



2013

Behavioral Risk Factor Surveillance System

North Dakota Cell

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INTRO

CPINTROQ

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.

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

CPCONTEL

CTELNUM1

Is this {PHONE7}?

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

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

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.

CPISCELL

IF - CPCONTEL <> 2

CELLFON2

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."

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

- | | | | | |
|---|---------------------|------------|---|----------------|
| 1 | YES | SKP | → | CPADULT |
| 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.}

DISPOS 4460

CPADULT

IF - CPISCELL = 1

CADULT

Are you 18 years of age or older?

NOTE: ASK GENDER IF NECESSARY.

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

- | | | | | |
|---|-------------------------------------|------------|---|-----------------|
| 1 | YES AND THE RESPONDENT IS A MALE. | SKP | → | CPPvtRes |
| 2 | YES AND THE RESPONDENT IS A FEMALE. | SKP | → | CPPvtRes |
| 3 | NO | | | |
| 7 | DON'T KNOW/NOT SURE | | | |
| 9 | REFUSED | | | |

CPNOADULT

IF - CPADULT > 2

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

{IF CPISCELL > 3, Thank you very much for your time.}

DISPOS 4700

CPPvtRes IF - CPADULT = 1 OR CPADULT = 2 **PVTRES2**

Do you live in a private residence?

READ IF NECESSARY:

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

NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THE 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 arrangements provided by a college or university."

- 1 YES, CONTINUE **SKP** → **CPState**
- 2 NO **SKP** → **CPNONRES**

CPNONRES 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

CPState **CSTATE**

Are you a resident of North Dakota?

- 1 YES **SKP** → **CPLandLi**
- 2 NO **SKP** → **CPStateR**

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

CPSTATEU IF - CPSTATE > 2

Thank you very much for your time.

DISPOS 4100

CPStateR IF - CPState = 2 RSPSTATE

In what state do you live?

___ ENTER STATE FIPS

99 REFUSED

CPStateN IF - CPStateR = 99

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

DISPOS 4100

CPLandLi IF - CPState = 1 OR CPStateR < 99 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.

INTERVIEWER: 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

SKP → CPIntroS

7 DON'T KNOW/NOT SURE

SKP → CPTermSc

9 REFUSED

SKP → CPTermSc

CPPctCel

IF - CPLandli = 1

PCTCELL

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/REFUSED

999 REFUSED

CPTermSc

IF - CPLandli > 2 OR ((CPPctCel > 0 AND CPPctCel < 89) OR CPPctCel > 100)

Thank you very much. Those are all the questions I have for you today.

DISPOS 4470

Core Sections

CPINTROS

Your cell phone number has been chosen randomly, and I would like to ask you 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 **SKP** → **C01INTRO**

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 [IF PPHF STATE GO TO MODULE 4, QUESTION 1, ELSE CONTINUE]
- 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

CATI Note: If PPHF State go to Module 4, Question 3, else continue

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

CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or If PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section

C03END

Section 04: Inadequate Sleep

C04INTRO

C04Q01

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

C04END

Section 05: Hypertension Awareness

C05INTRO

C05Q01

BPHIGH4

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

READ ONLY IF NECESSARY:

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

IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

- | | | | | |
|---|--------------------------------------------|------------|---|---------------|
| 1 | Yes | | | |
| 2 | Yes, but female told only during pregnancy | SKP | → | C05END |
| 3 | No | SKP | → | C05END |
| 4 | Told borderline high or pre-hypertensive | SKP | → | C05END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C05END |
| 9 | REFUSED | SKP | → | C05END |

C05Q01V

IF - RESPGEND = 1 AND C05Q01 = 2

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

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- | | | | | |
|---|-----|------------|---|---------------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C05Q01 |

C05Q02

IF - C05Q01 = 1

BPMEDS

Are you currently taking medicine for your high blood pressure?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C05END

Section 06: Cholesterol Awareness

C06INTRO

C06Q01

BLOODCHO

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

- 1 YES
- 2 NO SKP → C06END
- 7 DON'T KNOW/NOT SURE SKP → C06END
- 9 REFUSED SKP → C06END

C06Q02

IF - C06Q01 = 1

CHOLCHK

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

READ ONLY IF NECESSARY:

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

C06Q03

IF - C06Q01 = 1

TOLDHI2

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

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

C06END

Section 07: Chronic Health Conditions

C07INTRO

C07Q01

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

C07Q02

CVDCRHD4

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

- 1 YES
- 2 NO

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

C07Q03

CV DSTRK3

(Ever told) you had a stroke?

- 1 YES
- 2 NO

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

C07Q04

ASTHMA3

(Ever told) you had asthma?

- 1 YES
- 2 NO SKP → C07Q06

- 7 DON'T KNOW/NOT SURE SKP → C07Q06
- 9 REFUSED SKP → C07Q06

C07Q05

IF - C07Q04 = 1

ASTHNO6

Do you still have asthma?

- 1 YES
- 2 NO

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

C07Q06

CHCSCNCR

(Ever told) you had skin cancer?

- 1 YES
- 2 NO

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

C07Q07

CHCOCNCR

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

- 1 YES
- 2 NO

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

C07Q08

CHCCOPD

(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

C07Q09

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

C07Q10

ADDEPTEV2

(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

C07Q11

CHKIDNY

(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

C07Q12

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

C07Q12V

IF - RESPGEND=1 AND C07Q12=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 → C07Q12

C07END

CATI NOTE: If C07Q12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to C07Q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

Module 01: Pre-Diabetes

CATI NOTE: Only asked of those not responding "Yes" (code = 1) to Core C07Q12 (Diabetes awareness question).

M01INTRO IF - C07Q12 > 1

M01Q01 IF - C07Q12 >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 C07Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02 IF - (C07Q12 > 1 AND C07Q12 < 4) OR C07Q12 > 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 - 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: Only asked of those responding "Yes" (code = 1) to Core C07Q12 (Diabetes awareness question).

M02INTRO	IF - C07Q12 = 1
-----------------	-----------------

M02Q01	IF - C07Q12 = 1	DIABEAGE2
---------------	-----------------	-----------

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 - C07Q12 = 1	INSULIN
---------------	-----------------	---------

Are you now taking insulin?

- 1 YES
- 2 NO

- 9 REFUSED

M02Q03	IF - C07Q12 = 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 - C07Q12 = 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 - C07Q12 = 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 - C07Q12 = 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 - C07Q12 = 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 - C07Q12 = 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 - C07Q12 = 1

DIABEYE

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

- 1 YES
- 2 NO

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

M02Q10

IF - C07Q12 = 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 08: Demographics

C08INTRO

C08Q01

AGE

What is your age?

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

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

C08Q01V

IF - M02Q01 > C08Q01 AND M02Q01 < 98 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 {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.

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

C08Q02A

HISPANC3

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**

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
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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? 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").

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

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

C08Q14	ZIPCODE
---------------	----------------

What is the ZIP Code where you live?

_____ ZIP Code

77777 DON'T KNOW/NOT SURE

99999 REFUSED

C08Q15	NUMHHOL2
---------------	-----------------

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

1 YES

2 NO **SKP** → **C08Q17**

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

9 REFUSED **SKP** → **C08Q17**

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.

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 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 | | | 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
- 08 Never smoked regularly

- 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	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 C08Q20 = 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 ((C08Q20 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR
C10Q03 < 5)) OR (C08Q20 = 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 C08Q20=1, 5, 4} IS {C10Q03}.

IS THIS CORRECT?

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

C10END

Section 11: Fruits and Vegetables

C11INTRO

IF - USEC11 = TRUE

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

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

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

"Was that per day, week, or month?"

C11Q02

FRUIT1

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

READ ONLY IF NECESSARY:

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

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

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

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

___ TIMES

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

C11Q02V IF - (C11Q02 > 105 AND C11Q02 < 201) OR (C11Q02 > 235 AND C11Q02 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C11Q02 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION SKP → C11Q02

C11Q03

FVBEANS

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

READ ONLY IF NECESSARY:

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

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

INCLUDE FALAFEL AND TEMPEH.

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

___ TIMES

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

C11Q03V IF - (C11Q03 > 105 AND C11Q03 < 201) OR (C11Q03 > 235 AND C11Q03 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS {C11Q03 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP** → **C11Q03**

C11Q04

FVGREEN

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

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

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

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

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

___ TIMES

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

C11Q04V IF - (C11Q04 > 105 AND C11Q04 < 201) OR (C11Q04 > 235 AND C11Q04 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {**C11Q04 SHOWTIME**}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP** → **C11Q04**

C11Q05

FVORANG

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

READ ONLY IF NEEDED:

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

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

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

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

___ TIMES

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

C11Q05V IF - (C11Q05 > 105 AND C11Q05 < 201) OR (C11Q05 > 235 AND C11Q04 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES {C11Q05 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION SKP → C11Q05

C11Q06

VEGETABL

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

READ ONLY IF NEEDED:

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

INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVACADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN). DO NOT INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).

DO NOT INCLUDE RICE OR OTHER GRAINS. DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDING KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.

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

___ TIMES

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

C11Q06V IF - (C11Q06 > 105 AND C11Q06 < 201) OR (C11Q06 > 235 AND C11Q06 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {**C11Q06 SHOWTIME**}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP** → **C11Q06**

C11END

Section 12: Exercise (Physical Activity)

C12INTRO

C12Q01

EXERANY2

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

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C12Q08 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C12Q08 |
| 9 | REFUSED | SKP | → | C12Q08 |

C12Q02

IF - C12Q01 = 1

EXTRACT01

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

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

___ (Specify) [See Coding List A]

- | | | | | |
|----|---------------------|-----|---|--------|
| 97 | DON'T KNOW/NOT SURE | SKP | → | C12Q08 |
| 99 | REFUSED | SKP | → | C12Q08 |

C12Q03

IF - C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <>
99

EXEROF1

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

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

___ TIMES

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

299 MAX

C12Q03V

IF - (C12Q03 > 107 AND C12Q03 < 201) OR (C12Q03 >
231 AND C12Q03 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q03 {C12Q03 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C12Q03

C12Q04

IF - C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <>
99

EXERHMM1

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

___ HOURS AND MINUTES

777 DON'T KNOW/NOT SURE

999 REFUSED

001 MIN

659 MAX

C12Q04V

IF - C12Q04 > 430 AND C12Q04 < 777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C12Q04 HOURMIN}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C12Q04

C12Q05	IF - C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <> 99	EXTRACT02
---------------	---------------------------------------------------	-----------

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

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

___ (Specify) [See Coding List A]

88	NO OTHER ACTIVITY	SKP	→	C12Q08
97	DON'T KNOW/NOT SURE	SKP	→	C12Q08
99	REFUSED	SKP	→	C12Q08

C12Q05V	IF - C12Q02 = C12Q05
----------------	----------------------

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C12Q02.

FIRST ACTIVITY (C12Q02)= {C12Q02}

SECOND ACTIVITY (C12Q05)= {C12Q05}

IS THIS CORRECT?

1	NO, CHANGE ACTIVITY IN QUESTION C10Q05	SKP	→	C12Q05
2	NO, CHANGE ACTIVITY IN QUESTION C10Q02	SKP	→	C12Q02
3	YES, CORRECT AS IS, CONTINUE			

C12Q06	IF - C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99	EXEROFT2
---------------	---------------------------------------------------	----------

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

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

___ TIMES

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

C12Q06V IF - (C12Q06 > 107 AND C12Q06 < 201) OR (C12Q06 > 231 AND C12Q06 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q06 {C12Q06 SHOWTIME}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C12Q06**

C12Q07 IF - C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99
EXERHMM2

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

___ HOURS AND MINUTES

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

C12Q07V IF - C12Q07 > 430 AND C12Q07 < 777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C12Q07 HOURMIN}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C12Q07**

C12Q08

STRENGTH

During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

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

___ TIMES

888 NEVER

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

299 MAX

C12Q08V

IF - (C12Q08 > 107 AND C12Q08 < 201) OR (C12Q08 > 231 AND C12Q08 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES {**C12Q08 SHOWTIME**}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C12Q08

C12END

Section 13: Arthritis Burden

If Q7.9 = 1(yes) then continue, else go to next section.

C13INTRO

IF - C07Q09 = 1

C13Q01

IF - C07Q09 = 1

LMTJOIN3

Next, I will ask you about your arthritis.

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

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

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

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C13Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT

C13Q02

IF - C07Q09 = 1

ARTHDIS2

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

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

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C13Q03

IF - C07Q09 = 1

ARTHSOCL

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

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

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

PLEASE READ:

- 1 A lot
- 2 A little
- 3 Not at all

7 DON'T KNOW/NOT SURE

9 REFUSED

C13Q04

IF - C07Q09 = 1

JOINPAIN

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

___ ENTER NUMBER [00-10]

88 ZERO

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

10 MAX

C13END

Section 14: Seatbelt Use

C14INTRO

C14Q01

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

C14END

Section 15: Immunization

C15INTRO

C15Q01

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 | → | C15Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C15Q03 |
| 9 | REFUSED | SKP | → | C15Q03 |

C15Q02

IF - C15Q01 = 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 |
| 122013 | MAX |

CATI NOTE: Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2013, response can be no older than 06/2012.

C15Q03

TETANUS

Since 2005, have you had a tetanus shot?

IF YES, ASK:

"Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

READ IF NECESSARY:

- 1 Yes, received Tdap
- 2 Yes, received the tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005

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

C15Q04

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

C15END

Section 16: HIV/AIDS

C16INTRO

C16Q01

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 | → | C16END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C16END |
| 9 | REFUSED | SKP | → | C16END |

C16Q02

IF - C16Q01 = 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
772013	MAX

C16Q03

IF - C16Q01 = 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

C16END

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

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

HLTHCVRG

Are you **CURRENTLY** covered by any of the following types of health insurance or health coverage plans?

CHECK ALL THAT APPLY

PLEASE READ:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [CATI INSERT: or substitute state program name]
- 05 The military, CHAMPUS, or the VA (or CHAMP-VA)
- 06 The Indian Health Service (or the Alaska Native Health Service)
- 07 Some other source
- 88 None
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

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

M04Q04A

IF - C03Q01 = 1

NOCOV12

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

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

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

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

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

M04Q08

MEDBILLS

Do you currently have any medical 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.

- 1 Yes
- 2 No

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

M04END

State Added 04: Health Insurance

ND04INTRO

ND04Q02

IF - C03Q01 > 0 AND C03Q01 <> 2

HLTHINS

Previously we asked you about health insurance and would like to ask you now about specific insurance plans. 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

ND04END

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 = PER DAY 301-399 = PER MONTH

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

___ 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 08: Cardiovascular Health

M08INTRO

M08Q01

IF - C07Q01 = 1

HAREHAB1

I would like to ask you a few more questions about your cardiovascular or heart health.

Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- 1 YES
- 2 NO

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

M08Q02

IF - C07Q03 = 1

STREHAB1

{IF M08Q01 < 1, I would like to ask you a few more questions about your cardiovascular or heart health.}

Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- 1 YES
- 2 NO

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

CATI NOTE: Question 3 is asked of all respondents

M08Q03

CVDASPRN

{IF M08Q01 < 1 AND M08Q02 < 1, I would like to ask you a few more questions about your cardiovascular or heart health.}

Do you take aspirin daily or every other day?

INTERVIEWER NOTE: ASPIRIN CAN BE PRESCRIBED BY A HEALTH CARE PROVIDER OR OBTAINED AS AN OVER-THE-COUNTER (OTC) MEDICATION.

- 1 YES SKP → M08Q05
- 2 NO

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

M08Q04

IF - M08Q03 > 1

ASPUNSAF

Do you have a health problem or condition that makes taking aspirin unsafe for you?

IF "YES", ASK:

"Is this a stomach condition?"

CODE UPSETS STOMACH AS STOMACH PROBLEMS.

1	YES, NOT STOMACH RELATED	SKP	→	M08END
2	YES, STOMACH PROBLEMS	SKP	→	M08END
3	NO	SKP	→	M08END
7	DON'T KNOW/NOT SURE	SKP	→	M08END
9	REFUSED	SKP	→	M08END

M08Q05

IF - M08Q03 = 1

RLIVPAIN

Do you take aspirin to relieve pain?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M08Q06

IF - M08Q03 = 1

RDUCHART

Do you take aspirin to reduce the chance of a heart attack?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M08Q07

IF - M08Q03 = 1

REDUCSTRK

Do you take aspirin to reduce the chance of a stroke?

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

M08END

Module 18: Industry and Occupation

M18INTRO

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

M18Q01

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

M18Q02

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

M18END

State Added 02: Occupation

ND02INTRO

ND02Q01

IF - C08Q09 = 1 OR C08Q09 = 2

OCCNTY

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 - ND02Q01 = 777

OCCNTYIMP

What community do you work in or what is the community closest to where you work?

1 ENTER COMMUNITY Other
7 DON'T KNOW/NOT SURE
9 REFUSED

ND02END

State Added 03: Indian Health

ND03INTRO

ND03Q01

IF - C08Q03 = 30

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

ND03Q02

IF - C08Q03 = 30

MEMTRIBE

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

TRIBE

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

IHS

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 05: Social Context

ND05INTRO

ND05Q01

SCSTRESW

Over the past two weeks, how many days have you felt worried, tense or anxious?

__ Number of days

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

14 MAX

ND05Q02

SCHOPLSDP

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

__ Number of days

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

14 MAX

ND05Q03

SCRTMONY

How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed:

PLEASE READ

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

7 DON'T KNOW/NOT SURE

9 REFUSED

ND05Q04

SCFDMONY

During the past 30 days, how many days did you eat less than you feel you should because there was not enough food or money to buy food?

___ Number of days

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

30 MAX

ND05END

State Added 6: Household

ND06INTRO IF - QSTPATH = 20

ND06Q01 IF - QSTPATH = 20 HSHLDNUM

Not including yourself, how many people live in your household?

INTERVIEWER NOTE: IF CLARIFICATION REQUIRED SAY:

"How many people share the same living space with you?"

__ Number of people

77 DON'T KNOW/NOT SURE

99 REFUSED

ND06END

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.