



2014

Behavioral Risk Factor Surveillance System

North Dakota Cell

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Division of Adult and Community Health



## Contents

Intro .....	10
CPINTROQ.....	10
CPConTel.....	10
CPWRONGN.....	10
CPIsCell.....	11
CPCELLNO.....	11
CPADULT.....	11
CPNOADLT.....	11
CPPVTRES.....	12
CPCOLLEG.....	12
CPNONRES.....	12
CPSTATE.....	12
CPSTATEU.....	13
CPSTATER.....	13
CPSTATEN.....	13
CPLANDLI.....	13
CPNMADLT.....	13
Core Sections .....	14
CPINTROS.....	14
Section 01: Health Status .....	15
C01INTRO.....	15
C01Q01.....	15
C01END.....	15
Section 02: Healthy Days -- Health-Related Quality of Life ...	16
C02INTRO.....	16
C02Q01.....	16
C02Q02.....	16
C02Q03.....	16
C02END.....	16
Section 03: Health Care Access .....	17
C03INTRO.....	17
C03Q01.....	17
C03Q02.....	17
C03Q03.....	17
C03Q04.....	18

C03END.....	18
Section 04: Exercise .....	19
C04INTRO.....	19
C04Q01.....	19
C04END.....	19
Section 05: Inadequate Sleep .....	20
C05INTRO.....	20
C05Q01.....	20
C05END.....	20
Section 06: Chronic Health Conditions .....	21
C06INTRO.....	21
C06Q01.....	21
C06Q02.....	21
C06Q03.....	21
C06Q04.....	21
C06Q05.....	22
C06Q06.....	22
C06Q07.....	22
C06Q08.....	22
C06Q09.....	23
C06Q10.....	23
C06Q11.....	23
C06Q12.....	24
C06Q12V.....	24
C06Q13.....	24
C06END.....	24
Module 01: Pre-Diabetes .....	25
M01INTRO.....	25
M01Q01.....	25
M01Q02.....	25
M01Q02V.....	26
M01END.....	26
Module 02: Diabetes .....	27
M02INTRO.....	27
M02Q01.....	27
M02Q02.....	27
M02Q02V.....	27

M02Q03.....	28
M02Q03V.....	28
M02Q04.....	28
M02Q04V.....	28
M02Q05.....	29
M02Q05V.....	29
M02Q06.....	29
M02Q06V.....	29
M02Q07.....	30
M02Q08.....	30
M02Q09.....	30
M02END.....	30
Section 07: Oral Health .....	31
C07INTRO.....	31
C07Q01.....	31
C07Q02.....	31
C07END.....	31
Section 08: Demographics .....	32
C08INTRO.....	32
C08Q01.....	32
C08Q01V.....	32
C08Q02A.....	32
C08Q02B.....	33
C08Q03.....	34
C08Q04.....	35
C08Q05.....	35
C08Q06.....	36
C08Q07.....	36
C08Q08.....	36
C08Q09.....	37
C08Q10d.....	37
C08Q10c.....	37
C08Q10b.....	37
C08Q10a.....	38
C08Q10e.....	38
C08Q10f.....	38
C08Q10g.....	38

C08Q10i.....	39
C08Q11.....	39
C08Q11V.....	39
C08Q12.....	40
C08Q12V.....	40
ASKCNTY.....	40
C08Q14.....	40
C08Q19.....	41
C08Q20.....	41
C08Q21.....	41
C08Q21V.....	41
C08Q22.....	42
C08Q23.....	42
C08Q24.....	42
C08Q25.....	42
C08Q26.....	43
C08Q27.....	43
C08Q28.....	43
C08Q29.....	43
C08END.....	43
Section 09: Tobacco Use .....	44
C09INTRO.....	44
C09Q01.....	44
C09Q02.....	44
C09Q03.....	44
C09Q04.....	45
C09Q05.....	45
C09END.....	45
Section 10: Alcohol Consumption .....	46
C10INTRO.....	46
C10Q01.....	46
C10Q02.....	46
C10Q02V.....	46
C10Q03.....	47
C10Q03V.....	47
C10Q04.....	47
C10Q04V.....	47

C10END.....	48
Section 11: Immunization .....	49
C11INTRO.....	49
C11Q01.....	49
C11Q02.....	49
C11Q03.....	49
C11Q04.....	50
C11END.....	50
Section 12: Falls .....	51
C12INTRO.....	51
C12Q01.....	51
C12Q02.....	51
C12END.....	51
Section 13: Seatbelt Use .....	52
C13INTRO.....	52
C13Q01.....	52
C13END.....	52
Section 14: Drinking and Driving .....	53
C14INTRO.....	53
C14Q01.....	53
C14END.....	53
Section 15: Breast and Cervical Cancer Screening .....	54
C15INTRO.....	54
C15Q01.....	54
C15Q02.....	54
C15Q03.....	54
C15Q04.....	55
C15Q05.....	55
C15Q06.....	55
C15Q07.....	56
C15END.....	56
Section 16: Prostate Cancer Screening .....	57
C16INTRO.....	57
C16Q01.....	57
C16Q02.....	57
C16Q03.....	57
C16Q04.....	58

C16Q05.....	58
C16Q06.....	58
C16END.....	58
Section 17: Colorectal Cancer Screening .....	59
C17INTRO.....	59
C17Q01.....	59
C17Q02.....	59
C17Q03.....	60
C17Q04.....	60
C17Q05.....	60
C17END.....	61
Section 18: HIV/AIDS .....	62
C18INTRO.....	62
C18Q01.....	62
C18Q02.....	62
C18Q03.....	63
C18END.....	63
Transition to Modules and/or State-Added Questions .....	64
TRANS.....	64
Module 04: Health Care Access .....	65
M04INTRO.....	65
M04Q01.....	65
M04Q02.....	65
M04Q03.....	66
M04Q04A.....	66
M04Q04B.....	67
M04Q05.....	67
M04Q06.....	67
M04Q07.....	68
M04Q08.....	68
M04END.....	68
Module 06: Sodium or Salt-Related Behavior .....	69
M06INTRO.....	69
M06Q01.....	69
M06Q02.....	69
M06Q03.....	69
M06END.....	70



Module 14: Industry and Occupation .....	71
M14INTRO.....	71
M14Q01.....	71
M14Q02.....	71
M14END.....	71
State Added 01: Residence .....	72
ND01INTRO.....	72
ND01Q01.....	72
ND01Q02.....	72
ND01END.....	72
State Added 02: Occupation .....	73
ND02INTRO.....	73
ND02Q01.....	73
ND02Q02.....	73
ND02Q03.....	73
ND02Q04.....	74
ND02END.....	74
State Added 03: Indian Health .....	75
ND03INTRO.....	75
ND03Q01.....	75
ND03Q02.....	75
ND03Q03.....	75
ND03Q04.....	76
ND03END.....	76
State Added 04: Healthy Days -Health Related Quality of Life .....	77
ND04INTRO.....	77
ND04Q01.....	77
ND04Q02.....	77
ND04END.....	77
State Added 05: Health Insurance .....	78
ND05INTRO.....	78
ND05Q01.....	78
ND05END.....	78
State Added 06: Excessive Sun Exposure .....	79
ND06INTRO.....	79
ND06Q01.....	79
ND06END.....	79

State Added 07: Social Context .....80  
    ND07INTRO.....80  
    ND07Q01.....80  
    ND07Q02.....80  
    ND07Q03.....81  
    ND07END.....81  
Closing Statement .....82  
    CLOSING.....82

## Intro

### CPINTROQ

HELLO, I'm calling for the **North Dakota Department of Health**. My name is \_\_\_\_\_. We are gathering information about the health of **North Dakota** residents.

Is this a safe time to talk with you now or are you driving?

This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention.

I have just a few questions to find out if you are eligible for this study.

NOTE: IF A PERSON REPORTS THEY DO NOT LIVE IN THE STATE MENTIONED, TELL THEM THAT THEY MAY STILL BE TO PARTICIPATE.

Interviewer: Press '1' to continue

1 **SKP** → **CPCONTEL**

### CPConTel

CTELNUM1

Is this XXX-XXX-XXXX?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 YES **SKP** → **CPIsCell**

2 NO

7 DON'T KNOW/ NOT SURE

9 REFUSED

### CPWRONGN

IF - CPCONTEL = 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.

Interviewer: Press '1' to continue

1 **SKP** → **CPINTROQ**

**CPIsCell**

CELLFON2

Is this a cellular telephone?

READ ONLY IF NECESSARY:

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

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- |   |                     |            |   |                |
|---|---------------------|------------|---|----------------|
| 1 | YES                 | <b>SKP</b> | → | <b>CPADULT</b> |
| 2 | NO                  |            |   |                |
| 7 | DON'T KNOW/NOT SURE |            |   |                |
| 9 | REFUSED             |            |   |                |

**CPCELLNO** IF - CPIsCell > 1

{IF CPIsCell = 2, Thank you very much, but we are only interviewing cell telephones at this time.}

{IF CPIsCell > 2, Thank you for your time.}

**CPADULT**

CADULT

Are you 18 years of age or older?

NOTE: ASK GENDER IF NECESSARY

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

- |   |                                  |            |   |                 |
|---|----------------------------------|------------|---|-----------------|
| 1 | Yes and the respondent is male   | <b>SKP</b> | → | <b>CPPVTRES</b> |
| 2 | Yes and the respondent is female | <b>SKP</b> | → | <b>CPPVTRES</b> |
| 3 | NO                               |            |   |                 |
| 7 | DON'T KNOW/NOT SURE              |            |   |                 |
| 9 | REFUSED                          |            |   |                 |

**CPNOADLT** IF - CPADLT > 2

{IF CPADULT = 3, Thank you very much, but we are only interviewing persons aged 18 or older at this time.}

{IF CPADULT > 3, Thank you for your time.}

**CPPVTRES** IF - CPADULT = 1 OR CPADULT = 2 PVTRES D2

Do you live in a private residence?

READ ONLY IF NECESSARY:

"By private residence, we mean someplace like a house or apartment."

NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.

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

**CPCOLLEG** IF - CPPVTRES = 2 CCLGHOUS

Do you live in college housing?

READ ONLY IF NECESSARY:

"By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

- 1 YES SKP → CPSTATE
- 2 NO

**CPNONRES** IF - CPCOLLEG > 1

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

**CPSTATE** IF - CPPVTRES = 1 OR CPCOLLEG = 1 CSTATE

Are you a resident of **North Dakota**?

NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

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

**CPSTATEU** IF - CPSTATE = 7 OR CPSTATE = 9

Thank you for your time.

**CPSTATER** IF - CPSTATE = 1 **RSPSTATE**

In what state do you live?

\_\_\_ Enter State **SKP** → **CPLANDLI**  
99 OTHER/REFUSED

**CPSTATEN** IF - CPSTATER = 99

Thank you very much, but we are not interviewing in your state at this time.

**CPLANDLI** **LANDLINE**

Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY:

"By landline telephone, we mean a 'regular' telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use."

NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

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

**CPNMADLT** IF - CPPVTRES = 1 **HHADULT**

How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ ENTER NUMBER OF ADULTS **SKP** → **CPINTROS**

## Core Sections

### CPINTROS

Your cell phone number has been chosen randomly, and I would like to ask some questions about health and health practices. 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

## Section 01: Health Status

**C01INTRO**

**C01Q01**

GENHLTH

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

PLEASE READ:

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

7 DON'T KNOW/NOT SURE

9 REFUSED

**C01END**



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

**C02INTRO**

**C02Q01**

PHYSHLTH

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

— NUMBER OF DAYS

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

**C02Q02**

MENTHLTH

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

— NUMBER OF DAYS

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

If C02Q01 and C02C02 = 88(none), go to next section

**C02Q03**

IF - NOT(C02Q01 = 88 AND C02Q02 = 88) POORHLTH

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

— NUMBER OF DAYS

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

**C02END**

### Section 03: Health Care Access

**C03INTRO**

**C03Q01**

HLTHPLN1

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

- 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 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

**C03END**

## Section 04: Exercise

**C04INTRO**

**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

**C04END**

## Section 05: Inadequate Sleep

**C05INTRO**

**C05Q01**

SLEPTIM1

I would like to ask you about your sleep pattern.

On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDING 30 MINUTES (1/2 HOUR) OR MORE UP TO THE NEXT WHOLE HOUR AND DROPPING 29 OR FEWER MINUTES.

\_\_\_ NUMBER OF HOURS[01-24]

77 DON'T KNOW/NOT SURE

99 REFUSED

1 MIN

24 MAX

**C05END**

## Section 06: Chronic Health Conditions

### C06INTRO

### C06Q01

CV DINFR4

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

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

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

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

### C06Q02

CVDCRHD4

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

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

### C06Q03

CV DSTRK3

(Ever told) you had a stroke?

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

### C06Q04

ASTHMA3

(Ever told) you had asthma?

- 1 YES
- 2 NO **SKP** → **C06Q06**
  
- 7 DON'T KNOW/NOT SURE **SKP** → **C06Q06**
- 9 REFUSED **SKP** → **C06Q06**

**C06Q05**

IF - C06Q04 = 1

ASTHNOW

Do you still have asthma?

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

**C06Q06**

CHCSCNCR

(Ever told) you had skin cancer?

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

**C06Q07**

CHCOCNCR

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

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

**C06Q08**

CHCCOPD1

(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?

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

**C06Q09**

HAVARTH3

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

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C06Q10**

ADDEPEV2

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C06Q11**

CHCKIDNY

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

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED



**C06Q12**

DIABETE3

(Ever told) you have diabetes?

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

"Was this only when you were pregnant?"

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

- 1 YES C06Q13  
2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY  
3 NO  
4 NO, PRE-DIABETES OR BORDERLINE DIABETES  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**C06Q12V** IF - RESPGEND = 1 AND C06Q12 = 2

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

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES  
2 NO SKP → C06Q12

CATI NOTE: if C06Q12 = 1 (Yes) go to next question. If any other response to C06Q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

**C06Q13**

IF - C06Q12 = 1

DIABAGE2

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

\_\_\_ CODE AGE IN YEARS [97 = 97 or older]

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

**C06END**

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise go to next section.

## Module 01: Pre-Diabetes

**CATI NOTE:** Insert after SECTION C06

*CATI NOTE: Only asked of those not responding "Yes" (code = 1) to Core C06Q12 (Diabetes awareness question).*

<b>M01INTRO</b>	IF - C06Q12 > 1
-----------------	-----------------

<b>M01Q01</b>	IF - C06Q12 >1	PDIABTST
---------------	----------------	----------

Have you had a test for high blood sugar or diabetes within the past three years?

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

*CATI NOTE: If Core C06Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes*

<b>M01Q02</b>	IF - (C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 4	PREDIAB1
---------------	--	----------

Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M01Q02V**

IF - RESPGEN = 1 AND M01Q02 = 2

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

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
- 2 NO

SKP → M01Q02

**M01END**

## Module 02: Diabetes

**CATI NOTE:** Insert after SECTION C06

*CATI NOTE: Only asked of those responding "Yes" (code = 1) to Core C06Q12 (Diabetes awareness question).*

**M02INTRO** IF - C06Q12 = 1

**M02Q01** IF - C06Q12 = 1 INSULIN

Are you now taking insulin?

- 1 YES
- 2 NO
  
- 9 REFUSED

**M02Q02** IF - C06Q12 = 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.

INTERVIEWER NOTE: IF THE RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (A SENSOR INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN '98 TIMES PER DAY.'

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

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

\_\_\_\_ TIMES

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

**M02Q02V** IF - (M02Q02 > 105 AND M02Q02 < 200) OR (M02Q02 > 235 AND M02Q02 < 300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q02} TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **M02Q02**

**M02Q03**

IF - C06Q12 = 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 = PER DAY                      301-399 = PER MONTH

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

\_\_\_            TIMES

555        NO FEET

888        NEVER

777        DON'T KNOW/NOT SURE

999        REFUSED

101        MIN

499        MAX

**M02Q03V**

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

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

IS THIS CORRECT?

1            YES, CORRECT AS IS, CONTINUE

2            NO, REASK QUESTION

**SKP**

→

**M02Q03**

**M02Q04**

IF - C06Q12 = 1

DOCTDIAB

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

\_\_\_        NUMBER OF TIMES [76 = 76 or more]

88        NONE

77        DON'T KNOW/NOT SURE

99        REFUSED

01        MIN

76        MAX

**M02Q04V**

IF - M02Q04 > 52 AND M02Q04 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q04} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

1            YES, CORRECT AS IS, CONTINUE

2            NO, REASK QUESTION

**SKP**

→

**M02Q05**

**M02Q05**

IF - C06Q12 = 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 more]

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

**M02Q05V**

IF - M02Q05 > 52 AND M02Q05 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
  - 2 NO, REASK QUESTION **SKP** → **M02Q05**
- CATI NOTE: If M02Q03 = 555 "No feet", go to M02Q07.*

**M02Q06**

IF - C06Q12 = 1 AND M02Q03 <> 555

FEETCHK

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

\_\_\_ NUMBER OF TIMES [76 = 76 or more]

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

**M02Q06V**

IF - M02Q06 > 52 AND M02Q06 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

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

**M02Q07**

IF - C06Q12 = 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 ONLY IF NECESSARY:

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

**M02Q08**

IF - C06Q12 = 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

**M02Q09**

IF - C06Q12 = 1

DIABEDU

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

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

**M02END**

## Section 07: Oral Health

**C07INTRO**

**C07Q01**

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 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
- 8 NEVER
- 9 REFUSED

**C07Q02**

RMVTETH3

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.

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
- 8 None
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C07END**



## Section 08: Demographics

**C08INTRO**

**C08Q01**

AGE

What is your age?

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

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

**C08Q01V**

IF - C06Q13 > C08Q01 AND C06Q13 < 98 AND C08Q01 > 18

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {C06Q13}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.

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

**C08Q02A**

Are you Hispanic, Latino/a, or Spanish origin?

1 YES  
2 NO **SKP** → **C08Q03**  
7 DON'T KNOW/NOT SURE **SKP** → **C08Q03**  
9 REFUSED **SKP** → **C08Q03**

*CATI NOTE: IF C08Q02A = 2, code C08Q02B = 5*

**C08Q02B**

IF - C08Q02A = 1

HISPANC3

(Are you Hispanic, Latino/a, or Spanish origin?)

Are you...

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban or

Another Hispanic, Latino/a, or Spanish Origin

CHECK ALL THAT APPLY

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish Origin
- 5 NO
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

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

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS  
SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

CHECK ALL THAT APPLY

PLEASE READ:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other [Specify]
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 88 NO ADDITIONAL CHOICES

CATI NOTE: If more than one response to C08Q03; continue.  
Otherwise, go to C08Q05

**C08Q04**

IF - C08Q03 < 77 AND C08Q03.2 > 0 AND C08Q03.2  
<> 88

ORACE3

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

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other [Specify]
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**C08Q05**

VETERAN3

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT **DOES** INCLUDE ACTIVATION, FOR EXAMPLE, FOR THE PERSIAN GULF WAR.

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

**C08Q06**

MARITAL

Are you...?

PLEASE READ:

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

**C08Q07**

CHILDREN

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

— NUMBER OF CHILDREN

- 88 NONE
- 99 REFUSED
- 01 MIN
- 87 MAX

**C08Q08**

EDUCA

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

READ ONLY IF NECESSARY:

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

**C08Q09**

EMPLOY1

Are you currently...?

PLEASE READ:

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

*CATI NOTE: If respondent refuses at ANY income level code income variable to 99 (refused).*

**C08Q10d**

Is your annual household income from all sources:

Less than \$25,000?

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES                 |     |   |         |
| 2 | NO                  | SKP | → | C08Q10e |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q10i |
| 9 | REFUSED             | SKP | → | C08Q10i |

**C08Q10c** IF - C08Q10d = 1

(Is your annual household income from all sources: )

Less than \$20,000?

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

**C08Q10b** IF - C08Q10c = 1

(Is your annual household income from all sources: )

Less than \$15,000?

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

**C08Q10a** IF - C08Q10b = 1

(Is your annual household income from all sources: )

Less than \$10,000?

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

**C08Q10e** IF - C08Q10d = 2

(Is your annual household income from all sources: )

Less than \$35,000?

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

**C08Q10f** IF - C08Q10e = 2

(Is your annual household income from all sources: )

Less than \$50,000?

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

**C08Q10g** IF - C08Q10f = 2

(Is your annual household income from all sources: )

Less than \$75,000?

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

**C08Q10i**

INCOME2

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

{If C08Q10g = 2, More than \$75,000?}  
 {If C08Q10g = 1, \$50,000 to less than \$75,000}  
 {If C08Q10f = 1, \$35,000 to less than \$50,000}  
 {If C08Q10e = 1, \$25,000 to less than \$35,000}  
 {If C08Q10c = 2, \$20,000 to less than \$25,000}  
 {If C08Q10b = 2, \$15,000 to less than \$20,000}  
 {If C08Q10a = 2, \$10,000 to less than \$15,000}  
 {If C08Q10a = 1, Less than \$10,000}  
 {Default, REFUSED/DON'T KNOW/NOT SURE}

IS THIS CORRECT?

- 1 YES
- 2 NO

SKP → C08Q10d

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

**C08Q11**

WEIGHT2

About how much do you weigh without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").

ROUND FRACTIONS UP

\_\_\_\_\_ WEIGHT (POUNDS/KILOGRAMS)

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

**C08Q11V**

IF - C08Q11 <> 7777 AND C08Q11 <> 9999 AND  
 ((C08Q11<9000 AND (C08Q11<80 OR C08Q11>350)) OR  
 (C08Q11>9000 AND (C08Q11<9035 OR C08Q11>9159)))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION

SKP → C08Q11



**C08Q12**

HEIGHT3

About how tall are you without shoes?

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

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

ROUND FRACTIONS DOWN

\_\_\_/\_\_\_ HEIGHT (FT/INCHES/METERS/CENTIMETERS)

77/77 DON'T KNOW/NOT SURE

99/99 REFUSED

**C08Q12V**

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

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q12}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

**SKP**

→

**C08Q12**

**ASKCNTY**

CTYCODE1

What county do you live in?

ENTER FIRST LETTER OF COUNTY NAME

\_\_\_ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)

888 OTHER

777 DON'T KNOW/NOT SURE

999 REFUSED

001 MIN

775 MAX

**C08Q14**

ZIPCODE

What is the ZIP Code where you live?

\_\_\_\_\_ ZIP Code

77777 DON'T KNOW/NOT SURE

99999 REFUSED

**C08Q19**

INTERNET

Have you used the internet in the past 30 days?

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

**C08Q20**

RENTHOM1

Do you own or rent your home?

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

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

INTERVIEWER NOTE:

We ask this question in order to compare health indicators among people with different housing situations.

- 1 OWN
- 2 RENT
- 3 OTHER ARRANGEMENT
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C08Q21**

SEX

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

- 1 MALE
- 2 FEMALE

**C08Q21V**

IF - RESPGEND <> C08Q21

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q21}. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
- 2 NO

SKP → C08Q21

**C08Q22**

IF - C08Q01 < 45 AND C08Q21 = 2

PREGNANT

To your knowledge, are you now pregnant?

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

**C08Q23**

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

**C08Q24**

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?

NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

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

**C08Q25**

BLIND

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

**C08Q26**

DECIDE

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

**C08Q27**

DIFFWALK

Do you have serious difficulty walking or climbing stairs?

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

**C08Q28**

DIFFDRES

Do you have difficulty dressing or bathing?

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

**C08Q29**

DIFFALON

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

**C08END**

## Section 09: Tobacco Use

### C09INTRO

### C09Q01

SMOKE100

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

INTERVIEWER NOTE:

For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C09Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

### C09Q02

IF - C09Q01=1

SMOKDAY2

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | Everyday            |     |   |        |
| 2 | Some days           |     |   |        |
| 3 | Not at all          | SKP | → | C09Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

### C09Q03

IF - C09Q02=1 or C09Q02=2

STOPSMK2

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 | SKP | → | C09Q05 |
| 2 | NO                  | SKP | → | C09Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

**C09Q04**

IF - C09Q02=3

LASTSMK2

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

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

**C09Q05**

USENOW3

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

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')

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

- 1 Everyday
- 2 Some days
- 3 Not at all
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C09END**

## Section 10: Alcohol Consumption

### C10INTRO

### C10Q01

ALCDAY5

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

101-107 = DAYS PER WEEK            201-230 = DAYS IN PAST 30 DAYS

\_\_\_        DAYS

888	NO DRINKS IN PAST 30 DAYS	<b>SKP</b>	→	<b>C10END</b>
777	DON'T KNOW/NOT SURE	<b>SKP</b>	→	<b>C10END</b>
999	REFUSED	<b>SKP</b>	→	<b>C10END</b>
101	MIN			
230	MAX			

### C10Q02

IF - C10Q01 < 777

AVEDRNK2

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

\_\_\_        NUMBER OF DRINKS

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

### C10Q02V

IF - C10Q02 > 15 AND C10Q02 < 77

INTERVIEWER YOU INDICATED {C10Q02} DRINKS PER DAY

IS THIS CORRECT?

1	YES, CORRECT AS IS, CONTINUE			
2	NO, REASK QUESTION	<b>SKP</b>	→	<b>C10Q02</b>

**C10Q03**

IF - C10Q01 < 777

DRNK3GE5

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q21 = 1, 5, 4} or more drinks on an occasion?

\_\_\_ NUMBER OF TIMES

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

**C10Q03V**

IF - C10Q03 > 15 AND C10Q03 < 77

INTERVIEWER YOU INDICATED {C10Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.

IS THIS CORRECT?

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

**C10Q04**

IF - C10Q01 < 777

MAXDRNKS

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

\_\_\_ NUMBER OF DRINKS

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

**C10Q04V**

IF - (C10Q04 <> 99 AND C10Q04 <> 77)AND C10Q04 < 77  
AND ((C08Q21 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR  
C10Q03 < 5)) OR (C08Q21 = 2 AND C10Q04 >= 4 AND  
(C10Q03 = 88 OR C10Q03 < 4))

INTERVIEWER YOU INDICATED {C10Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q21=1, 5, 4} IS {C10Q03}.

IS THIS CORRECT?

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



**C10END**

## Section 11: Immunization

### C11INTRO

#### C11Q01

FLUSHOT6

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist.

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

READ IF NECESSARY:

"A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot."

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C11Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q03 |
| 9 | REFUSED             | SKP | → | C11Q03 |

#### C11Q02

IF - C11Q01 = 1

FLSHTMY2

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

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

- |        |                     |
|--------|---------------------|
| 777777 | DON'T KNOW/NOT SURE |
| 999999 | REFUSED             |
| 012012 | MIN                 |
| 122014 | MAX                 |

#### C11Q03

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             |

**C11Q04**

IF - C08Q01 > 48

SHINGLE2

The next question is about the Shingles vaccine.

Have you ever had the shingles or zoster vaccine?

INTERVIEWER NOTE: READ IF NECESSARY:

Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C11END**

## Section 12: Falls

**C12INTRO** IF - C08Q01 >= 45 OR C08Q01 = 07 or C08Q01 = 09

**C12Q01** IF - C08Q01 >= 45 OR C08Q01 = 07 or C08Q01 = 09  
FALL12MN

Next, I will 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 12 months, how many times have you fallen?

\_\_\_ NUMBER OF TIMES [76 = 76 or more]

88	NONE	<b>SKP</b>	→	<b>C12END</b>
77	DON'T KNOW/NOT SURE	<b>SKP</b>	→	<b>C12END</b>
99	REFUSED	<b>SKP</b>	→	<b>C12END</b>
01	MIN			
76	MAX			

**C12Q02** IF - C12Q01 > 0 AND C12Q01 < 77 FALLINJ2

{IF C12Q01 = 1, Did this fall cause an injury?}

{IF C12Q01 > 1 AND C12Q01 < 77, 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.

INTERVIEWER NOTE: IF ONLY ONE FALL FROM C12Q01 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.

\_\_\_ NUMBER OF FALLS [76 = 76 or more]

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

**C12END**

## Section 13: Seatbelt Use

**C13INTRO**

**C13Q01**

SEATBELT

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

PLEASE READ:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
  
- 7 DON'T KNOW/NOT SURE
- 8 NEVER DRIVE OR RIDE IN A CAR
- 9 REFUSED

**C13END**

## Section 14: Drinking and Driving

**C14INTRO**

IF - C10Q01 <> 888 AND C13Q01 <> 8

**C14Q01**

IF - C10Q01 <> 888 AND C13Q01 <> 8

DRNKDRI2

The next question is about drinking and driving.

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

01 MIN

76 MAX

**C14END**

## Section 15: Breast and Cervical Cancer Screening

CATI note: If respondent is male, go to the next section

<b>C15INTRO</b>	IF - C08Q21 = 2
-----------------	-----------------

<b>C15Q01</b>	IF - C08Q21 = 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                  | <b>SKP</b> | → | <b>C15Q03</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → | <b>C15Q03</b> |
| 9 | REFUSED             | <b>SKP</b> | → | <b>C15Q03</b> |

<b>C15Q02</b>	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   |

<b>C15Q03</b>	IF - C08Q21 = 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                  | <b>SKP</b> | → | <b>C15Q05</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → | <b>C15Q05</b> |
| 9 | REFUSED             | <b>SKP</b> | → | <b>C15Q05</b> |

**C15Q04**

IF - C15Q03 = 1

LENGEXAM

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

**C15Q05**

IF - C08Q21 = 2

HADPAP2

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

- |   |                     |            |                 |
|---|---------------------|------------|-----------------|
| 1 | YES                 |            |                 |
| 2 | NO                  | <b>SKP</b> | → <b>C15Q07</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → <b>C15Q07</b> |
| 9 | REFUSED             | <b>SKP</b> | → <b>C15Q07</b> |

**C15Q06**

IF - C15Q05 = 1

LASTPAP2

How long has it been since you had your last Pap 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

*CATI note: If response to Core C08Q22 = 1 (is pregnant); then go to next section.*



**C15Q07**

IF - C08Q21 = 2 AND C08Q22 <> 1

HADHYST2

Have you had a hysterectomy?

READ ONLY IF NECESSARY:

"A hysterectomy is an operation to remove the uterus (womb)."

- 1 YES
- 2 NO

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

**C15END**

## Section 16: Prostate Cancer Screening

CATI note: If respondent is <39 years of age, or is female, go to next module.

<b>C16INTRO</b>	IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)
-----------------	--

<b>C16Q01</b>	IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	PCPSAAD2
---------------	--	----------

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. Has a doctor, nurse, or other health professional **EVER** talked with you about the advantages of the PSA test?

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

<b>C16Q02</b>	IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	PCPSADI1
---------------	--	----------

Has a doctor, nurse, or other health professional **EVER** talked with you about the disadvantages of the PSA test?

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

<b>C16Q03</b>	IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)	PCPSARE1
---------------	--	----------

Has a doctor, nurse, or other health professional **EVER** recommended that you have a PSA test?

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

**C16Q04** IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7  
OR C08Q01 = 9) PSATEST1

Have you **EVER HAD** a PSA test?

- 1 YES
- 2 NO **SKP** → **C16END**
- 7 DON'T KNOW/NOT SURE **SKP** → **C16END**
- 9 REFUSED **SKP** → **C16END**

**C16Q05** IF - C16Q04 = 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

**C16Q06** IF - C16Q04 = 1 PCPSARS1

What was the **MAIN** reason you had this PSA test - was it...?

PLEASE READ:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C16END**

## Section 17: Colorectal Cancer Screening

*CATI note: If respondent is  $\leq 49$  years of age, go to next module.*

**C17INTRO**

IF - C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9

**C17Q01**

IF - C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9

BLDSTOOL

The next questions are about 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

**SKP** → **C17Q03**

7 DON'T KNOW/NOT SURE

**SKP** → **C17Q03**

9 REFUSED

**SKP** → **C17Q03**

**C17Q02**

IF - C17Q01 = 1

LSTBLDS3

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 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

**C17Q03**

IF - C08Q01 &gt; 49 OR C08Q01 = 7 OR C08Q01 = 9

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                  | <b>SKP</b> | → <b>C17END</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → <b>C17END</b> |
| 9 | REFUSED             | <b>SKP</b> | → <b>C17END</b> |

**C17Q04**

IF - C17Q03 = 1

HADSGC01

For a **SIGMOIDOSCOPY**, a flexible tube is inserted into the rectum to look for problems. A **COLONOSCOPY** is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your **MOST RECENT** exam a sigmoidoscopy or a colonoscopy?

- 1 SIGMOIDOSCOPY
- 2 COLONOSCOPY
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C17Q05**

IF - C17Q03 = 1

LASTSIG3

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 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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C17END**

## Section 18: HIV/AIDS

### C18INTRO

### C18Q01

HIVTST6

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 | → | C18END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C18END |
| 9 | REFUSED             | SKP | → | C18END |

### C18Q02

IF - C18Q01 = 1

HIVTSTD3

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

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

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

\_\_\_\_\_ CODE MONTH AND YEAR

- |        |                     |
|--------|---------------------|
| 777777 | DON'T KNOW/NOT SURE |
| 999999 | REFUSED             |
| 011985 | MIN                 |
| 772014 | MAX                 |

**C18Q03**

IF - C18Q01 = 1

WHRTST10

Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in 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
- 09 Emergency room
- 03 Hospital inpatient
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment center
- 07 At home
- 08 Somewhere else
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**C18END**



## **Transition to Modules and/or State-Added Questions**

**TRANS**

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

## Module 04: Health Care Access

### M04INTRO

#### M04Q01

IF - C03Q01 = 1

MEDICARE

Do you have Medicare?

NOTE: MEDICARE IS A COVERAGE PLAN FOR PEOPLE AGE 65 OR OVER AND FOR CERTAIN DISABLED PEOPLE.

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

#### M04Q02

IF - C03Q01 = 1

HLTHCVR1

What is the **PRIMARY** source of your health care coverage? Is it...

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (STATE PLAN)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.

PLEASE READ:

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services Or
- 07 Some other source
- 88 None (no coverage)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: If PPHF State go to core 3.2

**M04Q03**

DELAYMED

Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

PLEASE READ:

- 1 You couldn't get through on the telephone
- 2 You couldn't get an appointment soon enough
- 3 Once you got there, you had to wait too long to see the doctor
- 4 The (clinic/doctor's) office wasn't open when you got there
- 5 You didn't have transportation
  
- 6 OTHER, SPECIFY
- 8 NO, I DID NOT DELAY GETTING MEDICAL CARE/DID NOT NEED MEDICAL CARE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI Note: If PPHF State, go to core 3.4

CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b

**M04Q04A**

IF - C03Q01 = 1

NOCOV121

In the **PAST 12 MONTHS** was there any time when you did **NOT** have **ANY** health insurance or coverage?

- |   |                     |            |   |               |
|---|---------------------|------------|---|---------------|
| 1 | YES                 |            |   | M04Q05        |
| 2 | NO                  | <b>SKP</b> | → | <b>M04Q05</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → | <b>M04Q05</b> |
| 9 | REFUSED             | <b>SKP</b> | → | <b>M04Q05</b> |

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)

**M04Q04B**

IF - C03Q01 > 1

LSTCOVRG

About how long has it been since you last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M04Q05**

DRVISITS

How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

— NUMBER OF TIMES

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

**M04Q06**

MEDSCOST

Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

- 1 Yes
- 2 No
  
- 3 NO MEDICATION WAS PRESCRIBED
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M04Q07**

CARERCVD

In general, how satisfied are you with the health care you received? Would you say...

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied
  
- 8 NOT APPLICABLE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M04Q08**

MEDBILL1

Do you currently have any health care bills that are being paid off over time?

INTERVIEWER NOTE: THIS COULD INCLUDE MEDICAL BILLS BEING PAID OFF WITH A CREDIT CARD, THROUGH PERSONAL LOANS, OR BILL PAYING ARRANGEMENTS WITH HOSPITALS OR OTHER PROVIDERS. THE BILLS CAN BE FROM EARLIER YEARS AS WELL AS THIS YEAR.

INTERVIEWER NOTE: HEALTH CARE BILLS CAN INCLUDE MEDICAL, DENTAL, PHYSICAL THERAPY AND/OR CHIROPRACTIC COST.

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

**M04END**

*CATI Note: If PPHF state, Go to core section 4.*

## Module 06: Sodium or Salt-Related Behavior

### M06INTRO

### M06Q01

WTCHSALT

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

Are you currently watching or reducing your sodium or salt intake?

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | M06Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | M06Q03 |
| 9 | REFUSED             | SKP | → | M06Q03 |

### M06Q02

IF - M06Q01 = 1

LONGWTCH

How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?

101-199 = DAYS                      301-399 = MONTHS

201-299 = WEEKS                    401-499 = YEARS

\_\_\_                    TIMES

- |     |                     |
|-----|---------------------|
| 555 | ALL MY LIFE         |
| 777 | DON'T KNOW/NOT SURE |
| 999 | REFUSED             |
| 101 | MIN                 |
| 499 | MAX                 |

### M06Q03

DRADVISE

Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

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

**M06END**

## Module 14: Industry and Occupation

**M14INTRO**

IF - C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4

**M14Q01**

IF - C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4

TYPEWORK

Now I am going to ask you about your work.

What kind of work **{If C08Q09 = 4, did, do}** you do? (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK

"What is your job title?"

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB, ASK:

"What is your main job?"

01 SPECIFY

Other

99 REFUSED

**M14Q02**

IF - C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4

TYPEINDS

What kind of business or industry **{If C08Q09 = 4, did, do}** you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

01 SPECIFY

Other

99 REFUSED

**M14END**



## State Added 01: Residence

**ND01INTRO**

**ND01Q01** IF - CPSTATE = 1

How long have you lived in North Dakota?

INTERVIEWER NOTE: THIS QUESTION REFERS TO CONSECUTIVE TIME. IF RESPONDENT WAS A RESIDENT, LEFT AND HAS NOW COME BACK, WE ARE INTERESTED IN HOW LONG THEY HAVE BEEN BACK.

101-199 NUMBER OF DAYS                      201-299 NUMBER OF WEEKS

301-399 NUMBER OF MONTHS                401-499 NUMBER OF YEARS

\_\_\_ ENTER AMOUNT OF TIME

555 ALL MY LIFE

888 DO NOT LIVE IN NORTH DAKOTA FULL  
TIME

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

499 MAX

**ND01Q02** IF - CPSTATE = 1

Is the place you live safe, that is, is the building itself safe to live in?

INTERVIEWER NOTE: THIS QUESTION IS ASKING WHETHER THE RESPONDENT'S HOUSING UNIT IS STRUCTURALLY SOUND OR IS SUBSTANDARD HOUSING.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**ND01END**

## State Added 02: Occupation

### ND02INTRO

### ND02Q01 IF - (C08Q09 = 1 OR C08Q09 = 2) AND CPSTATE = 1

In what county do you work?

INTERVIEWER NOTE: IF SOMEONE WORKS FROM HOME, WE ARE INTERESTED IN THEIR HOME COUNTY RATHER THAN THE COMPANY'S COUNTY.

\_\_\_ ANSI COUNTY CODE (FORMERLY FIPS  
COUNTY CODE)

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

### ND02Q02 IF - (C08Q09 = 1 OR C08Q09 = 2) AND CPSTATE = 1

Is your job primarily related to the oil and gas industry? This would include truckers who primarily haul products or waste for the oil fields.

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

### ND02Q03 IF - (C08Q09 = 1 OR C08Q09 = 2) AND CPSTATE = 1

About how many hours do you work per week at all of your jobs and businesses combined?

\_\_\_ Number of hours (01-76 or more)

76 76 OR MORE  
98 DON'T WORK  
77 DON'T KNOW/NOT SURE  
99 REFUSED  
76 MAX

**ND02Q04**

IF - (C08Q09 = 1 OR C08Q09 = 2) AND CPSTATE = 1

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

PLEASE READ

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Vehicle does not have seatbelts
  
- 8 NEVER DRIVE OR RIDE IN A CAR
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND02END**

## State Added 03: Indian Health

**ND03INTRO**

**ND03Q01** IF - C08Q03 = 30 AND CPSTATE = 1

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

**ND03Q02** IF - C08Q03 = 30 AND CPSTATE = 1

Are you currently an enrolled tribal member?

- 1 YES
- 2 NO **SKP** → **ND03END**
  
- 7 DON'T KNOW/NOT SURE **SKP** → **ND03END**
- 9 REFUSED **SKP** → **ND03END**

**ND03Q03** IF - ND03Q02 = 1

Which tribe?

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

READ IF NECESSARY

- 01 MANDAN
- 02 ARIKARA
- 03 HIDATSA
- 04 THREE AFFILIATED TRIBES
- 05 SPIRIT LAKE SIOUX
- 06 STANDING ROCK SIOUX
- 07 OTHER SIOUX
- 08 CHIPPEWA
- 09 OTHER
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ND03Q04**

IF - ND03Q02 = 1

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

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

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

**ND03END**

## State Added 04: Healthy Days -Health Related Quality of Life

**ND04INTRO**

**ND04Q01** IF - (C08Q09 = 1 OR C08Q09 = 2) AND CPSTATE = 1

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

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

**ND04Q02** IF - (C08Q09 = 1 OR C08Q09 = 2) AND CPSTATE = 1

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

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

**ND04END**

## State Added 05: Health Insurance

**ND05INTRO**

**ND05Q01** IF - C03Q01 > 0 AND C03Q01 <> 2 AND CPSTATE = 1

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

**ND05END**

## State Added 06: Excessive Sun Exposure

**ND06INTRO**

**ND06Q01** IF - CPSTATE = 1

In the past 12 months, how many times did you have a red **OR** painful sunburn that lasted a day or more?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more
- 8 Zero
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND06END**



## State Added 07: Social Context

### ND07INTRO

**ND07Q01** IF - (ASKCNTY = 001 OR ASKCNTY = 007 OR ASKCNTY = 011 OR ASKCNTY = 023 OR ASKCNTY = 025 OR ASKCNTY = 033 OR ASKCNTY = 041 OR ASKCNTY = 053 OR ASKCNTY = 061 OR ASKCNTY = 087 OR ASKCNTY = 089 OR ASKCNTY = 105 OR ASKCNTY = 888) AND CPSTATE = 1

Are you using alcohol or drugs to cope with stress?

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

**ND07Q02** IF - CPSTATE = 1

If you needed to see a healthcare provider for a problem that was not an emergency, where would you go?

INTERVIEWER NOTE: IF RESPONDENT SAYS "CLINIC" OR "DOCTOR'S OFFICE" THEN PROBE WITH:

"Is that by appointment or walk in?"

- 1 Clinic or doctor's office by appointment
- 2 Urgent care center/Walk in clinic or doctor's office
- 3 Emergency Room
- 4 Hospital
- 5 Other
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND07Q03**

IF - CPSTATE = 1

When making an appointment with a doctor or health care provider,  
**ON AVERAGE** how long do you have to wait if you want to be seen in  
the clinic?

101-199 NUMBER OF DAYS      201-299 NUMBER OF WEEKS

301-399 NUMBER OF MONTHS

\_\_\_ Amount of Time

555 ANYTHING LESS THAN A DAY

888 CANNOT GET AN APPOINTMENT

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

399 MAX

**ND07END**

## **Closing Statement**

### **CLOSING**

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