



**2004**

**Behavioral Risk Factor Surveillance System  
North Dakota State Questionnaire**

**January 2004**

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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**

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**INTROQ****CTELENUM**

HELLO, I'm calling for the North Dakota Department of Health and the Centers for Disease Control and Prevention. My name is       (name)      . We're gathering information on the health of North Dakota residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this XXX-XXX-XXXX?

1. Correct Number (Proceed to next question)
2. Number is not the same – **SKIP TO WRONGNUM**

**PRIVRES****PVTRESID**

Is this a private residence?

1. Yes, continue.
2. No, non-residential – **SKIP TO NONRES**

**NONRES – ONLY GET THIS IF PRIVRES = 2 (NON-RESIDENTIAL)**

Thank you very much, but we are only interviewing private homes.

\*\*\*\*\*<F3>\*\*\*\*\*

**WRONGNUM – ONLY GET THIS IF INTROQ = 2 (NUMBER IS NOT THE SAME)**

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

\*\*\*\*<F3>\*\*\*\*

**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?

\_ \_ ENTER THE NUMBER OF ADULTS

**IF ANS = 1 SKIP TO ONEADULT**

**MEN**

**NUMMEN**

How many of these adults are men?

0. None
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Nine

**IF ANS = ADULTS SKIP TO SELECTED**

**WOMEN**

**NUMWOMEN**

How many of these adults are women?

0. None
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Nine

**IF ANS + MEN = ADULTS SKIP TO SELECTED**

**WRONGTOT – ONLY GET IF MEN + WOMEN <> ADULTS**

I'm sorry, something is not right.

Number of Men -

Number of Women -

-----

Number of Adults -

1. CORRECT THE NUMBER OF MEN
2. CORRECT THE NUMBER OF WOMEN
3. CORRECT THE NUMBER OF ADULTS

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**SELECTED - ONLY GET IF MORE THAN ONE ADULT IN HOUSEHOLD**

The person in your household I need to speak with is the \_\_\_\_\_ .

Are you the \_\_\_\_\_ ?

1. YES – SKIP TO YOURTHE1
2. NO – SKIP TO GETNEWAD

**ONEADULT – ONLY GET THIS IF ONE ADULT IN HOUSEHOLD**

Are you the adult?

1. YES AND THE RESPONDENT IS A MALE – SKIP TO YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE – SKIP TO YOURTHE1
3. NO – SKIP TO ASKGENDR

**ASKGENDER – ONLY GET IF ONEADULT = 3**

Is the Adult a man or a woman?

1. Male
2. Female

**GETADULT - ONLY GET IF ONEADULT = 3**

May I speak with him or her?

1. YES, ADULT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 AND SCHEDULE A CALL-BACK

**\*\*\*DO NOT USE <F3> ON THIS SCREEN\*\*\***

**YOURTHE1 - ONLY GET IF ONEADULT = 1 (YES) OR IF SELECTED = 1 (YES)**

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE – **SKIP TO FIRSTSCR**
2. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED

**GETNEWAD - ONLY GET IF SELECTED = 2 (NO)**

May I speak with the           ?

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

**\*\*\*DO NOT USE F3 ON THIS SCREEN\*\*\***

**GETNEWAD - ONLY GET IF SELECTED = 2 (NO)**

HELLO, I'm calling for the North Dakota Department of Health and the Centers for Disease Control and Prevention. My name is \_\_\_\_\_. We're gathering information on the health of North Dakota residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

1. PERSON INTERESTED, CONTINUE – **SKIP TO INTROSCR**
2. GO BACK TO ADULTS QUESTIONS. WARNING: A NEW RESPONDENT MAY BE SELECTED

**INTROSCR – ONLY GET IF NEWADULT = 1 or YOURTHE1 = 1**

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't 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 this survey, I will provide a telephone number for you to call to get more information.

1. Person interested, continue
2. Go Back to Adults Question. Warning: A New Respondent may be selected

**NONQAL - ONLY GET IF CATI THINKS THE QUOTACELL IS FULL**

INTERVIEWER:

PLEASE ALERT YOUR SUPERVISOR IMMEDIATELY!!!!  
THE QUOTAS SET FOR THIS STUDY ARE INCORRECT.

AFTER NOTIFYING YOUR SUPERVISOR, RETURN THE RECORD

## **Core 1: Health Status**

**C01Q01**

**GENHLTH**

Would you say that in general your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
  
7. DON'T KNOW/NOT SURE
9. REFUSED



## Core 2: Health Days – Health-related Quality of Life

**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

**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

**C02Q03 – ONLY GET IF C02Q01 <> 88 OR 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

### Core 3: Health Care Access

**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?

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**C03Q02**

**PERSDOC2**

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

**(If "No," ask: "Is there more than one or is there no person who you think of?")**

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 the cost?

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Core 4: Exercise

C04Q01

EXERANY2

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?

1. Yes
2. No
  
7. DON'T KNOW / NOT SURE
9. REFUSED

## Core 5: Environmental Factors

C05Q01

EFILLAIR

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building?

**If necessary: If you are experiencing an illness or symptom within the past 12 months that was caused by something in the air you encountered over 12 months ago, the answer is "Yes".**

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors?

**If necessary: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is "Yes".**

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Core 6: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

Have you had a sunburn within the past 12 months?

1. Yes
2. No - **SKIP TO C07Q01**
  
7. DON'T KNOW / NOT SURE - **SKIP TO C07Q01**
9. REFUSED - **SKIP TO C07Q01**

**C06Q02 – ONLY GET IF C06Q01=1**

**NUMBURN**

Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

1. One
2. Two
3. Three
4. Four
2. Five
3. Six or more
  
7. DON'T KNOW / NOT SURE
9. REFUSED

### Core 7: Tobacco Use

**C07Q01**

**SMOKE100**

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

**NOTE: 5 packs = 100 cigarettes**

1. Yes
2. No – **SKIP TO C08Q01**
  
7. DON'T KNOW / NOT SURE – **SKIP TO C08Q01**
9. REFUSED – **SKIP TO C08Q01**

**C07Q02 – ONLY GET IF C07Q01=1**

**SMOKEDAY**

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

1. Everyday
2. Some days
3. Not at all – **SKIP TO C08Q01**
  
9. REFUSED – **SKIP TO C08Q01**

**C07Q03 – ONLY GET IF C07Q01=1 AND C07Q02<3**

**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
  
7. DON'T KNOW / NOT SURE
9. REFUSED

## Core 8: Alcohol Consumption

**C08Q01**

**ALCDAY3**

A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1\_\_ \_\_ Days per week
- 2\_\_ \_\_ Days in past 30

888. No drinks in past 30 days – **SKIP TO C09Q01**
777. Don't know / Not sure
999. Refused – **SKIP TO C09Q01**

**C08Q02 - ONLY GET IF C08Q01 <> 888 AND C08Q01 <> 999**

**AVEDRNK**

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

\_\_ \_\_ Number of drinks

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

**C08Q03 – ONLY GET IF C08Q01 <> 888 AND C08Q01 <> 999**

**DRNK2GE5**

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

\_\_ \_\_ Number of times

88. NONE
77. DON'T KNOW / NOT SURE
99. REFUSED

During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

\_\_ \_\_ Number of times

- 88. NONE
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

### **Core 9: Asthma**

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

- 1. Yes
- 2. No – **SKIP TO C10Q01**
  
- 7. DON'T KNOW / NOT SURE – **SKIP TO C10Q01**
- 9. REFUSED – **SKIP TO C10Q01**

Do you still have asthma?

- 1. Yes
- 2. No
  
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

## Core 10: Diabetes

C10Q01

DIABETE2

Have you ever been told by a doctor that you have diabetes?

(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 – **SKIP TO C11Q01**
3. No – **SKIP TO C11Q01**
4. No, pre-diabetes or borderline diabetes– **SKIP TO C11Q01**
  
7. DON'T KNOW / NOT SURE – **SKIP TO C11Q01**
9. REFUSED – **SKIP TO C11Q01**

## Core 11: Oral Health

C11Q01

LASTDEN2

How long has it been since you last visited a dentist or a dental clinic for any reason?

**NOTE: Include visits to dental specialists, such as orthodontists**

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
  
8. NEVER
7. DON'T KNOW / NOT SURE
9. REFUSED

C11Q02

RMVTEETH

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.

**NOTE: Include teeth lost due to infection.**

1. 1 to 5
2. 6 or more but not all
3. All
  
8. NONE
7. DON'T KNOW / NOT SURE
9. REFUSED



How long has it been since you had your teeth “cleaned” by a dentist or dental hygienist?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
8. NEVER
7. DON'T KNOW / NOT SURE
9. REFUSED

## Core 12: Immunization

During the past 12 months, have you had a flu shot?

**IF NECESSARY:** *We want to know if you had a flu shot injected in your arm.*

1. Yes
2. No
7. DON'T KNOW / NOT SURE
9. REFUSED

During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

1. Yes
2. No – **IF C12Q01 =1 GO TO C12Q04, ELSE SKIP TO C12Q06**
7. DON'T KNOW/NOT SURE
9. REFUSED

**C12Q04 – ONLY GET IF C12Q01 = 1 OR C12Q02 = 1**

During what month and year did you receive your most recent flu vaccination?

**If “Yes” to both C12Q01 and C12Q02, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”**

\_\_/\_\_\_\_ Month / Year

77/7777 DON’T KNOW/NOT SURE (Probe: “Was it before or after September 2004?”  
Code approximate month and year)

99/9999 REFUSED

**If C12Q04 is DK or RF SKIP TO C12Q05**

**C12Q05**

Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]? **CATI fill in appropriate response from C12Q01 and C12Q02.**

**Read only if necessary:**

- 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: in-patient]
- 07 An emergency room
- 08 Workplace or
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico
  
- 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

**If C12Q04 is before 9/2004 SKIP TO C12Q06, if C12Q04 is DK or RF, SKIP TO C12Q06, otherwise SKIP TO C12Q07**

**C12Q06—ONLY GET IF C12Q04 < 9/2004 OR C12Q04 = 77/7777 OR 99/9999**

What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

Do not read answer choices below. Select category that best matches response.

- 01 NEED: DO NOT NEED IT
- 02 NEED: DOCTOR DID NOT RECOMMEND IT
- 03 NEED: DID NOT KNOW THAT I SHOULD BE VACCINATED
- 04 NEED: FLU IS NOT THAT SERIOUS
- 05 NEED: HAD THE FLU ALREADY THIS FLU SEASON
- 06 CONCERN ABOUT VACCINE: SIDE EFFECTS/CAN CAUSE FLU
- 07 CONCERN ABOUT VACCINE: DOES NOT WORK
- 08 ACCESS: PLAN TO GET VACCINATED LATER THIS FLU SEASON
- 09 ACCESS: FLU VACCINATION COSTS TOO MUCH
- 10 ACCESS: INCONVENIENT TO GET VACCINATED
- 11 VACCINE SHORTAGE: SAVING VACCINE FOR PEOPLE WHO NEED IT MORE
- 12 VACCINE SHORTAGE: TRIED TO FIND VACCINE, BUT COULD NOT GET IT
- 13 VACCINE SHORTAGE: NOT ELIGIBLE TO RECEIVE VACCINE
- 14 SOME OTHER REASON
  
- 77 DON'T KNOW/NOT SURE (Probe: "What was the main reason?")
- 99 REFUSED

**C12Q07— ONLY GET IF C12Q04 >= 042004**

Did you get a flu vaccination during the 'last flu season,' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE (Do not probe)
- 9 REFUSED

**C12Q03**

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

- 1. Yes
- 2. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

**C12Q08**

Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

**Read each problem listed below:**

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids  
-or-

Sickle cell anemia or other anemia

- 1 Yes – **SKIP TO C12Q09**
- 2 No – **SKIP TO C12Q10**
- 7 DON'T KNOW / NOT SURE (Probe by repeating question) – **SKIP TO C12Q10**
- 9 REFUSED – **SKIP TO C12Q10**

**C12Q09 C12Q08=1**

Do you still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE (Do not probe)
- 9 REFUSED

**C12Q10**

Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

**If necessary say: This includes part-time and volunteer work.**

- 1 Yes – **SKIP TO C12Q11**
- 2 No – **SKIP TO C13Q01**
- 7 DON'T KNOW / NOT SURE (Do not probe) – **SKIP TO C13Q01**
- 9 REFUSED – **SKIP TO C13Q01**

**C12Q11 only if C12Q10=1**

Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE (Probe by repeating question)
- 9 REFUSED

## Core 13: Demographics

C13Q01

AGE

What is your age?

\_\_ \_\_ Code age in years

- 07. DON'T KNOW / NOT SURE
- 09. REFUSED

C13Q02

HISPANC

Are you Hispanic or Latino?

- 1. Yes
- 2. No
  
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

C13Q03

MRACE

Which one or more of the following would you say is your race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or Other?

**(Check all that apply)**

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian , Alaska Native or
- 6. Other [**specify**]\_\_\_\_\_
  
- 8. NO ADDITIONAL CHOICES
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

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

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian, Alaska Native or
- 6. Other [specify]\_\_\_\_\_
  
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

**Please read:**

- 1. Married
- 2. Divorced
- 3. Widowed
- 4. Separated
- 5. Never married
- 6. A member of an unmarried couple
  
- 9. REFUSED

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

\_\_\_ \_\_\_ Number of children

- 88. NONE
- 99. REFUSED

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

Are you currently: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

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
8. Unable to work
9. REFUSED

Is your annual household income from all sources?

1. Less than \$10,000
2. Less than \$15,000 (\$10,000 to less than \$15,000)
3. Less than \$20,000 (\$15,000 to less than \$20,000)
4. Less than \$25,000 (\$20,000 to less than \$25,000)
5. Less than \$35,000 (\$25,000 to less than \$35,000)
6. Less than \$50,000 (\$35,000 to less than \$50,000)
7. Less than \$75,000 (\$50,000 to less than \$75,000)
8. \$75,000 or more
  
77. DON'T KNOW/NOT SURE
99. REFUSED

**C13Q10**

**WEIGHT2**

About how much do you weigh without shoes?

**Round fractions up**

\_\_\_ \_\_\_ \_\_\_ Weight (*pounds*)  
9 \_\_\_ \_\_\_ \_\_\_ Weight (*kilograms*)

7777. DON'T KNOW / NOT SURE  
9999. REFUSED

**C13Q11**

**HEIGHT2**

About how tall are you without shoes?

**Round fractions down**

\_\_\_ \_\_\_ \_\_\_ Height ft/inches (Ex. 5 feet 9 inches = 509)  
9 \_\_\_ \_\_\_ \_\_\_ Height meters/centimeters

7777. DON'T KNOW / NOT SURE  
9999. REFUSED

**C13Q12**

**CTYCODE**

What county do you live in?

\_\_\_ \_\_\_ \_\_\_ FIPS county code

777. DON'T KNOW / NOT SURE  
999. REFUSED

**C13Q13**

**NUMHOL2**

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 – **SKIP TO C13Q15**
  
7. DON'T KNOW / NOT SURE – **SKIP TO C13Q15**
9. REFUSED – **SKIP TO C13Q15**



**C13Q14 – ONLY GET IF C13Q13=1**

**NUMPHON2**

How many of these phone numbers are residential numbers?

\_\_\_ Residential telephone numbers [**6=6 or more**]

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

**C13Q15**

**TELSERV**

During the past 12 months, has your household been without telephone service for 1 week or more?

**Note: Do not include interruptions of phone service due to weather or natural disasters.**

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

**C13Q16**

**SEX**

Indicate sex of respondent. Ask only if necessary.

- 1. Male - **SKIP TO C13Q18 INTRO**
- 2. Female

**C13Q17 – ONLY GET IF C13Q16=2 AND C13Q01<45**

**PREGNANT**

To your knowledge, are you now pregnant?

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

**C13Q18 INTRO – ONLY GET IF**

**If Core C13Q06 = 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 Core C13Q06 is >1 and < 88**

Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [second/third/fourth, etc.] child.

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.**

I have some additional questions about one specific child. The child I will be referring to is the [Fill: random number from CATI] child. All the questions about children will be about that child.

**Note: If there are two children with the same birth date, randomly select one.**

**C13Q18**

Is the child a boy or a girl?

- 1. Boy
- 2. Girl
  
- 9. REFUSED

**C13Q19**

In what month and year was [FILL: he/she] born?

- / ----      Month / Year
  
- 77/7777      DON'T KNOW/NOT SURE (Probe by repeating the question)
- 99/9999      REFUSED

**C13Q20**

Has a doctor, nurse, or other health professional ever said that [Fill: he/she] has any of the following health problems?

**Read each problem listed below:**

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

1 Yes – **SKIP TO C13Q21**

2 No – **SKIP TO C13Q22**

7 DON'T KNOW/NOT SURE (Probe by repeating the question) – **SKIP TO C13Q22**

9 REFUSED – **SKIP TO C13Q22**

**C13Q21 – ONLY GET IF C13Q20 = 1**

Does [Fill: he/she] still have (this/any of these) problem(s)?

1 Yes

2 No

7 DON'T KNOW/NOT SURE (Do not probe)

9 REFUSED

**C13Q22**

**If child is less than 6 months old, go to C14Q01, otherwise ask:** During the past 12 months, has [Fill: he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

1 Yes

2 No

7 DON'T KNOW/NOT SURE (Do not probe)

9 REFUSED

**C13Q23**

During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™ .

- 1 Yes – **SKIP TO C13Q24**
- 2 No – **IF C13Q22 = 1 SKIP TO C13Q24, ELSE SKIP TO C13Q25**
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C13Q24 – ONLY GET IF C13Q22 = 1 OR C13Q23 = 1**

During what month and year did [Fill: he/she] receive the most recent flu vaccination?

If “Yes” to both C13Q22 and Q13.23, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”

--/----- Month / Year – **IF C13Q24 < 09/2004 SKIP TO C13Q25, ELSE SKIP TO C13Q26**

77/7777 DON'T KNOW/NOT SURE (Probe: “Was it before or after September 2004?”  
Code approximately month and year)

99/9999 REFUSED

**If C13Q24 is DK or RF, SKIP TO C13Q25**

**C13Q25 ONLY GET IF C13Q24 < 09/2004 OR C13Q24 = 77/7777 OR 99/9999**

What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

**Do not read answer choices below. Select category that best matches response.**

- 01 NEED: CHILD DOES NOT NEED IT
- 02 NEED: DOCTOR DID NOT RECOMMEND IT
- 03 NEED: DID NOT KNOW THAT CHILD SHOULD BE VACCINATED
- 04 NEED: FLU IS NOT THAT SERIOUS
- 05 NEED: CHILD HAD THE FLU ALREADY THIS FLU SEASON
- 06 CONCERN ABOUT VACCINE: SIDE EFFECTS/CAN CAUSE FLU
- 07 CONCERN ABOUT VACCINE: DOES NOT WORK
- 08 ACCESS: PLAN TO GET CHILD VACCINATED LATER THIS FLU SEASON
- 09 ACCESS: FLU VACCINATION COSTS TOO MUCH
- 10 ACCESS: INCONVENIENT TO GET VACCINATED
- 11 VACCINE SHORTAGE: SAVING VACCINE FOR PEOPLE WHO NEED IT MORE
- 12 VACCINE SHORTAGE: TRIED TO FIND VACCINE, BUT COULD NOT GET IT
- 13 VACCINE SHORTAGE: NOT ELIGIBLE TO RECEIVE VACCINE
- 14 SOME OTHER REASON
  
- 77 DON'T KNOW/NOT SURE (Probe: What was the main reason?)
- 99 REFUSED

**C13Q26— ONLY GET IF C13Q19 < 06/2003 OR (C13Q24 <09/2004 OR = 77/7777 OR 99/9999)**

Did [Fill: he/she] get the flu vaccine during the 'last flu season,' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW/NOT SURE (Do not probe)
- 9 REFUSED

## Core 14: Veteran's Status

**C14Q01**

**VETERAN**

The next question relates to military service.

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?

(186)

1. Yes
2. No – **SKIP TO C15Q01**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q01**
9. REFUSED – **SKIP TO C15Q01**

**C14Q02 – ONLY GET IF C14Q01=1**

**VETSTAT2**

Which of the following best describes your service in the United States military?

**Please read:**

1. Currently on active duty – **SKIP TO C15Q01**
2. Currently in a National Guard or Reserve unit – **SKIP TO C15Q01**
3. Retired from military service
4. Medically discharged from military service
5. Discharged from military service
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q01**
9. REFUSED – **SKIP TO C15Q01**

**C14Q03 – ONLY GET IF C14Q02>2 AND C14Q02<7**

**VACARE**

In the last 12 months have you received some or all of your health care from VA facilities?

**If "yes" probe for "all" or "some" of the health care.**

1. Yes, all of my health care
2. Yes, some of my health care
3. No, no VA health care received
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

## Core 15: Women's Health

**C15Q01 – ONLY GET IF C13Q16=2**

**HADMAM**

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1. Yes
2. No – **SKIP TO C15Q03**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q03**
9. REFUSED – **SKIP TO C15Q03**

**C15Q02 – ONLY GET IF C15Q01=1**

**HOWLONG**

How long has it been since you had your last mammogram?

**Read only if necessary**

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**C15Q03 – ONLY GET IF C13Q16=2**

**PROFEXAM**

A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you ever had a clinical breasts exam?

1. Yes
2. No – **SKIP TO C15Q05**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q05**
9. REFUSED – **SKIP TO C15Q05**

How long has it been since your last breast exam?

**Read only if necessary**

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

1. Yes
2. No – **SKIP TO C15Q07**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q07**
9. REFUSED – **SKIP TO C15Q07**

How long has it been since you had your last Pap smear?

**Read only if necessary**

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
  
7. DON'T KNOW/ NOT SURE
9. REFUSED



Have you had a hysterectomy?

**If necessary: A hysterectomy is an operation to remove the uterus (womb).**

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

## Core 16: Prostate Cancer Screening

**C16Q01 – ONLY GET IF C13Q16=1 AND C13Q01>39**

**PSATEST**

A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1. Yes
2. No – **SKIP TO C16Q03**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C16Q03**
9. REFUSED – **SKIP TO C16Q03**

**C16Q02 – ONLY GET IF C16Q01=1**

**PSATIME**

How long has it been since you had your last PSA test?

### Read only if necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**C16Q03 – ONLY GET IF C13Q16=1 AND C13Q01>39**

**DIGRECEX**

A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. Yes
2. No – **SKIP TO C16Q05**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C16Q05**
9. REFUSED – **SKIP TO C16Q05**

How long has it been since your last digital rectal exam?

**Read only if necessary**

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer?

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

## **Core 17: Colorectal Cancer Screening**

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1. Yes
2. No – **SKIP TO C17Q03**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C17Q03**
9. REFUSED – **SKIP TO C17Q03**

How long has it been since you had your last blood stool test using a home kit?

**Read only if necessary**

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the 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

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

1. Yes
2. No – **SKIP TO C18Q01**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C18Q01**
9. REFUSED – **SKIP TO C18Q01**

How long has it been since you had your last sigmoidoscopy or colonoscopy?

**Read only if necessary**

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. Within the past 10 years (5 years but less than 10 years ago)
5. 10 or more years ago
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

## Core 18: Family Planning

**C18Q01 – ONLY GET IF (C13Q01<45 AND C13Q16=2 AND C13Q17<>1 AND C15Q07<>1) OR (C14Q01<60 AND C13Q16=1)**

**BIRTHCNT3**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing anything now to keep **[if female, insert you], if male, insert her]** from getting pregnant?

**NOTE: If more than one partner, consider usual partner.**

1. Yes
2. No – **SKIP TO C18Q03**
3. No partner/not sexually active – **SKIP TO C19Q01**
4. Same sex partner – **SKIP TO C19Q01**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C19Q01**
9. REFUSED – **SKIP TO C19Q01**

What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert you, if male, insert her] from getting pregnant?

**Read only if necessary**

01. Tubes tied – **SKIP TO C19Q01**
02. Hysterectomy (female sterilization) – **SKIP TO C19Q01**
03. Vasectomy ( male sterilization) – **SKIP TO C19Q01**
04. Pill, all kinds (Seasonale, etc.) – **SKIP TO C18Q04**
05. Condoms (male or female) – **SKIP TO C18Q04**
06. Contraceptive implants (Jadelle or Implants) – **SKIP TO C18Q04**
07. Shots (Depo-Provera– **SKIP TO C18Q04**
08. 08. Shots (Lunelle) – **SKIP TO C18Q04**
09. Contraceptive Patch – **SKIP TO C18Q04**
10. Diaphragm, cervical ring, or cap (Nuvaring or others) – **SKIP TO C18Q04**
11. IUD (including Mirena) – **SKIP TO C18Q04**
12. Emergency contraception (EC) – **SKIP TO C18Q04**
13. Withdrawal – **SKIP TO C18Q04**
14. Not having sex at certain times (rhythm) – **SKIP TO C18Q04**
15. Other method (foam, jelly, cream, etc.) – **SKIP TO C18Q04**
  
77. DON'T KNOW/ NOT SURE – **SKIP TO C18Q04**
99. REFUSED – **SKIP TO C18Q04**

What is the main reason for not doing anything to keep [if female, insert “you,” if male, insert “your wife/partner”] from getting pregnant?

**Read only if necessary**

01. Didn't think was going to have sex/no regular partner
02. You want a pregnancy
03. You or your partner don't want to use birth control
04. You or your partner don't like birth control/fear side effects
05. You can't pay for birth control
06. Lapse in use of a method
07. Don't think you or your partner can get pregnant
08. You or your partner had tubes tied (sterilization) – **SKIP TO C19Q01**
09. You or your partner had a vasectomy (sterilization) – **SKIP TO C19Q01**
10. You or your partner had a hysterectomy – **SKIP TO C19Q01**
11. You or your partner are too old
12. You or your partner are currently breast-feeding
13. You or your partner just had a baby/postpartum
14. Other reason
15. Don't care if get pregnant
16. Partner is pregnant now – **SKIP TO C19Q01**
  
77. DON'T KNOW/ NOT SURE
99. REFUSED

How do you feel about having a child now or sometime in the future? Would you say:

1. You don't want to have one – **SKIP TO C19Q01**
2. You do want to have one – **SKIP TO C18Q05**
3. You're not sure if you do or don't – **SKIP TO C19Q01**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C19Q01**
9. REFUSED – **SKIP TO C19Q01**

How soon would you want to have a child? Would you say...

1. Less than 12 months from now
2. Between 12 months to less than two years from now
3. Between two years to less than 5 years from now, or
4. 5 or more years from now
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

## **Core 19: Disability**

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

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? Include occasional use or use in certain circumstances.

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED



## Core 20: HIV/AIDS

**C20Q01 – ONLY GET IF C13Q01 < 65**

**HIVTFIB**

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 don't want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

1. True
2. False
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**C20Q02 – ONLY GET IF C13Q01 < 65**

**HIVTFIB**

There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

1. True
2. False
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**C20Q03 – ONLY GET IF C13Q01 < 65**

**HIVTST4**

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

**(Include saliva tests)**

1. Yes
2. No – **SKIP TO C20Q10**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO C20Q10**
9. REFUSED – **SKIP TO C20Q10**

In the past 12 months, how many times have you been tested for HIV, including times you did not get your results?

-- Times

- 88. None
- 77. Don't know / Not sure
- 99. Refused

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

(Include saliva tests)

NOTE: If response is before January 1985, code "Don't know".

\_\_\_ / \_\_\_ \_\_\_ Code month and year

- 77 7777. DON'T KNOW / NOT SURE
- 99 9999. REFUSED

I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

Please read:

\_\_\_ Reason code

- 01. It was required
- 02. Someone suggested you should be tested
- 03. You thought you may have gotten HIV through sex or drug use
- 04. You just wanted to find out whether you had HIV
- 05. You were worried that you could give HIV to someone
- 06. **IF FEMALE:** You were pregnant
- 07. It was done as a part of a routine medical check-up
- 08. Or you were tested for some other reason
  
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Where did you have your last HIV test at, a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

\_\_ \_\_ Facility code

- 01. Private doctor or HMO – **SKIP TO C20Q09**
- 02. Counseling and testing site – **SKIP TO C20Q09**
- 03. Hospital – **SKIP TO C20Q09**
- 04. Clinic
- 05. Jail or prison – **SKIP TO C20Q09**
- 06. Drug treatment facility – **SKIP TO C20Q09**
- 07. Home – **SKIP TO C20Q09**
- 08. Somewhere else – **SKIP TO C20Q09**
  
- 77. DON'T KNOW / NOT SURE – **SKIP TO C20Q09**
- 99. REFUSED – **SKIP TO C20Q09**

What type of clinic did you go to for your last HIV test?

**Read if necessary**

- 1. Family planning clinic
- 2. STD clinic
- 3. Prenatal clinic
- 4. Public health clinic
- 5. Community health clinic
- 6. Hospital clinic
- 8. Other
  
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

Was this test done by a nurse or other health worker, or with a home testing kit?

- 1. Nurse or health worker
- 2. A home testing kit
  
- 7. Don't know / Not sure
- 9. 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 don't 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

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

## Core 21: Firearms

**C21Q01**

**FIREARM4**

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

Are any firearms kept in or around your home?

1. Yes
2. No – **SKIP TO M08Q01**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO M08Q01**
9. REFUSED – **SKIP TO M08Q01**

**C21Q02 – ONLY GET IF C21Q01=1**

**GUNLOAD**

Are any of these firearms now loaded?

1. Yes
2. No – **SKIP TO M08Q01**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO M08Q01**
9. REFUSED – **SKIP TO M08Q01**

**C21Q03 – ONLY GET IF C21Q02=1**

**LOADULK2**

Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

## Module 13: Folic Acid

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

**M13Q01**

**VITAMINS**

Do you currently take any vitamin pills or supplements? Include liquid supplements.

1. Yes
2. No – **SKIP TO M13Q05**
  
7. NOT SURE – **SKIP TO M13Q05**
9. REFUSED – **SKIP TO M13Q05**

**M13Q02– ONLY GET M13Q01=1**

**MULTIVIT**

Are any of these a multivitamin?

1. Yes – **SKIP TO M13Q04**
2. No
  
7. NOT SURE
9. REFUSED

**M13Q03 - ONLY GET IF M13Q02>1**

**FOLICACD**

Do any of the vitamin pills or supplements you take contain folic acid?

1. Yes
2. No – **SKIP TO M13Q05**
  
7. NOT SURE – **SKIP TO M13Q05**
9. REFUSED – **SKIP TO M13Q05**

**M13Q04 - ONLY GET IF M13Q02=1 OR M13Q03=1**

**TAKEVIT**

How often do you take this vitamin pill or supplement?

- 1 \_\_ times per day
- 2 \_\_ times per week
- 3 \_\_ times per month

777. DON'T KNOW/ NOT SURE  
999. REFUSED

Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons? Is it...

1. To make strong bones
2. To prevent birth defects
3. To prevent high blood pressure, or
4. Some other reason
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

## Module 15: Smoking Cessation

Previously you said you have smoked cigarettes:

About how long has it been since you last smoked cigarettes?

### Read only if necessary

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) – **SKIP TO M16Q01**
06. Within the past 10 years (5 years but less than 10 years ago) – **SKIP TO M16Q01**
07. 10 or more years ago – **SKIP TO M16Q01**
  
77. DON'T KNOW / NOT SURE – **SKIP TO M16Q01**
99. REFUSED – **SKIP TO M16Q01**

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 **(0-76)**

88. None - **SKIP TO M16Q01**
77. DON'T KNOW/NOT SURE
99. REFUSED

**M15Q03 – ONLY GET IF (C07Q02<3 OR M15Q01<05) AND M15Q02<>88**

**SCQITSMK**

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

\_\_ \_\_ Number of visits **(0-76)**

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

**M15Q04 – ONLY GET IF (C07Q02<3 OR M15Q01<05) AND M15Q02<>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 **(0-76)**

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

**M15Q05 – ONLY GET IF (C07Q02<3 OR M15Q01<05) AND M15Q02<>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 **(0-76)**

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED



## Module 16: Secondhand Smoke Policy

M16Q01

HOUSESMK

Which statement best describes the rules about smoking inside your home?

Please read:

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside the home or
4. There are no rules about smoking inside the home
  
7. DON'T KNOW / NOT SURE
9. REFUSED

M16Q02- ONLY GET IF C13Q08<3

INDOORS

While working at your job, are you indoors most of the time?

1. Yes
2. No – **SKIP TO M19Q01**
  
7. DON'T KNOW / NOT SURE – **SKIP TO M19Q01**
9. REFUSED – **SKIP TO M19Q01**

M16Q03- ONLY GET IF M16Q02 = 1

SMKPUBLIC

Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

**For workers who visit clients, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.**

Would you say...

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas
4. No official policy
  
7. DON'T KNOW / NOT SURE
9. REFUSED

Which of the following best describes your place of work's official smoking policy for work areas?

Would you say...

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas or
4. No official policy
  
7. DON'T KNOW / NOT SURE
9. REFUSED

## Module 19: Binge Drinking

The next questions are about the most recent occasion when you had 5 or more alcoholic beverages. One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor.

**NOTE: "Occasion means, 'in a row' or 'within a few hours'."**

**NOTE: If the respondent asks about how to count an over-sized drink (e.g., a 40-ounce bottle of malt liquor), then repeat: "One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor".**

During the most recent occasion when you had 5 or more alcoholic beverages, about how many beers, including malt liquor, did you drink?

\_\_ \_\_ Number (**Round up**)

88. NONE
77. DON'T KNOW / NOT SURE
99. REFUSED

**M19Q02 – ONLY GET IF C08Q03<77**

**DRNKWINE**

During the same occasion, about **how many glasses of wine**, including wine coolers, hard lemonade, or hard cider, did you drink?

**NOTE: Flavored malt beverages other than hard lemonade or hard cider (e.g., Smirnoff Ice and Zima, etc.) should be counted as wine.**

\_\_ \_\_ Number (**Round up**)

- 88. NONE
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**M19Q03 – ONLY GET IF C08Q03<77**

**DRNKLIQR**

During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

\_\_ \_\_ Number (**Round up**)

- 88. NONE
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**M19Q04 – ONLY GET IF C08Q03<77**

**DRNKLOC**

During this most recent occasion, **where were you** when you did **most** of your drinking?

**Please read:**

1. At your home, for example, your house, apartment, condominium, or dorm room
2. At another person's home
3. At a restaurant or banquet hall
4. At a bar or club
5. At a public place, such as at a park, concert, or sporting event
6. Other
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**M19Q05 – ONLY GET IF C08Q03<77**

**BUYALCH**

During this most recent occasion, how did you get most of the alcohol?

1. Someone else bought it for me or gave it to me
2. I bought it at a store, such as a liquor store, convenience store, or grocery store
3. I bought it at a restaurant, bar or public place
4. Other
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**M19Q06 – ONLY GET IF C08Q03<77**

**BINGEDRV**

Did you drive a motor vehicle, such as a car, truck, or motorcycle during or within a couple of hours after this occasion?

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

## State Added 1: Tobacco Source

**ND01Q01 – ONLY GET IF C07Q02<3**

**GETCIG**

During the past 30 days how did you usually get your own cigarettes? Would you say...

11. I did not smoke cigarettes during the past 30 days.
12. I bought them in a store such as a convenience store, supermarket, discount store, or gas station.
13. I bought them from a vending machine.
14. I bought them over the internet.
15. I bought them at an Indian reservation.
16. I bought them in another state, or
17. I got them some other way
  
77. DON'T KNOW/ NOT SURE
99. REFUSED

## State Added 2: Childhood Asthma

[random selection questions eliminated and child selected in Core Section 13 used for this modul]

**ND02Q01 – ONLY GET IF C13Q06<77**

**EVCASTH**

Earlier you said there were **[fill in number of children from C07Q02]** age 17 or younger living in your household. Has a doctor or other health professional ever told you that the **[randomly selected child in household]** has asthma?

1. Yes
2. No – **SKIP TO ND03Q01**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO ND03Q01**
9. REFUSED – **SKIP TO ND03Q01**

**ND02Q02 – ONLY GET IF ND02Q01=1**

**NOWCASTH**

Does the **[randomly selected child in household]** still have asthma?

1. Yes
2. No – **SKIP TO ND03Q01**
  
7. DON'T KNOW/ NOT SURE – **SKIP TO ND03Q01**
9. REFUSED – **SKIP TO ND03Q01**

**ND02Q03 – ONLY GET IF ND02Q02=1**

**CHILDAGE**

What is the age of **[selected child]**?

\_ \_ Age in years

99. REFUSED

**ND02Q03A – ONLY GET IF ND02Q02=1**

**STEROID**

Is this child male or female?

1. Male
2. Female
  
9. Refused

**ND02Q04 – ONLY GET IF ND02Q02=1****PREVMED**

During the past 12 months, did the **[selected child]** take Prednisone or another steroid such as a pill, capsule, or injection to help control his or her asthma?

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**ND02Q05 – ONLY GET IF ND02Q02=1****ASTHSYMP**

Does the **[selected child]** currently take the preventative kind of asthma medication used everyday to protect his/her lungs and keep him/her from having an attack? Include both pills and inhalers. This is different from inhalers used for quick relief.

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**ND02Q06 – ONLY GET IF ND02Q02=1****DIFSLEEP**

Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness, and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did the **[selected child]** have any symptoms of asthma? Would you say two days a week or less, three to six days a week, daily but not all the time, continually, or none?

1. Two days a week or less
2. Three to six days a week
3. Daily but not all the time
4. Continually
  
7. DON'T KNOW/ NOT SURE
8. None
9. REFUSED

**ND02Q07 – ONLY GET IF ND02Q02=1**

**DIFSLEEP**

During the past 30 days, how many days did symptoms of asthma make it difficult for the **[selected child]** to stay asleep? Would you say two nights a month or less, three or four nights a month, more than one night per week, every night or almost every night, or none?

1. Two nights a month or less
2. Three or four nights a month
3. More than one night per week
4. Every night or almost every night
  
7. DON'T KNOW/ NOT SURE
8. None
9. REFUSED

**ND02Q08 – ONLY GET IF ND02Q02=1**

**MISSCH**

During the past 30 days, how many days of **[daycare or preschool/school/school or work]** miss because of his/her asthma?

\_\_ Days missed

66. HOME SCHOOLED
77. DON'T KNOW/NOT SURE
88. CHILD DID NOT GO TO (DAYCARE/PRESCHOOL/SCHOOL/WORK) DURING THE PAST 30 DAYS
99. REFUSED

**ND02Q09 – ONLY GET IF ND02Q02=1**

**DIFACTV**

During the past 30 days, how many days was **[selected child]** unable to do his/her usual activities because of asthma symptoms?

\_\_ Number of days

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

**ND02Q10 – ONLY GET IF ND02Q02=1**

**ANIMAL**

Is there a bird, cat, dog or other pet with fur that spends some or all the time in the house?

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**ND02Q11 – ONLY GET IF ND02Q02=1**

**INSMOKE**

Does anyone, including household members or guests, smoke inside the home?

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**ND02Q12 – ONLY GET IF ND02Q02=1**

**HEAT**

What type of home heating do you use?

1. Burn coal
2. Burn wood
3. Burn natural gas or bottled gas
4. Burn oil
5. Electricity
6. Other [**Specify**]
  
7. DON'T KNOW/ NOT SURE
9. REFUSED



During the cold months, about how often do you light a fire in the fireplace to burn wood or other solid fuel? Do not include gas fireplaces only. Would you say less than once per month, more than once per month but not every week, more than once per week but not every day, daily or never?

1. Less than once per month
2. More than once per month but not every week
3. More than once per week but not every day
4. Daily
5. Never or no fireplace
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

### State Added 3: Additional Demographic Information

Which of the following most accurately describes the type of work or business you currently work in most often? Would you say...

10. State government employee
11. Other government employee
12. Farmer or rancher
13. Other farm or ranch worker
14. Manufacturing
15. Health Care
16. Food or drink server (waiter, waitress, bartender)
18. Wholesale or retail sales
19. Financial sales
18. Other
  
77. DON'T KNOW/ NOT SURE
99. REFUSED

Excluding vacation days or other planned days off, during the past 12 months, how many days did you miss work due to physical or mental illness?

\_\_\_ Number of days

- 777. DON'T KNOW/ NOT SURE
- 888. NONE
- 999. REFUSED

## Module 2: Sexual Behavior

These next few questions are about your personal behavior, and I want to remind you that your answers are confidential.

During the past 12 months, with how many people have you had sexual intercourse?

\_\_ Number of people [76=76 OR MORE]

- 77. DON'T KNOW/ NOT SURE
- 88. NONE – **SKIP TO ND04Q01**
- 99. REFUSED

Was a condom used the last time you had sexual intercourse?

- 1. Yes
- 2. No –**SKIP TO M02Q04**
- 7. DON'T KNOW/ NOT SURE –**SKIP TO M02Q04**
- 9. REFUSED –**SKIP TO M02Q04**

**M02Q03 – ONLY GET IF M02Q02=1**

**CONDLAST**

The last time you had sexual intercourse, was the condom used to prevent pregnancy, to prevent diseases like syphilis, gonorrhea, and AIDS, for both of these reasons, or for some other reason?

1. To prevent pregnancy
2. To prevent diseases such as syphilis, gonorrhea, and AIDS
3. For both of these reasons
4. Some other reason
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**M02Q04 – ONLY GET IF C13Q01<50 AND M02Q01<>88**

**CONEFF2**

Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say...

1. Very effective
2. Somewhat effective, or
3. Not at all effective
  
4. DON'T KNOW HOW EFFECTIVE
5. DON'T KNOW METHOD
9. REFUSED

**M02Q05 – ONLY GET IF C13Q01<50 AND M02Q01<>88**

**NEWPARTN**

How many new sex partners did you have during the past 12 months?

**Note: A new sex partner is someone the respondent had sex with for the first time in the past 12 months.**

-- Number of people [**76=76 OR MORE**]

77. DON'T KNOW/ NOT SURE
88. NONE
99. REFUSED

**M02Q06 – ONLY GET IF C13Q01<50 AND M02Q01<>88**

**STD TREAT**

In the past five years, have you been treated for a sexually transmitted or venereal disease?

1. Yes
2. No –**SKIP TO ND04Q01**
  
7. DON'T KNOW/ NOT SURE –**SKIP TO ND04Q01**
9. REFUSED –**SKIP TO ND04Q01**

**M02Q07 – ONLY GET IF M02Q06=1**

**STD CLINIC**

Were you treated at a health department STD clinic?

1. Yes
2. No
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

### **State Added 4: Sexual Preference**

**ND04Q01**

**SEX PREFERENCE**

Do you consider yourself to be:

1. Heterosexual or straight
2. Homosexual or "gay" **[if male]** "lesbian" **[if female]**
3. Bisexual, or
4. Other
  
7. DON'T KNOW/ NOT SURE
9. REFUSED

**CLOSING**

That's 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.