2008 North Dakota BRFSS

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HELLO, I’m calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER NAME].

We are gathering information about the health of [STATE] 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 in [STATE]?

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  \rightarrow  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.

\[
\begin{align*}
\text{Number of Men} & \quad - \\
\text{Number of Women} & \quad + \\
\hline
\text{Number of Adults} & \quad - \\
\end{align*}
\]

1. CORRECT THE NUMBER OF MEN  \text{ SKP } \rightarrow \text{ MEN}
2. CORRECT THE NUMBER OF WOMEN  \text{ SKP } \rightarrow \text{ WOMEN}
3. CORRECT THE NUMBER OF ADULTS  \text{ SKP } \rightarrow \text{ ADULTS}

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

Are you the [RANDOMLY SELECTED ADULT]?

1. YES  \text{ SKP } \rightarrow \text{ YOURTHE1}
2. NO  \text{ SKP } \rightarrow \text{ GETNEWAD}
ONEADULT - IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1. YES AND THE RESPONDENT IS A MALE. SKP \rightarrow YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE. SKP \rightarrow YOURTHE1
3. NO

ASKGENDR - IF ADULT = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ONEADULT = 3

May I speak with...

[IF ASKGENDR = 1 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 \rightarrow INTROSCR
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP \rightarrow ADULTS

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE SKP \rightarrow NEWADULT
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK SKP \rightarrow NEWADULT
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP \rightarrow ADULTS
NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER NAME].

We are gathering information about the health of [STATE] 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

INTROSCR

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 about this survey, please call [GIVE APPROPRIATE STATE TELEPHONE NUMBER].

1. PERSON INTERESTED, CONTINUE
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED
Core Section 01: 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 Section 02: 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
CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C03Q01
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 Section 03: Health Care Access

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

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
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

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 Section 04: Sleep

The next question is about getting enough rest or sleep.

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

_ _ NUMBER OF DAYS

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
Core Section 05: Exercise

C05Q01  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 Section 06: Diabetes

C06Q01  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 → C07Q01
3. NO  SKP → C07Q01
4. NO, PRE-DIABETES OR BORDERLINE DIABETES  SKP → C07Q01

7. DON’T KNOW/NOT SURE  SKP → C07Q01
9. REFUSED  SKP → C07Q01

Module 02: Diabetes

M02Q01 - if C06Q01 = 1  DIABAGE2

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

_ _ Code age in years [97 = 97 or higher]

98. DON’T KNOW/NOT SURE
99. REFUSED
M02Q02 - if C06Q01 = 1

INSULIN

Are you now taking insulin?

1. YES
2. NO
9. REFUSED

M02Q03 - IF C06Q01 = 1

BLDSUGAR

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

_ _ _  101-199 = 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

M02Q04 - IF C06Q01 = 1

FEETCHK2

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

_ _ _  101-199 = 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

M02Q05 - IF C06Q01 = 1

DOCTDIAB

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

_ _ NUMBER OF TIMES [76 = 76 or greater]

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

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

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

READ ONLY IF NECESSARY

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

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

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
M02Q10 - IF C06Q01 = 1  DIABEDU

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

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

Core Section 07: Oral Health

C07Q01  LASTDEN3

How long has it been since you last visited a dentist or a dental clinic for any reason?

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 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
7. DON’T KNOW/NOT SURE
8. NONE
9. REFUSED
How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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

Core Section 08: Cardiovascular Disease Prevalence

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

Ever told you had angina or coronary heart disease?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

Ever told you had a stroke?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
Core Section 09: Asthma

C09Q01

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

C09Q02 - IF C09Q01 = 1

Do you still have asthma?

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

Core Section 10: Disability

C10Q01

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

C10Q02

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 Section 11: Tobacco Use

**C11Q01**

<table>
<thead>
<tr>
<th>Have you smoked at least 100 cigarettes in your entire life?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
</tr>
</tbody>
</table>

**INTERVIEWER NOTE:** 5 PACKS = 100 CIGARETTES

**C11Q02**

<table>
<thead>
<tr>
<th>Do you now smoke cigarettes every day, some days, or not at all?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. EVERY DAY</td>
</tr>
</tbody>
</table>

**C11Q03**

<table>
<thead>
<tr>
<th>During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. YES</td>
</tr>
</tbody>
</table>

### Core Section 12: Demographics

**C12Q01**

<table>
<thead>
<tr>
<th>What is your age?</th>
</tr>
</thead>
<tbody>
<tr>
<td>—— CODE AGE IN YEARS</td>
</tr>
</tbody>
</table>

07. DON’T KNOW/NOT SURE

09. REFUSED
Are you Hispanic or Latino?

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

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

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

CATI NOTE: IF MORE THAN ONE RESPONSE TO C12Q03, CONTINUE. OTHERWISE SKP TO C12Q05

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
6. Other [specify]
7. DON’T KNOW/NOT SURE
9. REFUSED
C12Q05

VETERAN

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

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

C12Q06

MARITAL

Are you…?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
Or
6. A member of an unmarried couple

9. REFUSED

C12Q07

CHILDREN

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

_ _ NUMBER OF CHILDREN

88. NONE
99. REFUSED

C12Q08

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
C12Q09 EMPLOY

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

C12Q10 INCOME2

Is your annual household income from all sources...

INTERVIEWER NOTE: IF RESPONDENT REFUSES ANY INCOME LEVEL, CODE AS "99" REFUSED

READ ONLY IF NECESSARY

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

C12Q11 WEIGHT2

About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS UP.

--- --- 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?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN FIRST COLUMN. ROUND FRACTIONS DOWN.

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

How much did you weigh a year ago?

IF FEMALE RESPONDENT SAY: “If you were pregnant a year ago, how much did you weigh before your pregnancy?”

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN FIRST COLUMN. ROUND FRACTIONS UP.

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

*Programmer Note: IF C12Q13 = C12Q11 SKIP TO C12Q15

Was the change between your current weight and your weight a year ago intentional?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

What county do you live in?

ENTER FIPS COUNTY CODE

777. DON’T KNOW/NOT SURE
999. REFUSED
C12Q16
ZIPCODE

What is your ZIP Code where you live?

_ _ _ _ _ ZIP CODE

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

C12Q17
NUMHHOL2

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

1. YES
2. NO

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

C12Q18 - IF C12Q17 = 1
NUMPHON2

How many of these telephone numbers are residential numbers?

_ RESIDENTIAL TELEPHONE NUMBERS [6=6 OR MORE]

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

C12Q19
TELSERV2

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
INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

1. MALE
2. FEMALE

C12Q21 - IF C12Q20 = 2 AND C12Q01 < 45

To your knowledge, are you now pregnant?

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

Core Section 13: Alcohol Consumption

C13Q01

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
7. DON’T KNOW/NOT SURE
9. REFUSED

C13Q02 - IF C13Q01 = 1

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)

888. NO DRINKS IN LAST 30 DAYS
777. DON’T KNOW/NOT SURE
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?

INTERVIEWER NOTE: A 20 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

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

[IF C12Q20 = 1 SHOW] ...5...
[IF C12Q20 = 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 what month and year did you receive your most recent flu shot?

_ _ / _ _ _ _ MONTH/YEAR
77 / 7777 DON’T KNOW/NOT SURE
99 / 9999 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

During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

_ _ / _ _ _ _ MONTH/YEAR
77 / 7777 DON’T KNOW/NOT SURE
99 / 9999 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

Core Section 15: Falls

The next question asks 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?

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 FALLS [76 = 76 OR MORE]

88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
Core Section 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 SKP → C18Q01
9. REFUSED

Core Section 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 Section 18: Women’s Health

C18Q01 - IF C12Q20 = 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 SKP → C18Q03

7. DON’T KNOW/NOT SURE SKP → C18Q03
9. REFUSED SKP → C18Q03
C18Q02 – IF C12Q20 = 2 & C18Q01 = 1

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

C18Q03 – IF C12Q20 = 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

C18Q04 – IF C12Q20 = 2 & C18Q03 = 1

How long has it been since your last breast exam?
READ ONLY IF NECESSARY
1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON’T KNOW/NOT SURE
9. REFUSED
C18Q05 - IF C12Q20 = 2

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

1. YES
2. NO
3. DON’T KNOW/NOT SURE
4. REFUSED

C18Q06 - IF C12Q20 = 2 & C18Q05 = 1

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
6. DON’T KNOW/NOT SURE
7. REFUSED

C18Q07 - IF C12Q20 = 2 & C12Q21 <> 1

Have you had a hysterectomy?

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

1. YES
2. NO
3. DON’T KNOW/NOT SURE
4. REFUSED
Core Section 19: Prostate Cancer Screening

C19Q01 - IF C12Q20 = 1 & C12Q01 >= 40 PSATEST

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 SKP \(\rightarrow\) C19Q03
7. DON’T KNOW/NOT SURE SKP \(\rightarrow\) C19Q03
9. REFUSED SKP \(\rightarrow\) C19Q03

C19Q02 - IF C12Q20 = 1 & C12Q01 >= 40 & C19Q01 = 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

C19Q03 - IF C12Q20 = 1 & C12Q01 >= 40 DIGRECEX

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 SKP \(\rightarrow\) C19Q05
7. DON’T KNOW/NOT SURE SKP \(\rightarrow\) C19Q05
9. REFUSED SKP \(\rightarrow\) C19Q05
How long has it been since your last digital rectal exam?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago

7. DON’T KNOW/NOT SURE
9. REFUSED

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

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
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

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

7. DON’T KNOW/NOT SURE
9. REFUSED

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
C20Q05 - C12Q01 >= 50 AND C20Q03 = 1

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
8. REFUSED

Core Section 21: HIV/AIDS

CATI NOTE: IF RESPONDENT IS 65 YEARS OLD OR OLDER, GO TO NEXT SECTION

C21Q01 - IF C12Q01 < 65

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
C21Q02 – C12Q01 < 65 & C21Q01 = 1

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

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE AS "DON’T KNOW"

INTERVIEWER NOTE: 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

[EXAMPLE: JUNE OF 2006 = 062006]

77/7777. DON’T KNOW/NOT SURE

99/9999. REFUSED

C21Q03 – IF C12Q01 < 65 & C21Q01 = 1

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 PRISION (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE

77. DON’T KNOW/NOT SURE

99. REFUSED

C21Q04 – IF C12Q01 < 65 & C21Q02 = WITHIN LAST 12 MONTHS

CATI NOTE: IF C21Q02 = WITHIN LAST 12 MONTHS; OTHERWISE GO TO C21Q05

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

- YOU HAVE USED INTRAVENOUS DRUGS IN THE PAST YEAR
- YOU HAVE BEEN TREATED FOR A SEXUALLY TRANSMITTED DISEASE OR VENEREAL DISEASE IN THE PAST YEAR
- YOU HAVE GIVEN OR RECEIVED MONEY OR DRUGS IN EXCHANGE FOR SEX IN THE PAST YEAR
- YOU HAD ANAL SEX WITHOUT A CONDOM IN THE PAST YEAR

Do any of these situations apply to you?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

Core Section 22: Emotional Support and Life Satisfaction

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”.

PLEASE READ

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?

PLEASE READ

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

Module 13: Anxiety and Depression

M13Q01

ADPLEASR

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

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

_ _ 01-14 DAYS
88. NONE
77. DON’T KNOW/REFUSED
99. REFUSED

M13Q02

ADDOWN

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

_ _ 01-14 DAYS
88. NONE
77. DON’T KNOW/REFUSED
99. REFUSED

M13Q03

ADSLEEP

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

_ _ 01-14 DAYS
88. NONE
77. DON’T KNOW/REFUSED
99. REFUSED

North Dakota BRFSS 2008 Questionnaire
February 25, 2008
Clearwater Research, Inc.
M13Q04  ADENERGY

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

   _ _ 01-14 DAYS

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

M13Q05  ADEAT1

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

   _ _ 01-14 DAYS

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

M13Q06  ADFAIL

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

   _ _ 01-14 DAYS

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

M13Q07  ADTHINK

Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper OR watching the T.V.?

   _ _ 01-14 DAYS

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

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

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
Module 15: Random Child Selection

M15Q01 - IF C12Q07 < 88

[IF C12Q07 = 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 C12Q07 > 1 & <88 SHOW] Previously, you indicated there were [ANS C12Q07] children age 17 or younger in your household. Think about those [ANS C12Q07] 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

M15Q02 - IF C12Q07 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL
9. REFUSED

M15Q03 - IF C12Q07 < 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]
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 16: Childhood Asthma Prevalence

M16Q01 - IF C12Q07 < 88

Has a doctor or other health professional ever said that the child has asthma?

1. Yes
2. No SKP \rightarrow NEXT MODULE
7. DON’T KNOW/NOT SURE SKP \rightarrow NEXT MODULE
9. Refused SKP \rightarrow NEXT MODULE

M16Q02 - IF C12Q07 < 88 & M16Q01 = 1

Does the child still have asthma?

1. Yes
2. No
7. DON’T KNOW/NOT SURE
9. Refused

Asthma Follow-up Module

AdltPerm

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

1. YES
2. NO SKP \rightarrow Next Module

FName - IF AdltPerm = 1

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

ENTER NAME/INITIALS/NICKNAME:

7. DON’T KNOW
9. REFUSED
CName

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

ENTER NAME/INITIALS/NICKNAME:

7. DON'T KNOW
9. REFUSED

MostKnow

Are you the parent or guardian in the household who knows the most about (child)'s asthma?

1. Yes
2. No

7. DON'T KNOW
9. REFUSED

OthName

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

ENTER NAME/INITIALS/NICKNAME:

7. DON'T KNOW
9. REFUSED

CBTime

What is a good time to call you back? For example, evenings, days or weekends?

IF MostKnow = 2: What is a good time to call back and speak with (OthName)? For example, evenings, days or weekends?

ENTER CALLBACK TIME:

7. DON'T KNOW
9. REFUSED
**State Added 01: Occupation**

**ND01Q01 - IF C12Q09 = 1, 2, 5, 6, 7**

Which of the following most accurately describes the type of work or business you currently work in most often?

Would you say...

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. State government employee</td>
<td>01</td>
</tr>
<tr>
<td>02. Other government employee</td>
<td>02</td>
</tr>
<tr>
<td>03. Farmer or rancher or farm or ranch worker</td>
<td>03</td>
</tr>
<tr>
<td>04. Construction, manufacturing or repair worker</td>
<td>04</td>
</tr>
<tr>
<td>05. Education for example public school, private school or a college</td>
<td>05</td>
</tr>
<tr>
<td>06. Health care worker, for example doctor, nurse, nurse’s aide or</td>
<td>06</td>
</tr>
<tr>
<td>physical therapist</td>
<td></td>
</tr>
<tr>
<td>07. Food or drink server, for example waiter, waitress, bartender</td>
<td>07</td>
</tr>
<tr>
<td>08. Wholesale or retail sales</td>
<td>08</td>
</tr>
<tr>
<td>09. Financial services</td>
<td>09</td>
</tr>
<tr>
<td>10. Other</td>
<td>10</td>
</tr>
<tr>
<td>88. DOES NOT WORK</td>
<td>88</td>
</tr>
<tr>
<td>77. DON’T KNOW/NOT SURE</td>
<td>77</td>
</tr>
<tr>
<td>99. REFUSED</td>
<td>99</td>
</tr>
</tbody>
</table>

**ND01Q02 - IF C12Q09 = 1, 2, 5, 6, 7 AND ND01Q01 <> 88**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>777</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>888</td>
<td>NONE</td>
</tr>
<tr>
<td>999</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**ND01Q03 - IF C12Q09 = 1, 2, 5, 6, 7 AND ND01Q01 <> 88**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>777</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>888</td>
<td>NONE</td>
</tr>
<tr>
<td>999</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
Previously you said you have smoked cigarettes. About how long has it been since you last smoked cigarettes?

01. WITHIN THE PAST MONTH (ANYTIME LESS THAN 1 MONTH AGO)
02. WITHIN THE PAST 3 MONTHS (1 MONTH AGO BUT LESS THAN 3 MONTHS AGO)
03. WITHIN THE PAST 6 MONTHS (3 MONTHS AGO BUT LESS THAN 6 MONTHS AGO)
04. WITHIN THE PAST YEAR (6 MONTHS AGO BUT LESS THAN 1 YEAR AGO)
05. WITHIN THE PAST 5 YEARS (1 YEAR AGO BUT LESS THAN 5 YEARS AGO)
06. WITHIN THE PAST 10 YEARS AGO (5 YEARS AGO 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, nurse or other health professional?

_ _ NUMBER OF TIMES (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 (Well BYOU trin)/Zyban (ZEYE ban)/Bupropion (byou PRO pee on)?

___ NUMBER OF TIMES (76=76 OR MORE)

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

On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

___ NUMBER OF TIMES (76=76 OR MORE)

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

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 Services
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
### ND04Q01 - IF C12Q03 = 5

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

### ND04Q02 - IF C12Q03 = 5

Are you currently an enrolled tribal member?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

### ND04Q03 - IF C12Q03 = 5 AND ND04Q02 = 1

Which tribe?

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

READ ONLY IF NECESSARY

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

77. DON’T KNOW/NOT SURE
99. REFUSED
How much of your health care do you obtain from an Indian Health Service clinic? Would you say...

INTERVIEWER NOTE: IHS STANDS FOR INDIAN HEALTH SERVICE.

PLEASE READ

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

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

State Added 05: Fireworks

Have you or any member of your household EVER been injured in any manner by a bottle rocket?

INTERVIEWER NOTE, READ ONLY IF NECESSARY: A BOTTLE ROCKET IS A FIRECRACKER MOUNTED ON A STICK THAT IS PROPELLED INTO THE SKY WHEN LIT.

1. YES
2. NO

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

Do you have any children less than 12 years of age?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED
ND05Q03 - IF ND05Q02 = 1

Are any of the children less than 12 years of age allowed to use or light bottle rockets without adult supervision?

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

State Added 06: Suicide

ND06INT

The next questions deal with the topic of suicide. I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and you don’t have to answer a question if you don’t want to. If you or anyone you know would ever like to talk to someone about this subject, you call the National Suicide Prevention Lifeline at 1-800-273-8255. If you would like to skip this section please say so.

ND06Q01

During the past five years, did you ever seriously consider attempting suicide?

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

ND06Q02 - IF ND06Q01 = 1

During the past 12 months, did you ever seriously consider attempting suicide?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
ND06Q03 – IF ND06Q02 = 1

**SUICPLN**

During the past 12 months, did you make a plan about how you would attempt suicide?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

ND06Q04 – IF ND06Q03 = 1

**SUICATT**

During the past 12 months, how many times did you actually attempt suicide?

01. ONE
02. TWO
03. THREE
04. FOUR
05. FIVE
06. SIX OR MORE

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

ND06Q05 – IF ND06Q04 <> 88

**SUICINJ**

Did any attempt during the past 12 months result in an injury, poisoning, or overdose that had to be treated by a doctor, nurse or other health professional?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
State Added 07: Sexual and Intimate Partner Violence

I'd like to ask you five “yes or no” questions about physical and sexual violence or other unwanted sexual experiences. Please keep in mind that you can ask me to skip any question that you do not want to answer.

This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential.

Now and at the end of this section I will give you phone numbers for organizations that can provide information and referral for both of these issues. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) for sexual assault and 1-800-799-SAFE (7233) for domestic violence. Please keep in mind that you can ask me to skip any question that you do not want to answer.

Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina (if female), anus, or mouth or making you do these things to them after you said or showed that you didn’t want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

In the past five years has anyone had sex with you after you said or showed that you didn’t want them to or without your consent?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
**ND07Q02**

In the past five years has anyone attempted to have sex with you after you said or showed that you didn’t want to or without your consent, but sex DID NOT occur?

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

**ND07Q03**

Between your thirteenth and eighteenth birthday did anyone have sex with you after you said or showed that you didn’t want them to or without your consent?

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

**ND07Q04**

Between your thirteenth and eighteenth birthday did anyone attempt to have sex with you after you said or showed that you didn’t want to or without your consent, but sex DID NOT occur?

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

**ND07Q05**

Has an intimate partner hit, slapped, pushed, or kicked you, or inflicted any other physical injuries on you in the past five years?

1. YES  
2. NO  
7. DON’T KNOW/NOT SURE  
9. REFUSED
We realize that this topic may bring up past experience that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) for sexual assault and 1-800-799-SAFE (7233) for domestic violence.

**State Added 08: Sexual Orientation**

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

[IF C12Q20 = 1 SHOW]: gay

[IF C12Q20 = 2 SHOW]: lesbian;

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

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

7. DON’T KNOW/NOT SURE
9. REFUSED

**State Added 09: Emergency Preparedness (March – December)**

Considering only the total amount of food you have in the house today, for about how many days do you think you could feed your household if you had no access to groceries of any kind?

INTERVIEWER NOTE, READ ONLY IF NECESSARY: DO NOT CONSIDER RUNNING OUT OF SINGLE ITEMS OR TYPES OF FOOD.

_ _ NUMBER OF DAYS (1-75)

76. 76 OR MORE
88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
CATI NOTE: Use the following FIPS City Codes for North Dakota -
http://mcdc2.missouri.edu/webrepts/commoncodes/ccc_nd.html

In what city do you obtain most of your groceries?

_ _ _ _ _ FIPS CODE GENERATED FROM CITY

88888. OTHER [SPECIFY]
77777. DON’T KNOW/NOT SURE
99999. REFUSED

Do you need assistance getting groceries to your house, that is, someone to take you to the grocery store or bring groceries to you?

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

Considering only those medications which you refill on a regular basis, for example every month, when you last requested a refill, about how many days worth of medication did you have left?

_ _ NUMBER OF DAYS (1-75)
76. 76 OR MORE
78. NOT ON REGULAR MEDICATION
88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED
Beginning today, if you could no longer obtain medication refills, about how many days could you continue taking the medications you have at home before you began to run out of medications that you need to continue to take?

_ _ NUMBER OF DAYS (1-75)

76. 76 OR MORE
78. NOT ON REGULAR MEDICATION
88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

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.