| Eye/vision problem | 2 | 1.2 |
| Other impairment/problem | 22 | 21.7 |

For how long have your activities been limited because of your major impairment or health problem? (among respondents reporting any activity limitation)

| | | |
|----------------------|----|------|
| Six months or less | 11 | 11.3 |
| Six months to a year | 1 | 0.5 |
| One to five years | 55 | 51.3 |
| Six to ten years | 22 | 20.0 |
| 11 to 20 years | 12 | 11.0 |
| More than 20 years | 6 | 5.8 |

Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (among respondents reporting any activity limitation)

| | | |
|-----|-----|------|
| Yes | 12 | 11.0 |
| No | 100 | 89.0 |

Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (among respondents reporting any activity limitation)

| | | |
|-----|----|------|
| Yes | 26 | 21.5 |
| No | 86 | 78.5 |

Section 14: Quality of Life n %

During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (among all respondents)

| | | |
|---------------|-----|------|
| 0 days | 572 | 78.8 |
| 1 to 4 days | 55 | 7.4 |
| 5 to 13 days | 30 | 3.8 |
| 14 to 29 days | 21 | 2.7 |
| 30 days | 60 | 7.3 |

During the past 30 days, for about how many days have you felt sad, blue, or depressed? (among all respondents)

| | | |
|---------------|-----|------|
| 0 days | 455 | 64.0 |
| 1 to 4 days | 165 | 22.4 |
| 5 to 13 days | 58 | 8.0 |
| 14 to 29 days | 31 | 3.6 |
| 30 days | 16 | 2.0 |

During the past 30 days, for about how many days have you felt worried, tense, or anxious? (among all respondents)

| | | |
|---------------|-----|------|
| 0 days | 358 | 49.4 |
| 1 to 4 days | 162 | 22.8 |
| 5 to 13 days | 98 | 13.1 |
| 14 to 29 days | 58 | 7.4 |
| 30 days | 49 | 7.3 |

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (among all respondents)

| | | |
|---------------|-----|------|
| 0 days | 263 | 35.0 |
| 1 to 4 days | 141 | 20.7 |
| 5 to 13 days | 135 | 16.5 |
| 14 to 29 days | 98 | 14.3 |
| 30 days | 99 | 13.6 |

During the past 30 days, for about how many days have you felt very healthy and full of energy? (among all respondents)

| | | |
|---------------|-----|------|
| 0 days | 61 | 7.0 |
| 1 to 4 days | 39 | 4.9 |
| 5 to 13 days | 68 | 9.9 |
| 14 to 29 days | 318 | 44.9 |
| 30 days | 237 | 33.2 |

Module 1: Parenting n %

What is the age of the randomly selected child? (among respondents reporting children in household; weighted for children 0-17)

| | | |
|--------------------|----|-----|
| Less than one year | 8 | 3.5 |
| 1 year | 7 | 4.6 |
| 2 years | 7 | 4.6 |
| 3 years | 13 | 7.0 |
| 4 years | 8 | 6.4 |
| 5 years | 13 | 4.8 |
| 6 years | 7 | 2.5 |
| 7 years | 11 | 4.8 |
| 8 years | 22 | 9.2 |
| 9 years | 11 | 6.0 |
| 10 years | 12 | 5.9 |
| 11 years | 15 | 7.8 |
| 12 years | 15 | 6.3 |
| 13 years | 8 | 2.8 |
| 14 years | 14 | 5.7 |
| 15 years | 14 | 4.4 |
| 16 years | 16 | 7.2 |
| 17 years | 19 | 6.4 |

Are you a parent or guardian of the ____ year-old child? (among all respondents reporting children in household; weighted for children 0-17 years old)

| | | |
|-----|-----|------|
| Yes | 205 | 94.0 |
| No | 15 | 6.0 |

Note: All following questions were only asked if the respondent was a parent or guardian of the randomly selected child.

Would you say you are the parent or guardian who spends the most time caring for the ____ year-old child? (among all respondents reporting children in household; weighted for children 0-17 years old)

| | | |
|-----|-----|------|
| Yes | 144 | 74.0 |
| No | 56 | 26.0 |

Is the ____ year-old child's time divided between parents or guardians who live in separate households? (among all respondents reporting children in household; weighted for children 0-17 years old)

| | | |
|-----|-----|------|
| Yes | 38 | 17.2 |
| No | 163 | 82.8 |

Module 1: Parenting n %

About how many hours did the ____ year-old child watch television yesterday? (among all respondents reporting children in household; weighted for children 0-17 years old)

| | | |
|-----------|----|------|
| None | 43 | 23.3 |
| One | 46 | 25.3 |
| Two | 43 | 20.8 |
| Three | 32 | 13.9 |
| 4 or more | 30 | 16.8 |

How many days out of the past seven days did you play a sport, physical game, or exercise together with the ____ year-old child? (among all respondents reporting children 5-17 years old in household)

| | | |
|-----------|----|------|
| None | 51 | 31.2 |
| One | 14 | 10.3 |
| Two | 32 | 23.2 |
| Three | 19 | 12.2 |
| Four plus | 36 | 23.2 |

How many days out of the past seven days did you play a non-physical game with the ____ year-old child? (among all respondents reporting children 5-17 years old in household)

| | | |
|-----------|----|------|
| None | 43 | 25.5 |
| One | 22 | 14.5 |
| Two | 25 | 17.9 |
| Three | 25 | 17.2 |
| Four plus | 41 | 24.8 |

How many days out of the past seven days did you watch television with with the ____ year-old child? (among all respondents reporting children 5-17 years old in household)

| | | |
|-----------|----|------|
| None | 20 | 11.5 |
| One | 23 | 13.0 |
| Two | 22 | 14.3 |
| Three | 20 | 12.1 |
| Four plus | 78 | 49.2 |

How many days out of the past seven days did you spend at least 20 minutes talking with the ____ year-old child? (among all respondents reporting children 5-17 years old in household)

| | | |
|-----------|-----|------|
| None | 4 | 2.5 |
| One | 5 | 3.1 |
| Two | 4 | 2.8 |
| Three | 10 | 7.8 |
| Four plus | 139 | 83.8 |

Module 1: Parenting n %

How many days out of the past seven days did you help the ____ year-old child with school activities or homework? (among all respondents reporting children 5-17 years old in household currently in school)

| | | |
|-----------|----|------|
| None | 45 | 28.2 |
| One | 9 | 6.9 |
| Two | 15 | 6.5 |
| Three | 11 | 8.1 |
| Four plus | 75 | 50.3 |

How many days out of the past seven days did you make the ____ year-old child responsible for completing a household chore? (among all respondents reporting children 5-17 years old in household)

| | | |
|-----------|-----|------|
| None | 14 | 8.8 |
| One | 4 | 2.7 |
| Two | 11 | 6.8 |
| Three | 6 | 3.5 |
| Four plus | 128 | 78.2 |

How many days out of the past seven days did you attend a game or event the ____ year-old child participated in? (among all respondents reporting children 5-17 years old in household)

| | | |
|-----------|----|------|
| None | 79 | 56.7 |
| One | 29 | 19.6 |
| Two | 16 | 9.7 |
| Three | 7 | 3.3 |
| Four plus | 16 | 10.8 |

Are there family rules about . . . what time the ____ year-old child goes to bed on a school night? (among all respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)

| | | |
|-----|-----|------|
| Yes | 151 | 94.0 |
| No | 13 | 6.0 |

. . . the amount of time the ____ year-old child is allowed to watch television? (among all respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)

| | | |
|-----|----|------|
| Yes | 87 | 56.3 |
| No | 77 | 43.7 |

Module 1: Parenting n %

... which television programs and movies the ____ year-old child is allowed to watch? (among all respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)

| | | |
|-----|-----|------|
| Yes | 139 | 88.3 |
| No | 22 | 11.7 |

... which computer or video games the ____ year-old child is allowed to play? (among all respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)

| | | |
|-----|-----|------|
| Yes | 130 | 81.8 |
| No | 32 | 18.2 |

... use of the internet for the ____ year-old child? (among all respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)

| | | |
|-----|-----|------|
| Yes | 130 | 81.8 |
| No | 32 | 18.2 |

Where does the ____ year-old child go most often when school lets out? (among all respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)

| | | |
|--|-----|------|
| Home | 117 | 74.9 |
| After school sport/club/other organized activity | 11 | 5.7 |
| Child care provider/babysitter | 10 | 5.7 |
| Friend's home | 7 | 4.0 |
| Work | 6 | 3.2 |
| Community organization (YMCA, library, etc.) | 3 | 1.5 |
| Neighbor's house | 2 | 0.8 |
| Not in school currently | 1 | 0.6 |
| Spends time with friends | 1 | 0.5 |
| Other | 5 | 3.0 |

On how many days out of the past seven days was the ____ year-old child supervised by an adult after school? (among all respondents reporting children 5-17 years old in household; weighted for children 0-17 years old)

| | | |
|-------------------------|----|------|
| None | 10 | 12.6 |
| One | 1 | 1.2 |
| Three | 6 | 7.2 |
| Four | 7 | 6.2 |
| Five | 43 | 52.3 |
| Not in school currently | 16 | 20.4 |

Module 1: Parenting n %

How many days during the past seven days have you played a sport, physical game, or exercised with the ____ year-old child? (among all respondents reporting children 0-4 in household)

| | | |
|-----------|----|------|
| None | 5 | 9.8 |
| One | 2 | 3.4 |
| Two | 3 | 8.2 |
| Three | 4 | 13.6 |
| Four plus | 23 | 65.0 |

How many days during the past seven days have you played a non-physical game with the ____ year-old child? (among all respondents reporting children 0-4 in household)

| | | |
|-----------|----|------|
| None | 5 | 11.2 |
| One | 1 | 1.2 |
| Two | 3 | 9.4 |
| Three | 3 | 6.1 |
| Four plus | 25 | 72.2 |

How many days during the past seven days have you watched television with the ____ year-old child? (among all respondents reporting children 0-4 in household)

| | | |
|-----------|----|------|
| None | 9 | 23.9 |
| One | 0 | |
| Two | 3 | 8.6 |
| Three | 4 | 11.4 |
| Four plus | 21 | 56.0 |

How many days during the past seven days have you read to the ____ year-old child? (among all respondents reporting children 0-4 in household)

| | | |
|-----------|----|------|
| None | 6 | 14.1 |
| One | 2 | 4.7 |
| Two | 3 | 8.4 |
| Three | 2 | 4.2 |
| Four plus | 27 | 68.5 |

| Module 1: Parenting | n | % |
|---------------------|---|---|
|---------------------|---|---|

About how many hours per week does the _____ year-old child spend in a day care center, day care home, or pre-school? (among all respondents reporting children 0-4 in household; weighted for children 0-17 years old)

| | | |
|------------|----|------|
| None | 15 | 35.7 |
| 1 - 8 | 7 | 20.9 |
| 9 - 16 | 5 | 12.4 |
| 17 - 24 | 1 | 3.1 |
| 25 - 32 | 1 | 3.1 |
| 33 or more | 12 | 24.8 |

| Module 2: Mental Health | n | % |
|-------------------------|---|---|
|-------------------------|---|---|

In the past year, did you think about seeking help from family or friends for any personal or emotional problems? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 105 | 12.8 |
| No | 639 | 87.2 |

In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 82 | 10.3 |
| No | 662 | 89.7 |

During the past five years have you thought you might have depression? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 163 | 19.6 |
| No | 578 | 80.4 |

During the past five years have you been diagnosed with depression? (among all respondents reporting they might have had depression in the past five years)

| | | |
|-----|----|------|
| Yes | 62 | 35.0 |
| No | 99 | 65.0 |

Did you receive treatment for your depression? (among all respondents reporting being diagnosed with depression in the past five years)

| | | |
|-----|----|------|
| Yes | 56 | 91.4 |
| No | 6 | 8.6 |

| Module 2: Mental Health | n | % |
|-------------------------|---|---|
|-------------------------|---|---|

Who treated you for depression? (among all respondents reporting treatment for their depression in the past five years)

| | | |
|----------------------|----|------|
| Family doctor | 34 | 62.3 |
| Psychiatrist | 13 | 22.2 |
| Psychologist | 5 | 9.5 |
| Mental health center | 2 | 3.6 |
| Other | 1 | 2.4 |

Have you needed treatment for any personal or emotional problems during the last five years but been unable to get it? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 10 | 1.0 |
| No | 733 | 99.0 |

Why were you unable to get treatment for your personal or emotional problem? (among respondents reporting not being able to get treatment for personal or emotional help in the past five years)

| | | |
|---|---|------|
| Cost/Couldn't afford/Insurance wouldn't cover | 5 | 69.5 |
| Other | 2 | 30.5 |

If you or someone in your family needed treatment for a mental health problem where would you go for help? (among all respondents)

| | | |
|---|-----|------|
| Family doctor | 199 | 30.6 |
| Mental Health Center | 112 | 17.2 |
| Private mental health agency | 87 | 14.3 |
| Psychologist | 61 | 10.3 |
| Pastor, priest, rabbi, or other religious counselor | 41 | 7.5 |
| Psychiatrist | 35 | 5.5 |
| Local hospital | 20 | 3.5 |
| Family or friends | 19 | 3.3 |
| Self-Help group | 9 | 1.5 |
| State Hospital | 9 | 1.4 |
| Other | 26 | 5.1 |

| Module 3: Health Care Utilization | n | % |
|-----------------------------------|---|---|
|-----------------------------------|---|---|

How would you rate your satisfaction with your overall health care? (among all respondents)

| | | |
|--|-----|------|
| Excellent | 191 | 25.5 |
| Very Good | 314 | 44.4 |
| Good | 167 | 21.5 |
| Fair | 45 | 6.3 |
| Poor | 15 | 2.2 |
| Not applicable/don't use any health services | 2 | 0.2 |

Module 3: Health Care Utilization n %

Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (among all respondents)

| | | |
|---------------------|-----|------|
| Yes | 675 | 90.5 |
| More than one place | 14 | 2.7 |
| No | 48 | 6.8 |

What is the main reason you do not have a usual source of medical care? (among respondents reporting no one particular health care provider)

| | | |
|--------------------------------------|----|------|
| Have not needed a doctor | 14 | 40.2 |
| No insurance/cannot afford | 8 | 12.8 |
| Two or more usual places | 8 | 18.4 |
| Do not like/trust/believe in doctors | 2 | 2.5 |
| Other | 9 | 26.1 |

Is there one of these places that you go to most often when you are sick or need advice about your health? (among respondents reporting more than one particular health care location)

| | | |
|-----|----|------|
| Yes | 16 | 80.5 |
| No | 6 | 19.5 |

What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place? (among respondents reporting a usual source of medical care)

| | | |
|---|-----|------|
| Military health care facility | 2 | 0.4 |
| Doctor's office or private clinic | 585 | 84.8 |
| County/city/public hospital outpatient clinic | 13 | 1.8 |
| Community/migrant/rural clinic/center | 43 | 6.3 |
| VA hospital or clinic | 4 | 0.5 |
| Hospital Emergency room | 3 | 0.5 |
| Company or school health clinic/center | 23 | 3.2 |
| Private/other hospital outpatient clinic | 3 | 0.4 |
| Some other kind of place | 13 | 2.1 |

When did you last change doctors? (among respondents reporting a usual source of medical care)

| | | |
|--|-----|------|
| Within the past year (1 to 12 months ago) | 66 | 9.6 |
| Within the past 2 years (1 to 2 years ago) | 55 | 8.1 |
| Within the past 3 years (2 to 3 years ago) | 52 | 7.3 |
| Within the past 5 years (3 to 5 years ago) | 43 | 6.2 |
| 5 or more years ago | 291 | 42.7 |
| Never | 157 | 26.1 |

Module 3: Health Care Utilization n %

Why did you change doctors that last time? (among respondents reporting having changed doctors)

| | | |
|---|-----|------|
| Changed residence or moved | 185 | 37.6 |
| Provider moved or retired | 149 | 29.5 |
| Other | 54 | 10.4 |
| Dissatisfied with former provider or liked new provider better | 53 | 10.1 |
| Changed health care coverage | 24 | 5.2 |
| Medical care needs changed | 15 | 3.5 |
| Changed jobs | 11 | 2.5 |
| Former provider no longer reimbursed by my health care coverage | 6 | 0.9 |
| Owed money to former provider | 1 | 0.3 |

Module 4: Health Related Absenteeism n %

Do you care or help care for an adult in your home who can not care for himself or herself? (among respondents reporting being employed in the past year)

| | | |
|-----|-----|------|
| Yes | 9 | 2.1 |
| No | 509 | 97.9 |

How many days out of the past year have you missed work due to illness of an adult other than yourself? (among respondents reporting being employed in the past year)

| | | |
|--------------------|-----|------|
| None | 437 | 82.9 |
| One day | 24 | 5.8 |
| Two days | 17 | 3.3 |
| Three to five days | 24 | 4.7 |
| Six to ten days | 11 | 1.7 |
| More than ten days | 9 | 1.5 |

Do you have a child in child care? (among respondents reporting being employed in the past year and having children)

| | | |
|-----|-----|------|
| Yes | 53 | 31.9 |
| No | 140 | 68.1 |

Do you have a child care facility or other place you can leave your child when he or she is sick? (among respondents reporting being employed in the past year and having children in child care)

| | | |
|-----|----|------|
| Yes | 26 | 49.6 |
| No | 27 | 50.4 |

Module 4: Health Related Absenteeism n %

About how many days during the past year have you missed work for any reason? (among respondents reporting being employed in the past year)

| | | |
|--------------------|-----|------|
| None | 209 | 41.2 |
| One day | 38 | 7.8 |
| Two days | 61 | 13.3 |
| Three to five days | 100 | 19.2 |
| Six to ten days | 57 | 10.4 |
| More than ten days | 44 | 8.1 |

What was the one reason that caused you to miss the most number of days from work? (among respondents reporting being employed in the past year and missing more than two days of work in the past year)

| | | |
|---|----|------|
| Virus, cold, flu, "bug", bronchitis | 71 | 36.9 |
| Lung disease, asthma, breathing problem | 1 | 0.2 |
| Heart problem, chest pain | 2 | 1.4 |
| Injury or accident | 6 | 3.6 |
| Back pain or problem | 4 | 2.4 |
| Headache, migraine | 4 | 1.8 |
| Arthritis, joint problem | 3 | 0.9 |
| Pregnancy | 8 | 5.3 |
| Female problem other than pregnancy | 2 | 1.7 |
| Mental illness, depression | 4 | 2.0 |
| Illness of a family member | 42 | 19.0 |
| Other | 50 | 24.8 |

About how many days during the past year have you missed work because you were unable to find child care? (among respondents reporting being employed in the past year and having children)

| | | |
|--------------------|-----|------|
| None | 104 | 79.6 |
| One day | 3 | 2.7 |
| Two days | 10 | 7.7 |
| Three to five days | 6 | 4.1 |
| Six to ten days | 7 | 5.2 |
| More than ten days | 1 | 0.7 |

Module 4: Health Related Absenteeism n %

How many days during the past year have you missed work due to illness of a child? (among respondents reporting being employed in the past year and having children)

| | | |
|--------------------|----|------|
| None | 47 | 36.2 |
| One day | 12 | 10.7 |
| Two days | 22 | 18.8 |
| Three to five days | 23 | 16.1 |
| Six to ten days | 22 | 14.4 |
| More than ten days | 6 | 3.8 |

Module 5: Prostate Cancer Screening n %

A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer or other health problems. Have you ever had this exam? (among males ages 40 and older)

| | | |
|-----|-----|------|
| Yes | 132 | 78.2 |
| No | 40 | 21.8 |

When did you have your last digital rectal exam? (among males ages 40 and older who reported having a digital rectal exam)

| | | |
|-------------------------|----|------|
| Within the past year | 73 | 56.5 |
| Within the past 2 years | 21 | 15.5 |
| Within the past 5 years | 17 | 12.9 |
| 5 or more years ago | 20 | 15.1 |

A prostate-specific antigen blood test or PSA test is a blood test to check for prostate cancer. Have you ever had a PSA test? (among males ages 40 and older)

| | | |
|-----|-----|------|
| Yes | 102 | 62.5 |
| No | 63 | 37.5 |

When did you have your last PSA test? (among males ages 40 and older who reported having a PSA test)

| | | |
|-------------------------|----|------|
| Within the past year | 72 | 72.6 |
| Within the past 2 years | 18 | 16.3 |
| Within the past 5 years | 7 | 7.2 |
| 5 or more years ago | 5 | 4.0 |

Module 6: Supplemental Physical Activity n %

How many hours per week do you work at a job or business? (among respondents reporting being employed in the past year)

| | | |
|--------------|-----|------|
| None | 9 | 2.0 |
| 0 - 20 | 35 | 6.3 |
| 21 - 39 | 78 | 13.8 |
| 40 | 193 | 36.8 |
| 41 - 50 | 115 | 23.5 |
| 51 - 60 | 62 | 12.9 |
| More than 60 | 18 | 4.7 |

When you are at work, which of the following best describes what you do? (among respondents reporting being employed in the past year)

| | | |
|---|-----|------|
| Mostly sitting or standing | 294 | 54.4 |
| Mostly walking | 113 | 25.1 |
| Mostly heavy labor or physically demanding work | 83 | 20.4 |

During the past seven days, how many days did you do any activities designed to increase muscle strength or tone, such as lifting weights, pull-ups, push-ups, or sit-ups? (among all respondents)

| | | |
|------|-----|------|
| 1 | 30 | 3.7 |
| 2 | 59 | 8.3 |
| 3 | 65 | 9.3 |
| 4 | 27 | 4.0 |
| 5 | 37 | 5.3 |
| 6 | 10 | 1.8 |
| 7 | 64 | 8.9 |
| None | 435 | 58.7 |

During the past seven days, how many hours did you spend watching television while sitting or lying down? (among all respondents)

| | | |
|------------|-----|------|
| None | 37 | 5.1 |
| 1-5 | 216 | 29.6 |
| 6-10 | 163 | 25.3 |
| 11-20 | 159 | 22.7 |
| 20 or more | 117 | 17.3 |

During the past seven days, how many hours did you spend using a computer during your leisure-time? (among all respondents)

| | | |
|------------------|-----|------|
| None | 392 | 53.2 |
| 1 hour | 62 | 9.0 |
| 2 hours | 62 | 8.9 |
| 3-5 hours | 85 | 12.8 |
| 6-10 hours | 65 | 9.0 |
| 11 or more hours | 57 | 7.1 |

Module 6: Supplemental Physical Activity n %

How much has your weight changed over the past five years? (among all respondents)

| | | |
|----------------------------|-----|------|
| Gained 1 to 10 pounds | 155 | 19.4 |
| Gained 11 to 25 pounds | 102 | 14.7 |
| Gained more than 25 pounds | 65 | 9.2 |
| Lost 1 to 10 pounds | 49 | 6.1 |
| Lost 11 to 25 pounds | 28 | 3.3 |
| Lost more than 25 pounds | 103 | 13.1 |
| No weight change | 256 | 34.3 |

About how much do you think you weighed when you were 21 years old (males)? (among male respondents older than 21)

| | | |
|----------------------|----|------|
| Less than 150 pounds | 72 | 26.8 |
| 151 - 175 pounds | 93 | 39.4 |
| 176 - 200 pounds | 46 | 17.7 |
| More than 200 pounds | 40 | 16.1 |

About how much do you think you weighed when you were 21 years old (female)? (among female respondents older than 21)

| | | |
|----------------------|-----|------|
| Less than 100 pounds | 30 | 6.1 |
| 100 - 120 pounds | 167 | 36.9 |
| 121 - 150 pounds | 162 | 34.6 |
| More than 150 pounds | 97 | 22.4 |

Module 7: Chronic Conditions n %

Have you ever been told by a doctor that you had any of the following conditions: Emphysema or Chronic Bronchitis? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 56 | 7.0 |
| No | 668 | 93.0 |

Lung cancer? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 5 | 1.0 |
| No | 719 | 99.0 |

During the past five years were you diagnosed with pneumonia? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 55 | 7.3 |
| No | 668 | 92.7 |

Do you currently have asthma? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 53 | 7.0 |
| No | 668 | 93.0 |

| Module 7: Chronic Conditions | n | % |
|------------------------------|---|---|
|------------------------------|---|---|

Have you ever been told by a doctor that you had osteoporosis? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 43 | 4.6 |
| No | 679 | 95.4 |

| Module 8: Firearms | n | % |
|--------------------|---|---|
|--------------------|---|---|

Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (among all respondents; using household weighting)

| | | |
|-----|-----|------|
| Yes | 217 | 30.9 |
| No | 479 | 69.1 |

Are any of the firearms handguns, such as pistols or revolvers? (among all respondents owning firearms; using household weighting)

| | | |
|-----|-----|------|
| Yes | 112 | 54.2 |
| No | 96 | 45.8 |

Are any of the firearms long guns, such as rifles or shotguns? (among all respondents owning firearms; using household weighting)

| | | |
|-----|----|------|
| Yes | 91 | 81.8 |
| No | 23 | 18.2 |

What is the main reason that there are firearms in or around your home? (among all respondents owning firearms; using household weighting)

| | | |
|-------------------|-----|------|
| Hunting or sport | 151 | 71.9 |
| Protection | 18 | 8.2 |
| Work | 7 | 3.5 |
| Some other reason | 35 | 16.4 |

Is there a firearm in or around your home that is now both loaded and unlocked? (among all respondents owning firearms; using household weighting)

| | | |
|-----|-----|------|
| Yes | 20 | 9.8 |
| No | 194 | 90.2 |

During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people? (among all respondents owning firearms excluding job-related requirements)

| | | |
|-----|-----|------|
| Yes | 6 | 2.8 |
| No | 209 | 97.2 |

| Module 8: Firearms | n | % |
|--------------------|---|---|
|--------------------|---|---|

During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm? (among all respondents owning firearms)

| | | |
|-----|-----|------|
| Yes | 13 | 7.3 |
| No | 202 | 92.7 |

During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else? (among all respondents owning firearms)

| | | |
|-----|-----|------|
| Yes | 6 | 2.8 |
| No | 209 | 97.2 |

In the past three years, have you attended a firearm safety workshop, class, or clinic? (among all respondents owning firearms)

| | | |
|-----|-----|------|
| Yes | 22 | 12.0 |
| No | 193 | 88.0 |

Do any of the firearms kept in or around your home belong to you, personally? (among respondents owning firearms)

| | | |
|-----|-----|------|
| Yes | 136 | 66.9 |
| No | 78 | 33.1 |

| Module 9: Health Care Coverage | n | % |
|--------------------------------|---|---|
|--------------------------------|---|---|

What is the main reason you are without health care coverage? (among persons without health care coverage currently)

| | | |
|---|----|------|
| Couldn't afford to pay the premiums | 17 | 49.5 |
| Lost job or changed employers | 5 | 15.0 |
| Employer doesn't offer or stopped offering coverage | 5 | 13.7 |
| Insurance company refused coverage | 2 | 9.2 |
| Spouse/parent lost job or changed employers | 1 | 3.3 |
| Cut back to part time or became temporary employee | 1 | 1.5 |
| Other | 4 | 7.9 |

Other than the health care coverage which pays for most of your medical care, do you have any other type of health care coverage? (among all respondents with health care coverage)

| | | |
|-----|-----|------|
| Yes | 185 | 25.4 |
| No | 493 | 74.6 |

| Module 9: Health Care Coverage | n | % |
|--------------------------------|---|---|
|--------------------------------|---|---|

What was the main reason you were without health care coverage? (among persons with health insurance now, but without insurance during the past 12 months)

| | | |
|---|----|------|
| Lost job or changed employers | 13 | 36.3 |
| Couldn't afford to pay the premiums | 5 | 15.9 |
| Spouse or parent lost job or changed employers | 3 | 11.9 |
| Employer doesn't offer or stopped offering coverage | 2 | 4.7 |
| Became ineligible because of age or because left school | 1 | 4.1 |
| Spouse or parent died | 1 | 2.9 |
| Other | 7 | 24.2 |

| Module 10: Violence and Crime | n | % |
|-------------------------------|---|---|
|-------------------------------|---|---|

How afraid are you to leave your home at night? (among all respondents)

| | | |
|-----------------|-----|------|
| Very afraid | 6 | 0.5 |
| Somewhat afraid | 22 | 2.9 |
| A little afraid | 74 | 8.7 |
| Not afraid | 613 | 87.9 |

When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)? (among all respondents)

| | | |
|-----------------------|-----|------|
| Within the past week | 3 | 0.4 |
| Within the past month | 7 | 0.8 |
| Within the past year | 16 | 2.2 |
| One or more years ago | 38 | 6.0 |
| Never | 650 | 90.7 |

During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 104 | 15.3 |
| No | 611 | 84.7 |

| Module 11: Oral Health | n | % |
|------------------------|---|---|
|------------------------|---|---|

About how long has it been since you last visited a dentist for a routine check-up? (among all respondents)

| | | |
|-----------------------|-----|------|
| 1 to 12 months | 504 | 70.5 |
| Between 1 and 2 years | 65 | 9.3 |
| Between 2 and 5 years | 49 | 7.4 |
| 5 or more years ago | 87 | 11.4 |
| Never | 8 | 1.5 |

| Module 11: Oral Health | n | % |
|------------------------|---|---|
|------------------------|---|---|

What is the main reason you have not visited the dentist in the last year? (among respondents reporting no dentist visit in the past year)

| | | |
|--|----|------|
| No reason to go (no problems, no teeth) | 92 | 44.8 |
| Cost | 37 | 17.2 |
| Other | 26 | 14.0 |
| Fear, apprehension, nervousness, pain, dislike going | 22 | 11.5 |
| Have not thought of it | 12 | 5.8 |
| Other priorities | 9 | 5.1 |
| Do not have/know a dentist | 3 | 1.1 |
| Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 1 | 0.4 |

How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (among all respondents)

| | | |
|-----------------------|-----|------|
| 5 or fewer | 206 | 28.6 |
| 6 or more but not all | 67 | 8.6 |
| All | 74 | 8.8 |
| None | 351 | 54.0 |

Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (among all respondents)

| | | |
|-----|-----|------|
| Yes | 449 | 65.7 |
| No | 266 | 34.3 |

Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal? (among all respondents)

| | | |
|--|-----|------|
| Yes, fillings, caps or crowns, or root canal | 86 | 12.3 |
| Yes, teeth pulled, dentures or partials | 34 | 4.6 |
| Yes, both | 14 | 1.9 |
| No | 569 | 81.2 |