



2009

Behavioral Risk Factor Surveillance System

NORTH DAKOTA

**December 2008
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**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health
Promotion**

Division of Adult and Community Health

*Updated September 2009: ILI Modules

*Updated October 2009: H1N1 Modules

2009 NORTH DAKOTA BRFSS

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Introduction and Random Adult Selection Module

INTROQST

CTELENUM

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

WRONGNUM - IF INTROQST = 2

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

PRIVRES - IF INTROQST = 1

PVTRESID

Is this a private residence?

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

NONRES - IF PRIVRES = 2

Thank you very much, but we are only interviewing private residences in [STATE].

ISCELL - IF PRIVRES = 1

CELLFON

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

CELLYES - IF ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

ADULTS - IF ISCELL = 1 NUMADULT

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

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

MEN NUMMEN

How many of these adults are men?

_ _ ENTER NUMBER MEN

WOMEN NUMWOMEN

How many of these adults are women?

_ _ ENTER NUMBER WOMEN

WRONGTOT - IF MEN + WOMEN <> ADULTS

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

SELECTED - IF ADULT > 1 AND (MEN + WOMEN) = 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 AND ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ONEADULT = 3

May I speak with... [IF ASKGENDR = 1, him?, her?]

1. YES, ADULT IS COMING TO THE PHONE
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**

NEWADULT - IF GETNEWAD = 1

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 **SKP → ADULTS**

INTROSCR

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, please call [701-328-2787].

1. PERSON INTERESTED, CONTINUE **SKP → C01Q01**
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW **SKP → ADULTS**
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

C02Q03 - IF C02Q01 <> 88 AND C02Q02 <> 88

POORHLTH

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_ _ NUMBER OF DAYS

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

Core Section 03: 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 Section 04: Sleep

C04Q01

QLREST2

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
3. NO
4. NO, PRE-DIABETES OR BORDERLINE DIABETES

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

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 and older]

- 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.

- 1 _ _ Times per day (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 4 _ _ Times per year (401-499)

- 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.

- 1 _ _ Times per day (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 4 _ _ Times per year (401-499)

- 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

M02Q06 - IF C06Q01 = 1

CHKHEMO3

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

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

- 88. NONE
- 98. NEVER HEARD OF "A one C"
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M02Q07 - IF C06Q01 = 1 AND M02Q04 <> 555

FEETCHK

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

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

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

M02Q08 - IF C06Q01 = 1

EYEEEXAM

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

READ ONLY IF NECESSARY

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

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

M02Q09 - IF C06Q01 = 1

DIABEYE

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: Hypertension Awareness

C07Q01

BPHIGH4

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

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

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY SKP → NEXT SECTION
3. NO SKP → NEXT SECTION
4. TOLD BOARDERLINE HIGH OR PRE-HYPERTENSIVE SKP → NEXT SECTION

7. DON'T KNOW/NOT SURE SKP → NEXT SECTION
9. REFUSED SKP → NEXT SECTION

C07Q02 - IF C07Q01 = 1

BPMEDS

Are you currently taking medicine for your high blood pressure?

1. YES
2. NO

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

Core Section 08: Cholesterol Awareness

C08Q01

BLOODCHO

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

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

C08Q02 - IF C08Q01 = 1

CHOLCHK

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

READ ONLY IF NECESSARY:

1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. WITHIN THE PAST 5 YEARS (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. 5 OR MORE YEARS AGO
7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q03 - IF C08Q01 = 1

TOLDHI2

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

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

Core Section 09: Cardiovascular Disease Prevalence

C09Q01

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

C09Q02

CVDCRHD4

Ever told you had angina or coronary heart disease?

1. YES
2. NO

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

C09Q03

CVDSTRK3

Ever told you had a stroke?

1. YES
2. NO

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

Core Section 10: Asthma

C10Q01

ASTHMA2

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

- 1. YES
- 2. NO SKP → NEXT SECTION

- 7. DON'T KNOW/NOT SURE SKP → NEXT SECTION
- 9. REFUSED SKP → NEXT SECTION

C10Q02 - IF C10Q01 = 1

ASTHNOW

Do you still have asthma?

- 1. YES
- 2. NO

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

Core Section 11: Tobacco Use

C11Q01

SMOKE100

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. YES
- 2. NO SKP → C11Q05

- 7. DON'T KNOW/NOT SURE SKP → C11Q05
- 9. REFUSED SKP → C11Q05

C11Q02 - IF C11Q01 = 1

SMOKDAY2

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

- 1. EVERY DAY
- 2. SOME DAYS
- 3. NOT AT ALL SKP → C11Q04

- 7. DON'T KNOW/NOT SURE SKP → C11Q05
- 9. REFUSED SKP → C11Q05

C11Q03 - IF C11Q01 = 1 AND C11Q02 = 1 OR 2

STOPSMK2

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

- 1. YES SKP → C11Q05
- 2. NO SKP → C11Q05
- 7. DON'T KNOW/NOT SURE SKP → C11Q05
- 9. REFUSED SKP → C11Q05

C11Q04 - IF C11Q02 = 3

LASTSMK1

How long has it been since you last smoked cigarettes regularly?

- 01. WITHIN THE PAST MONTH (LESS THAN 1 MONTH AGO)
- 02. WITHIN THE PAST 3 MONTHS (1 MONTH BUT LESS THAN 3 MONTHS AGO)
- 03. WITHIN THE PAST 6 MONTHS (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
- 04. WITHIN THE PAST YEAR (6 MONTHS BUT LESS THAN 1 YEAR AGO)
- 05. WITHIN THE PAST 5 YEARS (1 YEAR BUT LESS THAN 5 YEARS AGO)
- 06. WITHIN THE PAST 10 YEARS (5 YEARS BUT LESS THAN 10 YEARS AGO)
- 07. 10 YEARS OR MORE
- 08. NEVER SMOKED REGULARLY
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C11Q05

USENOQ3

Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

INTERVIEWER NOTE: SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

- 1. EVERY DAY
- 2. SOME DAYS
- 3. NOT AT ALL
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core Section 12: Demographics

C12Q01

AGE

What is your age?

_ _ CODE AGE IN YEARS

07. DON'T KNOW/NOT SURE

09. REFUSED

C12Q02

HISPANC2

Are you Hispanic or Latino?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q03

MRACE

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

C12Q04 - IF C12Q03 HAS MORE THAN ONE RESPONSE

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
6. Other [specify]

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

C12Q05

VETERAN2

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, NOW ON ACTIVE DUTY
2. YES, ON ACTIVE DUTY DURING THE LAST 12 MONTHS, BUT NOT NOW
3. YES, ON ACTIVE DUTY IN THE PAST, BUT NOT DURING THE LAST 12 MONTHS
4. NO, TRAINING FOR RESERVES OR NATIONAL GUARD ONLY
5. NO, NEVER SERVED IN THE MILITARY

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

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

- 04. Less than \$25,000 (\$20,000 to less than \$25,000)
- 03. Less than \$20,000 (\$15,000 to less than \$20,000)
- 02. Less than \$15,000 (\$10,000 to less than \$15,000)
- 01. Less than \$10,000
- 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

C12Q12 - IF C12Q11 <> 7777 OR C12Q11 <> 9999

HEIGHT3

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

C12Q13

WTYRAGO

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.

_ _ _ _ WEIGHT (POUNDS/KILOGRAMS)

POUNDS (EX. 220 POUNDS = 220) OR
KILOGRAMS (EX. 65 KILOGRAMS = 9065
OR 110 KILOGRAMS = 9110)

7777. DON'T KNOW/NOT SURE

SKP → C12Q15

9999. REFUSED

SKP → C12Q15

C12Q14 - IF (C12Q11 <> 7777 OR C12Q11 <> 9999) OR (C12Q13 <> C12Q11)

WTCHGINT

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

C12Q15

CTYCODE

What county do you live in?

_ _ _ 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 SKP → C12Q19

- 7. DON'T KNOW/NOT SURE SKP → C12Q19
- 9. REFUSED SKP → C12Q19

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

Cell Phone Questions (April - December)

C12Q19A CPDEMO1

Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1. YES SKP → C12Q19C
- 2. NO

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

C12Q19B - IF C12Q19A = 2 OR C12Q19A = 7 OR C12Q19A = 9 CPDEMO2

Do you share a cell phone for personal use (at least one-third of the time) with other adults?

- 1. YES SKP → C12Q19D
- 2. NO SKP → C12Q20

- 7. DON'T KNOW/NOT SURE SKP → C12Q20
- 9. REFUSED SKP → C12Q20

C12Q19C - IF C12Q19A = 1 CPDEMO3

Do you usually share this cell phone (at least one-third of the time) with any other adults?

- 1. YES
- 2. NO

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

C12Q19D - IF C12Q19A = 1 OR C12Q19B = 1 CPDEMO4

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

_ _ _ ENTER PERCENT [1-100]

- 888. ZERO
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C12Q20 SEX

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1. MALE SKP → NEXT SECTION
- 2. FEMALE

To your knowledge, are you now pregnant?

1. YES
2. NO

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

Core Section 13: Caregiver Status

C13Q01

CAREGIVE

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

During the past month, did you provide any such care or assistance to a friend or family member?

1. YES
2. NO

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

Core Section 14: Disability

C14Q01

QLACTLM2

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

Are you limited in any way in any activities because of physical, mental, or emotional problems?

1. YES
2. NO

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

C14Q02

USEEQUIP

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

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

1. YES
2. NO

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

Core Section 15: Alcohol Consumption

C15Q01 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 SKP → NEXT SECTION

- 7. DON'T KNOW/NOT SURE SKP → NEXT SECTION
- 9. REFUSED SKP → NEXT SECTION

C15Q02 - IF C15Q01 = 1 ALCDAY4

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days

- 888. NO DRINKS IN PAST 30 DAYS SKP → NEXT SECTION
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C15Q03 - IF C15Q01 = 1 AND C15Q02 <> 888 AVEDRNK2

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

_ _ NUMBER OF DRINKS

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

C15Q04 - IF C15Q01 = 1 AND C15Q02 <> 888 DRNK3GE5

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

- [IF C12Q20 = 1, ...5]
- [IF C12Q20 = 2, ...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

Module 31: Novel H1N1 Adult Immunization

M31Q01

H1N1AV01

There are currently vaccines available for two kinds of flu -- the seasonal flu, and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose. Since September, 2009, have you been vaccinated either way for the H1N1 flu?

01. YES

02. NO

SKP → C16Q01

77. DON'T KNOW/NOT SURE

SKP → C16Q01

99. REFUSED

SKP → C16Q01

M31Q02 - IF M31Q01 = 1 OR M31Q02V = 2

H1N1AV02

During what month did you receive your H1N1 flu vaccine?

-- MONTH

77. DON'T KNOW/NOT SURE

99. REFUSED

M31Q02V - IF M31Q02 > 0 AND M31Q02 <= 12

That was [Month] of [YEAR] correct?

1. YES

2. NO

SKP → M31Q02

M31Q03 - IF M31Q01 = 1

H1N1AV03

Was this a shot or was it a vaccine sprayed in the nose?

1. Flu shot

2. Flu Nasal Spray (spray, mist or drop in the nose)

77. DON'T KNOW/NOT SURE

99. REFUSED

Section 16: Immunization

C16Q01 FLUSHOT3

Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

- 1. YES
- 2. NO SKP → C16Q03

- 77. DON'T KNOW/NOT SURE SKP → C16Q03
- 99. REFUSED SKP → C16Q03

C16Q02 - IF C16Q01 = 1 FLUSHTMY

During what month and year did you receive your most recent seasonal flu shot?

-- / -- -- -- MONTH/YEAR

- 77/7777. DON'T KNOW/NOT SURE
- 99/9999. REFUSED

C16Q03 FLUSPRY2

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

- 01. YES
- 02. NO SKP → C16Q05

- 77. DON'T KNOW/NOT SURE SKP → C16Q05
- 99. REFUSED SKP → C16Q05

C16Q04 - IF C16Q03 = 1 FLUSPRMY

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

-- / -- -- -- MONTH/YEAR

- 77/7777. DON'T KNOW/NOT SURE
- 99/9999. REFUSED

C16Q05 PNEUVAC3

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 01 YES
- 02 NO

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

Required Module: Pandemic Flu (January - February)

C23Q01

PF09Q01

What do you think is the most effective ONE thing you can do to prevent getting sick from the flu?

1. Avoiding touching your eyes, nose or mouth as much as possible during the flu season
2. Avoiding close contact with others who may have the flu
3. Getting the flu vaccine
4. Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu.

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

C23Q02

PF09Q02

What do you think is the most effective thing you can do to prevent spreading the flu to people when you are sick?

1. Frequent hand washing
2. Covering your mouth and nose when coughing or sneezing
3. Staying home when you are sick with the flu
4. Getting the flu vaccine
5. Something else

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

C23Q03

PF09Q03

"Pandemic Influenza" or "Pan Flu" is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is NOT a pandemic flu outbreak occurring.

If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu?

INTERVIEWER NOTE: PLEASE READ BOTH THE SUBJECTIVE LABEL AND THE PERCENTAGE RANGE.

1. Very high (90-100%)
2. High (70-89%)
3. Average (50-69%)
4. Low (20-49%)
5. Very Low (0-19%)

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

C23Q04

PF09Q04

If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you?

1. Definitely get one
2. Probably get one
3. Probably not get one
4. Definitely not get a pandemic flu vaccination

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

C23Q05

PF09Q05

If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you...

PLEASE READ

1. Definitely go
2. Probably go
3. Probably not go
4. Definitely not go to a particular place to get vaccinated

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

Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know?

01. How to prevent getting the flu
02. How to prevent spreading the flu
03. Symptoms of the flu
04. How to treat the flu
05. Cities where cases of the flu have been identified
06. Information about the flu vaccine
07. Something else

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

During a pandemic flu outbreak in the U.S., what would be you ONE MOST preferred source for getting information about the pandemic flu? Please tell me your ONE MOST preferred source.

01. NEWSPAPERS
02. TELEVISION
03. RADIO
04. INTERNET WEBSITES
05. YOUR DOCTOR
06. THE CDC (CENTERS FOR DISEASE CONTROL AND PREVENTION)
07. STATE OR LOCAL PUBLIC HEALTH DEPARTMENTS
08. OTHER GOVERNMENT AGENCIES
09. FAMILY OR FRIENDS
10. RELIGIOUS LEADERS
11. SOME OTHER SOURCE

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

Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose ONE from the following list.

PLEASE READ

IF NECESSARY AFTER THE FIRST READ, SAY: "I WILL REPEAT THE QUESTION AND ANSWERS CHOICES TO ASSIST YOU RECALL."

01. Consult a website
02. Avoid crowds and public events
03. Consult your doctor
04. Try to get a prescription for an anti-viral drug such as Tamiflu
05. Reduce or avoid travel
06. Wash hands frequently
07. Wear a face mask
08. Keep household members at home while the outbreak lasts
09. Stock up on medicines and food to help with flu symptoms
10. Something else

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

If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you VERY likely, somewhat likely, somewhat UNLIKELY, or VERY UNLIKELY to stay home for a month?

1. VERY LIKELY
2. SOMEWHAT LIKELY
3. SOMEWHAT UNLIKELY
4. VERY UNLIKELY TO STAY AT HOME FOR A MONTH

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

I'm going to read you a list of job types. Please tell me if you currently work in any of these fields.

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

1. YES
2. NO

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

Core Section 17: Arthritis Burden

C17Q01

HAVARTH2

Next I will ask you about arthritis.

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER: ARTHRITIS DIAGNOSES INCLUDE:

- * RHEUMATISM, POLYMYALGIA RHEUMATICA
- * OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- * TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- * CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- * JOINT INFECTION, REITER'S SYNDROME
- * ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- * ROTATOR CUFF SYNDROME
- * CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- * VASCULITIS (GIANT CELL ARTERITIS, HENOCHE-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)

- 1. YES
- 2. NO

SKP → NEXT SECTION

- 7. DON'T KNOW/NOT SURE

SKP → NEXT SECTION

- 9. REFUSED

SKP → NEXT SECTION

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

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

INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION.

1. YES
2. NO

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

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

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION OR TREATMENT.

INTERVIEWER NOTE: THIS QUESTION SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

1. YES
2. NO

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

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

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION OR TREATMENT.

PLEASE READ

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

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

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

_ _ ENTER NUMBER [0-10]

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

Core Section 18: Fruit and Vegetables

C18Q01

FRUITJUI

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods YOU eat. Include all foods YOU eat, both at home and away from home.

How often do you drink fruit juices such as orange, grapefruit, or tomato?

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C18Q02

FRUIT

Not counting juice, how often do you eat fruit?

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C18Q03

GREENSAL

How often do you eat green salad?

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C18Q04

POTATOES

How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C18Q05

CARROTS

How often do you eat carrots?

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C18Q06

VEGETABL

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

INTERVIEWER NOTE: "For example a serving of vegetables at both lunch and dinner would be two servings."

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

Core Section 19: Physical Activity

C19Q01 - IF C12Q09 = 1 OR C12Q09 = 2

JOBACTIV

When you are at work, which of the following best describes what you do? Would you say-

INTERVIEWER NOTE: IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS.

PLEASE READ

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labor or physically demanding work

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

C19Q02

MODPACT

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate activities you do [IF C12Q09 = 1 OR C12Q09 = 2, when you are not working] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

1. YES
2. NO SKP → C19Q05

7. DON'T KNOW/NOT SURE SKP → C19Q05
9. REFUSED SKP → C19Q05

C19Q03 - IF C19Q02 = 1

MODPADAY

How many days per week do you do these moderate activities for at least 10 minutes at a time?

_ _ DAYS PER WEEK [01-07]

88. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES SKP → C19Q05
77. DON'T KNOW/NOT SURE SKP → C19Q05
99. REFUSED SKP → C19Q05

C19Q04 - IF C19Q03 <> 77 OR C19Q03 <> 88 OR C19Q03 <> 99 MODPATIM

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_: _ HOURS AND MINUTES PER DAY

777. DON'T KNOW/NOT SURE

999. REFUSED

C19Q05 VIGPACT

Now, thinking about the vigorous activities you do [IF C12Q09 = 1 OR C12Q09 = 2, when you are not working] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

1. YES

2. NO

SKP → NEXT SECTION

7. DON'T KNOW/NOT SURE

SKP → NEXT SECTION

9. REFUSED

SKP → NEXT SECTION

C19Q06 - IF C19Q05 = 1 VIGPADAY

How many days per week do you do these vigorous activities for at least 10 minutes at a time?

_ _ DAYS PER WEEK [01-07]

88. DO NOT DO ANY VIGOROUS PHYSICAL
ACTIVITY FOR AT LEAST 10 MINUTES

SKP → NEXT SECTION

77. DON'T KNOW/NOT SURE

SKP → NEXT SECTION

99. REFUSED

SKP → NEXT SECTION

C19Q07 - IF C19Q06 <> 77 OR C19Q06 <> 88 OR C19Q06 <> 99 VIGPATIM

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_: _ HOURS AND MINUTES PER DAY

777. DON'T KNOW/NOT SURE

999. REFUSED

Core Section 20: HIV/AIDS

C20Q01 - IF C12Q01 < 65

HIVTST5

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

- 1. YES
- 2. NO SKP → C20Q05

- 7. DON'T KNOW/NOT SURE SKP → C20Q05
- 9. REFUSED SKP → C20Q05

C20Q02 - C12Q01 < 65 & C20Q01 = 1

HIVTSTD2

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

C20Q03 - C12Q01 < 65 & C20Q01 = 1

WHRTST8

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?

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES A "PUBLIC HEALTH CLINIC", CODE THE RESPONSE AS 04.

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

C20Q04 - IF C12Q01 < 65 AND C20Q02 = WITHIN LAST 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

C20Q05 - IF C12Q01 < 65

HIVRISK2

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 21: Emotional Support and Life Satisfaction

C21Q01

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

C21Q02

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

Core Section 22: Cancer Survivors

C22Q01

CNCRHAVE

Now I am going to ask you about cancer.

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

INTERVIEWER NOTE: READ ONLY IF NECESSARY: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, SOCIAL WORKER, OR SOME OTHER LICENSED PROFESSIONAL.

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

C22Q02 - IF C22Q01 = 1

CNCRDIFF

How many different types of cancer have you had?

1. ONLY ONE
2. TWO
3. THREE OR MORE
7. DON'T KNOW/NOT SURE SKP → CORE CLOSING
9. REFUSED SKP → CORE CLOSING

C22Q03 - IF C22Q01 = 1

CNCRAGE

[IF C22Q02 = 1, At what age were you told that you had cancer?]

[IF C22Q02 = 2 OR C22Q02 = 3, At what age was your first diagnosis of cancer?]

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

_ _ AGE IN YEARS [97=97 AND OLDER]

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

C22Q04 - IF C22Q01 = 1

CNCRTYPE

[IF C22Q02 = 1, What type of cancer was it?]

[IF C22Q02 = 2 OR C22Q02 = 3, With your most recent diagnoses of cancer, what type of cancer was it?]

INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E. NAME OF CANCER) [1-28]:

BREAST

01. Breast cancer

FEMAL REPRODUCTIVE (GYNECOLOGIC)

- 02. Cervical cancer (cancer of the cervix)
- 03. Endometrial cancer (cancer of the uterus)
- 04. Ovarian cancer (cancer of the ovary)

HEAD/NECK

- 05. Head and neck cancer
- 06. Oral cancer
- 07. Pharyngeal (throat) cancer
- 08. Thyroid

GASTROINTESTINAL

- 09. Colon (intestine) cancer
- 10. Esophageal (esophagus)
- 11. Liver cancer
- 12. Pancreatic (pancreas) cancer
- 13. Rectal (rectum) cancer
- 14. Stomach

LEUKEMIA/LYMPHOMA (LYMPH NODES AND BONE MARROW)

- 15. Hodgkin's Lymphoma (Hodgkin's Disease)
- 16. Leukemia (blood) cancer
- 17. Non-Hodgkin's Lymphoma

MALE REPRODUCTIVE

- 18. Prostate cancer
- 19. Testicular cancer

SKIN

- 20. Melanoma
- 21. Other skin cancer

THORACIC

- 22. Heart
- 23. Lung

URINARY CANCER

- 24. Bladder cancer
- 25. Renal (kidney) cancer

OTHERS

- 26. Bone
- 27. Brain
- 28. Neuroblastoma
- 29. Other

-- ENTER CANCER CODE

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

Required Module: Influenza like Illness-Adult (September '09 through March '10)

E01Q01 H1N1AQ01

We would like to ask you some questions about recent respiratory illnesses.

During the past month, were you ill with a fever?

- 1. YES
- 2. NO SKP → E01Q08

- 7. DON'T KNOW/NOT SURE SKP → E01Q08
- 9. REFUSED SKP → E01Q08

E01Q02 - IF E01Q01 = 1 H1N1AQ02

Did you also have a cough and/or sore throat?

- 1. YES
- 2. NO SKP → E01Q08

- 7. DON'T KNOW/NOT SURE SKP → E01Q08
- 9. REFUSED SKP → E01Q08

E01Q03 - IF E01Q02 = 1 H1N1AQ03

When did you first become ill with fever, cough or sore throat?

INTERVIEWER: READ OFF CHOICES; CHOOSE THE MOST SPECIFIC

- 1. Within the past 2 weeks [Past 1-14 days]
- 2. 3-4 weeks ago [15-30 days before today]

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

E01Q04 - IF E01Q02 = 1 H1N1AQ04

Did you visit a doctor, nurse, or other health professional for this illness?

- 1. YES
- 2. NO SKP → E01Q08

- 7. DON'T KNOW/NOT SURE SKP → E01Q08
- 9. REFUSED SKP → E01Q08

E01Q05 - IF E01Q04 = 1 H1N1AQ05

What did the doctor, nurse, or other health professional tell you? Did they say...

- 1. You had regular influenza or the flu
- 2. You had swine flu, also known as H1N1 or Novel H1N1
- 3. You had some other illness, but not the flu SKP → E01Q08

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

E01Q06 - IF E01Q04 = 1 AND E01Q05 <> 3 H1N1AQ06

Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...

1. Yes, had flu test and it was positive
2. No, had flu test but it was negative
3. No, flu test was not done

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

E01Q07 - IF E01Q04 = 1 AND E01Q05 <> 3 H1N1AQ07

Did you receive Tamiflu or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza or zanamivir [za NA mi veer] to treat this illness?

1. YES
2. NO

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

E01Q08 H1N1AQ08

Did any other members of your household have a fever with cough or sore throat during the past month?

1. YES SKP → E01Q09
2. NO IF E01Q01 = 1 AND E01Q02 = 1, SKP → E01Q10

7. DON'T KNOW/NOT SURE SKP → E01Q09
9. REFUSED SKP → E01Q09

E01Q09 - IF E01Q08 = 1 OR E01Q08 = 7 OR E01Q08 = 9 H1N1AQ09

How many household members, including you, were ill during the past month?

- # PERSONS (>= 1)
88. NONE
 77. DON'T KNOW/NOT SURE
 99. REFUSED

E01Q10 - IF (E01Q01 = 1 AND E01Q02 = 1) OR E01Q08 = 1 H1N1AQ10

How many people in your household, including you, were hospitalized for flu during the past month?

INTERVIEWER, IF NEEDED: HOSPITALIZED MEANS ADMITTED TO A HOSPITAL TO RECEIVE MEDICAL TREATMENT.

- # PERSONS (>= 1)
88. NONE
 77. DON'T KNOW/NOT SURE
 99. REFUSED

Module 32: High Risk/Health Care Worker

M32Q01

WRKHCF1

The next few questions ask about health care work and chronic illness.

Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

INTERVIEWER NOTE: IF NECESSARY, SAY: "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

1. YES
2. NO

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

M32Q02

DIRCONT1

Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

1. YES
2. NO

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

M32Q03

DRHPAD1

Has a doctor, nurse, or other health professional ever said that you have...

Lung problems, other than asthma
Kidney problems
Anemia, including Sickle Cell
OR A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

INTERVIEWER NOTE: SEE FAQ D for Health Problem List

1. YES
2. NO **SKP → NEXT MODULE**

7. DON'T KNOW/NOT SURE **SKP → NEXT MODULE**
9. REFUSED **SKP → NEXT MODULE**

FAQD - IF FAQ = D

DO NOT READ

LUNG PROBLEMS

ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS)
BRONCHIECTASIS
BRONCHOPULMONARY DYSPLASIA
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
CYSTIC FIBROSIS
EMPHYSEMA
LYMPHANGIOLEIOMYOMATOSIS (LAM)
PULMONARY ARTERIAL HYPERTENSION
SARCOIDOSIS

KIDNEY PROBLEMS

CHRONIC KIDNEY DISEASE
CYSTITIS
CYSTOCELE (FALLEN BLADDER)
CYSTS
ECTOPIC KIDNEY
END-STAGE RENAL DISEASE (ESRD)
GLOMERULAR DISEASES
INTERSTITIAL CYSTITIS
KIDNEY FAILURE
KIDNEY STONES
NEPHROTIC SYNDROME
POLYCYSTIC KIDNEY DISEASE
PYELONEPHRITIS (KIDNEY INFECTION)
RENAL ARTERY STENOSIS
RENAL OSTEODYSTROPHY
RENAL TUBULAR ACIDOSIS

ANEMIA

ANEMIA
APLASTIC ANEMIA
FANCONI ANEMIA
IRON DEFICIENCY ANEMIA
PERNICIOUS ANEMIA
SICKLE CELL ANEMIA
THALASSEMIA

CAUSES OF WEAK IMMUNE SYSTEM

CANCER
CHEMOTHERAPY
HIV/AIDS
STEROIDS
TRANSPLANT MEDICINES

M32Q04 - IF M32Q03 = 1

HAVHPAD

Do you still have (this/any of these) problem(s)?

1. YES
2. NO

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

Module 07: Actions to Control High Blood Pressure

M07Q01 - IF C07Q01 = 1

BPEATHBT

Are you now doing any of the following to help lower or control your high blood pressure?

(Are you) changing your eating habits (to help lower or control your high blood pressure)?

1. YES
2. NO

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

M07Q02 - IF C07Q01 = 1

BPSALT

(Are you) cutting down on salt (to help lower or control your high blood pressure)?

1. YES
2. NO
3. DO NOT USE SALT

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

M07Q03 - IF C07Q01 = 1

BPALCHOL

(Are you) reducing alcohol use (to help lower or control your high blood pressure)?

1. YES
2. NO
3. DO NOT DRINK

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

M07Q04 - IF C07Q01 = 1

BPEXER

(Are you) exercising (to help lower or control your high blood pressure)?

1. YES
2. NO

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

M07Q05 - IF C07Q01 = 1

BPEATADV

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

(Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

1. YES
2. NO

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

M07Q06 - IF C07Q01 = 1

BPSLTADV

(Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

1. YES
2. NO
3. DO NOT USE SALT

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

M07Q07 - IF C07Q01 = 1

BPALCADV

(Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

1. YES
2. NO
3. DO NOT DRINK

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

M07Q08 - IF C07Q01 = 1

BPEXRADV

(Ever advised you to) exercise (to help lower or control your high blood pressure)?

1. YES
2. NO

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

M07Q09 - IF C07Q01 = 1

BPMEDADV

(Ever advised you to) take medication (to help lower or control your high blood pressure)?

1. YES
2. NO

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

M07Q10 - IF C07Q01 = 1

BPHI2MR

Were you told on TWO OR MORE DIFFERENT VISITS to a doctor or other health professional that you had high blood pressure?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS *FEMALE*, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
3. NO
4. TOLD BORDERLINE OR PRE-HYPERTENSIVE

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

Module 25: Random Child Selection

M25Q01 - IF C12Q07 < 88	RCSBIRTH
-------------------------	----------

[IF C12Q07 = 1, 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, Previously, you indicated there were [ANS C13Q07] 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

77/7777. DON'T KNOW/NOT SURE
99/9999. REFUSED

M25Q02 - IF C12Q07 < 88	RCSGENDR
-------------------------	----------

Is the child a boy or a girl?

- 1. BOY
- 2. GIRL

- 9. REFUSED

M25Q03 - IF C12Q07 < 88	RCHISLAT
-------------------------	----------

Is the child Hispanic or Latino?

- 1. YES
- 2. NO

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

M25Q04 - IF C12Q07 < 88

RCSRACE

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

M25Q05 - IF C12Q07 < 88 & M25Q04 HAS MORE THAN ONE RESPONSE INDICATED

RCSBRACE

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

M25Q06 - IF C12Q07 < 88

RCSRLTN2

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

Required Module: Influenza like Illness-Child (September '09 through
March '10)

E02Q01 - IF C12Q07 < 88

H1N1CQ01

The next two questions are about the [Xth] child.

Has the child has a fever with cough and/or sore throat during the past month?

- 1. YES
- 2. NO

SKP → NEXT SECTION

7. DON'T KNOW/NOT SURE

SKP → NEXT SECTION

9. REFUSED

SKP → NEXT SECTION

E02Q02 - IF E02Q01 = 1

H1N1CQ02

Did the child visit a doctor, nurse, or other health professional for this illness?

- 1. YES
- 2. NO

SKP → NEXT SECTION

7. DON'T KNOW/NOT SURE

SKP → NEXT SECTION

9. REFUSED

SKP → NEXT SECTION

Module 33: Novel H1N1 Childhood Immunization

M33Q01 - IF CHILDAGE1 >= 6 MONTHS H1N1CV01

The next questions are about this child's immunizations. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot and the other is a spray, mist or drop in the nose.

Since September, 2009, has [IF M25Q02 = 1, he, she] been vaccinated either way for the H1N1 flu?

1. YES
2. NO

SKP → M27Q01

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

SKP → M27Q01

SKP → M27Q01

M33Q02 - IF M33Q01 = 1 AND (CHILDAGE1 >= 6 and CHILDAGE2 < 10) H1N1CV02

Since September 2009, how many of these H1N1 vaccinations has [IF M25Q02 = 1, he, she] received?

1. One vaccination or dose
2. Two or more vaccination doses

SKP → M27Q01

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

SKP → M27Q01

SKP → M27Q01

M33Q03 - IF((M33Q02 = 1 OR M33Q02 = 2) AND CHILDAGE1 >= 6) OR M33Q03v = 2 H1N1CV03

During what month did [IF M25Q02 = 1, he, she] receive [IF M25Q02 = 1, his, her] [IF CHILDAGE2 < 10, first H1N1 vaccine?, H1N1 flu vaccine?]
_ _ MONTH

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

M33Q03V - IF M33Q03 > 0 AND M33Q03 <= 12

That was [MONTH] of [YEAR] correct?

1. YES
2. NO

SKP → M33Q03

M33Q04 - IF M33Q01 = 1 H1N1CV04

Was this a shot or was it a vaccine sprayed in the nose?

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)

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

M33Q05 - IF M33Q02 = 2 OR M33Q05v = 2 OR M33Q05v2 = 2 H1N1CV05

During what month did [IF M25Q02 = 1, he, she] receive [IF M25Q02 = 1, his, her] second H1N1 flu vaccine?
_ _ MONTH

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

M33Q05V - IF M33Q05 > 0 AND M33Q05 <= 12

That was [MONTH] of [YEAR] correct?

- 1. YES
- 2. NO

SKP → M33Q05

M33Q06 - IF M33Q02 = 2 H1N1CV06

Was this a shot or was it a vaccine sprayed in the nose?

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)

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

Module 27: Childhood Immunization

M27Q01 - IF CHILDDAGE1 >= 6 FLUSHCH1

Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose.

During the past 12 months, has [IF M25Q02 = 1, he, she] had a seasonal flu vaccination?

- 1. YES
- 2. NO

SKP → NEXT MODULE

7. DON'T KNOW/NOT SURE

SKP → NEXT MODULE

9. REFUSED

SKP → NEXT MODULE

M27Q02 - IF M27Q01 = 1 RCVFVCH3

The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose.

During what month and year did [IF M25Q02 =1, he, she] receive [IF M25Q02= 1, his, her] most recent seasonal flu vaccination?

-- / -- -- -- MONTH/YEAR

77/7777. DON'T KNOW/NOT SURE

99/9999. REFUSED

Module 26: Childhood Asthma Prevalence

M26Q01 - IF C12Q07 < 88

CASTHDX2

Now, I would like to ask you about the [Xth] child.

Has a doctor, nurse or other health professional EVER said that the child has asthma?

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

M26Q02 - IF C12Q07 < 88 & M26Q01 = 1

CASTHNO2

Does the child still have asthma?

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

Asthma Follow-up Module

AdltPerm - IF C10Q01 = 1 OR M26Q01 = 1

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 North Dakota.

The information you gave us today and any you or anyone in your household will give us in the future will be kept confidential. If you agree to this, we will keep your 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 → NEXT SECTION

FName - IF AdltPerm = 1 AND ADULTCHILD = 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/NOT SURE
9. REFUSED

CName - IF AdltPerm = 1 AND ADULTCHILD = 2

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/NOT SURE
9. REFUSED

MostKnow - IF AdltPerm = 1 AND ADULTCHILD = 2

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

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

OthName = IF MostKnow = 2

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/NOT SURE
- 9. REFUSED

CBTime - IF AdltPerm = 1

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 the adult most knowledgeable about the child's asthma? For example, evenings, days or weekends?]

ENTER CALLBACK TIME:

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

State Added Section 01: Health Care Coverage

ND01Q01 - IF C03Q01 <> 2

HLTHINS

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

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

State Added Section 02: Secondhand Smoke Policy

ND02Q01

HOUSESMK

Which statement best describes the rules about smoking inside your home? Would you say?

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside your home
4. There are no rules about smoking inside your home

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

State Added Section 03: Emergency Preparedness

ND03Q01

EPHELP

If you were unable to leave your home due to illness, is there someone, such as a family member, friend or neighbor, who you could depend on to bring you groceries, medications and other essential items until you recovered?

1. YES
2. NO

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

ND03Q02

EPMESS

During an emergency, how trustworthy would you consider messages from the North Dakota Department of Health to be? Would you say..

INTERVIEWER NOTE: MESSAGES MIGHT INCLUDE INFORMATION ABOUT THE EMERGENCY, INFORMATION ABOUT HOW TO ACCESS HEALTH CARE OR EMERGENCY MEDICATIONS, OR ACTIONS ONE NEEDS TO TAKE TO PROTECT ONESELF.

PLEASE READ

1. Very trustworthy
2. Trustworthy
3. Untrustworthy
4. Very untrustworthy

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

State Added Section 04: Indian Health

ND04Q01 - IF C12Q03 = 5

RESERVE

Do you live on a reservation or Indian Service Area?

1. YES, RESERVATION
2. YES, INDIAN SERVICE AREA
3. NO, NEITHER

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

ND04Q02 - IF C12Q03 = 5

MEMTRIBE

Are you currently an enrolled tribal member?

1. YES
2. NO SKP → NEXT SECTION

7. DON'T KNOW/NOT SURE SKP → NEXT SECTION
9. REFUSED SKP → NEXT SECTION

ND04Q03 - IF C12Q03 = 5 AND ND04Q02 = 1

TRIBE

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 Section 05: Sexual Orientation

ND05Q01

SEXPREF

Now I'll read a list of terms people sometimes use to describe themselves - heterosexual or straight; homosexual, [IF C12Q20 = 1, gay, 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 Section 06: Interview Length

ND06Q01 [CATI NOTE: INTERVIEW TIME]

[INTERVIEW LENGTH IN MINUTES INSERTED INTO DATA SET BY CONTRACTOR]

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.