



2012

Behavioral Risk Factor Surveillance System

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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INTRO

INTROQST

CTELENUM

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.

Is this {PHONE7}?

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

WRONGNUM

IF - INTROQST = 2

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

SKP → INTROQST

PRIVRES

IF - INTROQST = 1

PVTRESID

Is this a private residence in North Dakota?

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).

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

COLLEGE

IF - PRIVRES = 2

COLGHOUS

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 arrangements provided by a college or university."

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

NONRES

IF - COLLEGE = 2

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

DISPOS 4500

ISCELL

IF - PRIVRES = 1

CELLHON2

Is this a cellular telephone?

READ ONLY IF NECESSARY:

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

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

CELLYES

IF - ISCELL = 2

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

DISPOS 4450

ADULTS

NUMADULT

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

___ NUMBER OF ADULTS

MEN

IF - ADULTS > 1

NUMMEN

How many of these adults are men?

___ NUMBER OF MEN

WOMEN

IF - ADULTS > 1

NUMWOMEN

How many of these adults are women?

___ NUMBER OF WOMEN

WRONGTOT IF - MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men - {MEN}

Number of Women - + {WOMEN}

Number of Adults - {ADULTS}

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

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

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

Are you the {SRESP}?

- | | | | | |
|---|-----|-----|---|----------|
| 1 | YES | SKP | → | YOURTHE1 |
| 2 | NO | SKP | → | GETNEWAD |

ONEADULT IF - ADULTS = 1 LADULT

Are you the adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

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

ASKGENDR IF - ADULTS = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

- 1 MALE
- 2 FEMALE

GETADULT IF - ONEADULT = 3

May I speak with...

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

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

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 {SRESP}?

- 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 - GETADULT = 1 OR GETADULT = 2 OR GETNEWAD = 1 OR GETNEWAD = 2

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 SKP → INTROSCR
- 2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

Core Sections

INTROSCR

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

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

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 Services?

- 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

CEHKUP1

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: Chronic Health Conditions

C05INTRO

C05Q01

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

C05Q02

CVDCRHD4

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

- 1 YES
- 2 NO

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

C05Q03

CVDSTRK3

(Ever told) you had a stroke?

- 1 YES
- 2 NO

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

C05Q04

ASTHMA3

(Ever told) you had asthma?

- 1 YES
- 2 NO SKP → C05Q06

- 7 DON'T KNOW/NOT SURE SKP → C05Q06
- 9 REFUSED SKP → C05Q06

C05Q05

IF - C05Q04 = 1

ASTHNOW

Do you still have asthma?

- 1 YES
- 2 NO

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

C05Q06

CHCSCNCR

(Ever told) you had skin cancer?

- 1 YES
- 2 NO

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

C05Q07

CHCOCNCR

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

- 1 YES
- 2 NO

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

C05Q08

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

C05Q09

HAVARTH3

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

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- rheumatism, polymyalgia rheumatic
- 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

C05Q10

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

C05Q11

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

C05Q12

CHCVISN1

Do you have any trouble seeing, even when wearing glasses or contact lenses?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE (BLIND)

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

C05Q13

DIABETE3

(Ever told) you have diabetes?

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

"Was this only when you were pregnant?"

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

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

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

C05Q13V

IF - RESPGEND=1 AND C05Q13=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 → C05Q13

C05END

Module 01:Pre-Diabetes

CATI NOTE: Module to be asked after Section 05: Chronic Health

M01INTRO IF - C05Q13>1

M01Q01 IF - C05Q13>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 C05Q13 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02 IF - (C05Q13>1 AND C05Q13<4) OR C05Q13>4 PREDIAB1

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

INTERVIEWER NOTE: 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 - RESPGEND=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: Module to be asked after Section 05: Chronic Health.
Only asked of those responding "Yes" (code = 1) to Core C05Q13
(Diabetes awareness question).

| | |
|-----------------|---------------|
| M02INTRO | IF - C05Q13=1 |
|-----------------|---------------|

| | | |
|---------------|---------------|----------|
| M02Q01 | IF - C05Q13=1 | DIABAGE2 |
|---------------|---------------|----------|

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

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

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

| | | |
|---------------|---------------|---------|
| M02Q02 | IF - C05Q13=1 | INSULIN |
|---------------|---------------|---------|

Are you now taking insulin?

- 1 YES
- 2 NO

- 9 REFUSED

| | | |
|---------------|---------------|----------|
| M02Q03 | IF - C05Q13=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 = PER DAY 301-399 = PER MONTH
201-299 = PER WEEK 401-499 = PER YEAR
___ TIMES

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

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

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

IS THIS CORRECT?

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

M02Q04 IF - C05Q13=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

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

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

IS THIS CORRECT?

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

M02Q05 IF - C05Q13=1 DOCTDIAB

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

___ NUMBER OF TIMES [76 = 76 or more]

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

M02Q05V

IF - M02Q05>52 AND M02Q05<77

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

IS THIS CORRECT?

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

M02Q06

IF - C05Q13=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

M02Q06V

IF - M02Q06>52 AND M02Q06<77

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

IS THIS CORRECT?

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

CATI NOTE: If M02Q04=555 "No feet", go to M02Q08.

M02Q07

IF - C05Q13=1 AND M02Q04<>555

FEETCHK

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

__ NUMBER OF TIMES [76= 76 or more]

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

M02Q07V

IF - M02Q07>52 AND M02Q07<77

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

IS THIS CORRECT?

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

M02Q08

IF - C05Q13=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

M02Q09

IF - C05Q13=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

M02Q10

IF - C05Q13 = 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 06: Oral Health

C06INTRO

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 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

C06Q02

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.

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
- 8 None

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

C06END

Section 07: Demographics

C07INTRO

C07Q01

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

C07Q01V

IF - M02Q01 > C07Q01 AND M02Q01<98

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C07Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C07Q01

C07Q02

HISPANC2

Are you Hispanic or Latino?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C07Q03

MRACE

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

CHECK ALL THAT APPLY

PLEASE READ:

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

CATI NOTE: If more than one response to C07Q03; continue.
Otherwise, go to C07Q05

C07Q04

IF - C07Q03 < 7 AND C07Q03.2 > 0 AND C07Q03.2 <>
8

ORACE2

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

PLEASE READ:

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

C07Q05

VETERAN3

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

- 1 Yes
- 2 No

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

C07Q06

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

C07Q07

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

C07Q08

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

C07Q09

EMPLOY

Are you currently...?

PLEASE READ:

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

Cati Note: If respondent refuses at ANY income level code income variable to 99 (refused).

C07Q10d

Is your annual household income from all sources:

Less than \$25,000?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C07Q10e |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q10i |
| 9 | REFUSED | SKP | → | C07Q10i |

C07Q10c IF - C07Q10d = 1

(Is your annual household income from all sources:)

Less than \$20,000?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C07Q10i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q10i |
| 9 | REFUSED | SKP | → | C07Q10i |

C07Q10b IF - C07Q10c = 1

(Is your annual household income from all sources:)

Less than \$15,000?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C07Q10i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q10i |
| 9 | REFUSED | SKP | → | C07Q10i |

C07Q10a IF - C07Q10b = 1

(Is your annual household income from all sources:)

Less than \$10,000?

| | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | SKP | → | C07Q10i |
| 2 | NO | SKP | → | C07Q10i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q10i |
| 9 | REFUSED | SKP | → | C07Q10i |

C07Q10e IF - C07Q10d = 2

(Is your annual household income from all sources:)

Less than \$35,000?

| | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | SKP | → | C07Q10i |
| 2 | NO | | | |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q10i |
| 9 | REFUSED | SKP | → | C07Q10i |

C07Q10f IF - C07Q10e = 2

(Is your annual household income from all sources:)

Less than \$50,000?

| | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | SKP | → | C07Q10i |
| 2 | NO | | | |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q10i |
| 9 | REFUSED | SKP | → | C07Q10i |

C07Q10g IF - C07Q10f = 2

(Is your annual household income from all sources:)

Less than \$75,000?

| | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | SKP | → | C07Q10i |
| 2 | NO | SKP | → | C07Q10i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q10i |
| 9 | REFUSED | SKP | → | C07Q10i |

C07Q10i

INCOME2

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

- {If C07Q10g = 2, More than \$75,000?}
 {If C07Q10g = 1, \$50,000 to less than \$75,000}
 {If C07Q10f = 1, \$35,000 to less than \$50,000}
 {If C07Q10e = 1, \$25,000 to less than \$35,000}
 {If C07Q10c = 2, \$20,000 to less than \$25,000}
 {If C07Q10b = 2, \$15,000 to less than \$20,000}
 {If C07Q10a = 2, \$10,000 to less than \$15,000}
 {If C07Q10a = 1, Less than \$10,000}
 {Default, REFUSED/DON'T KNOW/NOTSURE}

IS THIS CORRECT?

- 1 YES
 2 NO SKP → C07Q10d
 7 DON'T KNOW/NOT SURE
 9 REFUSED

C07Q11

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

C07Q11V

IF - (C07Q11<9000 AND (C07Q11<80 OR C07Q11>350))
 OR (C07Q11>9000 AND (C07Q11<9035 OR
 C07Q11>9159))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
 2 NO, REASK QUESTION SKP → C07Q11

C07Q12

HEIGHT3

About how tall are you without shoes?

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

ROUND FRACTIONS DOWN

___/___ HEIGHT (Ft/inches/meters/centimeters)

77/77 DON'T KNOW/NOT SURE

99/99 REFUSED

C07Q12V

IF - (C07Q12<9000 AND (C07Q12>608 OR C07Q12<407)) OR (C07Q12>9000 AND (C07Q12>9206 OR C07Q12<9139))

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C07Q12}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP → **C07Q12**

ASKCNTY

CTYCODE1

What county do you live in?

ENTER FIRST LETTER OF COUNTY NAME

___ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)

888 OTHER

777 DON'T KNOW/NOT SURE

999 REFUSED

001 MIN

775 MAX

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

C07Q14

ZIPCODE

What is the ZIP Code where you live?

_____ ZIP Code

77777 DON'T KNOW/NOT SURE

99999 REFUSED

C07Q15

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 | → | C07Q17 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q17 |
| 9 | REFUSED | SKP | → | C07Q17 |

C07Q16

IF - C07Q15 = 1

NUMPHON2

How many of these telephone numbers are residential numbers?

- | | |
|---|---------------------|
| 1 | ONE |
| 2 | TWO |
| 3 | THREE |
| 4 | FOUR |
| 5 | FIVE |
| 6 | SIX [6 = 6 OR MORE] |
| 7 | DON'T KNOW/NOT SURE |
| 9 | REFUSED |

C07Q17

CPDEMO1

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C07Q19 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q19 |
| 9 | REFUSED | SKP | → | C07Q19 |

C07Q18

IF - C07Q17=1

CPDEMO4

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

___ ENTER PERCENT (1 to 100)

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

C07Q19

RENTHOM1

Do you own or rent your home?

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

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

- 1 OWN
- 2 RENT
- 3 OTHER ARRANGEMENT

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

C07Q20

SEX

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

- 1 MALE
- 2 FEMALE

C07Q20V

IF - RESPGEND<>C07Q20

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C07Q20}. ARE
YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
 - 2 NO
- SKP** → **C07Q20**

C07Q21

IF - C07Q01<45 AND C07Q20=2

PREGNANT

To your knowledge, are you now pregnant?

- 1 YES
- 2 NO

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

C07END

Section 08: Disability

C08INTRO

C08Q01

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

C08Q02

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

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 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 | Every day | | | |
| 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

STOPSMK3

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 Every day
- 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 **SKP** → **C10END**

777 DON'T KNOW/NOT SURE **SKP** → **C10END**

999 REFUSED **SKP** → **C10END**

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 **SKP** → **C10Q02**

C10Q03

IF - C10Q01<777

DRNK3GE5

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C07Q20=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 ((C07Q20=1 AND C10Q04>=5 AND
(C10Q03=88 OR C10Q03<5)) OR (C07Q20=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 C07Q20=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

FLUSHOT5

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

INTERVIEWER NOTE: 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 | → | C11Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q04 |
| 9 | REFUSED | SKP | → | C11Q04 |

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

- | | |
|---------|---------------------|
| 77/7777 | DON'T KNOW/NOT SURE |
| 99/9999 | REFUSED |
| 01/1900 | MIN |
| 99/2012 | MAX |

C11Q03

IF - C11Q01 = 1

IMFVPLAC

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

INTERVIEWER NOTE: IF RESPONDENT REPLIES DON'T KNOW/NOT SURE
PROBE:

"How would you describe the place where you went to get your most recent flu vaccine?"

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED - DO NOT READ)
- 11 A school
- 77 DON'T KNOW/NOT SURE USE ABOVE PROBE
- 99 REFUSED

C11Q04

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

C11END

Section 12: Falls

| | |
|-----------------|-------------------|
| C12INTRO | IF - C07Q01 >= 45 |
|-----------------|-------------------|

| | | |
|---------------|-------------------|----------|
| C12Q01 | IF - C07Q01 >= 45 | FALL3MN2 |
|---------------|-------------------|----------|

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 | SKP | → | C12END |
| 77 | DON'T KNOW/NOT SURE | SKP | → | C12END |
| 99 | REFUSED | SKP | → | C12END |

| | | |
|---------------|-----------------------------------|----------|
| C12Q02 | IF - C07Q01 >= 45 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 |

| |
|---------------|
| 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

CATI NOTE: If C13Q01 = 8 (NEVER DRIVE OR RIDE IN A CAR), go to
Section 15; otherwise continue.

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

C14END

Section 15: Breast and Cervical Cancer Screening

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

| | |
|-----------------|---------------|
| C15INTRO | IF - C07Q20=2 |
|-----------------|---------------|

| | | |
|---------------|---------------|--------|
| C15Q01 | IF - C07Q20=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 | → | C15Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C15Q03 |
| 9 | REFUSED | SKP | → | C15Q03 |

| | | |
|---------------|---------------|---------|
| C15Q02 | IF - C15Q01=1 | HOWLONG |
|---------------|---------------|---------|

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

READ ONLY IF NECESSARY

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

| | | |
|---------------|---------------|----------|
| C15Q03 | IF - C07Q20=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 | → | C15Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C15Q05 |
| 9 | REFUSED | SKP | → | C15Q05 |

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 - C07Q20=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 | → C15Q07 |
| 7 | DON'T KNOW/NOT SURE | SKP | → C15Q07 |
| 9 | REFUSED | SKP | → C15Q07 |

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 C07Q21 = 1 (is pregnant); then go to next section.

C15Q07

IF - C07Q20=2 AND C07Q21<>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.

| | |
|-----------------|-----------------------------|
| C16INTRO | IF - C07Q20=1 AND C07Q01>39 |
|-----------------|-----------------------------|

| | | |
|---------------|-----------------------------|----------|
| C16Q01 | IF - C07Q20=1 AND C07Q01>39 | PCPSAAD1 |
|---------------|-----------------------------|----------|

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

| | | |
|---------------|-----------------------------|----------|
| C16Q02 | IF - C07Q20=1 AND C07Q01>39 | 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

| | | |
|---------------|-----------------------------|----------|
| C16Q03 | IF - C07Q20=1 AND C07Q01>39 | 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 - C07Q20=1 AND C07Q01>39 | 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 ≤ 49 years of age, go to next module.

| | |
|-----------------|----------------|
| C17INTRO | IF - C07Q01>49 |
|-----------------|----------------|

| | | |
|---------------|----------------|----------|
| C17Q01 | IF - C07Q01>49 | 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 - C07Q01>49 | 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 | → C17END |
| 7 | DON'T KNOW/NOT SURE | SKP | → C17END |
| 9 | REFUSED | SKP | → C17END |

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 do not 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 | → | C18Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C18Q03 |
| 9 | REFUSED | SKP | → | C18Q03 |

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

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

C18Q03

HIVRISK3

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

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

Do any of these situations apply to you?

- 1 YES
- 2 NO

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

C18END

Transition to Modules and/or State-Added Questions

TRANS

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

Module 06: Excess Sun Exposure

M06INTRO

M06Q01

NUMBURN2

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

- 8 Zero
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more

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

M06END

Module 23: Random Child Selection

CATI note: If Core C07Q07 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M23INTRO IF - C07Q07<88

{If C07Q07=1, Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.}

{If C07Q07>1 AND C07Q07 < 88, Previously, you indicated there were {C07Q07} children age 17 or younger in your household. Think about those {C07Q07} children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

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

M23Q01

RCSBIRTH

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

___/___ CODE MONTH AND YEAR

77/7777 DON'T KNOW/NOT SURE

99/9999 REFUSED

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

M23Q02

RCSGENDR

Is the child a boy or a girl?

- 1 Boy
- 2 Girl

9 REFUSED

M23Q03

RCHISLAT

Is the child Hispanic or Latino?

- 1 Yes
- 2 No

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

M23Q04

RCSRACE

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

CHECK ALL THAT APPLY

PLEASE READ:

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

CATI note: If more than one response to M23Q05, continue. Otherwise, go to Q6.

M23Q05

IF - M23Q04<7 AND M23Q04.2>0 AND M23Q04.2<>8

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

M23Q06

RCSRLTN2

How are you related to the child?

PLEASE READ:

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

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

M23END

Module 24: Childhood Asthma Prevalence

CATI note: If response to C07Q07 = 88 (None) or 99 (Refused), go to next module.

| | |
|-----------------|-----------------------------|
| M24INTRO | IF - C07Q07>0 AND C07Q07<88 |
|-----------------|-----------------------------|

| | | |
|---------------|-----------------------------|----------|
| M24Q01 | IF - C07Q07>0 AND C07Q07<88 | CASTHDX2 |
|---------------|-----------------------------|----------|

The next two questions are about the {SHOWKID}.

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

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → M24END |
| 7 | DON'T KNOW/NOT SURE | SKP | → M24END |
| 9 | REFUSED | SKP | → M24END |

| | | |
|---------------|---------------|----------|
| M24Q02 | IF - M24Q01=1 | CASTHNO2 |
|---------------|---------------|----------|

Does the child still have asthma?

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

| |
|---------------|
| M24END |
|---------------|

State Added 01: Salt Intake

ND01INTRO

ND01Q01

BPSALT

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

Are you currently watching or reducing your salt intake?

- 1 Yes
- 2 No SKP → ND01Q03

- 7 DON'T KNOW/NOT SURE SKP → ND01Q03
- 9 REFUSED SKP → ND01Q03

ND01Q02

IF - ND01Q01 = 1

BPSLTLONG

How long have you been watching or reducing your salt intake?

Would you say:

- 1 Less than six months
- 2 Six months to 1 year
- 3 1 year to 5 years
- 4 5 years to 10 years
- 5 More than 10 years

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

ND01Q03

BPSLTADV

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

- 1 Yes
- 2 No

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

ND01END

State Added Section 02: Cognitive Impairment

ND02INTRO

ND02Q01

CIMEMLOS

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **DOES NOT REFER** to occasionally forgetting your keys or the name of someone you recently met. This **REFERS TO** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes
- 2 No

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

ND02Q02

IF - ADULTS > 1

CINOADLT

{IF ND02Q01 = 1, Not including yourself},

how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

- _ Number of People (6 = 6 or more)
- 8 NONE
 - 7 DON'T KNOW/NOT SURE
 - 9 REFUSED
 - 1 MIN
 - 6 MAX

ND02Q03

IF - (ADULTS > 1 AND (ND02Q02 > 0 AND ND02Q02 < 7)) AND ND02Q01 > 1
CIRBIAGE

{IF ND02Q02 > 1, Of these people, please select the person who had the most recent birthday.}

How old is this person?

READ ONLY IF NECESSARY

- 01 Age 18-29
- 02 Age 30-39
- 03 Age 40-49
- 04 Age 50-59
- 05 Age 60-69
- 06 Age 70-79
- 07 Age 80-89
- 08 Age 90 +

77 DON'T KNOW/NOT SURE

99 REFUSED

ND02Q04

IF - ND02Q01 = 1 OR (ADULTS>1 AND ND02Q02 < 7)
CIHOWOFT

{ND02Q01 > 1, For the next set of questions we will refer to the person you identified as 'this person.'}

During the past 12 months, how often {ND02Q01 = 1, have you, has this person} given up household activities or chores {ND02Q01 = 1, you, they} used to do, because of confusion or memory loss that is happening more often or is getting worse?

INTERVIEWER NOTE: REPEAT DEFINITION ONLY AS NEEDED:

"For these questions, please think about confusion or memory loss that is happening more often or getting worse."

PLEASE READ:

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

7 DON'T KNOW/NOT SURE

9 REFUSED

ND02Q05

IF - ND02Q01 = 1 OR (ADULTS > 1 AND ND02Q02 < 7)
CIASSIST

As a result of {**ND02Q01 = 1, your, this person's**} confusion or memory loss, in which of the following four areas {**ND02Q01 = 1, do you, does this person**} need the **MOST** assistance?

- 1 Safety (such as forgetting to turn off the stove or falling)
- 2 Transportation (such as getting to doctor's appointments)
- 3 Household activities (such as managing money or housekeeping)
- 4 Personal care (such as eating or bathing)
- 5 NEEDS ASSISTANCE, BUT NOT IN THOSE AREAS
- 6 DOESN'T NEED ASSISTANCE IN ANY AREAS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ND02Q06

IF - ND02Q01 = 1 OR (ADULTS > 1 AND ND02Q02 < 7)
CIINTERFER

During the past 12 months, how often has confusion or memory loss interfered with {**ND02Q01 = 1, your, this person's**} ability to work, volunteer, or engage in social activities?

PLEASE READ:

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

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

ND02Q07

IF - ND02Q01 = 1 OR (ADULTS > 1 AND ND02Q02 < 7)

CIFAMCAR

During the past 30 days, how often **{If ND02Q01 = 1, has, have you}** a family member or friend provided any care or assistance for **{If ND02Q01 = 1, you, this person}** because of confusion or memory loss?

PLEASE READ:

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

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

ND02Q08

IF - ND02Q01 = 1 OR (ADULTS > 1 AND ND02Q02 < 7)

CIHCPROF

Has anyone discussed with a health care professional, increases in **{ND02Q01 = 1, your, this person's}** confusion or memory loss?

- 1 Yes
- 2 No **SKP** → **ND02END**

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

ND02Q09

IF - ND02Q08 = 1

CIMEDS

{IF ND02Q01=1, Have you, Has this person} received treatment such as therapy or medications for confusion or memory loss?

- 1 Yes
- 2 No

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

ND02Q10

IF - ND02Q08 = 1

CIDIAGAZ

Has a health care professional ever said that **{ND02Q01=1, you have, this person has}** Alzheimer's disease or some other form of dementia?

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's disease
- 3 No diagnosis has been given

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

ND02END

State Added 03: Secondhand Smoke Policy

ND03INTRO

ND03Q01

HOUSESMK

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

PLEASE READ

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home
- 4 There are no rules about smoking inside your home

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

ND03END

State Added 04: Anxiety

ND04INTRO

ND04Q01

ADANXEV

Now, I am going to ask you a question about your emotional health and well-being.

Has a doctor or other healthcare provider **EVER** told you that you have 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

ND04END

State Added 05: Sexual/Intimate Partner Violence

ND05INTRO

ND05Q01

MEDIAIMG

Now I'd like to ask you how you feel about certain sexual behaviors. This is a sensitive topic, and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer.

Please tell me whether you agree or disagree with the following statements:

Media images that portray women as sexy contribute to sexual violence.

- 1 Agree
- 2 Disagree

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

ND05Q02

WMNDRES

Women who dress and act in a sexy way provoke rape by their appearance or behavior.

- 1 Agree
- 2 Disagree

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

ND05Q03

RAPE2

If a woman is raped when she is drunk, she is at least somewhat responsible for letting things get out of control.

- 1 Agree
- 2 Disagree

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

ND05Q04

SEXVIOL1

Sexual Violence occurs in your community.

- 1 Agree
- 2 Disagree

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

ND05Q05

SEXVIOL2

It is possible to prevent sexual violence.

- 1 Agree
- 2 Disagree

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

ND05Q06

SXNOCONS4

It is okay for a man to have sexual intercourse with a woman against her will or without her consent if they are married.

- 1 Agree
- 2 Disagree

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

ND05Q07

RAPE1

If a woman claims she was raped, the amount of resistance she put up should be a factor in determining whether a rape has occurred.

- 1 Agree
- 2 Disagree

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

ND05END

State Added 06: Health Care Coverage

ND06INTRO

ND06Q01

IF - C03Q01 <> 2

HLTHINS

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

READ IF NECESSARY

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

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

ND06END

State Added 07: Indian Health

ND07INTRO

ND07Q01

IF - C07Q03 = 5

RESERVE

Do you live on a reservation or Indian Service Area?

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

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

ND07Q02

IF - C07Q03 = 5

MEMTRIBE

Are you currently an enrolled tribal member?

- 1 Yes
- 2 No SKP → ND07END

- 7 DON'T KNOW/NOT SURE SKP → ND07END
- 9 REFUSED SKP → ND07END

ND07Q03

IF - C07Q03 = 5 AND ND07Q02 = 1

TRIBE

Which tribe?

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

READ ONLY IF NECESSARY

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

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

ND07Q04

IF - C07Q03 = 5 AND ND07Q02 = 1

IHS

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

Would you say...

INTERVIEWER NOTE: IHS STANDS FOR INDIAN HEALTH SERVICE.

PLEASE READ

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

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

ND07END

State Added 08: Sexual Orientation

ND08INTRO

ND08Q01

SEXPREF

Now I'll read a list of terms people sometimes use to describe themselves - heterosexual or straight; homosexual or {IF C07Q22 = 1, gay, lesbian} and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

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

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

ND08END

Asthma Call-Back Permission Script

AFUINTRO

ADLTPERM

IF - C05Q04 = 1 OR M24Q01 = 1

CALLBACK

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

- 1 Yes
- 2 No

SKP → AFUEND

FNAME

IF - ADLTPERM=1

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

- 1 ENTER FIRST NAME OR INITIALS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CNAME

IF - ADLTCHILD=2 AND ADLTPERM=1

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

- 1 ENTER FIRST NAME OR INITIALS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

MOSTKNOW IF - ADLTCHILD=2 AND ADLTPERM=1

Are you the parent or guardian in the household who knows the most about {CNAME}'s asthma?

- 1 YES
- 2 NO

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

OTHNAME IF - MOSTKNOW=2

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

- 1 ENTER FIRST NAME, INITIALS, OR NICKNAME

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

CBTIME IF - ADLTPERM=1

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

For example, evenings, days or weekends?

- 1 ENTER CALLBACK TIME

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

AFUEND

Closing Statement

CLOSING

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