



2016

Behavioral Risk Factor Surveillance System

North Dakota
Cell Phone Study
February 2016
(CDC Core - 2/4/2016)

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

CPINTROQ

HELLO, I'm calling for the {CDEPT}. My name is _____. We are gathering information about the health of {STTEXT} residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention.

Is this a safe time to talk with you?

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

Interviewer: Press '1' to continue

- 1 YES SKP → CPCONTEL
- 2 NO

CPNOTSAF IF - CPINTROQ = 2

Thank you very much. We will call you back at a more convenient time.

Interviewer: Press '1' to set callback

- 1 DISPOS 5560

CPConTel CTELNUM1

Is this XXX-XXX-XXXX?

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

- 1 YES SKP → CPIsCell
- 2 NO

CPWRONGN IF - CPCONTEL = 2

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

Interviewer: Press '1' to continue

- 1 SKP → CPINTROQ

CPisCell IF - CPConTel = 1 CELLFON2

Is this a cell(ular) telephone?

READ ONLY IF NECESSARY:

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

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

- 1 YES 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.}

CPADULT IF - CPisCell = 1 CADULT

Are you 18 years of age or older?

NOTE: VERIFY GENDER OF RESPONDENT.

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

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

CPNOADLT IF - CPADLT > 2

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

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

CPPVTRES IF - CPADULT = 1 OR CPADULT = 2 PVTRES2

Do you live in a private residence?

READ ONLY IF NECESSARY:

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

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

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

- 1 YES SKP → CPSTATE
- 2 NO

CPCOLLEG IF - CPPVTRES = 2 CCLGHOUS

Do you live in college housing?

READ ONLY IF NECESSARY:

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

- 1 YES SKP → CPSTATE
- 2 NO

CPNONRES IF - CPCOLLEG > 1

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

CPSTATE IF - CPPVTRES = 1 OR CPCOLLEG = 1 CSTATE

Do you currently live in {STATE}?

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

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

CPSTATEU IF - CPSTATE = 7 OR CPSTATE = 9

Thank you for your time.

CPSTATER IF - CPSTATE = 2 RSPSTATE

In what state do you live?

___ Enter State **SKP** → CPLANDLI
99 OTHER/REFUSED

CPSTATEN IF - CPSTATER = 99

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

CPLANDLI LANDLINE

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

READ ONLY IF NECESSARY:

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

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

- 1 YES
- 2 NO

CPNMADLT IF - CPPVTRES = 1 HHADULT

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

___ ENTER NUMBER OF ADULTS **SKP** → CPINTROS

Core Sections

CPINTROS

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

1 Person interested, continue

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: Exercise

C04INTRO

C04Q01

EXERANY2

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

- 1 YES
- 2 NO

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

C04END

Section 05: Inadequate Sleep

C05INTRO

C05Q01

SLEPTIM1

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

C05Q01V

IF - C05Q01 < 3 OR (C05Q01 > 18 AND C05Q01 < 77)

INTERVIEWER: YOU RECORDED THAT ON AVERAGE THE RESPONDENT SLEEPS {C05Q01} HOURS.

IS THE PREVIOUS ANSWER CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C05Q01

C05END

Section 06: Chronic Health Conditions

C06INTRO

C06Q01

CVDINFR4

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 (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 rheumatica
- 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, IF NEEDED SAY:

"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

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

C06END

Section 07: Oral Health

C07INTRO

C07Q01

LASTDEN3

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

READ ONLY IF NECESSARY:

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

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

C07Q02

RMVTETH3

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

INTERVIEWER NOTE, IF NEEDED SAY:

"If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth."

PLEASE READ:

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

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

C07END

Section 08: Demographics

C08INTRO

C08Q01

SEX

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1 Male
- 2 Female
- 9 REFUSED

C08Q01V

IF - RESPGEND <> C08Q01

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS

{IF C08Q01=1, MALE}

{IF C08Q01=2, FEMALE}

{IF C08Q01=9, REFUSED}.

ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
- 2 NO

SKP → **C08Q01**

C08Q02

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

C08Q02V IF - C06Q13 > C08Q02 AND C06Q13 < 98 AND C08Q02 > 17

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} 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** → **C08Q02**

C08Q03A

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

- 1 YES
- 2 NO **SKP** → **C08Q04**
- 7 DON'T KNOW/NOT SURE **SKP** → **C08Q04**
- 9 REFUSED **SKP** → **C08Q04**

CATI Note: IF C08Q03A = 2, code C08Q03B = 5

C08Q03B IF - C08Q03A = 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

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.

- 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.

INTERVIEWER NOTE: SELECT 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 C08Q04; continue.
Otherwise, go to C08Q06.

C08Q05

IF - C08Q04 < 77 AND C08Q04.2 > 0 AND C08Q04.2
<> 88 ORACE3

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

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

- 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

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

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

C08Q08

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, IF NEEDED SAY:

"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

In what county do you currently live?

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

C08Q10

ZIPCODE

What is the ZIP Code where you currently live?

_____ ZIP CODE

77777 DON'T KNOW/NOT SURE
99999 REFUSED
ZIPMIN
ZIPMAX

C08Q14

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, IF NEEDED SAY:

"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

Are you currently..?

INTERVIEWER NOTE: IF MORE THAN ONE SELECTED SAY:

"Select the category which best describes you."

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

State Added Section 02: Occupation

Cati note: insert after C08Q15

ND02INTRO

ND02Q01 IF - C08Q15 = 1 OR C08Q15 = 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.

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 - C08Q15 = 1 OR C08Q15 = 2 OCCOIL

Do you work primarily for an oil and gas company or another related company? Examples may include jobs that involve hauling products such as water, sand, machinery or waste to support the oil and gas industry.

- 1 YES
- 2 NO

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

ND02Q03 IF - C08Q15 = 1 OR C08Q15 = 2 OCCHOURS

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

___ NUMBER OF HOURS (01 - 96 OR MORE)

- 96 96 HOURS OR MORE
- 97 DON'T KNOW/NOT SURE
- 98 DON'T WORK
- 99 REFUSED
- 96 MAX

ND02Q04

IF - C08Q15 = 1 OR C08Q15 = 2

OCCSTBELT

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

PLEASE READ

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

ND02Q05

IF - C08Q15 = 1 OR C08Q15 = 2

OCCINJ

During the past 12 months were you injured seriously enough while performing your job that you sought medical treatment?

- 1 YES
- 2 NO

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

ND02END

Module 20: Industry and Occupation

M20INTRO	IF - USEM20 = TRUE AND (C08Q15 = 1 OR C08Q15 = 2 OR C08Q15 = 4)
-----------------	--

M20Q01	IF - USEM20 = TRUE AND (C08Q15 = 1 OR C08Q15 = 2 OR C08Q15 = 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

M20Q02	IF - USEM20 = TRUE AND (C08Q15 = 1 OR C08Q15 = 2 OR C08Q15 = 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

M20END

C08Q16	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

CATI Note: If C08Q16 is answered, this will be considered a partial complete

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

C08Q17d

Is your annual household income from all sources:

Less than \$25,000?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C08Q17e |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q17i |
| 9 | REFUSED | SKP | → | C08Q17i |

C08Q17c IF - C08Q17d = 1

(Is your annual household income from all sources:)

Less than \$20,000?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C08Q17i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q17i |
| 9 | REFUSED | SKP | → | C08Q17i |

C08Q17b IF - C08Q17c = 1

(Is your annual household income from all sources:)

Less than \$15,000?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C08Q17i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q17i |
| 9 | REFUSED | SKP | → | C08Q17i |

C08Q17a IF - C08Q17b = 1

(Is your annual household income from all sources:)

Less than \$10,000?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | SKP | → | C08Q17i |
| 2 | NO | SKP | → | C08Q17i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q17i |
| 9 | REFUSED | SKP | → | C08Q17i |

C08Q17e IF - C08Q17d = 2

(Is your annual household income from all sources:)

Less than \$35,000?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | SKP | → | C08Q17i |
| 2 | NO | | | |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q17i |
| 9 | REFUSED | SKP | → | C08Q17i |

C08Q17f IF - C08Q17e = 2

(Is your annual household income from all sources:)

Less than \$50,000?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | SKP | → | C08Q17i |
| 2 | NO | | | |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q17i |
| 9 | REFUSED | SKP | → | C08Q17i |

C08Q17g IF - C08Q17f = 2

(Is your annual household income from all sources:)

Less than \$75,000?

- | | | | | |
|---|---------------------|-----|---|---------|
| 1 | YES | SKP | → | C08Q17i |
| 2 | NO | SKP | → | C08Q17i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q17i |
| 9 | REFUSED | SKP | → | C08Q17i |

C08Q17i

INCOME2

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

- {If C08Q17g = 2, More than \$75,000?}
 {If C08Q17g = 1, \$50,000 to less than \$75,000}
 {If C08Q17f = 1, \$35,000 to less than \$50,000}
 {If C08Q17e = 1, \$25,000 to less than \$35,000}
 {If C08Q17c = 2, \$20,000 to less than \$25,000}
 {If C08Q17b = 2, \$15,000 to less than \$20,000}
 {If C08Q17a = 2, \$10,000 to less than \$15,000}
 {If C08Q17a = 1, Less than \$10,000}
 {Default, REFUSED/DON'T KNOW/NOT SURE}

IS THIS CORRECT?

- 1 YES
 2 NO SKP → C08Q17d
 7 DON'T KNOW/NOT SURE
 9 REFUSED

C08Q18

INTERNET

Have you used the internet in the past 30 days?

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

C08Q19

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

C08Q19V	IF - C08Q19 <> 7777 AND C08Q19 <> 9999 AND ((C08Q19 < 9000 AND (C08Q19 < 80 OR C08Q19 > 350)) OR (C08Q19 > 9000 AND (C08Q19 < 9035 OR C08Q19 > 9159)))
----------------	--

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q19}

IS THIS CORRECT?

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

SKP → **C08Q19**

C08Q20	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

C08Q20V	IF - (C08Q20 < 9000 AND (C08Q20 > 608 OR C08Q20 < 407)) OR (C08Q20 > 9000 AND (C08Q20 > 9206 OR C08Q20 < 9139)) AND C08Q20 <> 7777 AND C08Q20 <> 9999
----------------	---

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q20}

IS THIS CORRECT?

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

SKP → **C08Q20**

If male, go to Q8.22, If female respondent is 45 years old or older, go to Q8.22

C08Q21	IF - C08Q01 = 2 AND C08Q02 < 45	PREGNANT
---------------	---------------------------------	----------

To your knowledge, are you now pregnant?

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

C08Q22

DEAF

The following questions are about health problems or impairments you may have.

Some people who are deaf or have serious difficulty hearing **MAY OR MAY NOT** use equipment to communicate by phone.

Are you deaf or do you have **SERIOUS DIFFICULTY** hearing?

- 1 YES
- 2 NO

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

C08Q23

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

C08Q24

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

C08Q25

DIFFWALK

Do you have serious difficulty walking or climbing stairs?

- 1 YES
- 2 NO

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

C08Q26

DIFFDRES

Do you have difficulty dressing or bathing?

- 1 YES
- 2 NO

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

C08Q27

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: 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 | → | C09Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED | SKP | → | C09Q05 |

C09Q02

IF - C09Q01 = 1

SMOKDAY2

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

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

C09Q03

IF - C09Q01 = 1 AND (C09Q02 = 1 OR C09Q02 = 2)

STOPSMK2

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

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

C09Q04

IF - C09Q02 = 3

LASTSMK2

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

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 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')

INTERVIEWER NOTE: IF NEEDED SAY:

"Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum."

- 1 Every day
- 2 Some days
- 3 Not at all

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

C09END

Section 10: E-Cigarettes

C10INTRO

C10Q01

ECIGARET

Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?

INTERVIEWER NOTE: READ IF NECESSARY:

"Electronic cigarettes (e-cigarettes) and other electronic 'vaping' products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy."

- 1 YES
- 2 NO SKP → C10END

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED SKP → C10END

C10Q02

IF - C10Q01 = 1 OR C10Q01 = 7

ECIGNOW

Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all

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

C10END

Section 11: Alcohol Consumption

C11INTRO

C11Q01

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	→	C11END
777	DON'T KNOW/NOT SURE	SKP	→	C11END
999	REFUSED	SKP	→	C11END
101	MIN			
230	MAX			

C11Q02

IF - C11Q01 < 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

C11Q02V

IF - C11Q02 > 15 AND C11Q02 < 77

INTERVIEWER YOU INDICATED {C11Q02} DRINKS PER DAY

IS THIS CORRECT?

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

C11Q03

IF - C11Q01 < 777

DRNK3GE5

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q01 = 1, 5, 4} or more drinks on an occasion?

___ NUMBER OF TIMES

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

C11Q03V

IF - C11Q03 > 15 AND C11Q03 < 77

INTERVIEWER YOU INDICATED {C11Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.

IS THIS CORRECT?

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

C11Q04

IF - C11Q01 < 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

C11Q04V

IF - (C11Q04 <> 99 AND C11Q04 <> 77)AND C11Q04 < 77 AND ((C08Q01 = 1 AND (C11Q04 < 5 AND (C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 4 AND C11Q04 < 77))) OR (C08Q01 = 2 AND (C11Q04 < 4 AND (C11Q03 < 88 AND C11Q03 <>77)) OR (C11Q03 = 88 AND (C11Q04 > 3 AND C11Q04 < 77)))

INTERVIEWER YOU INDICATED {C11Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q01 = 1, 5, 4} IS {C11Q03}.

IS THIS CORRECT?

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

C11END

Section 12: Immunization

C12INTRO

C12Q01

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 | → | C12Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C12Q03 |
| 9 | REFUSED | SKP | → | C12Q03 |

C12Q02

IF - C12Q01 = 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
012015 MIN
122016 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 06/2016, response can be no older than 06/2015.

C12Q03

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 | | | |

C12Q04

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

C12END

Section 13: Falls

C13INTRO IF - C08Q02 >= 45 OR C08Q02 = 07 or C08Q02 = 09

C13Q01 IF - C08Q02 >= 45 OR C08Q02 = 07 or C08Q02 = 09
FALL12MN

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

In the past 12 months, how many times have you fallen?

___ NUMBER OF TIMES [76 = 76 or more]

88	NONE	SKP	→	C13END
77	DON'T KNOW/NOT SURE	SKP	→	C13END
99	REFUSED	SKP	→	C13END
01	MIN			
76	MAX			

C13Q01V IF - C13Q01 > 30 AND C13Q01 < 77

INTERVIEWER YOU INDICATED THE RESPONDENT HAS FALLEN {C13Q01} TIMES IN THE PAST 12 MONTHS.

IS THE PREVIOUS ANSWER CORRECT

1	YES, CORRECT AS IS, CONTINUE			
2	NO, REASK QUESTION	SKP	→	C13Q01

C13Q02 IF - C13Q01 > 0 AND C13Q01 < 77
FALLINJ2

{IF C13Q01 = 1, Did this fall cause an injury?}

{IF C13Q01 > 1 AND C13Q01 < 77, How many of these falls caused an injury?}

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

INTERVIEWER NOTE: IF ONLY ONE FALL FROM C13Q01 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.

___ NUMBER OF FALLS [76 = 76 or more]

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

C13Q02V IF - (C13Q01 < C13Q02) AND (C13Q02 < 77)

INTERVIEWER YOU INDICATED THE RESPONDENT HAS FALLEN {C13Q01}
TIMES IN THE PAST 12 MONTHS, BUT THE NUMBER OF FALLS THAT CAUSED
AN INJURY IS {C13Q02}.

PLEASE CORRECT

1	CORRECT C13Q01	SKP	→	C13Q01
2	CORRECT C13Q02	SKP	→	C13Q02

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

Cati Note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

Section 15: Drinking and Driving

Cati Note: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

C15INTRO	IF - C11Q01 <> 888 AND C14Q01 <> 8
-----------------	------------------------------------

C15Q01	IF - C11Q01 <> 888 AND C14Q01 <> 8	DRNKDRI2
---------------	------------------------------------	----------

During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

___ NUMBER OF TIMES

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

C15END

Section 16: Breast and Cervical Cancer Screening

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

C16INTRO IF - C08Q01 = 2

C16Q01 IF - C08Q01 = 2 HADMAM

The next questions are about breast and cervical cancer.

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

- | | | | | |
|---|---------------------|------------|---|---------------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C16Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C16Q03 |
| 9 | REFUSED | SKP | → | C16Q03 |

C16Q02 IF - C16Q01 = 1 HOWLONG

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

READ ONLY IF NECESSARY:

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

C16Q03 IF - C08Q01 = 2 HADPAP2

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

- | | | | | |
|---|---------------------|------------|---|---------------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C16Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C16Q05 |
| 9 | REFUSED | SKP | → | C16Q05 |

C16Q04

IF - C16Q03 = 1

LASTPAP2

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

READ ONLY IF NECESSARY:

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

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

C16Q05

IF - C08Q01 = 2

HPVTEST

Now, I would like to ask you about the Human Papillomavirus (Pap·uh·loh·muh virus) or HPV test.

An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test?

- | | | | |
|-----------------------|------------|---|---------------|
| 1 YES | | | |
| 2 NO | SKP | → | C16Q07 |
| 7 DON'T KNOW/NOT SURE | SKP | → | C16Q07 |
| 9 REFUSED | SKP | → | C16Q07 |

C16Q06

IF - C16Q05 = 1

HPLSTTST

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

READ ONLY IF NECESSARY:

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

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

CATI note: If response to Core C08Q21 = 1 (is pregnant); then go to next section.

C16Q07 IF - C08Q01 = 2 AND C08Q21 <> 1 HADHYST2

Have you had a hysterectomy?

READ ONLY IF NECESSARY:

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C16END

Section 17: Prostate Cancer Screening

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

C17INTRO	IF - C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)
-----------------	--

C17Q01	IF - C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)	PCPSAAD2
---------------	--	----------

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

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional **EVER** talked with you about the advantages of the PSA test?

- 1 YES
- 2 NO

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

C17Q02	IF - C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)	PCPSADI1
---------------	--	----------

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

- 1 YES
- 2 NO

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

C17Q03	IF - C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7 OR C08Q02 = 9)	PCPSARE1
---------------	--	----------

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

- 1 YES
- 2 NO

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

C17Q04 IF - C08Q01 = 1 AND (C08Q02 > 39 OR C08Q02 = 7
OR C08Q02 = 9) PSATEST1

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

- 1 YES
- 2 NO **SKP** → **C17END**
- 7 DON'T KNOW/NOT SURE **SKP** → **C17END**
- 9 REFUSED **SKP** → **C17END**

C17Q05 IF - C17Q04 = 1 PSATIME

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

READ ONLY IF NECESSARY:

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

C17Q06 IF - C17Q04 = 1

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

PLEASE READ:

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

C17END

Section 18: Colorectal Cancer Screening

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

C18INTRO

IF - C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 9

C18Q01

IF - C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 9

BLDSTOOL

The next questions are about colorectal cancer screening.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

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

C18Q02

IF - C18Q01 = 1

LSTBLDS3

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

READ ONLY IF NECESSARY:

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

C18Q03

IF - C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 9

HADSIGM3

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- | | | | | |
|---|---------------------|------------|---|---------------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C18END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C18END |
| 9 | REFUSED | SKP | → | C18END |

C18Q04

IF - C18Q03 = 1

HADSGC01

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

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

C18Q05

IF - C18Q03 = 1

LASTSIG3

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

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C18END

Section 19: HIV/AIDS

C19INTRO

C19Q01

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.

Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? Include testing fluid from your mouth.

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | YES | | | |
| 2 | NO | SKP | → | C19Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C19Q03 |
| 9 | REFUSED | SKP | → | C19Q03 |

C19Q02

IF - C19Q01 = 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 |
| 772016 | MAX |

C19Q03

HIVRISK4

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

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

Do any of these situations apply to you?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

C19END

Transition to Modules and/or State-Added Questions

TRANS

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

Module 06: Caregiver Module

M06INTRO

M06Q01

CAREGIV1

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

INTERVIEWER INSTRUCTIONS: IF CAREGIVING RECIPIENT HAS DIED IN THE PAST 30 DAYS, CODE 8 AND SAY:

"I'm so sorry to hear of your loss."

1	YES			
2	NO	SKP	→	M06Q09
7	DON'T KNOW/NOT SURE	SKP	→	M06Q09
8	CAREGIVING RESIPIENT DIED IN PAST 30 DAYS	SKP	→	M06END
9	REFUSED	SKP	→	M06Q09

M06Q02

IF - M06Q01 = 1

CRGVREL1

What is his or her relationship to you?

INTERVIEWER NOTE: IF MORE THAN ONE PERSON, SAY:

"Please refer to the person to whom you are giving the most care."

DO NOT READ: CODE RESPONSE USING THESE CATEGORIES

- 01 MOTHER
- 02 FATHER
- 03 MOTHER-IN-LAW
- 04 FATHER-IN-LAW
- 05 CHILD
- 06 HUSBAND
- 07 WIFE
- 08 LIVE IN PARTNER
- 09 BROTHER OR BROTHER-IN-LAW
- 10 SISTER OR SISTER-IN-LAW
- 11 GRANDMOTHER
- 12 GRANDFATHER
- 13 GRANDCHILD
- 14 OTHER RELATIVE
- 15 NON-RELATIVE/FAMILY FRIEND

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

M06Q03

IF - M06Q01 = 1

CRGVLNG1

For how long have you provided care for that person? Would you say...

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

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

M06Q04

IF - M06Q01 = 1

CRGVHRS1

In an average week, how many hours do you provide care or assistance? Would you say...

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

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

M06Q05

IF - M06Q01 = 1

CRGVPRB1

What is the main health problem, long-term illness, or disability that the person you care for has?

IF NECESSARY:

"Please tell me which one of these conditions would you say is the MAJOR problem?"

DO NOT READ: RECORD ONE RESPONSE

- 01 ARTHRITIS/RHEUMATISM
- 02 ASTHMA
- 03 CANCER
- 04 CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD
- 05 DEMENTIA AND OTHER COGNITIVE IMPAIRMENT DISORDERS
- 06 DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN'S SYNDROME, AND SPINA BIFIDA
- 07 DIABETES
- 08 HEART DISEASE, HYPERTENSION, STROKE
- 09 HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)
- 10 MENTAL ILLNESSES, SUCH AS ANXIETY, DEPRESSION, OR SCHIZOPHRENIA
- 11 OTHER ORGAN FAILURE OR DISEASES SUCH AS KIDNEY OR LIVER PROBLEMS
- 12 SUBSTANCE ABUSE OR ADDICTION DISORDERS
- 13 INJURIES, INCLUDING BROKEN BONES
- 14 OLD AGE/INFIRMITY/FRAILITY
- 15 OTHER

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

M06Q06

IF - M06Q01 = 1

CRGVPEERS

In the past 30 days, did you provide care for this person by...
Managing personal care such as giving medications, feeding,
dressing, or bathing?

- 1 YES
- 2 NO

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

M06Q07

IF - M06Q01 = 1

CRGVHOUS

In the past 30 days, did you provide care for this person by...
Managing household tasks such as cleaning, managing money, or
preparing meals?

- 1 YES
- 2 NO

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

M06Q08

IF - M06Q01 = 1

CRGVMST2

Of the following support services, which one do **YOU** most need,
that you are not currently getting?

INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS, SAY:

"Respite care means short-term or long-term breaks for people who
provide care."

READ OPTIONS 1 - 6

- 1 Classes about giving care, such as
giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope
with giving care
- 5 Respite care
- 6 You don't need any of these support
services
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI Note: [If Q1 = 1 or 8, GO TO NEXT MODULE]

M06Q09

IF - M06Q01 > 1 AND M06Q01 <> 8

CRGVEXPT

In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

M06END

Module 16: Excess Sun Exposure

M16INTRO

M16Q01

NUMBURN2

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

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

M16END

Module 25: Disability

M25INTRO

M25Q01

QLACTLM2

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

M25Q02

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

M25END

State Added Section 01: Residence

ND01INTRO

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

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 03: Indian Health

ND03INTRO

ND03Q01 IF - C08Q04 = 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 - C08Q04 = 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

ihb

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 hlthins

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

INTERVIEWERS NOTE:

IF ONE SAYS BLUE CROSS BLUE SHIELD OR NAME OF ANOTHER INSURANCE COMPANY, CODE PRIVATE INSURANCE.

THOSE THAT SAY OBAMACARE, PROBE IF THEY OR MEMBERS OF THEIR FAMILY ARE THE ONES PAYING THE PREMIUMS (PRIVATE INSURANCE) OR THE GOVERNMENT/A DIFFERENT AGENCY IS PAYING FOR THE PREMIUMS ON THEIR BEHALF (MEDICAL ASSISTANCE).

READ IF NECESSARY

- 01 Medicare
- 02 Medicaid or Medical Assistance
- 03 Military, Tricare or CHAMPUS
- 04 Indian Health Services
- 05 Private Insurance
- 06 Other
- 07 None

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

ND04END

State Added Section 05: Social Context

ND05INTRO

ND05Q01

NOEMGCHC

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

- 1 Clinic by appointment
- 2 Urgent Care/Walk in Clinic
- 3 Emergency Room at a Hospital
- 4 Other

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

ND05Q02

HCWAITIME

How long do you have to wait for an appointment if you want to be seen in the clinic?

INTERVIEWER NOTE:IF RESPONDENT STATES LESS THAN ONE DAY, ENTER 101

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

301-399 NUMBER OF MONTHS

___ ENTER AMOUNT OF TIME

- 555 NEVER GO TO CLINIC
- 888 CANNOT GET AN APPOINTMENT
- 777 DON'T KNOW/ NOT SURE
- 999 REFUSED
- 101 MIN
- 399 MAX

ND05Q03

PHYABUS

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

ND05Q04

STRESSCOPE

What is the main mechanism you use to cope with stress?

- 01 Support from family and friends
- 02 Clergy or Spiritual leaders
- 03 Professional Counseling
- 04 Physical Exercise
- 05 Alcohol
- 06 Prescription Drugs
- 07 Non-prescription Drugs
- 08 Other
- 09 Does not apply
- 10 None

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

ND05END

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.