



2006

Behavioral Risk Factor Surveillance System

BRFSS Questionnaire

December 2005

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

North Dakota 2006 BRFSS Questionnaire

Introduction and Random Adult Selection Module	1
Core 1: Health Status	5
Core 2: Healthy Days – Health-Related Quality of Life	5
Core 3: Health Care Access	6
Core 4: Exercise	7
Core 5: Diabetes	7
Module 4: Diabetes	7
Core 6: Oral Health	11
Core 7: Cardiovascular Disease Prevalence	12
Core 8: Asthma	12
Core 9: Disability	13
Core 10: Tobacco Use	14
Core 11: Demographics	14
Core 12: Veteran’s Status	19
Core 13: Alcohol Consumption	19
Core 14: Immunization/Adult Influenza Supplement	21
Core 15: Falls	22
Core 16: Seatbelt Use	23
Core 17: Drinking and Driving	23
Core 18: Women’s Health	24
Core 19: Prostate Cancer Screening	26
Core 20: Colorectal Cancer Screening	27
Core 21: HIV/AIDS	29
Core 22: Emotional Support and Life Satisfaction	30
Module 1: Random Child Selection	31
Module 10: Secondhand Smoke Policy	33
Module 14: Anxiety and Depression	34
State Added Section 1: Occupation	36
State Added Section 2: Child Asthma	39
State Added Section 3: Smoking Cessation	42
State Added Section 4: Tobacco Source	44
State Added Section 5: Pesticide Exposure	44
State Added Section 6: Indian Health Services	46
State Added Section 7: Sexual Orientation	48

Introduction and Random Adult Selection Module

INTROQST

CTELENUM

HELLO, I'm calling for the North Dakota Department of Health. My name is [INTERVIEWER NAME].

We are gathering information about the health of North Dakota 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 [XXX-XXX-XXXX]?

1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) 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.

PRIVRES - IF INTROQST = 1

PVTRESID

Is this a private residence?

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.

ISCELL

CELLFON

Is this a cellular telephone?

READ IF NECESSARY: By cellular 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.

ADULTS - IF ISCELL = 1

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 NUMBER OF ADULTS IF ADULTS = 1 SKP → ONEADULT

MEN

NUMMEN

How many of these adults are men?

-- ENTER NUMBER MEN

WOMEN

NUMWOMEN

How many of these adults are women?

-- ENTER NUMBER WOMEN

WRONGTOT - 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 SKP → MEN
2. CORRECT THE NUMBER OF WOMEN SKP → WOMEN
3. CORRECT THE NUMBER OF ADULTS SKP → ADULTS

SELECTED - IF ADULT > 1 & MEN + WOMEN = ADULTS

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

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

ONEADULT - IF ADULT = 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 ADULT = 1 & ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ADULT > 1

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?

[IF ASKGENDR = 2 SHOW] ...her?

1. YES, ADULT IS COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 TO 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 NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

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

NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the North Dakota Department of Health. My name is [INTERVIEWER NAME].

We are gathering information about the health of North Dakota 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
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED **SKP → ADULTS**

INTROSCR

I will not ask for your 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, I will provide a telephone number for you to call to get more information.

1. PERSON INTERESTED, CONTINUE **SKP → C01Q01**
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED **SKP → ADULTS**

Core 1: Health Status

C01Q01	GENHLTH
--------	---------

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

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

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

Core 2: Healthy 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
- SKP → C03Q01 IF C02Q01 = 1

C02Q03 – IF C02Q01 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?

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

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: Diabetes

C05Q01	DIABETE2
--------	----------

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

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"

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

- 1. YES
- 2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY SKP → C06Q01
- 3. NO SKP → C06Q01
- 4. NO, PRE-DIABETES OR BORDERLINE DIABETES SKP → C06Q01
- 7. DON'T KNOW/NOT SURE SKP → C06Q01
- 9. REFUSED SKP → C06Q01

Module 4: Diabetes
[CATI NOTE: INSERT AFTER C05Q01]

M04Q01 - IF C05Q01 = 1	DIABAGE2
------------------------	----------

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

_ _ CODE YEARS IN AGE [97 = 97 OR OLDER]

- 98. DON'T KNOW/NOT SURE
- 99. REFUSED

M04Q02 - IF C05Q01 = 1

INSULIN

Are you now taking insulin?

- 1. YES
- 2. NO

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

M04Q03 - IF C05Q01 = 1

DIABPILL

Are you now taking diabetes pills?

- 1. YES
- 2. NO

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

M04Q04 - IF C05Q01 = 1

BLDSUGAR

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

- -- 101-199 = TIMES PER DAY
- 201-299 = TIMES PER WEEK
- 301-399 = TIMES PER MONTH
- 401-499 = TIMES PER YEAR

- 888. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M04Q05 - IF C05Q01 = 1

FEETCHK2

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

- -- 101-199 = TIMES PER DAY
- 201-299 = TIMES PER WEEK
- 301-399 = TIMES PER MONTH
- 401-499 = TIMES PER YEAR

- 555. NO FEET
- 888. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M04Q06 - IF C05Q01 = 1

FEETSORE

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

1. YES
2. NO

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

M04Q07 - IF C05Q01 = 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 GREATER]

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

M04Q08 - IF C05Q01 = 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"?

_ _ NUMBER OF TIMES [76 = 76 OR GREATER]

88. NEVER
98. NEVER HEARD OF "A ONE C"
77. DON'T KNOW/NOT SURE
99. REFUSED

M04Q09 - IF C05Q01 = 1 & M04Q05 <> 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 GREATER]

88. NEVER
77. DON'T KNOW/NOT SURE
99. REFUSED

M04Q10 - IF C05Q01 = 1

EYEEEXAM

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 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

M04Q11 - IF C05Q01 = 1

DIABEYE

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

1. YES
2. NO

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

M04Q12 - IF C05Q01 = 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

Core 6: Oral Health

C06Q01

LASTDEN3

How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

READ 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
8. NEVER
9. REFUSED

C06Q02

RMVTEETH

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

1. 1 to 5
2. 6 or more but not all
3. All **SKP → C07Q01**
8. None

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

C06Q03 - IF C06Q01 <> 8 & C06Q02 <> 3

DENCLEAN

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

READ 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
8. NEVER
9. REFUSED

Core 7: Cardiovascular Disease Prevalence

C07Q01

CVDINFR4

Now I would like to ask you some questions about cardiovascular disease.

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 had a heart attack, also called a myocardial infarction?

1. YES
2. NO

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

C07Q02

CVDCRHD4

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

1. YES
2. NO

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

C07Q03

CVDSTRK3

(Ever told) you had a stroke?

1. YES
2. NO

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

Core 8: Asthma

C08Q01

ASTHMA2

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

1. YES
2. NO SKP → C09Q01

7. DON'T KNOW/NOT SURE SKP → C09Q01
9. REFUSED SKP → C09Q01

C08Q02 - IF C08Q01 = 1

ASTHNOW

Do you still have asthma?

1. YES
2. NO

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

Core 9: Disability

C09Q01

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

C09Q02

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

Core 10: Tobacco Use

C10Q01	SMOKE100
--------	----------

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. YES
- 2. NO SKP → C11Q01

- 7. DON'T KNOW/NOT SURE SKP → C11Q01
- 9. REFUSED SKP → C11Q01

C10Q02 - IF C10Q01 = 1	SMOKEDAY
------------------------	----------

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

- 1. Every day
- 2. Some days
- 3. Not at all SKP → C11Q01

- 7. DON'T KNOW/NOT SURE SKP → C11Q01
- 9. REFUSED SKP → C11Q01

C10Q03 - IF C10Q01 = 1 & C10Q02 < 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 11: Demographics

C11Q01	AGE
--------	-----

What is your age?

-- CODE AGE IN YEARS

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

C11Q02

HISPANC2

Are you Hispanic or Latino?

1. YES
2. NO

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

C11Q03

MRACE

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

INTERVIEWER NOTE: CHECK ALL THAT APPLY.

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

C11Q04 - IF C11Q03 HAS MORE THAN ONE RACE CHECKED

ORACE2

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 or Alaska Native, or
6. Other [SPECIFY]

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

C11Q05

MARITAL

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

1. MARRIED
2. DIVORCED
3. WIDOWED
4. SEPARATED
5. NEVER MARRIED
6. A MEMBER OF AN UNMARRIED COUPLE

9. REFUSED

C11Q06

CHILDREN

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

-- NUMBER OF CHILDREN

88. NONE
99. REFUSED

C11Q07

EDUCA

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

READ 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

C11Q08

EMPLOY

Are you currently...?

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

C11Q09

INCOME2

Is your annual household income from all sources...

- 01. Less than \$10,000
- 02. Less than \$15,000 (\$10,000 to less than \$15,000)
- 03. Less than \$20,000 (\$15,000 to less than \$20,000)
- 04. Less than \$25,000 (\$20,000 to less than \$25,000)
- 05. Less than \$35,000 (\$25,000 to less than \$35,000)
- 06. Less than \$50,000 (\$35,000 to less than \$50,000)
- 07. Less than \$75,000 (\$50,000 to less than \$75,000)
- 08. \$75,000 or more

77. DON'T KNOW/NOT SURE

99. REFUSED

C11Q10

WEIGHT2

About how much do you weigh without shoes?

-- -- -- -- ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =
9110)

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C11Q11

HEIGHT3

About how tall are you without shoes?

-- -- -- -- ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES =
509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS =
9175)

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C11Q12

CTYCODE

What county do you live in?

-- -- -- FIPS COUNTY CODE

777. DON'T KNOW/NOT SURE

999. REFUSED

C11Q13

ZIPCODE

What is your ZIP Code where you live?

____ ZIP CODE

77777. DON'T KNOW/NOT SURE

99990. REFUSED

C11Q14

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 → C11Q16

7. DON'T KNOW/NOT SURE SKP → C11Q16

9. REFUSED SKP → C11Q16

C11Q15 - IF C11Q14 = 1

NUMPHON2

How many of these telephone numbers are residential numbers?

1. ONE

2. TWO

3. THREE

4. FOUR

5. FIVE

6. SIX OR MORE

7. DON'T KNOW/NOT SURE

9. REFUSED

C11Q16

TELSERV2

During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C11Q17

SEX

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

1. Male **SKP → C12Q01**
2. Female

C11Q18 - IF C11Q01 < 45 & C11Q017 = 2

PREGNANT

To your knowledge, are you now pregnant?

1. YES
2. NO

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

Core 12: Veteran's Status

C12Q01

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?

1. YES
2. NO

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

Core 13: Alcohol Consumption

C13Q01

DRNKANY4

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1. YES
2. NO **SKP → C14Q01**

7. DON'T KNOW/NOT SURE **SKP → C14Q01**
9. REFUSED **SKP → C14Q01**

C13Q02 - IF C13Q01 = 1

ALCDAY4

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

-- -- ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS
(101-107 = DAYS PER WEEK; 201-230 = IN PAST
30 DAYS)

777. DON'T KNOW/NOT SURE

888. NO DRINKS IN PAST 30 DAYS SKP → C14Q01

999. REFUSED

C13Q03 - IF C13Q01 = 1 & C13Q02 <> 888

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?

-- -- NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE

99. REFUSED

C13Q04 - IF C13Q01 = 1 & C13Q02 <> 888

DRNK3GE5

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C11Q17 = 1 SHOW] ...5...

[IF C11Q17 = 2 SHOW] ...4...

...or more drinks on an occasion?

-- -- NUMBER OF TIMES

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

C13Q05 - IF C13Q01 = 1 & C13Q02 <> 888

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

Core 14: Immunization/Adult Influenza Supplement

C14Q01

FLUSHOT3

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

1. YES
2. NO

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

C14Q02

FLUSPRY2

During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

1. YES
2. NO

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

C14Q09

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

C14Q10

HEPBVAC

Have you ever received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

1. YES
2. NO

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

The next question is about behaviors related to Hepatitis B.

Tell me if any of these statements are true for you. Do not tell me which statement or statements are true for you, just if any of them are:

- You have hemophilia and have received clotting factor concentrate.
- [IF C11Q17 = 1 SHOW]-You are a man who has had sex with other men, even just one time.
- You have taken street drugs by needle, even just one time.
- You traded sex for money or drugs, even just one time.
- You have tested positive for HIV.
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements.
- You had more than two sex partners in the past year.

Are any of these statements true for you?

1. YES AT LEAST ONE STATEMENT IS TRUE
2. NO, NONE OF THESE STATEMENTS IS TRUE
7. DON'T KNOW/NOT SURE
9. REFUSED

Core 15: Falls

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 3 months, how many times have you fallen?

_ _ NUMBER OF TIMES [76 = 76 OR MORE]

- | | |
|-------------------------|--------------|
| 88. NONE | SKP → C16Q01 |
| 77. DON'T KNOW/NOT SURE | SKP → C16Q01 |
| 99. REFUSED | SKP → C16Q01 |

C15Q02 - C11Q01 >= 45 & C15Q01 < 77

FALLINJ

[IF C15Q01 = 1 SHOW] Did this fall cause an injury?

[IF C15Q01 > 1 SHOW] How many of these falls caused an injury?

By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

-- NUMBER OF TIMES [76 = 76 OR MORE]

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

Core 16: Seatbelt Use

C16Q01

SEATBELT

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

- 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 SKP → C18Q01
- 9. REFUSED

Core 17: Drinking and Driving

C17Q01 - IF C13Q01 <> 2 & C16Q01 <> 8

DRNKDRI

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 18: Women's Health

C18Q01 - C11Q17 = 2

HADMAM

The next questions are about breast and cervical cancer.

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

1. YES
2. NO SKP → C18Q03
7. DON'T KNOW/NOT SURE SKP → C18Q03
9. REFUSED SKP → C18Q03

C18Q02 - C11Q17 = 2 & C18Q01 = 1

HOWLONG

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

READ 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

C18Q03 - IF C11Q17 = 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 breast exam?

1. YES
2. NO SKP → C18Q05
7. DON'T KNOW/NOT SURE SKP → C18Q05
9. REFUSED SKP → C18Q05

C18Q04 - IF C11Q17 = 2 & C18Q03 = 1

LENGEXAM

How long has it been since your last breast exam?

READ 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

C18Q05 - IF C11Q17 = 2

HADPAP2

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

1. YES
2. NO SKP → C18Q07

7. DON'T KNOW/NOT SURE SKP → C18Q07
9. REFUSED SKP → C18Q07

C18Q06 - IF C11Q17 = 2 & C18Q05 = 1

LASTPAP2

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

READ 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

C18Q07 - IF C11Q17 = 2 & C11Q18 > 1

HADHYST2

Have you had a hysterectomy?

READ 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 19: Prostate Cancer Screening

C19Q01 - IF C11Q17 = 1 & C11Q01 >= 40

PSATEST

Now, I will ask you some questions about prostate cancer screening.

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 SKP → C19Q03

- 7. DON'T KNOW/NOT SURE SKP → C19Q03
- 9. REFUSED SKP → C19Q03

C19Q02 - IF C11Q17 = 1 & C11Q01 >= 40 & C19Q01 = 1

PSATIME

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

READ 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

C19Q03 - IF C11Q17 = 1 & C11Q01 >= 40

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 SKP → C19Q05

- 7. DON'T KNOW/NOT SURE SKP → C19Q05
- 9. REFUSED SKP → C19Q05

C19Q04 - IF C11Q17 = 1 & C11Q01 >= 40 & C19Q03 = 1

DRETIME

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

READ 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

C19Q05 - IF C11Q17 = 1 & C11Q01 >= 40

PROSTATE

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 20: Colorectal Cancer Screening

C20Q01 - C11Q01 >= 50

BLDSTOOL

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 SKP → C20Q03

7. DON'T KNOW/NOT SURE SKP → C20Q03
9. REFUSED SKP → C20Q03

C20Q02 - C11Q01 >= 50 & C20Q01 = 1

LSTBLDS2

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

READ 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

C20Q03 - C11Q01 >= 50

HADSIGM3

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 SKP → C21Q01

7. DON'T KNOW/NOT SURE SKP → C21Q01
9. REFUSED SKP → C21Q01

C20Q04 - C11Q01 >= 50 & C20Q03 = 1

LASTSIG2

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

READ 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 21: HIV/AIDS

C21Q01 - IF C11Q01 =< 65

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 → C22Q01
7. DON'T KNOW/NOT SURE SKP → C22Q01
9. REFUSED SKP → C22Q01

C21Q02 - IF C11Q01 =< 65 & C21Q01 = 1

HIVTSTD2

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

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

_ _ _ _ _ CODE MONTH AND YEAR

777777. DON'T KNOW/NOT SURE
999999. REFUSED

C21Q03 - IF C11Q01 =< 65 & C21Q01 = 1

WHRTST7

Where did you have your last HIV test - at a private doctor or HMO office, 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?

01. PRIVATE DOCTOR OR HMO OFFICE
02. COUNSELING AND TESTING SITE
03. HOSPITAL
04. CLINIC
05. JAIL OR PRISON (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE
77. DON'T KNOW/NOT SURE
99. REFUSED

C21Q04 - IF C11Q01 =< 65 & C21Q01 = 1 & C21Q02 < [WITHIN PAST 12 MONTHS]

HIVRDTST

Was it a rapid test where you could get your results within a couple of hours?

1. YES
2. NO

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

Core 22: Emotional Support and Life Satisfaction

C22Q01

EMTSUPRT

The next two questions are about emotional support and your satisfaction with life.

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED, SAY, "Please include support from any source."

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

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

C22Q02

LSATISFY

In general, how satisfied are you with your life?

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

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

Module 1: Random Child Selection

M01Q01 - IF C11Q06 >= 1 & C11Q06 < 88

RCSBIRTH

[IF C11Q06 = 1 SHOW] 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 C11Q01 > 1 & <88 SHOW] Previously, you indicated there were [ANS C11Q06] children age 17 or younger in your household. Think about those [ANS C11Q06] 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 the [Xth] child in your household. All following questions about children will be about the [Xth] child.

What is the birth month and year of the [Xth] child?

_ _ _ _ _ CODE MONTH AND YEAR

777777. DON'T KNOW/NOT SURE
999999. REFUSED

M01Q02 - IF C11Q06 < 88

RCSGENDR

Is the child a boy or a girl?

1. BOY
2. GIRL

9. REFUSED

M01Q03 - IF C11Q06 < 88

RCHISLAT

Is the child Hispanic or Latino?

1. YES
2. NO

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

M01Q04 - IF C11Q06 < 88

RCSRACE

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

CHECK ALL THAT APPLY

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

M01Q05 - IF C11Q06 < 88 & M01Q04 HAS MORE THAN ONE RESPONSE INDICATED

RCSBRACE

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

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

M01Q06 - IF & C11Q06 < 88

RCSRELT1

How are you related to the child?

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

Module 10: Secondhand Smoke Policy

M10Q01

HOUSESMK

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

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 your home
4. There are no rules about smoking inside your home

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

M10Q02 - IF C11Q08 = 1, 2

INDOORS

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

1. YES
2. NO SKP → [NEXT MODULE]

7. DON'T KNOW/NOT SURE SKP → [NEXT MODULE]
9. REFUSED SKP → [NEXT MODULE]

M10Q03 - IF C11Q08 = 1, 2 & M10Q02 = 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?

INTERVIEWER NOTE: FOR WORKERS WHO VISIT CLIENTS OR WORK AT HOME, "PLACE OF WORK" MEANS THEIR BASE LOCATION. FOR SELF-EMPLOYED PERSONS WHO WORK AT HOME, THE OFFICIAL SMOKING POLICY MEANS THE HOME SMOKING POLICY.

1. Not allowed in any public areas
2. Allowed in some public areas
3. Allowed in all public areas, or
4. No official policy

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

M10Q04 - IF C11Q08 = 1, 2 & M10Q02 = 1

SMKWORK

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

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
4. No official policy

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

Module 14: Anxiety and Depression

M14Q01

ADPLEASR

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

_ _ 01-14 DAYS

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

M14Q02

ADDOWN

Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

_ _ 01-14 DAYS

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

M14Q03

ADSLEEP

Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

_ _ 01-14 DAYS

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

M14Q04

ADENERGY

Over the last 2 weeks, how many days have you felt tired or had little energy?

-- 01-14 DAYS

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

M14Q05

ADEAT

Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

-- 01-14 DAYS

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

M14Q06

ADFAIL

Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

-- 01-14 DAYS

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

M14Q07

ADTHINK

Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

-- 01-14 DAYS

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

M14Q08

ADMOVE

Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?

-- 01-14 DAYS

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

M14Q09

ADANXEV

Has a doctor or other healthcare provider ever told you that you had an anxiety disorder including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?

- 1. YES
- 2. NO

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

M14Q10

ADDEPEV

Has a doctor or other healthcare provider ever told you that 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

State Added Section 1: Occupation

ND01Q01 - IF C11Q08 = 1, 2, 5, 6, 7

OCCHOURS

Previously, you indicated you were [ANS C11Q08]. On the average, how many hours per week, if any, do you work at a job or business?

-- (76 = 76 OR MORE HOURS)

- 88. DO NOT WORK/NONE SKP → ND02Q01
- 77. DON'T KNOW/NOT SURE SKP → ND02Q01
- 99. REFUSED SKP → ND02Q01

ND01Q02 - IF C11Q08 = 1, 2, 5, 6, 7 & ND01Q01 < 77

OCCIND

INTERVIEWER NOTE: PROBING REQUIRED FOR THE NEXT TWO QUESTIONS.
INTERVIEWERS NEED TO PROBE FOR SPECIFIC OCCUPATION AND INDUSTRY
- THIS WILL BE AT LEAST TWO WORDS IN MOST CASES.

EXAMPLE: MECHANIC IS NOT SUFFICIENT, DIESEL ENGINE MECHANIC
WOULD BE SUFFICIENT. TEACHER WOULD NOT BE SUFFICIENT, HIGH SCHOOL
SCIENCE TEACHER OR 1ST GRADE TEACHER WOULD BE SUFFICIENT.
MANUFACTURING IS NOT SUFFICIENT, MANUFACTURING WIDGETS WOULD BE
SUFFICIENT.

What kind of business or industry do you work in currently?

For example: hospital, newspaper publishing, mail order house, auto
repair shop, bank.

Specify: _____

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

ND01Q03 - IF C11Q08 = 1, 2, 5, 6, 7 & ND01Q01 < 77

OCCWORK

INTERVIEWER NOTE: PROBING REQUIRED. INTERVIEWERS NEED TO PROBE
FOR SPECIFIC OCCUPATION.
- THIS WILL BE AT LEAST TWO WORDS IN MOST CASES.

EXAMPLE: MECHANIC IS NOT SUFFICIENT, DIESEL ENGINE MECHANIC
WOULD BE SUFFICIENT. TEACHER WOULD NOT BE SUFFICIENT, HIGH SCHOOL
SCIENCE TEACHER OR 1ST GRADE TEACHER WOULD BE SUFFICIENT.
MANUFACTURING IS NOT SUFFICIENT, MANUFACTURING WIDGETS WOULD BE
SUFFICIENT.

What kind of work do you do in that business or industry, that is, your
current occupation?

For example: registered nurse, personnel manager, supervisor of order
department, auto mechanic, accountant.

Specify: _____

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

ND01Q04 - IF C11Q08 = 1, 2, 5, 6, OR 7 & ND01Q01 < 77

TYPEWORK

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)
 17. Wholesale or retail sales
 18. Financial services
 19. Other
77. DON'T KNOW/NOT SURE
99. REFUSED

ND01Q05 - IF C11Q08 = 1, 2, 5, 6, 7 & ND01Q01 < 77

MISSPHYS

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

_ _ _ NUMBER OF DAYS

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

ND01Q06 - IF C11Q08 = 1, 2, 5, 6, 7 & ND01Q01 < 77

MISSMENT

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

_ _ _ NUMBER OF DAYS

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

State Added Section 2: Child Asthma

ND02Q01 - IF C11Q06 < 88 EVCASTH

These next questions relate to [RANDOMLY SELECTED CHILD].

Has a doctor or other health professional ever told you that [RANDOMLY SELECTED CHILD] has asthma?

- 1. YES
- 2. NO SKP → ND03Q01

- 8. DON'T KNOW/NOT SURE SKP → ND03Q01
- 9. REFUSED SKP → ND03Q01

ND02Q02 - IF C11Q06 < 88 & ND02Q01 = 1 NOWCASTH

Does [RANDOMLY SELECTED CHILD] still have asthma?

- 1. YES
- 2. NO SKP → ND03Q01

- 8. DON'T KNOW/NOT SURE SKP → ND03Q01
- 9. REFUSED SKP → ND03Q01

ND02Q03 - IF C11Q06 < 88 & ND02Q01 = 1 & ND02Q02 = 1 STEROID

During the past 12 months, did [RANDOMLY SELECTED CHILD] take Prednisone or another steroid such as a pill, capsule, or injection to help control [HIS/HER] asthma?

- 1. YES
- 2. NO

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

ND02Q04 - IF C11Q06 < 88 & ND02Q01 = 1 & ND02Q02 = 1 PREVMED

Does [RANDOMLY SELECTED CHILD] currently take the preventive 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

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

ND02Q05 - IF C11Q06 < 88 & ND02Q01 = 1 & ND02Q02 = 1

ASTHSYMP

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 [**RANDOMLY 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/NOTSURE
8. NONE
9. REFUSED

ND02Q06 - IF C11Q06 < 88 & ND02Q01 = 1 & ND02Q02 = 1

DIFSLEEP

During the past 30 days, how many days did symptoms of asthma make it difficult for [**RANDOMLY 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

ND02Q07 - IF C11Q06 < 88 & ND02Q01 = 1 & ND02Q02 = 1

MISSCH

During the past 30 days, how many days of [**DAYCARE/PRESCHOOL/SCHOOL/SCHOOL OR WORK**] did [**RANDOMLY SELECTED CHILD**] 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

ND02Q08 - IF C11Q06 < 88 & ND02Q01 = 1 & ND02Q02 = 1 DIFACTIV

During the past 30 days, how many days was [RANDOMLY SELECTED CHILD] unable to do [HIS/HER] usual activities because of asthma symptoms?

_ _ NUMBER OF DAYS

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

ND02Q09 - IF C11Q06 < 88 & ND02Q01 = 1 & 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

ND02Q10 - IF C11Q06 < 88 & ND02Q01 = 1 & 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

ND02Q11 - IF C11Q06 < 88 & ND02Q01 = 1 & 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

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

ND02Q12 - IF C11Q06 < 88 & ND02Q01 = 1 & ND02Q02 = 1

FIREPLAC

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 Section 3: Smoking Cessation

ND03Q01 - IF C10Q02 = 3

SCLSTSMK

Previously you said you have smoked cigarettes; about how long has it been since you last smoked cigarettes?

READ 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) SKP → ND04Q01
06. Within the past 10 years (5 years but less than 10 years ago) SKP → ND04Q01
07. 10 or more years ago SKP → ND04Q01

77. DON'T KNOW/NOT SURE SKP → ND04Q01
99. REFUSED SKP → ND04Q01

ND03Q02 - IF C10Q02 < 4 or 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 (76 = 76 OR MORE)

88. NONE

SKP → ND04Q01

77. DON'T KNOW/NOT SURE

99. REFUSED

ND03Q04 - IF C10Q02 < 4 or (ND03Q01 < 5 & ND03Q02 <> 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 (76 = 76 OR MORE)

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

ND03Q03 - IF C10Q02 < 4 or (ND03Q01 < 5 & 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 TIMES (76 = 76 OR MORE)

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

State Added Section 4: Tobacco Source

ND04Q01 - IF C10Q02 < 3

GETCIG

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

01. I did not smoke cigarettes during the past 30 days.
 02. I bought them in a store such as a convenience store, supermarket, discount store, or gas station.
 03. I bought them from a vending machine.
 04. I bought them over the internet.
 05. I bought them on an Indian reservation.
 06. I bought them in another state, or
 07. I got them some other way
77. DON'T KNOW/NOT SURE
99. REFUSED

State Added Section 5: Pesticide Exposure

ND05Q01

FARM

Over your lifetime, how many years have you lived on a farm?

1. NEVER LIVED ON A FARM
 2. FIVE YEARS OR LESS
 3. MORE THAN FIVE YEARS TO TEN YEARS
 4. MORE THAN TEN YEARS TO TWENTY YEARS
 5. MORE THAN TWENTY YEARS TO THIRTY YEARS
 6. MORE THAN THIRTY YEARS
7. DON'T KNOW/ NOT SURE
9. REFUSED

ND05Q02

MIXED

Have you or a member of your family ever mixed or applied herbicides, insecticides, or fungicides?

1. YES
 2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
- SKP → ND05Q05
- SKP → ND05Q05
- SKP → ND05Q05

ND05Q03 - IF ND05Q02 = 1

CLOTHES

In your household, how are clothes usually washed after they have been worn when mixing or applying pesticides? Would you say...

1. Always wear disposable clothing
2. Mixed with family wash
3. Soaked separately then mixed with family wash
4. Washed separately in family machine
5. Sent out or washed in machine used only for that purpose

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

ND05Q04 - IF ND05Q02 = 1

NEARWELL

How far is your drinking water well from the nearest area where pesticides are mixed? Would you say...

1. You don't have a well
2. 50 yards or less
3. More than 50 yards to 100 yards
4. More than 100 yards

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

ND05Q05

STORED

Are agricultural or commercial pesticides in unmixed concentrates stored, even temporarily, at your home?

INTERVIEWER NOTE: PROBE FOR LOCATION IF NECESSARY

1. YES, IN BUILDING NOT ATTACHED TO HOME
2. YES, IN GARAGE OR OTHER ATTACHED OUTBUILDING
3. YES, IN BASEMENT
4. YES, IN HOME, BUT NOT IN BASEMENT
5. NO

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

State Added Section 6: Indian Health Services

ND06Q01	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

ND06Q02	MEMTRIBE
---------	----------

Are you currently an enrolled tribal member?

- 1. YES
- 2. NO SKP → ND06Q04

- 7. DON'T KNOW NOT SURE SKP → ND06Q04
- 9. REFUSED SKP → ND06Q04

ND06Q03 - IF ND06Q02 = 1	TRIBE
--------------------------	-------

Which tribe?

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

- 10. MANDAN
- 11. ARIKARA
- 12. HIDATSA
- 13. THREE AFFILIATED TRIBES
- 14. SPIRIT LAKE SIOUX
- 15. STANDING ROCK SIOUX
- 16. OTHER SIOUX
- 17. CHIPPEWA
- 18. OTHER

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

How much of your health care do you obtain from an Indian Health Service clinic? Would you say...

INTERVIEWER NOTE: "I.H.S." STANDS FOR INDIAN HEALTH SERVICES

1. All
2. Most
3. Some
4. Little
5. None

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

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

State Added Section 7: Sexual Orientation

ND07Q01

SEXPREF

Now I'll read a list of terms people sometimes use to describe themselves: heterosexual or straight; homosexual,...

[IF C11Q17 = 1] ...gay...

[IF C11Q17 = 2] ...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.

1. Heterosexual or straight
2. Homosexual, [gay or lesbian]
3. Bisexual
4. Other

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

CLOSING

That is 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.