

Count	2018 WNC Core Survey Question Wording	Survey Year to be Included		
		2012	2015	2018
1	In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?	x	x	x
2	How many children under the age of 18 are currently LIVING in your household? (One through Five or More)	x	x	x
3	Would you please tell me which county you live in?	x	x	x
4	Zipcode	x	x	x
5	Sex of Respondent.	x	x	x
6	First I would like to ask, overall, how would you describe your county as a place to live? Would you say it is: (Excellent, very good, good, fair or poor)		x	x
7	What is the one thing that needs the most improvement in your county? (multiple options)	x	x	x
8	Would you say that, in general, your health is: (excellent, very good, good, fair, or poor)	x	x	x
9	Was there a time during the past 12 months when you needed medical care, but could not get it? (Yes/No)	x	x	x
10	What was the main reason you did not get this needed medical care? (Cost/no insurance, distance too far, inconvenient office hours/office closed, lack of child care, lack of transportation, language barrier, no access for people with disabilities, too long of wait for appointment, too long of wait in waiting room, other (specify))	x	x	x
11	Do you have ONE place where you usually go if you are sick or need advice about your health? (Yes/No)		x	x
12	What kind of place is it: (Open ended)		x	x
13	A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup? (Within the Past Year (Less Than 1 Year Ago); Within the Past 2 Years (1 Year But Less Than 2 Years Ago); Within the Past 5 Years (2 Years but Less Than 5 Years Ago); 5 or More Years Ago)	x	x	x
14	About how long has it been since you last visited a dentist or a dental clinic for any reason? This includes visits to dental specialists, such as orthodontists. (Within the Past Year (Less Than 1 Year Ago); Within the Past 2 Years (1 Year But Less Than 2 Years Ago); Within the Past 5 Years (2 Years But Less Than 5 Years Ago); 5 or More Years Ago)	x	x	x
15	Have you ever suffered from or been diagnosed with COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis, or Emphysema? (Yes/No)		x	x
16	Has a doctor, nurse or other health professional EVER told you that you had any of the following: (a) A Heart Attack, Also Called a Myocardial Infarction, OR Angina OR Coronary Heart Disease (Yes/No)		x	x
17	(b) A Stroke (Yes/No)		x	x
18	Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (Yes/No)		x	x
19	Do you still have asthma? (Yes/No)		x	x
20	Have you ever been told by a doctor that you have diabetes? (Yes/No)	x	x	x

	Was this only when you were pregnant? (Yes/No)	X	X	X
21	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (Yes/No)	X	X	X
	Was this only when you were pregnant? (Yes/No)	X	X	X
22	Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure? (Yes/No)	X	X	X
23	Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising? (Yes/No)	X	X	X
24	Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse or other health care professional that your blood cholesterol is high? (Yes/No)	X	X	X
25	Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising? (Yes/No)	X	X	X
26	Do you NOW smoke cigarettes? ("Every Day," "Some Days," or "Not At All")	X	X	X
27	Do you currently use chewing tobacco, dip, snuff, or snus? ("Every Day," "Some Days," or "Not At All")	X	X	X
28	The next questions are about electronic "vaping" products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Do you NOW use electronic "vaping" products, such as e-cigarettes, "Every Day," "Some Days," or "Not At All"?		X	X
29	During how many of the past 7 days, at your workplace, did you breathe the smoke from someone (IF SMOKER: other than yourself) who was using tobacco? (0 to 7)	X	X	X
30	The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. @@During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.) (1 to 30)	X	X	X
31	On the day(s) when you drank, about how many drinks did you have on the average? (0 to 10)	X	X	X
32	(If Respondent is MALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 5 or more drinks on an occasion? (If Respondent is FEMALE, Read:) Considering all types of alcoholic beverages, how many TIMES during a typical month did you have 4 or more drinks on an occasion? (0 to 30)	X	X	X
33	(description of prescription opiates) In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?			X

34	To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:			X
35	Next, I'd like to ask you some general questions about yourself. @@What is your age?	X	X	X
36	Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?	X	X	X
37	What is your race? Would you say: @@(Do Not Read the Latino/Hispanic Code.)	X	X	X
38	Which of the following best describes you? Are you: (Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla Boundary; An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla Boundary, or an enrolled member of a different federally-recognized tribe)? (Qualla is pronounced KWAH-lah)	X	X	X
39	What is the highest grade or year of school you have completed?	X	X	X
40	Are you currently: (Employment Status)	X	X	X
41	Do you have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO, or a government-sponsored plan such as Medicare, Medicaid, military, or Indian Health Services? (Y/N)	X	X	X
42	Now I would like to ask, about how much do you weigh without shoes? @@(INTERVIEWER: Round Fractions Up)	X	X	X
43	About how tall are you without shoes? @@(INTERVIEWER: Round Fractions Down)	X	X	X
44	A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?		X	X
45	Now I would like you to think about the food you ate during the past week. About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.	X	X	X
46	And, NOT counting lettuce salad or potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.	X	X	X
47	Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months. The first statement is: "I worried about whether our food would run out before we got money to buy more." Was this statement:			X
48	The next statement is: "The food that we bought just did not last, and we did not have money to get more." Was this statement:			X
49	During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?	X	X	X

50	What type of physical activity or exercise did you spend the MOST time doing during the past month?			X
51	How many times per week or per month did you take part in this activity during the past month?			X
52	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			X
53	What OTHER type of physical activity gave you the NEXT most exercise during the past month?			X
54	How many times per week or per month did you take part in this activity during the past month?			X
55	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			X
56	During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.	X	X	X
57	Now I would like to ask, in general, how satisfied are you with your life? Would you say: (Very Satisfied; Satisfied; Dissatisfied; or Very Dissatisfied)	X	X	X
58	How often do you get the social and emotional support you need? Would you say: (Always, Usually, Sometimes, Seldom, or Never)	X	X	X
59	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health NOT good? (0 to 30)	X	X	X
60	Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time? (Yes/No)	X	X	X
61	The following questions are about health problems or impairments you may have. Are you limited in any way in any activities because of physical, mental or emotional problems? (Yes/No)	X	X	X
62	What is the major impairment or health problem that limits you? (open ended)	X	X	X

63	"SAMPLE PROLOGUE: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age." Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?			X
64	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?			X
65	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?			X
66	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?			X
67	Before you were 18 years of age, were your parents separated or divorced?			X
68	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up? Would you say:			X
69	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say:			X
70	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down? Would you say:			X
71	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually? Would you say:			X
72	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually? Would you say:			X
73	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex? Would you say:			X
74	Total Family Household Income.	X	X	X
75	Other than what we've covered in this survey, what other health issue, if any, do you feel is a major problem in your community? (open ended)			X