2011

Behavioral Risk Factor Surveillance System

North Dakota

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

Contents

Intro

INTROQST	CTELENUM

HELLO, I am calling for the **{CDEPT}**. My name is [Interviewer Name].

We are gathering information about the health of **{STTEXT}** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this **{PHONE7}**?

| 1 | YES, CONTINUE | **SKP** | → | **PRIVRES** |
| 2 | NUMBER IS NOT THE SAME | **SKP** | → | **WRONGNUM** |

WRONGNUM	IF - INTROQST = 2

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

<div align="right">SKP   →   INTROQST</div>

PRIVRES	IF - INTROQST = 1	PVTRESID

Is this a private residence in **{STTEXT}**?

| 1 | YES, CONTINUE | **SKP** | → | **ISCELL** |
| 2 | NO, NON-RESIDENTIAL | **SKP** | → | **NONRES** |

NONRES	IF - PRIVRES = 2

Thank you very much, but we are only interviewing private residences in **{STTEXT}**.

<div align="right">DISPOS   420</div>

ISCELL	IF - PRIVRES = 1	CELLFON

Is this a cellular telephone?

READ ONLY IF NECESSARY:

"By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

| 1 | NO, NOT A CELLULAR TELEPHONE, CONTINUE | **SKP** | → | **ADULTS** |
| 2 | YES, A CELLULAR TELEPHONE | **SKP** | → | **CELLYES** |

CELLYES	IF - ISCELL = 2	

Thank you very much, but we are only interviewing land line telephones and private residences.

DISPOS 435

ADULTS		NUMADULT

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

__   NUMBER OF ADULTS

MEN	IF - ADULTS > 1	NUMMEN

How many of these adults are men?

__   NUMBER OF MEN

WOMEN	IF - ADULTS > 1	NUMWOMEN

How many of these adults are women?

__   NUMBER OF WOMEN

WRONGTOT	IF - MEN + WOMEN <> ADULTS	

I'm sorry, something is not right.

Number of Men   -   **{MEN}**

Number of Women - + **{WOMEN}**

Number of Adults -   **{ADULTS}**

1	CORRECT THE NUMBER OF MEN	**SKP**	→	**MEN**
2	CORRECT THE NUMBER OF WOMEN	**SKP**	→	**WOMEN**
3	CORRECT THE NUMBER OF ADULTS	**SKP**	→	**ADULTS**

SELECTED	IF - ADULTS > 1 AND (MEN + WOMEN) = ADULTS	

The person in your household I need to speak with is the **{SRESP}**.

Are you the **{SRESP}**?

1	YES	**SKP**	→	**YOURTHE1**
2	NO	**SKP**	→	**GETNEWAD**

ONEADULT	IF - ADULTS = 1

Are you the adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1 YES AND THE RESPONDENT IS A MALE.   **SKP** → **YOURTHE1**
2 YES AND THE RESPONDENT IS A FEMALE.   **SKP** → **YOURTHE1**
3 NO

ASKGENDR	IF - ADULTS = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

1 MALE
2 FEMALE

GETADULT	IF - ONEADULT = 3

May I speak with...

{IF ASKGENDR = 1, ...him?, ...her?}

1 YES, ADULT IS COMING TO THE PHONE   **SKP** → **NEWADULT**
2 NO, GO TO NEXT SCREEN, PRESS F3 TO   **SKP** → **NEWADULT**
   SCHEDULE A CALL-BACK

YOURTHE1	IF - SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1 PERSON INTERESTED, CONTINUE   **SKP** → **INTROSCR**
2 GO BACK TO ADULTS QUESTION. WARNING: A **SKP** → **ADULTS**
   NEW RESPONDENT MAY BE SELECTED

GETNEWAD	IF - SELECTED = 2

May I speak with the {**SRESP**}?

1 YES, SELECTED RESPONDENT COMING TO THE **SKP** → **NEWADULT**
   PHONE
2 NO, GO TO NEXT SCREEN, PRESS F3 TO   **SKP** → **NEWADULT**
   SCHEDULE A CALL-BACK
3 GO BACK TO ADULTS QUESTION. WARNING: **SKP** → **ADULTS**
   A NEW RESPONDENT MAY BE SELECTED

NEWADULT	IF - GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1

HELLO, I am calling for the {CDEPT}. My name is **[Interviewer Name].**

We are gathering information about the health of {STTEXT} residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

1	PERSON INTERESTED, CONTINUE	**SKP**	→	**INTROSCR**
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	**SKP**	→	**ADULTS**

Core Sections

INTROSCR

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **{CPHONE}**.

1	PERSON INTERESTED, CONTINUE	**SKP**	→	**C01INTRO**
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	**SKP**	→	**ADULTS**

Section 01: Health Status

C01INTRO

C01Q01   GENHLTH

Would you say that in general your health is...

PLEASE READ:

1   Excellent
2   Very good
3   Good
4   Fair or
5   Poor

7   DON'T KNOW/NOT SURE
9   REFUSED

C01END

Section 02: Healthy Days –- Health-Related Quality of Life

C02INTRO

C02Q01 PHYSHLTH

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

___ NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
1 MIN
30 MAX

C02Q02 MENTHLTH

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?

___ NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
1 MIN
30 MAX

CATI NOTE: IF C02Q01 AND C02C02 = 88(NONE), GO TO NEXT SECTION

C02Q03 IF – NOT(C02Q01=88 AND C02Q02=88) POORHLTH

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

___ NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
1 MIN
30 MAX

C02END

Section 03: Health Care Access

C03INTRO

C03Q01   HLTHPLAN

Do you have any kind of health care coverage, including health
insurance, prepaid plans such as HMOs, or government plans such
as Medicare or Indian Health Services?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C03Q02   PERSDOC

Do you have one person you think of as your personal doctor or
health care provider?

INTERVIEWER NOTE: IF "NO" ASK:

"Is there more than one, or is there no person who you think of
as your personal doctor or health care provider?"

1 YES, ONLY ONE
2 MORE THAN ONE
3 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C03Q03   MEDCOST

Was there a time in the past 12 months when you needed to see a
doctor but could not because of cost?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C03Q04 CHECKUP1

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

1 Within past year (anytime less than 12
   months ago)
2 Within past 2 years (1 year but less
   than 2 years ago)
3 Within past 5 years (2 years but less
   than 5 years ago)
4 5 or more years ago

7 DON'T KNOW/NOT SURE
8 NEVER
9 REFUSED

C03END

Section 04: Hypertension Awareness

C04INTRO

C04Q01			BPHIGH4

Have you **EVER** been told by a doctor, nurse, or other health professional that you have high blood pressure?

READ ONLY IF NECESSARY:

By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

1 YES
2 YES, BUT FEMALE TOLD ONLY DURING
   PREGNANCY
3 NO   **SKP** → **C04END**
4 TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE **SKP** → **C04END**

7 DON'T KNOW/NOT SURE   **SKP** → **C04END**
9 REFUSED   **SKP** → **C04END**

C04Q01V	IF - RESPGEND=1 AND C04Q01=2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1 YES
2 NO   **SKP** → **C04Q01**

C04Q02	IF - C04Q01=1	BPMEDS

Are you currently taking medicine for your high blood pressure?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

11

C04END

Section 05: Cholesterol Awareness

C05INTRO

C05Q01   BLOODCHO

Blood cholesterol is a fatty substance found in the blood. Have you **EVER** had your blood cholesterol checked?

1 YES
2 NO   **SKP**   →   **C05END**

7 DON'T KNOW/NOT SURE   **SKP**   →   **C05END**
9 REFUSED   **SKP**   →   **C05END**

C05Q02   IF – C05Q01=1   CHOLCHK

About how long has it been since you last had your blood cholesterol checked?

READ ONLY IF NECESSARY:

1 Within past year (anytime less than 12
   months ago)
2 Within past 2 years (1 year but less
   than 2 years ago)
3 Within past 5 years (2 years but less
   than 5 years ago)
4 5 or more years ago

7 DON'T KNOW/NOT SURE
9 REFUSED

C05Q03   TOLDHI2

Have you **EVER** been told by a doctor, nurse or other health professional that your blood cholesterol is high?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C05END

Section 06: Chronic Health Conditions

C06INTRO

C06Q01   CVDINFR4

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse or other health professional **EVER** told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

(Ever told) you that you had a heart attack also called a myocardial infarction?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

C06Q02   CVDCRHD4

(Ever told) you had angina or coronary heart disease?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

C06Q03   CVDSTRK3

(Ever told) you had a stroke?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

C06Q04   ASTHMA3

(Ever told) you had asthma?

1   YES
2   NO   **SKP**   →   **C06Q06**

7   DON'T KNOW/NOT SURE   **SKP**   →   **C06Q06**
9   REFUSED   **SKP**   →   **C06Q06**

C06Q05   IF – C06Q04=1   ASTHNOW

Do you still have asthma?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

C06Q06   CHCSCNCR

(Ever told) you had skin cancer?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

C06Q07   CHCOCNCR

(Ever told) you had any other types of cancer?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

C06Q08   CHCCOPD

(Ever told) you have COPD chronic obstructive pulmonary disease, emphysema, or chronic bronchitis?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

C06Q09 HAVARTH3

(Ever told) you have some form of arthritis, rheumatoid
arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

    - rheumatism, polymyalgia rheumatica
    - osteoarthritis (not osteoporosis)
    - tendonitis, bursitis, bunion, tennis elbow
    - carpal tunnel syndrome, tarsal tunnel syndrome
    - joint infection, Reiter's syndrome
    - ankylosing spondylitis; spondylosis
    - rotator cuff syndrome
    - connective tissue disease, scleroderma, polymyositis,
    Raynaud's syndrome
    - vasculitis (giant cell arteritis, Henoch-Schonlein purpura,
    Wegener's granulomatosis),
    - polyarteritis nodosa

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q10 ADDEPEV2

(Ever told) you have a depressive disorder including depression,
major depression, dysthymia, or minor depression?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q11 CHCKIDNY

(Ever told) you have kidney disease? Do **NOT** include kidney
stones, bladder infection or incontinence.

INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE
FLOW.

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q12	CHCVISON

Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses?

1 YES
2 NO
3 RESPONDENT IS BLIND

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q13	DIABETE3

(Ever told) you have diabetes?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

1 YES
2 YES, BUT FEMALE TOLD ONLY DURING
   PREGNANCY
3 NO
4 NO, PRE-DIABETES OR BORDERLINE DIABETES

7 DON'T KNOW/NOT SURE
9 REFUSED

C06Q13V	IF - RESPGEND=1 AND C06Q13=2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1 YES
2 NO   SKP   →   C06Q13

C06END	

CATI NOTE: IF C06Q13 = 1 (YES), GO TO DIABETES OPTIONAL MODULE (IF USED). IF ANY OTHER RESPONSE TO C06Q13, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.

Module 02: Diabetes

CATI NOTE: INSERT AFTER SECTION C06

CATI NOTE: ONLY ASKED OF THOSE RESPONDING "YES" (CODE = 1) TO
CORE CO6Q13 (DIABETES AWARENESS QUESTION).

M02INTRO	IF - C06Q13=1	

M02Q01	IF - C06Q13=1	DIABAGE2

How old were you when you were told you have diabetes?

___ CODE AGE IN YEARS [97= 97 or older]

98   DON'T KNOW/NOT SURE
99   REFUSED
01   MIN
97   MAX

M02Q02	IF - C06Q13=1	INSULIN

Are you now taking insulin?

1 YES
2 NO

9 REFUSED

M02Q03	IF - C06Q13=1	BLDSUGAR

About how often do you check your blood for glucose or sugar?
Include times when checked by a family or friend, but do **NOT**
include times when checked by a health professional.

101-199 = PER DAY   301-399 = PER MONTH

201-299 = PER WEEK   401-499 = PER YEAR

___   TIMES

888   NEVER
777   DON'T KNOW/NOT SURE
999   REFUSED
101   MIN
499   MAX

M02Q03V	IF – (M02Q03>105 AND M02Q03<200) OR (M02Q03>235 AND M02Q03<300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q03} TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

```
1       YES, CORRECT AS IS, CONTINUE
2       NO, REASK QUESTION                    SKP    →    M02Q03
```

M02Q04	IF – C06Q13=1	FEETCHK2

About how often do you check your feet for any sores or irritations? Include times when checked by a family or friend, but do **NOT** include times when checked by a health professional.

101-199 = PER DAY   301-399 = PER MONTH

201-299 = PER WEEK   401-499 = PER YEAR

___   TIMES

```
555     NO FEET
888     NEVER
777     DON'T KNOW/NOT SURE
999     REFUSED
101     MIN
499     MAX
```

M02Q04V	IF – (M02Q04>105 AND M02Q04<200) OR (M02Q04>235 AND M02Q04<300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {M02Q04} TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

```
1       YES, CORRECT AS IS, CONTINUE
2       NO, REASK QUESTION                    SKP    →    M02Q04
```

M02Q05	IF – C06Q13=1	DOCTDIAB

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

___ NUMBER OF TIMES [76= 76 or more]

```
88     NONE
77     DON'T KNOW/NOT SURE
99     REFUSED
01     MIN
76     MAX
```

M02Q05V	IF - M02Q05>52 AND M02Q05<77	

INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH
PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

```
1       YES, CORRECT AS IS, CONTINUE
2       NO, REASK QUESTION                    SKP    →    M02Q05
```

M02Q06	IF - C06Q13=1	CHKHEMO3

A test for "A one C" measures the average level of blood sugar
over the past three months. About how many times in the past 12
months has a doctor, nurse, or other health professional checked
you for "A one C"?
___   NUBMER OF TIMES [76= 76 or more]

```
88   NONE
98   NEVER HEARD OF "A ONE C" TEST
77   DON'T KNOW/NOT SURE
99   REFUSED
01   MIN
76   MAX
```

M02Q06V	IF - M02Q06>52 AND M02Q06<77	

INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A
ONE C" BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12
MONTHS.

IS THIS CORRECT?

```
1       YES, CORRECT AS IS, CONTINUE
2       NO, REASK QUESTION                    SKP    →    M02Q06
```

CATI NOTE: IF M02Q04=555 "NO FEET", GO TO M02Q08.

M02Q07	IF - C06Q13=1 AND M02Q04<>555	FEETCHK

About how many times in the past 12 months has a health
professional checked your feet for any sores or irritations?
___   NUMBER OF TIMES [76= 76 or more]

```
88   NONE
77   DON'T KNOW/NOT SURE
99   REFUSED
01   MIN
76   MAX
```

M02Q07V	IF – M02Q07>52 AND M02Q07<77	

INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q07} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

```
1       YES, CORRECT AS IS, CONTINUE
2       NO, REASK QUESTION              SKP    →    M02Q07
```

M02Q08	IF – C06Q13=1	EYEEXAM

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

READ ONLY IF NECESSARY:

```
1  Within the past month (anytime less
   than 1 month ago)
2  Within the past year (1 month but less
   than 12 months ago)
3  Within the past 2 years (1 year but
   less than 2 years ago)
4  2 or more years ago

7  DON'T KNOW/NOT SURE
8  NEVER
9  REFUSED
```

M02Q09	IF – C06Q13=1	DIABEYE

Has a doctor ever told you that diabetes has affected you eyes or that you had retinopathy?

```
1  YES
2  NO

7  DON'T KNOW/NOT SURE
9  REFUSED
```

M02Q10	IF – C06Q13 = 1	DIABEDU

Have you ever taken a course or class in how to manage your diabetes yourself?

```
1  YES
2  NO

7  DON'T KNOW/NOT SURE
9  REFUSED
```

M02END

Section 07: Tobacco Use

C07INTRO

C07Q01 SMOKE100

Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1   YES
2   NO   **SKP**   →   **C07Q05**

7   DON'T KNOW/NOT SURE   **SKP**   →   **C07Q05**
9   REFUSED   **SKP**   →   **C07Q05**

C07Q02   IF – C07Q01=1   SMOKDAY2

Do you now smoke cigarettes every day, some days, or not at all?

1   Everyday
2   Somedays
3   Not at all   **SKP**   →   **C07Q04**

7   DON'T KNOW/NOT SURE   **SKP**   →   **C07Q05**
9   REFUSED   **SKP**   →   **C07Q05**

C07Q03   IF – C07Q02=1 OR C07Q02=2   STOPSMK2

During the past 12 months, have you stopped smoking for one day
or longer because you were trying to quit smoking?

1   YES
2   NO   **SKP**   →   **C07Q05**

7   DON'T KNOW/NOT SURE   **SKP**   →   **C07Q05**
9   REFUSED   **SKP**   →   **C07Q05**

C07Q04	IF – C07Q02>2 AND C07Q02<10	LASTSMK2

How long has it been since you last smoked a cigarette, even one or two puffs?

01 Within the past month (less than 1
    month ago)
02 Within the past 3 months (1 month but
    less than 3 months ago)
03 Within the past 6 months (3 months
    but less than 6 months ago)
04 Within the past year (6 months but
    less than 1 year ago)
05 Within the past 5 years (1 year but
    less than 5 years ago)
06 Within the past 10 years (5 years but
    less than 10 years ago)
07 10 years or more

77 DON'T KNOW/NOT SURE
99 REFUSED

C07Q05	USENOW3

Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')

SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

1 Everyday
2 Somedays
3 Not at all

7 DON'T KNOW/NOT SURE
9 REFUSED

C07END

Section 08: Demographics

C08INTRO

C08Q01   AGE

What is your age?

__   CODE AGE IN YEARS [99=99 years or older]

07   DON'T KNOW/NOT SURE
09   REFUSED
18   MIN
99   MAX

C08Q01V   IF – M02Q01>C08Q01 AND M02Q01<98

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q01}
YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES
AT AGE {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER
AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT
THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP**   →   **C08Q01**

C08Q02   HISPANC2

Are you Hispanic or Latino?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C08Q03 — MRACE

Which one or more of the following would you say is your race?

CHECK ALL THAT APPLY

PLEASE READ:

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific
  Islander
5 American Indian or Alaska Native Or
6 Other [Specify]

8 NO ADDITIONAL CHOICES
7 DON'T KNOW/NOT SURE
9 REFUSED

C08Q04 — IF - C08Q03<7 AND C08Q03.2>0 AND C08Q03.2<>8 — ORACE

Which one of these groups would you say best represents your race?

PLEASE READ:

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific
  Islander
5 American Indian or Alaska Native or
6 Other [Specify]

7 DON'T KNOW/NOT SURE
9 REFUSED

C08Q05 — VETERAN3

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but **DOES** include activation, for example, for the Persian Gulf War.

1 Yes
2 No

7 DON'T KNOW/NOT SURE
9 REFUSED

C08Q06 — MARITAL

Are you…?

PLEASE READ:

1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married Or
6 A member of an unmarried couple

9 REFUSED

C08Q07 — CHILDREN

How many children less than 18 years of age live in your household?

__   NUMBER OF CHILDREN

88   NONE
99   REFUSED
01   MIN
87   MAX

C08Q08 — EDUCA

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

READ ONLY IF NECESSARY:

1 Never attended school or only attended
   kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some
   college or technical school)
6 College 4 years or more (College
   graduate)

9 REFUSED

C08Q09 EMPLOY

Are you currently...?

PLEASE READ:

1 Employed for wages
2 Self-employed
3 Out of work for more than 1 year
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired Or
8 Unable to work

9 REFUSED

C08Q10d

Is your annual household income from all sources:

Less than $25,000?

1 YES
2 NO

7 DON'T KNOW/NOT SURE   **SKP** → **C08Q10i**
9 REFUSED   **SKP** → **C08Q10i**

C08Q10c   IF - C08Q10d = 1

(Is your annual household income from all sources:)

Less than $20,000?

1 YES
2 NO   **SKP** → **C08Q10i**

7 DON'T KNOW/NOT SURE   **SKP** → **C08Q10i**
9 REFUSED   **SKP** → **C08Q10i**

C08Q10b   IF - C08Q10c = 1

(Is your annual household income from all sources:)

Less than $15,000?

1 YES
2 NO   **SKP** → **C08Q10i**

7 DON'T KNOW/NOT SURE   **SKP** → **C08Q10i**
9 REFUSED   **SKP** → **C08Q10i**

C08Q10a   IF - C08Q10b = 1

(Is your annual household income from all sources:)

Less than $10,000?

1 YES			C08Q10i
2 NO	**SKP**	→	**C08Q10i**
7 DON'T KNOW/NOT SURE	**SKP**	→	**C08Q10i**
9 REFUSED	**SKP**	→	**C08Q10i**

C08Q10e   IF - C08Q10d = 2

(Is your annual household income from all sources:)

Less than $35,000?

1 YES			C08Q10i
2 NO			
7 DON'T KNOW/NOT SURE	**SKP**	→	**C08Q10i**
9 REFUSED	**SKP**	→	**C08Q10i**

C08Q10f   IF - C08Q10e = 2

(Is your annual household income from all sources:)

Less than $50,000?

1 YES			C08Q10i
2 NO			
7 DON'T KNOW/NOT SURE	**SKP**	→	**C08Q10i**
9 REFUSED	**SKP**	→	**C08Q10i**

C08Q10g   IF - C08Q10f = 2

(Is your annual household income from all sources:)

Less than $75,000?

1 YES			C08Q10i
2 NO	**SKP**	→	**C08Q10i**
7 DON'T KNOW/NOT SURE	**SKP**	→	**C08Q10i**
9 REFUSED	**SKP**	→	**C08Q10i**

C08Q10i	INCOME2

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

{If C08Q10g = 2, More than $75,000?}

{If C08Q10g = 1, $50,000 to less than $75,000}

{If C08Q10f = 1, $35,000 to less than $50,000}

{If C08Q10e = 1, $25,000 to less than $35,000}

{If C08Q10c = 2, $20,000 to less than $25,000}

{If C08Q10b = 2, $15,000 to less than $20,000}

{If C08Q10a = 2, $10,000 to less than $15,000}

{If C08Q10a = 1, Less than $10,000}

{Default, REFUSED/DON'T KNOW/NOTSURE}

IS THIS CORRECT?

1   YES
2   NO   **SKP   →   C08Q10d**

7   DON'T KNOW/NOT SURE
9   REFUSED

C08Q11	WEIGHT2

About how much do you weigh without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "965").

ROUND FRACTIONS UP

_____   WEIGHT (pounds/kilograms)

7777   DON'T KNOW/NOT SURE
9999   REFUSED

C08Q11V	IF - (C08Q11<9000 AND (C08Q11<80 OR C08Q11>350)) OR (C08Q11>9000 AND (C08Q11<9035 OR C08Q11>9159))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11}

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP   →   C08Q11**

C08Q12	HEIGHT3

About how tall are you without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERSS IS "9165".

ROUND FRACTIONS DOWN

__/__   Ft/inches/meters/centimeters

77/77   DON'T KNOW/NOT SURE
99/99   REFUSED

C08Q12V	IF - (C08Q12<9000 AND (C08Q12>608 OR C08Q12<407)) OR (C08Q12>9000 AND (C08Q12>9206 OR C08Q12<9139))

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q12}

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP**   →   **C08Q12**

ASKCNTY	CTYCODE1

What county do you live in?

ENTER FIRST LETTER OF COUNTY NAME

____   ANSI COUNTY CODE (FORMERLY FIPS
         COUNTY CODE)

888   OTHER
777   DON'T KNOW/NOT SURE
999   REFUSED
001   MIN
775   MAX

CATI NOTE: SET MIN AND MAX BASED ON STATE ZIP RANGE

C08Q14	ZIPCODE

What is the ZIP Code where you live?

_____   ZIP Code

77777   DON'T KNOW/NOT SURE
99999   REFUSED

C08Q15 — NUMHHOL2

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1 YES
2 NO   **SKP**   →   **C08Q17**

7 DON'T KNOW/NOT SURE   **SKP**   →   **C08Q17**
9 REFUSED   **SKP**   →   **C08Q17**

C08Q16 — IF - C08Q15=1 — NUMPHON2

How many of these telephone numbers are residential numbers?

1   One
2   Two
3   Three
4   Four
5   Five
6   Six [6 = 6 or more]
7   DON'T KNOW/NOT SURE
9   REFUSED

C08Q17 — CPDEMO1

Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

1 YES   **SKP**   →   **C08Q19**
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C08Q18 — IF - C08Q17>1 — CPDEMO2

Do you share a cell phone for personal use (at least one-third of the time) with other adults?

1 YES   **SKP**   →   **C08Q20**
2 NO   **SKP**   →   **C08Q21**

7 DON'T KNOW/NOT SURE   **SKP**   →   **C08Q21**
9 REFUSED   **SKP**   →   **C08Q21**

C08Q19   IF - C08Q17=1   CPDEMO3

Do you usually share this cell phone (at least one-third of the time) with any other adults?

1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

C08Q20   IF - C08Q17=1 OR C08Q18=1   CPDEMO4

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

___   Enter Percent (1 to 100)

888   ZERO
777   DON'T KNOW/NOT SURE
999   REFUSED
001   MIN
100   MAX

C08Q21   RENTHOM1

Do you own or rent your home?

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

1 OWN
2 RENT
3 OTHER ARRANGEMENT

7 DON'T KNOW/NOT SURE
9 REFUSED

C08Q22   SEX

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

1 MALE
2 FEMALE

C08Q22V	IF – RESPGEND<>C08Q22	

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q22}. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{**SRESP**}

IS THE PREVIOUS ANSWER CORRECT?

1 YES
2 NO   **SKP**   →   **C08Q22**

C08Q23	IF – C08Q01<45 AND C08Q22=2	PREGNANT

To your knowledge, are you now pregnant?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C08END	

Section 09: Fruits and Vegetables

C09INTRO

These next questions are about the fruits and vegetables **YOU** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **YOU** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "WAS THAT PER DAY, WEEK, OR MONTH?"

C09Q01   FRUITJU1

During the past month, how many times per day, week, or month did you drink 100% **PURE** fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS.

DO NOT INCLUDE VEGETABLE JUICE SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION.

DO INCLUDE 100% PURE JUICES INCLUDING ORANGE, MANGO, PAPAYA, PINEAPPLE, APPLE, GRAPE (WHITE OR RED), OR GRAPEFRUIT. ONLY COUNT CRANBERRY JUICE IF THE R PERCEPTION IS THAT IT IS 100% JUICE WITH NO SUGAR OR ARTIFICIAL SWEETENER ADDED. 100% JUICE BLENDS SUCH AS ORANGE-PINEAPPLE, ORANGE-TANGERINE, CRANBERRY-GRAPE ARE ALSO ACCEPTABLE AS ARE FRUIT-VEGETABLE 100% BLENDS. 100% PURE JUICE FROM CONCENTRATE (I.E., RECONSTITUTED) IS COUNTED.

101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH

___   TIMES

555   NEVER
777   DON'T KNOW/NOT SURE
999   REFUSED
001   MIN
399   MAX

C09Q01V	IF – (C09Q01>105 AND C09Q01<200) OR (C09Q01>235 AND C09Q01<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {**C09Q01 SHOWTIME**}

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP**   →   **C09Q01**

C09Q02	FRUIT1

During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

READ ONLY IF NECESSARY:

"Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES. DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.

DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU- BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT. DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARABOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).

101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH

___   TIMES

555   NEVER
777   DON'T KNOW/NOT SURE
999   REFUSED
001   MIN
399   MAX

C09Q02V	IF – (C09Q02>105 AND C09Q02<200) OR (C09Q02>235 AND C09Q02<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {**C09Q02 SHOWTIME**}

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP**   →   **C09Q02**

C09Q03 — FVBEANS

During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do **NOT** include long green beans.

READ ONLY IF NECESSARY:

"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do **NOT** include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, HUMMUS, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS. INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS.

INCLUDE FALAFEL AND TEMPEH.

101-199 = PER DAY 201-299 = PER WEEK 300-399= PER MONTH

___   TIMES

555   NEVER
777   DON'T KNOW/NOT SURE
999   REFUSED
001   MIN
399   MAX

C09Q03V   IF - (C09Q03>105 AND C09Q03<200) OR (C09Q03>235 AND C09Q03<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS **{C09Q03 SHOWTIME}**

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP**   →   **C09Q03**

C09Q04 — FVGREEN

During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.

INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.

DO NOT INCLUDED ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.

101-199 = PER DAY   201-299 = PER WEEK   300-399= PER MONTH

___   TIMES

```
555    NEVER
777    DON'T KNOW/NOT SURE
999    REFUSED
001    MIN
399    MAX
```

C09Q04V   IF – (C09Q04>105 AND C09Q04<200) OR (C09Q04>235 AND C09Q04<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {C09Q04 SHOWTIME}

IS THIS CORRECT?

```
1      YES, CORRECT AS IS, CONTINUE
2      NO, REASK QUESTION                    SKP    →    C09Q04
```

C09Q05	FVORANG

During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

READ ONLY IF NEEDED:

"Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT. INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT). INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES. INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS AN EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIM; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP. INCLUDE PUMPKIN, INCLUDING PUMPKIN SOUP AND PIE.

DO NOT INCLUDE PUMPKIN BARS, CAKE, BREAD OR OTHER GRAIN-BASED DESERT-TYPE FOOD CONTAINING PUMPKIN (I.E. SIMILAR TO BANANA BARS, ZUCCHINI BARS WE DO NOT INCLUDE).

101-199 = PER DAY   201-299 = PER WEEK   300-399= PER MONTH

___   TIMES

555   NEVER
777   DON'T KNOW/NOT SURE
999   REFUSED
001   MIN
399   MAX

C09Q05V	IF - (C09Q05>105 AND C09Q05<200) OR (C09Q05>235 AND C09Q04<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES {C09Q05 SHOWTIME}

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP**   →   **C09Q05**

C09Q06	VEGETAB1

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat **OTHER** vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

READ ONLY IF NEEDED:

"Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVACADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, FROZEN).

DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUIDNG KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.

DO INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).

DO NOT INCLUDE RICE OR OTHER GRAINS.

101-199 = PER DAY   201-299 = PER WEEK   300-399= PER MONTH

___   TIMES

```
555    NEVER
777    DON'T KNOW/NOT SURE
999    REFUSED
001    MIN
399    MAX
```

C09Q06V	IF - (C09Q06>105 AND C09Q06<200) OR (C09Q06>235 AND C09Q06<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {C09Q06 SHOWTIME}

IS THIS CORRECT?

```
1      YES, CORRECT AS IS, CONTINUE
2      NO, REASK QUESTION                    SKP    →    C09Q06
```

C09END

Section 10: Exercise (Physical Activity)

C10INTRO

C10Q01   EXERANY2

The next few questions are about exercise, recreation, or
physical activities other than your regular job duties.

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?

INTERVIEWER NOTE: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB
DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR
EXERCISE THEY SPEND MOST OF THE TIME DOING IN A REGULAR MONTH.

1   YES
2   NO   **SKP**   →   **C10Q08**

7   DON'T KNOW/NOT SURE   **SKP**   →   **C10Q08**
9   REFUSED   **SKP**   →   **C10Q08**

C10Q02   IF – C10Q01=1   EXRACT01

What type of physical activity or exercise did you spend the most
time doing during the past month?

INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED
IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".

INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL
ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER".

__   (Specify) [See Coding List A]

77   DON'T KNOW/NOT SURE   **SKP**   →   **C10Q08**
99   REFUSED   **SKP**   →   **C10Q08**

C10Q03   IF – C10Q02>0 AND C10Q02<77   EXEROFT1

How many times per week or per month did you take part in this
physical activity or exercise during the past month?

101-199 = PER WEEK   201-299 = PER MONTH

___   TIMES

777   DON'T KNOW/NOT SURE
999   REFUSED

C10Q03V	IF - (C10Q03>107 AND C10Q03<200) OR (C10Q03>231 AND C10Q03<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q03 **{C10Q03 SHOWTIME}**

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP**   →   **C10Q03**

C10Q04	IF - C10Q02>0 AND C10Q02<77	EXERHMM1

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

____   HOURS AND MINUTES

777   DON'T KNOW/NOT SURE
999   REFUSED

C10Q04V	IF - C10Q04>430 AND C10Q04<777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR **{C10Q04 HOURMIN}**

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP**   →   **C10Q04**

C10Q05	IF - C10Q02>0 AND C10Q02<77	EXRACT02

What other type of physical activity gave you the next most exercise during the past month?

INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".

INTERVIEWER NOTE: HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE SPENT AND CAN BE CODED AS "OTHER".

___   (Specify) [See Coding List A]

88   NO OTHER ACTIVITY   **SKP**   →   **C10Q08**
77   DON'T KNOW/NOT SURE   **SKP**   →   **C10Q08**
99   REFUSED   **SKP**   →   **C10Q08**

C10Q05V IF - C10Q02=C10Q05

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C10Q02.

FIRST ACTIVITY (C10Q02)= **{C10Q02}**

SECOND ACTIVITY (C10Q05)= **{C10Q05}**

IS THIS CORRECT?

1   NO, CHANGE ACTIVITY IN QUESTION C10Q05   **SKP → C10Q05**
2   NO, CHANGE ACTIVITY IN QUESTION C10Q02   **SKP → C10Q02**
3   YES, CORRECT AS IS, CONTINUE

C10Q06 IF - C10Q05>0 AND C10Q05<77   EXEROFT2

How many times per week or per month did you take part in this activity during the past month?

101-199 = PER WEEK   201-299 = PER MONTH

___   TIMES

777   DON'T KNOW/NOT SURE
999   REFUSED
101   MIN
299   MAX

C10Q06V IF - (C10Q06>107 AND C10Q06<200) OR (C10Q06>231 AND C10Q06<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q06 **{C10Q06 SHOWTIME}**

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP → C10Q06**

C10Q07 IF - C10Q02>0 AND C10Q02<77   EXERHMM2

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

___   HOURS AND MINUTES

777   DON'T KNOW/NOT SURE
999   REFUSED
001   MIN
659   MAX

C10Q07V	IF – C10Q07>430 AND C10Q07<777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR **{C10Q07 HOURMIN}**

IS THIS CORRECT?

```
1       YES, CORRECT AS IS, CONTINUE
2       NO, REASK QUESTION                    SKP    →    C10Q07
```

C10Q08	STRENGTH

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. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

101-199 = PER WEEK   201-299 = PER MONTH

___   TIMES

```
888     NEVER
777     DON'T KNOW/NOT SURE
999     REFUSED
101     MIN
299     MAX
```

C10Q08V	IF – (C10Q08>107 AND C10Q08<200) OR (C10Q08>231 AND C10Q08<300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES **{C10Q08 SHOWTIME}**

IS THIS CORRECT?

```
1       YES, CORRECT AS IS, CONTINUE
2       NO, REASK QUESTION                    SKP    →    C10Q08
```

C10END

Section 11: Disability

C11INTRO

C11Q01 QLACTLM2

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?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C11Q02 USEEQUIP

Do you now have any health problem that requires you to use
special equipment, such as a cane, a wheelchair, a special bed,
or a special telephone?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN
CIRCUMSTANCES.

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C11END

Section 12: Arthritis Burden

IF Q6.9 = 1(YES) THEN CONTINUE, ELSE GO TO NEXT SECTION.

C12INTRO	IF - C06Q09=1	

C12Q01	IF - C06Q09=1	LMTJOIN3

Next I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

Are you limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:

"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C12Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT

C12Q02	IF - C06Q09=1	ARTHDIS2

In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

INTERVIEWER NOTE: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:

"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C12Q03   IF – C06Q09=1   ARTHSOCL

During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:

"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

PLEASE READ:

1 A lot
2 A little
3 Not at all

7 DON'T KNOW/NOT SURE
9 REFUSED

C12Q04   IF – C06Q09=1   JOINPAIN

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. **DURING THE PAST 30 DAYS**, how bad was you joint pain **ON AVERAGE**? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

___   ENTER NUMBER [00-10]

88 ZERO
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
10 MAX

C12END

49

Section 13: Seatbelt Use

C13INTRO

C13Q01   SEATBELT

How often do you use seat belts when you drive or ride in a car?
Would you say—

PLEASE READ:

1   Always
2   Nearly always
3   Sometimes
4   Seldom
5   Never

7   DON'T KNOW/NOT SURE
8   NEVER DRIVE OR RIDE IN A CAR
9   REFUSED

C13END

Section 14: Immunization

C14INTRO

C14Q01 FLUSHOT5

Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

1 YES
2 NO   **SKP**   →   **C14Q04**

7 DON'T KNOW/NOT SURE   **SKP**   →   **C14Q04**
9 REFUSED   **SKP**   →   **C14Q04**

C14Q02   IF - C14Q01=1   FLSHTMY2

During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
__/____   Month / Year

77/7777   DON'T KNOW/NOT SURE
99/9999   REFUSED
01/1900   MIN
99/2011   MAX

C14Q03 — IMFVPLAC

At what kind of place did you get your last flu shot/vaccine?

01 A doctor's office or health
   maintenance organization (HMO)
02 A health department
03 Another type of clinic or health
   center (Example: a community health
   center)
04 A senior, recreation, or community
   center
05 A store (Examples: supermarket, drug
   store)
06 A hospital (Example: inpatient)
07 An emergency room
08 Workplace
09 Some other kind of place
10 RECEIVED VACCINATION IN CANADA/MEXICO
   (VOLUNTEERED – DO NOT READ)
11 At school
77 DON'T KNOW/NOT SURE (PROBE: "HOW
   WOULD YOU DESCRIBE THE PLACE WHERE
   YOU WENT TO GET YOUR MOST RECENT FLU
   VACCINE?")
99 REFUSED

C14Q04 — PNEUVAC3

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

C14END

Section 15: Alcohol Consumption

C15INTRO

C15Q01   ALCDAY5

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

101-107 = DAYS PER WEEK   201-230 = DAYS PER MONTH

___   DAYS

```
888    NO DRINKS IN THE PAST 30 DAYS            SKP    →    C15END
777    DON'T KNOW/NOT SURE                      SKP    →    C15END
999    REFUSED                                  SKP    →    C15END
101    MIN
230    MAX
```

C15Q02   IF – C15Q01<777   AVEDRNK2

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 the days when you drank, about how many drinks did you
drink on the average?

NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL
DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

___   NUMBER OF DRINKS

```
77     DON'T KNOW/NOT SURE
99     REFUSED
01     MIN
76     MAX
```

C15Q02V   IF – C15Q02>15 AND C15Q02<77

INTERVIEWER YOU INDICATED {C15Q02} DRINKS PER DAY

IS THIS CORRECT?

```
1      YES, CORRECT AS IS, CONTINUE
2      NO, REASK QUESTION                       SKP    →    C15Q02
```

C15Q03	IF – C15Q01<777	DRNK3GE5

Considering all types of alcoholic beverages, how many times during the past 30 days did you have **{IF C08Q22=1, 5, 4}** or more drinks on an occasion?

__   NUMBER OF TIMES

88   NONE
77   DON'T KNOW/NOT SURE
99   REFUSED
01   MIN
76   MAX

C15Q03V	IF – C15Q03>15 AND C15Q03<77

INTERVIEWER YOU INDICATED {C15Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP** →   **C15Q03**

C15Q04	IF – C15Q01<777	MAXDRNKS

During the past 30 days, what is the largest number of drinks you had on any occasion?

__   Number of drinks

77   DON'T KNOW/NOT SURE
99   REFUSED
01   MIN
76   MAX

C15Q04V	IF – C15Q04<77 AND ((C08Q22=1 AND C15Q04>=5 AND (C15Q03=88 OR C15Q03<5)) OR (C08Q22=2 AND C15Q04>=4 AND (C15Q03=88 OR C15Q303<4)))

INTERVIEWER YOU INDICATED {C15Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q22=1, 5, 4} IS {C15Q03}.

IS THIS CORRECT?

1   YES, CORRECT AS IS, CONTINUE
2   NO, REASK QUESTION   **SKP** →   **C15Q04**

C15END

Section 18: Prevention Counseling—Alcohol Use Question

CATI NOTE: INSERT C18Q01 AFTER C15END

C18INTRO

C18Q01   PCSALCH1

The next question is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

Has a doctor or other health professional ever talked with you about alcohol use?

IF YES, ASK:

"About how long ago was it?"

```
1       Yes, within the past 12 months
2       Yes, within the past 3 years
3       Yes, 3 or more years ago
4       No
7       DON'T KNOW
9       REFUSED
```

C18END

Section 16: HIV/AIDS

C16INTRO

C16Q01   HIVTST5

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1	YES			
2	NO	**SKP**	→	**C16Q03**
7	DON'T KNOW/NOT SURE	**SKP**	→	**C16Q03**
9	REFUSED	**SKP**	→	**C16Q03**

C16Q02   IF – C16Q01=1   HIVTSTD2

Not including blood donations, in what month and year was your last HIV test?

NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."

CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

__/____   CODE MONTH AND YEAR

777777   DON'T KNOW/NOT SURE
999999   REFUSED

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

C16END

Transition to Modules and/or State-Added Questions

TRANS

Next, I have just a few questions about some other health topics.

Module 10: Actions to Control High Blood Pressure

CATI NOTE: IF CORE Q4.1= 1(YES); CONTINUE. OTHERWISE, GO TO NEXT
MODULE.

M10INTRO	IF - C04Q01=1	

M10Q01	IF - C04Q01=1	BPEATHBT

Earlier you stated that you had been diagnosed with high blood
pressure.

Are you now doing any of the following to help lower or control
your high blood pressure?

(Are you) changing your eating habits (to help lower or control
your high blood pressure)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q02	IF - C04Q01=1	BPSALT

(Are you) cutting down on salt (to help lower or control your
high blood pressure)?

1 YES
2 NO
3 DO NOT USE SALT

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q03	IF - C04Q01=1	BPALCHOL

(Are you) reducing alcohol use (to help lower or control your
high blood pressure)?

1 YES
2 NO
3 DO NOT DRINK

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q04   IF - C04Q01=1   BPEXER

(Are you) exercising (to help lower or control your high blood pressure)?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

M10Q05   IF - C04Q01=1   BPEATADV

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

(Ever advised you to) changing your eating habits (to help lower or control your high blood pressure)?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

M10Q06   IF - C04Q01=1   BPSLTADV

(Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

1   YES
2   NO
3   DO NOT USE SALT

7   DON'T KNOW/NOT SURE
9   REFUSED

M10Q07   IF - C04Q01=1   BPALCADV

(Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

1   YES
2   NO
3   DO NOT DRINK

7   DON'T KNOW/NOT SURE
9   REFUSED

M10Q08	IF – C04Q01=1	BPEXRADV

(Ever advised you to) exercise (to help lower or control your high blood pressure)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q09	IF – C04Q01=1	BPMEDADV

(Ever advised you to) take medication (to help lower or control your high blood pressure)?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q10	IF – C04Q01=1	BPHI2MO

Were you told on **TWO OR MORE DIFFERENT VISITS** by a doctor or other health professional that you had high blood pressure?

IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

1 Yes
2 Yes, but female told only during pregnancy
3 No
4 Told borderline or pre-hypertensive

7 DON'T KNOW/NOT SURE
9 REFUSED

M10Q10V	IF – C08Q22=1 AND M10Q10=2	

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD HIGH BLOOD PRESSURE. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{**SRESP**}

IS THE PREVIOUS ANSWER CORRECT?

1 YES
2 NO   **SKP** → **M10Q10**

M10END

Module 32: Random Child Selection

CATI NOTE: IF CORE Q8.7 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.

M32INTRO   IF – C08Q07<88

{**If C08Q07=1,** Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child."

{**If C08Q07>1,** Previously, you indicated there were {**C08Q07**} children age 17 or younger in your household. Think about those {**C08Q07**} children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is {**SHOWKID**} in your household. All following questions about children will be about {**SHOWKID**}}

M32Q01   RCSBIRTH

What is the birth month and year of {**SHOWKID**}?

__/____   Code month and year

77/7777   DON'T KNOW/NOT SURE
99/9999   REFUSED
CATI INSTRUCTION: CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS > 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

M32Q02   RCSGENDR

Is the child a boy or a girl?

1 Boy
2 Girl

9 REFUSED

M32Q03 — RCHISLAT

Is the child Hispanic or Latino?

1 Yes
2 No

7 DON'T KNOW/NOT SURE
9 REFUSED

M32Q04 — RCSRACE

Which one or more of the following would you say is the race of the child?

CHECK ALL THAT APPLY

PLEASE READ:

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific
   Islander
5 American Indian or Alaska Native or
6 Other [Specify]

8 No additional choices
7 DON'T KNOW/NOT SURE
9 REFUSED

CATI NOTE: IF MORE THAN ONE RESPONSE TO M32Q05, CONTINUE.
      OTHERWISE, GO TO Q6.

M32Q05 — IF - M32Q04<7 AND C32Q04.2>0 AND M32Q04.2<>8 — RCSBRACE

Which one of these groups would you say best represents the child's race?

PLEASE READ:

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific
   Islander
5 American Indian or Alaska Native or
6 Other [Specify]

7 DON'T KNOW/NOT SURE
9 REFUSED

M32Q06 RCSRLTN2

How are you related to the child?

PLEASE READ:

1 Parent (include biologic, step, or
   adoptive parent)
2 Grandparent
3 Foster parent or guardian
4 Sibling (include biologic, step, and
   adoptive sibling)
5 Other relative
6 Not related in any way

7 DON'T KNOW/NOT SURE
9 REFUSED

M32END

Module 33: Childhood Asthma Prevalence

CATI NOTE: IF RESPONSE TO CORE Q8.7 = 88 (NONE) OR 99 (REFUSED),
GO TO NEXT MODULE.

M33INTRO

M33Q01	IF - C08Q07>0 AND C08Q07<88	CASTHDX2

Now, I would like to ask you about {**SHOWKID**}.

Has a doctor, nurse or other health professional **EVER** said that
the child has asthma?

1   YES
2   NO   **SKP → M33END**

7   DON'T KNOW/NOT SURE   **SKP → M33END**
9   REFUSED   **SKP → M33END**

M33Q02	IF - M33Q01=1	CASTHNO2

Does the child still have asthma?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

M33END

State Added Section 01: Health Care Coverage

ND01INTRO

ND01Q01	IF – C03Q01 <> 2	HLTHINS

What is the name of the health plan you use to pay for most of
your medical care?

READ IF NECESSARY

```
01  Medicare
02  Medicaid or Medical Assistance
03  Military, Tricare or CHAMPUS
04  Indian Health Service
05  Blue Cross/Blue Shield or Noridian
06  ND-PERS
07  Fortis Insurance
08  American Family Mutual
09  Medica Health Plans
10  Heart of America (HMO)
11  Altru Health Plan
12  Other
13  None

77  DON'T KNOW/NOT SURE
99  REFUSED
```

ND01END

State Added 02: Indian Health

```
ND02INTRO
```

```
ND02Q01          IF - C08Q03 = 5                          RESERVE
```

Do you live on a reservation or Indian Service Area?

1 Yes, reservation
2 Yes, Indian Service Area
3 No, neither

7 DON'T KNOW/NOT SURE
9 REFUSED

```
ND02Q02          IF - C08Q03 = 5                          MEMTRIBE
```

Are you currently an enrolled tribal member?

1 YES
2 NO   **SKP**   →   **ND02END**

7 DON'T KNOW/NOT SURE   **SKP**   →   **ND02END**
9 REFUSED   **SKP**   →   **ND02END**

```
ND02Q03          IF - ND02Q02 = 1 AND C08Q03 = 5              TRIBE
```

Which tribe?

INTERVIEWER NOTE: THREE AFFILIATED TRIBES =
MANDAN+ARIKARA+HIDATSA. CODE INDIVIDUAL TRIBE IF PROVIDED.

READ ONLY IF NECESSARY

01 MANDAN
02 ARIKARA
03 HIDATSA
04 THREE AFFILIATED TRIBES
05 SPIRIT LAKE SIOUX
06 STANDING ROCK SIOUX
07 OTHER SIOUX
08 CHIPPEWA
09 OTHER

77 DON'T KNOW/NOT SURE
99 REFUSED

ND02Q04   IF – ND02Q02 = 1 AND C08Q03 = 5   IHS

How much of your health care do you obtain from an Indian Health
Service, IHS clinic?

Would you say...

INTERVIEWER NOTE: IHS STANDS FOR INDIAN HEALTH SERVICE.

PLEASE READ

1 All
2 Most
3 Some
4 Little
5 None

7 DON'T KNOW/NOT SURE
9 REFUSED

ND02END

State Added 03: Smoking Cessation

ND03INTRO

ND03Q01	IF – C07Q02 = 3	SCLSTSMK

Previously you said you have smoked cigarettes. About how long has it been since you last smoked cigarettes?

01	Within the past month (anytime less than 1 month ago)			
02	Within the past 3 months (1 month but less than 3 months ago)			
03	Within the past 6 months (3 months but less than 6 months ago)			
04	Within the past year (6 months but less than 1 year ago)			
05	Within the past 5 years (1 year but less than 5 years ago)	**SKP**	→	**ND03END**
06	Within the past 10 years (5 years but less than 10 years ago)	**SKP**	→	**ND03END**
07	10 or more years ago	**SKP**	→	**ND03END**
77	DON'T KNOW/NOT SURE	**SKP**	→	**ND03END**
99	REFUSED	**SKP**	→	**ND03END**

ND03Q02	IF – (C07Q02 = 1 OR C07Q02 = 2) OR (ND03Q01 > 0 AND ND03Q01 < 5)	SCGETCAR

The next questions are about interactions you might have had with a doctor, nurse or other health professional. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

__ Number of Times [01-76]

88	NONE	**SKP**	→	**ND03END**
77	DON'T KNOW/NOT SURE			
99	REFUSED			
01	MIN			
76	MAX			

ND03Q03	IF - ((C07Q02 = 1 OR C07Q02 = 2) OR (ND03Q01 > 0 AND ND03Q01 <5)) AND (ND03Q02 > 0 AND ND03Q02 <> 88) SCQITSMK

In the last 12 months, on how many visits were you advised to quit smoking by a doctor, nurse or other health professional?

__   Number of Visits [01-76]

88   NONE
77   DON'T KNOW/NOT SURE
99   REFUSED
01   MIN
76   MAX

ND03Q04	IF - ((C07Q02 = 1 OR C07Q02 = 2) OR (ND03Q01 > 0 AND ND03Q01 <5)) AND (ND03Q02 > 0 AND ND03Q02 <> 88) SCDSCMED

On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?

PRONUNCIATION:(WELL BYOU TRIN)/(ZEYE BAN)/(BYOU PRO PEE ON)

__   Number of Visits [01-76]

88   NONE
77   DON'T KNOW/NOT SURE
99   REFUSED
01   MIN
76   MAX

ND03Q05	IF - ((C07Q02 = 1 OR C07Q02 = 2) OR (ND03Q01 > 0 AND ND03Q01 <5)) AND (ND03Q02 > 0 AND ND03Q02 <> 88) SCDSCMTH

On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

__   Number of Visits [01-76]

88   NONE
77   DON'T KNOW/NOT SURE
99   REFUSED
01   MIN
76   MAX

ND03END

State Added 04: Hepatitis C

ND04INTRO

ND04Q01   HEPCTEST

Have you ever been tested for Hepatitis C?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

ND04Q02   HEPCEVER

Has a doctor, nurse or other health professional ever told you
that you have Hepatitis C?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

ND04Q03   HEPCRISK

Do any of the following apply to you: ever shared needles or drug
works, ever received blood transfusion before 1992, ever received
blood clotting factors prior to 1987 or ever been on long term
hemodialysis?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

ND04END

State Added 05: Sexual Orientation

ND05INTRO

ND05Q01   SEXPREF

Now I'll read a list of terms people sometimes use to describe
themselves – heterosexual or straight; homosexual, **{IF C08Q22 =
1, gay, lesbian}** and bisexual. As I read the list again, please
stop me when I get to the term that best describes how you think
of yourself.

PLEASE READ

1 Heterosexual or straight
2 Homosexual, gay or lesbian
3 Bisexual

7 DON'T KNOW/NOT SURE
9 REFUSED

ND05END

Asthma Call-Back Permission Script

AFUINTRO

| **ADLTPERM** | CALLBACK |

We would like to call you again within the next 2 weeks to talk in more detail about **{ADLTCHILD=1, your, your child's}** experiences with asthma. The information will be used to help develop and improve the asthma programs in {**STATE**}. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1 Yes
2 No   **SKP → AFUEND**

| **FNAME** | IF - ADLTPERM=1 |

Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

1 ENTER FIRST NAME, INITIALS,OR NICKNAME   **OTHER**

7 DON'T KNOW/NOT SURE
9 REFUSED

| **CNAME** | IF - ADLTCHILD=2 AND ADLTPERM=1 |

Can I please have your child's first name, initials or nickname so we can ask about that child's asthma history.

1 ENTER FIRST NAME, INITIALS,OR NICKNAME   **OTHER**

7 DON'T KNOW/NOT SURE
9 REFUSED

MOSTKNOW	IF - ADLTCHILD=2 AND ADLTPERM=1

Are you the parent or guardian in the household who knows

the most about {CNAME}'s asthma?

1   YES
2   NO

7   DON'T KNOW/NOT SURE
9   REFUSED

OTHNAME	IF - MOSTKNOW=2

You said someone else was more knowledgeable about the child's
asthma. Can I please have this adult's first name, initials or
nickname so we will know who to ask for when we call back
regarding your child.

1   ENTER FIRST NAME, INITIALS,OR NICKNAME   **OTHER**

7   DON'T KNOW/NOT SURE
9   REFUSED

CBTIME	IF - ADLTPERM=1

{If MOSTKNOW=2, What is a good time to call back and speak with
{OTHNAME}, What is a good time to call you back?}

For example, evenings, days or weekends?

1   ENTER CALLBACK TIME   **OTHER**

7   DON'T KNOW/NOT SURE
9   REFUSED

AFUEND

Closing Statement

CLOSING

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

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

01 Active Gaming Devices (Wii Fit, Dance Dance revolution)

02 Aerobics video or class

03 Backpacking

04 Badminton

05 Basketball

06 Bicycling machine exercise

07 Bicycling

08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)

09 Bowling

10 Boxing

11 Calisthenics

12 Canoeing/rowing in competition

13 Carpentry

14 Dancing-ballet, ballroom, Latin, hip hop, etc

15 Elliptical/EFX machine exercise

16 Fishing from river bank or boat

17 Frisbee

18 Gardening (spading, weeding, digging, filling)

19 Golf (with motorized cart)

20 Golf (without motorized cart)

21 Handball

22 Hiking – cross-country

23 Hockey

24 Horseback riding

25 Hunting large game – deer, elk

26 Hunting small game – quail

27 Inline Skating

28 Jogging

29 Lacrosse

30 Mountain climbing

31 Mowing lawn

32 Paddleball

33 Painting/papering house

34 Pilates

35 Racquetball

36 Raking lawn

37 Running

38 Rock Climbing

39 Rope skipping

40 Rowing machine exercise

41 Rugby

42 Scuba diving

43 Skateboarding

44 Skating – ice or roller

45 Sledding, tobogganing

46 Snorkeling

47 Snow blowing

48 Snow shoveling by hand

49 Snow skiing

50 Snowshoeing

51 Soccer

52 Softball/Baseball

53 Squash

54 Stair climbing/Stair master

55 Stream fishing in waders

56 Surfing

57 Swimming

58 Swimming in laps

59 Table tennis

60 Tai Chi

61 Tennis

62 Touch football

63 Volleyball

64 Walking

66 Waterskiing

67 Weight lifting

68 Wrestling

69 Yoga

70 Other

99 Refused