



2015

Behavioral Risk Factor Surveillance System

North Dakota

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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

CTELNUM

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 your 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.

INTROQST

PRIVRES

IF - INTROQST = 1

PVTRES1

Is this a private residence?

READ ONLY IF NECESSARY:

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

- | | | | | |
|---|-------------------------|------------|---|----------------|
| 1 | YES, CONTINUE | SKP | → | STATRES |
| 2 | NO, NON-RESIDENTIAL | SKP | → | COLLEGE |
| 3 | NO, BUSINESS PHONE ONLY | SKP | → | BUSINES |

BUSINES

IF - PRIVRES = 3

Thank you very much but we are only interviewing persons on residential phones lines at this time.

DISPOS 4500

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 → STATRES
- 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

STATRES IF - PRIVRES = 1 OR COLLEGE = 1 STATERES

Do you reside in **North Dakota**?

- 1 YES SKP → ISCELL
- 2 NO SKP → NONSTAT

NONSTAT IF - STATRES = 2

Thank you very much, but we are only interviewing persons who live in the state of **North Dakote** at this time.

DISPOS 4100

ISCELL IF - STATRES = 1 CELLFON3

Is this a cellular telephone?

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

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
- 2 YES, A CELLULAR TELEPHONE SKP → CELLYES

CELLYES

IF - ISCELL = 2

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

DISPOS 4450

LLADULT

IF - COLLEGE = 1

LADULT

Are you 18 years of age or older?

NOTE: ASK GENDER IF NECESSARY

1	Yes and the respondent is male	SKP	→	YOURTHE1
2	Yes and the respondent is female	SKP	→	YOURTHE1
3	No	SKP	→	LLNOADLT

LLNOADLT

IF - LLADULT = 3

Thank you very much, but we are only interviewing persons aged 18 or older at this time.

DISPOS 4700

ADULTS

IF - PRIVRES = 1

NUMADULT

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

___ 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

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]**.

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- | | | | | |
|---|--|------------|---|-----------------|
| 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 **(701) 328-3322**.

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

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
- 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
- 30 MAX

If C02Q01 and C02Q02 = 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
- 30 MAX

C02END

Section 03: Health Care Access

C03INTRO

C03Q01

HLTHPLN1

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

- 1 YES
- 2 NO

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

C03Q02

PERSDOC2

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

INTERVIEWER NOTE: IF "NO," ASK:

"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1 YES, ONLY ONE
- 2 MORE THAN ONE
- 3 NO

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

C03Q03

MEDCOST

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 YES
- 2 NO

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

C03Q04

CHECKUP1

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

- 7 DON'T KNOW/NOT SURE
- 8 NEVER
- 9 REFUSED

C03END

Section 04: Hypertension Awareness

C04INTRO

C04Q01

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 | → | C04END |
| 3 | NO | SKP | → | C04END |
| 4 | TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE | SKP | → | C04END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C04END |
| 9 | REFUSED | SKP | → | C04END |

C04Q01V

IF - RESPGEND = 1 AND C04Q01 = 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 | → | C04Q01 |

C04Q02

IF - C04Q01 = 1

BPMEDS

Are you currently taking medicine for your high blood pressure?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C04END

Section 05: Cholesterol Awareness

C05INTRO

C05Q01

BLOODCHO

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C05END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C05END |
| 9 | REFUSED | SKP | → | C05END |

C05Q02

IF - C05Q01 = 1

CHOLCHK

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

READ ONLY IF NECESSARY:

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

C05Q03

IF - C05Q01 = 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 |

C05END

Section 06: Chronic Health Conditions

C06INTRO

C06Q01

CVDINFR4

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

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

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

- 1 YES
- 2 NO

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

C06Q02

CVDCRHD4

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

- 1 YES
- 2 NO

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

C06Q03

CVDSTRK3

(Ever told) you had a stroke?

- 1 YES
- 2 NO

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

C06Q04

ASTHMA3

(Ever told) you had asthma?

- 1 YES
- 2 NO **SKP** → **C06Q06**

- 7 DON'T KNOW/NOT SURE **SKP** → **C06Q06**
- 9 REFUSED **SKP** → **C06Q06**

C06Q05

IF - C06Q04 = 1

ASTHNOW

Do you still have asthma?

- 1 YES
- 2 NO

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

C06Q06

CHCSCNCR

(Ever told) you had skin cancer?

- 1 YES
- 2 NO

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

C06Q07

CHCOCNCR

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

- 1 YES
- 2 NO

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

C06Q08

CHCCOPD1

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

- 1 YES
- 2 NO

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

C06Q09

HAVARTH3

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

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C06Q10

ADDEPEV2

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C06Q11

CHCKIDNY

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

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C06Q12

DIABETE3

(Ever told) you have diabetes?

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

"Was this only when you were pregnant?"

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

- 1 YES SKP → C06Q13
2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
3 NO
4 NO, PRE-DIABETES OR BORDERLINE DIABETES

7 DON'T KNOW/NOT SURE
9 REFUSED

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

C06Q12V

IF - RESPGEND = 1 AND C06Q12 = 2

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

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
2 NO SKP → C06Q12

C06Q13

IF - C06Q12 = 1

DIABAGE2

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

___ CODE AGE IN YEARS [97 = 97 AND OLDER]

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

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

C06END

Section 7: Demographics

C07INTRO

C07Q01

SEX

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1 Male
- 2 Female

C07Q01V

IF - RESPGEND <> C07Q01

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C07Q01}. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
- 2 NO

SKP → **C07Q01**

C07Q02

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

C07Q02V

IF - C06Q13 > C07Q02 AND C06Q13 < 98 AND C07Q02 > 18

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C07Q02} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {C06Q13}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.

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

SKP → **C07Q02**

C07Q03A

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

- 1 YES
- 2 NO **SKP** → **C07Q04**

- 7 DON'T KNOW/NOT SURE **SKP** → **C07Q04**
- 9 REFUSED **SKP** → **C07Q04**

CATI NOTE: IF C07Q03A = 2, code C07Q03B = 5

C07Q03B

IF - C07Q03A = 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 C07Q04; continue.
Otherwise, go to C07Q06.

C07Q05

IF - C07Q04 < 77 AND C07Q04.2 > 0 AND C07Q04.2
<> 88

ORACE4

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

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

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

C07Q08

RENTHOM1

Do you own or rent your home?

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

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

INTERVIEWER NOTE:

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

- 1 OWN
- 2 RENT
- 3 OTHER ARRANGEMENT

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

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

C07Q10

ZIPCODE

What is the ZIP Code where you live?

_____ ZIP CODE

77777 DON'T KNOW/NOT SURE

99999 REFUSED

*CATI NOTE: IF CELLULAR TELEPHONE INTERVIEW SKIP TO C07Q14
(QSTVER >= 20)*

C07Q11

IF - QSTPATH < 20

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 → **C07Q13**

7 DON'T KNOW/NOT SURE

SKP → **C07Q13**

9 REFUSED

SKP → **C07Q13**

C07Q12

IF - C07Q11 = 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

C07Q13

IF - QSTPATH < 20

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

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

C07Q14

VETERAN3

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

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

- 1 YES
- 2 NO

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

C07Q15

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

Module 19: Industry and Occupation

M19INTRO

IF - C07Q15 = 1 OR C07Q15 = 2 OR C07Q15 = 4

M19Q01

IF - C07Q15 = 1 OR C07Q15 = 2 OR C07Q15 = 4

TYPEWORK

Now I am going to ask you about your work.

What kind of work **{If C07Q15 = 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 THEN ASK,

"What is your main job?"

01 SPECIFY

OTHER

99 REFUSED

M19Q02

IF - C07Q15 = 1 OR C07Q15 = 2 OR C07Q15 = 4

TYPEINDS

What kind of business or industry **{If C07Q15 = 4, did, do}** you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

01 SPECIFY

OTHER

99 REFUSED

M19END

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

CATI NOTE: If C07Q16 is answered, this will be considered a partial complete

C07Q16

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

C07Q17d

Is your annual household income from all sources:

Less than \$25,000?

- 1 YES
- 2 NO SKP → C07Q17e
- 7 DON'T KNOW/NOT SURE SKP → C07Q17i
- 9 REFUSED SKP → C07Q17i

C07Q17c IF - C07Q17d = 1

(Is your annual household income from all sources:)

Less than \$20,000?

- 1 YES
- 2 NO SKP → C07Q17i
- 7 DON'T KNOW/NOT SURE SKP → C07Q17i
- 9 REFUSED SKP → C07Q17i

C07Q17b IF - C07Q17c = 1

(Is your annual household income from all sources:)

Less than \$15,000?

- 1 YES
- 2 NO SKP → C07Q17i
- 7 DON'T KNOW/NOT SURE SKP → C07Q17i
- 9 REFUSED SKP → C07Q17i

C07Q17a IF - C07Q17b = 1

(Is your annual household income from all sources:)

Less than \$10,000?

1	YES	SKP	→	C07Q17i
2	NO	SKP	→	C07Q17i
7	DON'T KNOW/NOT SURE	SKP	→	C07Q17i
9	REFUSED	SKP	→	C07Q17i

C07Q17e IF - C07Q17d = 2

(Is your annual household income from all sources:)

Less than \$35,000?

1	YES	SKP	→	C07Q17i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C07Q17i
9	REFUSED	SKP	→	C07Q17i

C07Q17f IF - C07Q17e = 2

(Is your annual household income from all sources:)

Less than \$50,000?

1	YES	SKP	→	C07Q17i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C07Q17i
9	REFUSED	SKP	→	C07Q17i

C07Q17g IF - C07Q17f = 2

(Is your annual household income from all sources:)

Less than \$75,000?

1	YES	SKP	→	C07Q17i
2	NO	SKP	→	C07Q17i
7	DON'T KNOW/NOT SURE	SKP	→	C07Q17i
9	REFUSED	SKP	→	C07Q17i

C07Q17i

INCOME2

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

- {If C07Q17g = 2, More than \$75,000?}
 {If C07Q17g = 1, \$50,000 to less than \$75,000}
 {If C07Q17f = 1, \$35,000 to less than \$50,000}
 {If C07Q17e = 1, \$25,000 to less than \$35,000}
 {If C07Q17c = 2, \$20,000 to less than \$25,000}
 {If C07Q17b = 2, \$15,000 to less than \$20,000}
 {If C07Q17a = 2, \$10,000 to less than \$15,000}
 {If C07Q17a = 1, Less than \$10,000}
 {Default, REFUSED/DON'T KNOW/NOT SURE}

IS THIS CORRECT?

- 1 YES
 2 NO SKP → C07Q17d
 7 DON'T KNOW/NOT SURE
 9 REFUSED

C07Q18

INTERNET

Have you used the internet in the past 30 days?

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

C07Q19

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

C07Q19V

IF - C07Q19 <> 7777 AND C07Q19 <> 9999 AND
((C07Q19 < 9000 AND (C07Q19 < 80 OR C07Q19 >
350)) OR (C07Q19 > 9000 AND (C07Q19 < 9035 OR
C07Q19 > 9159)))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C07Q19}

IS THIS CORRECT?

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

SKP → **C07Q19**

C07Q20

HEIGHT3

About how tall are you without shoes?

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

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

ROUND FRACTIONS DOWN

_____ HEIGHT (FT/INCHES/METERS/CENTIMETERS)

- 7777 DON'T KNOW/NOT SURE
9999 REFUSED

C07Q20V

IF - (C07Q20 < 9000 AND (C07Q20 > 608 OR C07Q20 <
407)) OR (C07Q20 > 9000 AND (C07Q20 > 9206 OR C07Q20
< 9139)) AND C07Q20 <> 7777 AND C07Q20 <> 9999

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C07Q20}

IS THIS CORRECT?

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

SKP → **C07Q20**

If male, go to 7.22, If female respondent is 45 years old or older, go to Q7.22

C07Q21

IF - C07Q01 = 2 AND C07Q02 < 45

PREGNANT

To your knowledge, are you now pregnant?

- 1 YES
- 2 NO

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

C07Q22

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

C07Q23

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

C07Q24

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

C07Q25

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

C07Q26

DIFFWALK

Do you have serious difficulty walking or climbing stairs?

- 1 YES
- 2 NO

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

C07Q27

DIFFDRES

Do you have difficulty dressing or bathing?

- 1 YES
- 2 NO

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

C07Q28

DEFFALON

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

C07END

Section 8: Tobacco Use

C08INTRO

C08Q01

SMOKE100

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

INTERVIEWER NOTE: IF NECESSARY SAY:

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

NOTE: 5 PACKS = 100 CIGARETTES

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C08Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q05 |
| 9 | REFUSED | SKP | → | C08Q05 |

C08Q02

IF - C08Q01 = 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 | → | C08Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q05 |
| 9 | REFUSED | SKP | → | C08Q05 |

C08Q03

IF - C08Q01 = 1 AND (C08Q02 = 1 OR C08Q02 = 2)

STOPSMK2

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | SKP | → | C08Q05 |
| 2 | NO | SKP | → | C08Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q05 |
| 9 | REFUSED | SKP | → | C08Q05 |

C08Q04

IF - C08Q02 = 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

C08Q05

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

C08END

Section 9: Alcohol Consumption

C09INTRO

C09Q01

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	→	C09END
777	DON'T KNOW/NOT SURE	SKP	→	C09END
999	REFUSED	SKP	→	C09END
101	MIN			
230	MAX			

C09Q02

IF - C09Q01 < 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

C09Q02V

IF - C09Q02 > 15 AND C09Q02 < 77

INTERVIEWER YOU INDICATED {C09Q02} DRINKS PER DAY

IS THIS CORRECT?

1	YES, CORRECT AS IS, CONTINUE			
2	NO, REASK QUESTION	SKP	→	C09Q02

C09Q03

IF - C09Q01 < 777

DRNK3GE5

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C07Q01 = 1, 5, 4} or more drinks on an occasion?

___ NUMBER OF TIMES

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

C09Q03V

IF - C09Q03 > 15 AND C09Q03 < 77

INTERVIEWER YOU INDICATED {C09Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C09Q03**

C09Q04

IF - C09Q01 < 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

C09Q04V

IF - (C09Q04 <> 99 AND C09Q04 <> 77)AND C09Q04 < 77 AND ((C07Q01 = 1 AND (C09Q04 < 5 AND (C09Q03 < 88 AND C09Q03 <>77)) OR (C09Q03 = 88 AND (C09Q04 > 4 AND C09Q04 < 77))) OR (C07Q01 = 2 AND (C09Q04 < 4 AND (C09Q03 < 88 AND C09Q03 <>77)) OR (C09Q03 = 88 AND (C09Q04 > 3 AND C09Q04 < 77)))

INTERVIEWER YOU INDICATED {C09Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C07Q01 = 1, 5, 4} IS {C09Q03}.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C09Q04**

C09END

Section 10: Fruits and Vegetables

C10INTRO

IF - USEC10 = 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?"

C10Q01

FRUITJU1

During the past month, how many times per day, week or month did you drink 100% **PURE** fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice

INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS.

DO NOT INCLUDE FRUIT JUICE DRINKS THAT PROVIDE 100% DAILY VITAMIN C BUT INCLUDE ADDED SUGAR.

DO NOT INCLUDE VEGETABLE JUICES SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION C10Q06.

DO INCLUDE 100% PURE JUICES INCLUDING ORANGE, MANGO, PAPAYA, PINEAPPLE, APPLE, GRAPE (WHITE OR RED), OR GRAPEFRUIT. ONLY COUNT CRANBERRY JUICE IF THE R PERCEPTION IS THAT IT IS 100% JUICE WITH NO SUGAR OR ARTIFICIAL SWEETENER ADDED. 100% JUICE BLENDS SUCH AS ORANGE-PINEAPPLE, ORANGE-TANGERINE, CRANBERRY-GRAPE ARE ALSO ACCEPTABLE AS ARE FRUIT-VEGETABLE 100% BLENDS. 100% PURE JUICE FROM CONCENTRATE (I.E., RECONSTITUTED) IS COUNTED.

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

C10Q01V IF - (C10Q01 > 105 AND C10Q01 < 201) OR (C10Q01 > 235 AND C10Q01 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C10Q01 **SHOWTIME**}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C10Q01**

C10Q02

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, CARAMBOLA, 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

C10Q02V IF - (C10Q02 > 105 AND C10Q02 < 201) OR (C10Q02 > 235 AND C10Q02 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {**C10Q02 SHOWTIME**}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C10Q02

C10Q03

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

C10Q03V IF - (C10Q03 > 105 AND C10Q03 < 201) OR (C10Q03 > 235 AND C10Q03 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS **{C10Q03 SHOWTIME}**

IS THIS CORRECT?

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

C10Q04

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 INCLUDE 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

C10Q04V

IF - (C10Q04 > 105 AND C10Q04 < 201) OR (C10Q04 > 235 AND C10Q04 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {**C10Q04 SHOWTIME**}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C10Q04

C10Q05

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.”

FOR INTERVIEWER: 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 DESERT-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

C10Q05V IF - (C10Q05 > 105 AND C10Q05 < 201) OR (C10Q05 > 235 AND C10Q05 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES {C10Q05 SHOWTIME}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION SKP → C10Q05

C10Q06

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, AVOCADO, 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 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

C10Q06V IF - (C10Q06 > 105 AND C10Q06 < 201) OR (C10Q06 > 235 AND C10Q06 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {**C10Q06 SHOWTIME**}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION **SKP** → **C10Q06**

C10END

Section 11: Exercise (Physical Activity)

C11INTRO

C11Q01

EXERANY2

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

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

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 | SKP | → | C11Q08 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q08 |
| 9 | REFUSED | SKP | → | C11Q08 |

C11Q02

IF - C11Q01 = 1

EXTRACT11

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]

- | | | | | |
|----|---------------------|-----|---|--------|
| 77 | DON'T KNOW/NOT SURE | SKP | → | C11Q08 |
| 99 | REFUSED | SKP | → | C11Q08 |

C11Q03

IF - C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99

EXEROFT1

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 |

C11Q03V IF - (C11Q03 > 107 AND C11Q03 < 201) OR (C11Q03 > 231 AND C11Q03 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C11Q02 {**C11Q03 SHOWTIME**}

IS THIS CORRECT?

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

C11Q04 IF - C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 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

C11Q04V IF - C11Q04 > 430 AND C11Q04 < 777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {**C11Q04 HOURMIN**}

IS THIS CORRECT?

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

C11Q05 IF - C11Q02 > 0 AND C11Q02 <> 77 AND CQ11Q02 <> 99 EXTRACT21

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** → **C11Q08**
- 77 DON'T KNOW/NOT SURE **SKP** → **C11Q08**
- 99 REFUSED **SKP** → **C11Q08**

C11Q05V IF - C11Q02 = C11Q05

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C11Q02.

FIRST ACTIVITY (C11Q02)= {C11Q02}

SECOND ACTIVITY (C11Q05)= {C11Q05}

IS THIS CORRECT?

- | | | | | |
|---|--|-----|---|--------|
| 1 | NO, CHANGE ACTIVITY IN QUESTION C11Q05 | SKP | → | C11Q05 |
| 2 | NO, CHANGE ACTIVITY IN QUESTION C11Q02 | SKP | → | C11Q02 |
| 3 | YES, CORRECT AS IS, CONTINUE | | | |

C11Q06 IF - C11Q05 > 0 AND C11Q05 <> 77 AND C11Q05 <> 99 AND C11Q05 <> 88 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

C11Q06V IF - (C11Q06 > 107 AND C11Q06 < 201) OR (C11Q06 > 231 AND C11Q06 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C11Q05 {C11Q06 SHOWTIME}

IS THIS CORRECT?

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

C11Q07 IF - C11Q05 > 0 AND C11Q05 <> 77 AND C11Q05 <> 99 AND C11Q05 <> 88 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

C11Q07V

IF - C11Q07 > 430 AND C11Q07 < 777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C11Q07 HOURMIN}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C11Q07

C11Q08

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

C11Q08V

IF - (C11Q08 > 107 AND C11Q08 < 201) OR (C11Q08 > 231 AND C11Q08 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES {C11Q08 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C11Q08

C11END

Section 12: Arthritis Burden

If C06Q09 = 1 (yes) then continue, else go to next section.

C12INTRO

IF - C06Q09 = 1

C12Q01

IF - C06Q09 = 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 now 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

C12Q02 should be asked of all respondents regardless of employment status.

C12Q02

IF - C06Q09 = 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 RESPONDENT 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 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

C12Q03

IF - C06Q09 = 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?

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."

PLEASE READ:

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

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

CATI NOTE: C12Q04 should export to variable C12Q04XX where if C12Q04 = 88, variable C12Q04XX = 00.

C12Q04

IF - C06Q09 = 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 [01-10]

88 ZERO

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

10 MAX

C12END

Section 13: Seatbelt Use

C13INTRO

C13Q01

SEATBELT

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

PLEASE READ:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

- 7 DON'T KNOW/NOT SURE
- 8 NEVER DRIVE OR RIDE IN A CAR
- 9 REFUSED

C13END

Section 14: Immunization

C14INTRO

C14Q01

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 | → | C14Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C14Q04 |
| 9 | REFUSED | SKP | → | C14Q04 |

C14Q02

IF - C14Q01 = 1

SLSHTMY2

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
012014 MIN
122015 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 06/2015, response can be no older than 06/2014.

C14Q03

IF - C14Q01 = 1

IMFVPLAC

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

INTERVIEWER NOTE: IF RESPONDENT SAYS DON'T KNOW/NOT SURE, PROBE WITH:

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

READ ONLY IF NECESSARY

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: 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
- 99 REFUSED

C14Q04

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

C14END

Section 15: HIV/AIDS

C15INTRO

C15Q01

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 | → | C15END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C15END |
| 9 | REFUSED | SKP | → | C15END |

C15Q02

IF - C15Q01 = 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
772015	MAX

C15Q03

IF - C15Q01 = 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 facility
- 07 At home
- 08 Somewhere else

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

C15END

Transition to Modules and/or State-Added Questions

TRANS

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

Module 6: Cognitive Decline Module

CATI Note: If respondent is 45 years of age or older continue, else go to next module

M06INTRO	IF - C07Q02 > 44 OR C07Q02 = 07 OR C07Q02 = 09
-----------------	--

M06Q01	IF - C07Q02 > 44 OR C07Q02 = 07 OR C07Q02 = 09 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, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

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 | SKP | → | M06END |
| 7 | DON'T KNOW | | | |
| 9 | REFUSED | SKP | → | M06END |

M06Q02	IF - M06Q01 = 1 OR M06Q01 = 7	CDHOUSE
---------------	-------------------------------	---------

During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?

PLEASE READ

- | | |
|---|------------|
| 1 | Always |
| 2 | Usually |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never |
| 7 | DON'T KNOW |
| 9 | REFUSED |

M06Q03

IF - M06Q01 = 1 OR M06Q01 = 7

CDASSIST

As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?

PLEASE READ

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

SKP → **M06Q05****SKP** → **M06Q05**

7 DON'T KNOW

SKP → **M06Q05**

9 REFUSED

SKP → **M06Q05**

CATI NOTE: If M06Q03 = 1, 2, or 3, continue. If M06Q03 = 4, 5, 7, or 9 go to Q5.

M06Q04

IF - M06Q03 > 0 AND M06Q03 < 4

CDHELP

When you need help with these day-to-day activities, how often are you able to get the help that you need?

PLEASE READ

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

7 DON'T KNOW

9 REFUSED

M06Q05

IF - M06Q01 = 1 OR M06Q01 = 7

CDSOCIAL

During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?

PLEASE READ

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

7 DON'T KNOW

9 REFUSED

M06Q06

IF - M06Q01 = 1 OR M06Q01 = 7

CDDISCUS

Have you or anyone else discussed your confusion or memory loss with a health care professional?

PLEASE READ

- 1 YES
- 2 NO

- 7 DON'T KNOW
- 9 REFUSED

M06END

Module 25: Anxiety and Depression

M25INTRO

M25Q01

ADPLEASR

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

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

___ 01-14 DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

14 MAX

M25Q02

ADDOWN

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

___ 01-14 DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

14 MAX

M25Q03

ADSLEEP

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

___ 01-14 DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

14 MAX

M25Q04

ADENERGY

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

___ 01-14 DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

14 MAX

M25Q05

ADEAT1

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

___ 01-14 DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

14 MAX

M25Q06

ADFAIL

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

___ 01-14 DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

14 MAX

M25Q07

ADTHINK

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

___ 01-14 DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

14 MAX

M25Q08

ADMOVE

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

___ 01-14 DAYS

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

14 MAX

M25Q09

MISTMNT

Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

M25Q10

ADANXEV

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

M25END

State Added Section 01: Residence

ND01INTRO

Cati Note: On cell phone. ND01Q01 will be auto filled with 888 if ND06Q01 is asked.

ND01Q01 IF - QSTPATH = 10 OR (QSTPATH = 20 & CPState = 1)

How long have you lived in North Dakota?

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

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

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

___ ENTER AMOUNT OF TIME

555 ALL MY LIFE

888 DO NOT LIVE IN NORTH DAKOTA FULL TIME

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

499 MAX

ND01END

State Added Section 02: Occupation

ND02INTRO

ND02Q01 IF - C07Q15 = 1 OR C07Q15 = 2

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.

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

ND02Q02 IF - C07Q15 = 1 OR C07Q15 = 2

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

1 YES
2 NO

7 DON'T KNOW/NOT SURE
9 REFUSED

ND02Q03 IF - C07Q15 = 1 OR C07Q15 = 2

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

___ NUMBER OF HOURS (01-76 OR MORE)

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

ND02END

State Added Section 03: Indian Health

ND03INTRO

ND03Q01 IF - C07Q04 = 30

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 - C07Q04 = 30

Are you currently an enrolled tribal member?

- 1 YES
- 2 NO **SKP** → **ND03END**

- 7 DON'T KNOW/NOT SURE **SKP** → **ND03END**
- 9 REFUSED **SKP** → **ND03END**

ND03Q03 IF - ND03Q02 = 1

Which tribe?

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

READ IF NECESSARY

- 01 Mandan
- 02 Arikara
- 03 Hidatsa
- 04 Three Affiliated Tribes
- 05 Spirit Lake Sioux
- 06 Standing Rock Sioux
- 07 Other Sioux
- 08 Chippewa
- 09 Other

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

ND03Q04

IF - ND03Q02 = 1

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

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

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

ND03END

State Added Section 04: Health Insurance

ND04INTRO

ND04Q01 IF - C03Q01 > 0 AND C03Q01 <> 2

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

State Added Section 05: Social Context

ND05INTRO

ND05Q01

Are you using alcohol or drugs to cope with stress?

- 1 YES
- 2 NO

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

ND05Q02

In the past 12 months, have you been intentionally harmed or hurt by another person? This might include minor physical injuries such as bruises, welts or small cuts.

- 1 YES
- 2 NO

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

ND05Q03

At any time of the day or night, do you feel safe in your neighborhood...

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

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

ND05END

State Added 06: Out of State Residence

ND06INTRO

ND06Q01 IF - CPState = 2 AND QSTPATH = 20

During the past twelve months, how many days, weeks or months have you spent in the state of North Dakota?

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

301-399 NUMBER OF MONTHS

___ ENTER AMOUNT OF TIME

888 NONE/NO TIME IN NORTH DAKOTA

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

399 MAX

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.