North Dakota 2006 BRFSS Questionnaire

Introduction and Random Adult Selection Module ....................... 1
Core 1: Health Status ................................................ 5
Core 2: Healthy Days – Health-Related Quality of Life ............... 5
Core 3: Health Care Access ........................................... 6
Core 4: Exercise ..................................................... 7
Core 5: Diabetes ..................................................... 7
Module 4: Diabetes ................................................... 7
Core 6: Oral Health ................................................... 11
Core 7: Cardiovascular Disease Prevalence ........................... 12
Core 8: Asthma ....................................................... 12
Core 9: Disability ..................................................... 13
Core 10: Tobacco Use ............................................... 14
Core 11: Demographics ............................................... 14
Core 12: Veteran’s Status ............................................ 19
Core 13: Alcohol Consumption ..................................... 19
Core 14: Immunization/Adult Influenza Supplement .................... 21
Core 15: Falls ...................................................... 22
Core 16: Seatbelt Use ............................................... 23
Core 17: Drinking and Driving ...................................... 23
Core 18: Women’s Health ............................................ 24
Core 19: Prostate Cancer Screening .................................. 26
Core 20: Colorectal Cancer Screening ................................ 27
Core 21: HIV/AIDS ................................................... 29
Core 22: Emotional Support and Life Satisfaction .................... 30
Module 1: Random Child Selection .................................... 31
Module 10: Secondhand Smoke Policy .................................. 33
Module 14: Anxiety and Depression ................................... 34
State Added Section 1: Occupation ................................... 36
State Added Section 2: Child Asthma .................................. 39
State Added Section 3: Smoking Cessation ............................ 42
State Added Section 4: Tobacco Source ................................ 44
State Added Section 5: Pesticide Exposure ............................ 44
State Added Section 6: Indian Health Services ......................... 46
State Added Section 7: Sexual Orientation ............................ 48
HELLO, I’m calling for the North Dakota Department of Health. My name is [INTERVIEWER NAME].

We are gathering information about the health of North Dakota residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this [XXX-XXX-XXXX]?

1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) SKP → PRIVRES
2. NUMBER IS NOT THE SAME SKP → WRONGNUM

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.

Is this a private residence?

1. YES, CONTINUE SKP → ISCELL
2. NO, NON-RESIDENTIAL SKP → NONRES

Thank you very much, but we are only interviewing private residences.

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. SKP → ADULTS
2. YES, A CELLULAR TELEPHONE SKP → CELLYES
Thank you very much, but we are only interviewing land line telephones and private residences.

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?

__ ENTER NUMBER OF ADULTS IF ADULTS = 1 SKP → ONEADULT

How many of these adults are men?

__ ENTER NUMBER MEN

How many of these adults are women?

__ ENTER NUMBER WOMEN

I'm sorry, something is not right.

Number of Men - 
Number of Women - +
Number of 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

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

1. YES SKP → YOURTHE1
2. NO SKP → GETNEWAD
ONEADULT - IF ADULT = 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 ADULT = 1 & ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ADULT > 1

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?
[IF ASKGENDR = 2 SHOW] ...her?

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

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 [RANDOMLY SELECTED RESPONDENT]?

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
HELLO, I am calling for the North Dakota Department of Health. My name is [INTERVIEWER NAME].

We are gathering information about the health of North Dakota residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

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

I will not ask for your 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, I will provide a telephone number for you to call to get more information.

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

SKP → ADULTS

SKP → C01Q01

SKP → ADULTS
Core 1: Health Status

C01Q01 GENHLTH

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

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

7. DON’T KNOW/NOT SURE
9. REFUSED

Core 2: Healthy Days — Health-Related Quality of Life

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

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

C02Q03 IF C02Q01 = 1 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
## Core 3: Health Care Access

### C03Q01 HLTHPLAN
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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

7. DON’T KNOW/NOT SURE
8. NEVER
9. REFUSED
Core 4: Exercise

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

Core 5: Diabetes

C05Q01 DIABETE2

Have you ever been told by a doctor that you have diabetes?

INTERVIEWER NOTE: IF “YES” AND RESPONDENT IS FEMALE, ASK: “Was this only when you were pregnant?”

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

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY SKP → C06Q01
3. NO SKP → C06Q01
4. NO, PRE-DIABETES OR BORDERLINE DIABETES SKP → C06Q01
   SKP → C06Q01
7. DON’T KNOW/NOT SURE SKP → C06Q01
9. REFUSED SKP → C06Q01

Module 4: Diabetes

[MATI NOTE: INSERT AFTER C05Q01]

M04Q01 - IF C05Q01 = 1 DIABAGE2

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

_ _ CODE YEARS IN AGE [97 = 97 OR OLDER]

98. DON’T KNOW/NOT SURE
99. REFUSED
M04Q02 – IF C05Q01 = 1

Are you now taking insulin?

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

M04Q03 – IF C05Q01 = 1

Are you now taking diabetes pills?

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

M04Q04 – IF C05Q01 = 1

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

_ _ _ 101-199 = TIMES PER DAY
201-299 = TIMES PER WEEK
301-399 = TIMES PER MONTH
401-499 = TIMES PER YEAR

888. NEVER
777. DON’T KNOW/NOT SURE
999. REFUSED

M04Q05 – IF C05Q01 = 1

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

_ _ _ 101-199 = TIMES PER DAY
201-299 = TIMES PER WEEK
301-399 = TIMES PER MONTH
401-499 = TIMES PER YEAR

555. NO FEET
888. NEVER
777. DON’T KNOW/NOT SURE
999. REFUSED
M04Q06 - IF C05Q01 = 1

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

M04Q07 - IF C05Q01 = 1

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

_ _ NUMBER OF TIMES [76 = 76 OR GREATER]

77. DON’T KNOW/NOT SURE
99. REFUSED

M04Q08 - IF C05Q01 = 1

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

_ _ NUMBER OF TIMES [76 = 76 OR GREATER]

88. NEVER
98. NEVER HEARD OF "A ONE C"
77. DON’T KNOW/NOT SURE
99. REFUSED

M04Q09 - IF C05Q01 = 1 & M04Q05 <> 555

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

_ _ NUMBER OF TIMES [76 = 76 OR GREATER]

88. NEVER
77. DON’T KNOW/NOT SURE
99. REFUSED
M04Q10 – IF C05Q01 = 1

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

READ IF NECESSARY

1. Within the past month (anytime less than 1 month ago)
2. Within the past year (1 month but less than 12 months ago)
3. Within the past 2 years (1 year but less than 2 years ago)
4. 2 or more years ago
5. DON’T KNOW/NOT SURE
6. NEVER
7. REFUSED

M04Q11 – IF C05Q01 = 1

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

1. YES
2. NO

7. DON’T KNOW/NOT SURE
8. REFUSED

M04Q12 – IF C05Q01 = 1

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

1. YES
2. NO

7. DON’T KNOW/NOT SURE
8. REFUSED
Core 6: Oral Health

C06Q01  LASTDEN3

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

READ IF NECESSARY

1. Within 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

C06Q02  RMVTEETH

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

INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

1. 1 to 5
2. 6 or more but not all
3. All
8. None
7. DON’T KNOW/NOT SURE
9. REFUSED

C06Q03 - IF C06Q01 <> 8 & C06Q02 <> 3  DENCLEAN

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

READ 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
Core 7: Cardiovascular Disease Prevalence

C07Q01  CVDINFR4

Now I would like to ask you some questions about cardiovascular disease.

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 had a heart attack, also called a myocardial infarction?

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

C07Q02  CVDCRHD4

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

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

C07Q03  CVDSTRK3

(Ever told) you had a stroke?

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

Core 8: Asthma

C08Q01  ASTHMA2

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

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

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July 24, 2012
Clearwater Research, Inc.
**C08Q02 - IF C08Q01 = 1**

Do you still have asthma?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

---

**Core 9: Disability**

**C09Q01**

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

**C09Q02**

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
Core 10: Tobacco Use

C10Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

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

C10Q02 - IF C10Q01 = 1

Do you now smoke cigarettes 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

C10Q03 - IF C10Q01 = 1 & C10Q02 < 3

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

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

Core 11: Demographics

C11Q01

What is your age?

_ _ CODE AGE IN YEARS

07. DON’T KNOW/NOT SURE
09. REFUSED
C11Q02  

HISPANC2

Are you Hispanic or Latino?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

C11Q03  

MRACE

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

INTERVIEWER NOTE: CHECK ALL THAT APPLY.

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native, or
6. Other [SPECIFY]

8. NO ADDITIONAL CHOICES
7. DON’T KNOW/NOT SURE
9. REFUSED

C11Q04 - IF C11Q03 HAS MORE THAN ONE RACE CHECKED  

ORACE2

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native, or
6. Other [SPECIFY]

8. NO ADDITIONAL CHOICES
7. DON’T KNOW/NOT SURE
9. REFUSED
Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

1. MARRIED
2. DIVORCED
3. WIDOWED
4. SEPARATED
5. NEVER MARRIED
6. A MEMBER OF AN UNMARRIED COUPLE
7. REFUSED

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

_ _ NUMBER OF CHILDREN

88. NONE
99. REFUSED

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

READ 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)
7. REFUSED

Are you currently…?

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year
4. Out of work for less than 1 year
5. A Homemaker
6. A Student
7. Retired, or
8. Unable to work
9. REFUSED
Is your annual household income from all sources...

01. Less than $10,000
02. Less than $15,000 ($10,000 to less than $15,000)
03. Less than $20,000 ($15,000 to less than $20,000)
04. Less than $25,000 ($20,000 to less than $25,000)
05. Less than $35,000 ($25,000 to less than $35,000)
06. Less than $50,000 ($35,000 to less than $50,000)
07. Less than $75,000 ($50,000 to less than $75,000)
08. $75,000 or more

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

About how much do you weigh without shoes?

---
ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS = 9110)

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

About how tall are you without shoes?

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

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

What county do you live in?

---
FIPS COUNTY CODE

77. DON'T KNOW/NOT SURE
99. REFUSED
What is your ZIP Code where you live?

_ _ _ _ _ ZIP CODE

77777. DON'T KNOW/NOT SURE
99999. REFUSED

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

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

How many of these telephone numbers are residential numbers?

1. ONE
2. TWO
3. THREE
4. FOUR
5. FIVE
6. SIX OR MORE

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

During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED
**C11Q17**

**SEX**

Indicate sex of respondent. Ask only if necessary.

1. Male  \( \rightarrow \) C12Q01
2. Female

**C11Q18** - If C11Q01 < 45 & C11Q017 = 2

Pregnant?

To your knowledge, are you now pregnant?

1. Yes
2. No
7. Don’t know/not sure
9. Refused

**Core 12: Veteran's Status**

**C12Q01**

Veteran?

The next question relates to military service.

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?

1. Yes
2. No
7. Don’t know/not sure
9. Refused

**Core 13: Alcohol Consumption**

**C13Q01**

Drnkany4?

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1. Yes
2. No  \( \rightarrow \) C14Q01
7. Don’t know/not sure  \( \rightarrow \) C14Q01
9. Refused  \( \rightarrow \) C14Q01
During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS
(101-107 = DAYS PER WEEK; 201-230 = IN PAST 30 DAYS)

777. DON'T KNOW/NOT SURE
888. NO DRINKS IN PAST 30 DAYS  SKIP → C14Q01
999. REFUSED

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?

NUMBER OF DRINKS

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

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C11Q17 = 1 SHOW] ...5...
[IF C11Q17 = 2 SHOW] ...4...

...or more drinks on an occasion?

NUMBER OF TIMES

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

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
A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

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

During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

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

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

Have you ever received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
The next question is about behaviors related to Hepatitis B.

Tell me if any of these statements are true for you. Do not tell me which statement or statements are true for you, just if any of them are:

-You have hemophilia and have received clotting factor concentrate.  
[IF C11Q17 = 1 SHOW]-You are a man who has had sex with other men, even just one time.  
-You have taken street drugs by needle, even just one time.  
-You traded sex for money or drugs, even just one time.  
-You have tested positive for HIV.  
-You have had sex (even just one time) with someone who would answer "yes" to any of these statements.  
-You had more than two sex partners in the past year.

Are any of these statements true for you?

1. YES AT LEAST ONE STATEMENT IS TRUE  
2. NO, NONE OF THESE STATEMENTS IS TRUE  
7. DON'T KNOW/NOT SURE  
9. REFUSED

Core 15: Falls

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 3 months, how many times have you fallen?

_ _  NUMBER OF TIMES [76 = 76 OR MORE]

88. NONE  
77. DON'T KNOW/NOT SURE  
99. REFUSED
[IF C15Q01 = 1 SHOW] Did this fall cause an injury?

[IF C15Q01 > 1 SHOW] 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.

_ _ _ NUMBER OF TIMES [76 = 76 OR MORE]

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

Core 16: Seatbelt Use

C16Q01

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

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

Core 17: Drinking and Driving

C17Q01 - IF C13Q01 <> 2 & C16Q01 <> 8

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
Core 18: Women’s Health

C18Q01 - C11Q17 = 2

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
7. DON’T KNOW/NOT SURE
9. REFUSED

C18Q02 - C11Q17 = 2 & C18Q01 = 1

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

READ 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 C11Q17 = 2

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
How long has it been since your last breast exam?

READ 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

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

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

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

READ 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

Have you had a hysterectomy?

READ IF NECESSARY: “A hysterectomy is an operation to remove the uterus (womb).”

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
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. Have you ever had a PSA test?

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

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

READ 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

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
How long has it been since your last digital rectal exam?

READ 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

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

Core 20: 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

7. DON’T KNOW/NOT SURE
9. REFUSED
C20Q02 – C11Q01 >= 50 & C20Q01 = 1  LSTBLDS2

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

READ 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

C20Q03 – C11Q01 >= 50  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 ➔ C21Q01

7. DON’T KNOW/NOT SURE  SKP ➔ C21Q01
9. REFUSED  SKP ➔ C21Q01

C20Q04 – C11Q01 >= 50 & C20Q03 = 1  LASTSIG2

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

READ 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. Within the past 10 years (5 years but less than 10 years ago)
5. 10 or more years ago

7. DON’T KNOW/NOT SURE
9. REFUSED
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
7. DON’T KNOW/NOT SURE
9. REFUSED

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

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE “DON’T KNOW.”

_ _ _ _ _ _ CODE MONTH AND YEAR
777777. DON’T KNOW/NOT SURE
999999. REFUSED

Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at 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
03. HOSPITAL
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
C21Q04 - IF C11Q01 <= 65 & C21Q01 = 1 & C21Q02 < [WITHIN PAST 12 MONTHS]

HIVRDTST

Was it a rapid test where you could get your results within a couple of hours?

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

Core 22: Emotional Support and Life Satisfaction

C22Q01

EMTSUPRT

The next two questions are about emotional support and your satisfaction with life.

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED, SAY, “Please include support from any source.”

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
7. DON’T KNOW/NOT SURE
9. REFUSED

C22Q02

LSATISFY

In general, how satisfied are you with your life?

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied
7. DON’T KNOW/NOT SURE
9. REFUSED
Module 1: Random Child Selection

M01Q01 - IF C11Q06 >= 1 & C11Q06 < 88

[IF C11Q06 = 1 SHOW] Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

[IF C11Q01 > 1 & <88 SHOW] Previously, you indicated there were [ANS C11Q06] children age 17 or younger in your household. Think about those [ANS C11Q06] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [Xth] child in your household. All following questions about children will be about the [Xth] child.

What is the birth month and year of the [Xth] child?

_ _ _ _ _ _ CODE MONTH AND YEAR

777777. DON’T KNOW/NOT SURE
999999. REFUSED

M01Q02 - IF C11Q06 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL
9. REFUSED

M01Q03 - IF C11Q06 < 88

Is the child Hispanic or Latino?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
Which one or more of the follow would you say is the race of the child?

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]

8. NO ADDITIONAL CHOICES
7. DON’T KNOW/NOT SURE
9. REFUSED

Which one of these groups would you say best represents the child’s race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]

8. NO ADDITIONAL CHOICES
7. DON’T KNOW/NOT SURE
9. REFUSED

How are you related to the child?

1. Parent (INCLUDE BIOLOGIC, STEP, OR ADOPTIVE PARENT)
2. Grandparent
3. Foster parent or guardian
4. Sibling (INCLUDE BIOLOGIC, STEP, AND ADOPTIVE SIBLING)
5. Other relative
6. Not related in any way

7. DON’T KNOW/NOT SURE
9. REFUSED
**Module 10: Secondhand Smoke Policy**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M10Q01</td>
<td>Which statement best describes the rules about smoking inside your home?</td>
</tr>
<tr>
<td></td>
<td>1. Smoking is not allowed anywhere inside your home</td>
</tr>
<tr>
<td></td>
<td>2. Smoking is allowed in some places or at some times</td>
</tr>
<tr>
<td></td>
<td>3. Smoking is allowed anywhere inside your home</td>
</tr>
<tr>
<td></td>
<td>4. There are no rules about smoking inside your home</td>
</tr>
<tr>
<td></td>
<td>7. DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td></td>
<td>9. REFUSED</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M10Q02</td>
<td>While working at your job, are you indoors most of the time?</td>
</tr>
<tr>
<td></td>
<td>1. YES</td>
</tr>
<tr>
<td></td>
<td>2. NO SKP ➔ [NEXT MODULE]</td>
</tr>
<tr>
<td></td>
<td>7. DON’T KNOW/NOT SURE SKP ➔ [NEXT MODULE]</td>
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<tr>
<td></td>
<td>9. REFUSED SKP ➔ [NEXT MODULE]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M10Q03</td>
<td>Which of the following best describes your place of work’s official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?</td>
</tr>
<tr>
<td></td>
<td>INTERVIEWER NOTE: FOR WORKERS WHO VISIT CLIENTS OR WORK AT HOME, “PLACE OF WORK” MEANS THEIR BASE LOCATION. FOR SELF-EMPLOYED PERSONS WHO WORK AT HOME, THE OFFICIAL SMOKING POLICY MEANS THE HOME SMOKING POLICY.</td>
</tr>
<tr>
<td></td>
<td>1. Not allowed in any public areas</td>
</tr>
<tr>
<td></td>
<td>2. Allowed in some public areas</td>
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<tr>
<td></td>
<td>3. Allowed in all public areas, or</td>
</tr>
<tr>
<td></td>
<td>4. No official policy</td>
</tr>
<tr>
<td></td>
<td>7. DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td></td>
<td>9. REFUSED</td>
</tr>
</tbody>
</table>
M10Q04 – IF C11Q08 = 1, 2 & M10Q02 = 1

Which of the following best describes your place of work’s official smoking policy for work areas?

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
4. No official policy
5. DON’T KNOW/NOT SURE
6. REFUSED

Module 14: Anxiety and Depression

M14Q01

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

M14Q02

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

M14Q03

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
M14Q04

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

M14Q05

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

M14Q06

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

M14Q07

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
M14Q08  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

M14Q09  ADANXEV

Has a doctor or other healthcare provider ever told you that you had 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

M14Q10  ADDEPEV

Has a doctor or other healthcare provider ever told you that 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

State Added Section 1: Occupation

ND01Q01 - IF C11Q08 = 1, 2, 5, 6, 7  OCCHOURS

Previously, you indicated you were [ANS C11Q08]. On the average, how many hours per week, if any, do you work at a job or business?

_ ___ (76 = 76 OR MORE HOURS)

88. DO NOT WORK/NONE  SKP → ND02Q01
77. DON’T KNOW/NOT SURE  SKP → ND02Q01
99. REFUSED  SKP → ND02Q01
INTerviewer Note: probing required for the next two questions. Interviwers need to probe for specific occupation and industry - this will be at least two words in most cases.

Example: mechanism is not sufficient, diesel engine mechanism would be sufficient. Teacher would not be sufficient, high school science teacher or 1st grade teacher would be sufficient. Manufacturing is not sufficient, manufacturing widgets would be sufficient.

What kind of business or industry do you work in currently?

For example: hospital, newspaper publishing, mail order house, auto repair shop, bank.

Specify: _______________________

77. DON’T KNOW/NOT SURE
99. REFUSED

INTERVIEWER NOTE: PROBING REQUIRED. INTERVIEWERS NEED TO PROBE FOR SPECIFIC OCCUPATION. - THIS WILL BE AT LEAST TWO WORDS IN MOST CASES.

Example: Mechanic is not sufficient, Diesel engine Mechanic would be sufficient. Teacher would not be sufficient, High school Science teacher or 1st Grade teacher would be sufficient. Manufacturing is not sufficient, Manufacturing widgets would be sufficient.

What kind of work do you do in that business or industry, that is, your current occupation?

For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant.

Specify: _______________________

77. DON’T KNOW/NOT SURE
99. REFUSED
Which of the following most accurately describes the type of work or business you currently work in most often? Would you say...

10. State government employee
11. Other government employee
12. Farmer or rancher
13. Other farm or ranch worker
14. Manufacturing
15. Health Care
16. Food or drink server (waiter, waitress, bartender)
17. Wholesale or retail sales
18. Financial services
19. Other

77. DON’T KNOW/NOT SURE
99. REFUSED

Excluding vacation days or other planned days off, during the past 12 months, how many days did you miss work due to physical illness excluding mental or emotional illness?

_ _ _ NUMBER OF DAYS

777. DON’T KNOW/NOT SURE
888. NONE
999. REFUSED

Excluding vacation days or other planned days off, during the past 12 months, how many days did you miss work due to mental or emotional illness?

_ _ _ NUMBER OF DAYS

777. DON’T KNOW/NOT SURE
888. NONE
999. REFUSED
**State Added Section 2: Child Asthma**

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ND02Q01 - IF C11Q06 &lt; 88</td>
<td>EVCASTH</td>
<td>These next questions relate to [RANDOMLY SELECTED CHILD]. Has a doctor or other health professional ever told you that [RANDOMLY SELECTED CHILD] has asthma?</td>
</tr>
<tr>
<td>1. YES</td>
<td>SKP → ND03Q01</td>
<td></td>
</tr>
<tr>
<td>2. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. DON'T KNOW/NOT SURE</td>
<td>SKP → ND03Q01</td>
<td></td>
</tr>
<tr>
<td>9. REFUSED</td>
<td>SKP → ND03Q01</td>
<td></td>
</tr>
<tr>
<td>ND02Q02 - IF C11Q06 &lt; 88 &amp; ND02Q01 = 1</td>
<td>NOWCASTH</td>
<td>Does [RANDOMLY SELECTED CHILD] still have asthma?</td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. NO</td>
<td>SKP → ND03Q01</td>
<td></td>
</tr>
<tr>
<td>8. DON'T KNOW/NOT SURE</td>
<td>SKP → ND03Q01</td>
<td></td>
</tr>
<tr>
<td>9. REFUSED</td>
<td>SKP → ND03Q01</td>
<td></td>
</tr>
<tr>
<td>ND02Q03 - IF C11Q06 &lt; 88 &amp; ND02Q01 = 1 &amp; ND02Q02 = 1</td>
<td>STEROID</td>
<td>During the past 12 months, did [RANDOMLY SELECTED CHILD] take Prednisone or another steroid such as a pill, capsule, or injection to help control [HIS/HER] asthma?</td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. DON'T KNOW/NOT SURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. REFUSED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ND02Q04 - IF C11Q06 &lt; 88 &amp; ND02Q01 = 1 &amp; ND02Q02 = 1</td>
<td>PREVAMED</td>
<td>Does [RANDOMLY SELECTED CHILD] currently take the preventive kind of asthma medication used everyday to protect [HIS/HER] lungs and keep [HIM/HER] from having an attack? Include both pills and inhalers. This is different from inhalers used for quick relief.</td>
</tr>
<tr>
<td>1. YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. DON'T KNOW/NOT SURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. REFUSED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness, and phlegm production when you don’t have a cold or respiratory infection. During the past 30 days, how often did [RANDOMLY SELECTED CHILD] have any symptoms of asthma? Would you say two days a week or less, three to six days a week, daily but not all the time, continually, or none?

1. TWO DAYS A WEEK OR LESS
2. THREE TO SIX DAYS A WEEK
3. DAILY BUT NOT ALL THE TIME
4. CONTINUALLY

7. DON’T KNOW/NOT SURE
8. NONE
9. REFUSED

During the past 30 days, how many days did symptoms of asthma make it difficult for [RANDOMLY SELECTED CHILD] to stay asleep? Would you say two nights a month or less, three or four nights a month, more than one night per week, every night or almost every night, or none?

1. TWO NIGHTS A MONTH OR LESS
2. THREE OR FOUR NIGHTS A MONTH
3. MORE THAN ONE NIGHT PER WEEK
4. EVERY NIGHT OR ALMOST EVERY NIGHT

7. DON’T KNOW/NOT SURE
8. NONE
9. REFUSED

During the past 30 days, how many days of [DAYCARE/PRESCHOOL/SCHOOL/SCHOOL OR WORK] did [RANDOMLY SELECTED CHILD] miss because of his/her asthma?

_ _ DAYS MISSED

66. HOME SCHOOLED
77. DON’T KNOW/NOT SURE
88. CHILD DID NOT GO TO (DAYCARE/PRESCHOOL/SCHOOL/WORK) DURING THE PAST 30 DAYS
99. REFUSED
During the past 30 days, how many days was [RANDOMLY SELECTED CHILD] unable to do [HIS/HER] usual activities because of asthma symptoms?

_ _ NUMBER OF DAYS

77. DON’T KNOW/NOT SURE
99. REFUSED

Is there a bird, cat, dog or other pet with fur that spends some or all the time in the house?

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

Does anyone, including household members or guests, smoke inside the home?

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

What type of home heating do you use?

1. BURN COAL
2. BURN WOOD
3. BURN NATURAL GAS OR BOTTLED GAS
4. BURN OIL
5. ELECTRICITY
6. OTHER
7. DON’T KNOW/NOT SURE
9. REFUSED
ND02Q12 - IF C11Q06 < 88 & ND02Q01 = 1 & ND02Q02 = 1

During the cold months, about how often do you light a fire in the fireplace to burn wood or other solid fuel? Do not include gas fireplaces only. Would you say less than once per month, more than once per month but not every week, more than once per week but not every day, daily or never?

1. LESS THAN ONCE PER MONTH
2. MORE THAN ONCE PER MONTH BUT NOT EVERY WEEK
3. MORE THAN ONCE PER WEEK BUT NOT EVERY DAY
4. DAILY
5. NEVER OR NO FIREPLACE
6. DON’T KNOW/NOT SURE
7. REFUSED

State Added Section 3: Smoking Cessation

ND03Q01 - IF C10Q02 = 3

Previously you said you have smoked cigarettes; about how long has it been since you last smoked cigarettes?

READ IF NECESSARY

01. Within the past month (anytime 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 or more years ago
77. DON’T KNOW/NOT SURE
99. REFUSED
The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

_ _ NUMBER OF TIMES (76 = 76 OR MORE)

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

_ _ NUMBER OF VISITS (76 = 76 OR MORE)

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?

(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)

_ _ NUMBER OF TIMES (76 = 76 OR MORE)

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
State Added Section 4: Tobacco Source

ND04Q01 - IF C10Q02 < 3

During the past 30 days how did you usually get your own cigarettes? Would you say...

01. I did not smoke cigarettes during the past 30 days.
02. I bought them in a store such as a convenience store, supermarket, discount store, or gas station.
03. I bought them from a vending machine.
04. I bought them over the internet.
05. I bought them on an Indian reservation.
06. I bought them in another state, or
07. I got them some other way

77. DON’T KNOW/NOT SURE
99. REFUSED

State Added Section 5: Pesticide Exposure

ND05Q01

Over your lifetime, how many years have you lived on a farm?

1. NEVER LIVED ON A FARM
2. FIVE YEARS OR LESS
3. MORE THAN FIVE YEARS TO TEN YEARS
4. MORE THAN TEN YEARS TO TWENTY YEARS
5. MORE THAN TWENTY YEARS TO THIRTY YEARS
6. MORE THAN THIRTY YEARS

7. DON’T KNOW/ NOT SURE
9. REFUSED

ND05Q02

Have you or a member of your family ever mixed or applied herbicides, insecticides, or fungicides?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

North Dakota 2006 BRFSS Questionnaire
July 24, 2012
Clearwater Research, Inc.
**ND05Q03 - IF ND05Q02 = 1**

CLOTHES

In your household, how are clothes usually washed after they have been worn when mixing or applying pesticides? Would you say...

1. Always wear disposable clothing
2. Mixed with family wash
3. Soaked separately then mixed with family wash
4. Washed separately in family machine
5. Sent out or washed in machine used only for that purpose

7. DON’T KNOW/NOT SURE
9. REFUSED

**ND05Q04 - IF ND05Q02 = 1**

NEARWELL

How far is your drinking water well from the nearest area where pesticides are mixed? Would you say...

1. You don’t have a well
2. 50 yards or less
3. More than 50 yards to 100 yards
4. More than 100 yards

7. DON’T KNOW/NOT SURE
9. REFUSED

**ND05Q05**

STORED

Are agricultural or commercial pesticides in unmixed concentrates stored, even temporarily, at your home?

INTERVIEWER NOTE: PROBE FOR LOCATION IF NECESSARY

1. YES, IN BUILDING NOT ATTACHED TO HOME
2. YES, IN GARAGE OR OTHER ATTACHED OUTBUILDING
3. YES, IN BASEMENT
4. YES, IN HOME, BUT NOT IN BASEMENT
5. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
State Added Section 6: Indian Health Services

ND06Q01

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

ND06Q02

Are you currently an enrolled tribal member?

1. YES
2. NO

7. DON’T KNOW NOT SURE
9. REFUSED

ND06Q03

Which tribe?

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

10. MANDAN
11. ARIKARA
12. HIDATSA
13. THREE AFFILIATED TRIBES
14. SPIRIT LAKE SIOUX
15. STANDING ROCK SIOUX
16. OTHER SIOUX
17. CHIPPEWA
18. OTHER

77. DON’T KNOW/NOT SURE
99. REFUSED
ND06Q04

How much of your health care do you obtain from an Indian Health Service clinic? Would you say...

INTERVIEWER NOTE: “I.H.S.” STANDS FOR INDIAN HEALTH SERVICES

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

7. DON’T KNOW/NOT SURE
9. REFUSED

ND08Q01 - IF C03Q01 = 1

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

Read if necessary:

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

77. DON’T KNOW/NOT SURE
99. REFUSED
State Added Section 7: Sexual Orientation

ND07Q01  SEXPREF

Now I’ll read a list of terms people sometimes use to describe themselves: heterosexual or straight; homosexual,…

[IF C11Q17 = 1] …gay…
[IF C11Q17 = 2] …lesbian…

…and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

1. Heterosexual or straight
2. Homosexual, [gay or lesbian]
3. Bisexual
4. Other

7. DON’T KNOW/NOT SURE
9. REFUSED

CLOSING

That is 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.