2010

Behavioral Risk Factor Surveillance System

North Dakota

January 2010
(CDC Core – 12/31/2009)

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
State Added 05: Indian Health.................................71
State Added 07: Anxiety and Depression..................73
State Added 03: Other Tobacco Products...............74
State Added 01: Heart Attack and Stroke...............76
State Added 02: Suicide.................................79
State Added 06: Sexual Orientation......................81
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.

Is this [XXX-XXX-XXXX]?
1 Yes, CONTINUE
2 NUMBER IS NOT THE SAME

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
2 No, NON-RESIDENTIAL

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

Is this a cellular telephone?

READ ONLY IF NECESSARY:
“By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

1 NO, NOT A CELLULAR TELEPHONE, CONTINUE
2 YES, A CELLULAR TELEPHONE
**CELLYES**

<table>
<thead>
<tr>
<th>IF - ISCELL = 2</th>
</tr>
</thead>
</table>

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

**ADULTS**

<table>
<thead>
<tr>
<th>NUMADULT</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>Number of Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>77</td>
</tr>
<tr>
<td>99</td>
</tr>
</tbody>
</table>

**MEN**

<table>
<thead>
<tr>
<th>NUMMEN</th>
</tr>
</thead>
</table>

How many of these adults are men?

<table>
<thead>
<tr>
<th>Number of Adults</th>
</tr>
</thead>
</table>

**WOMEN**

<table>
<thead>
<tr>
<th>NUMWOMEN</th>
</tr>
</thead>
</table>

How many of these adults are women?

<table>
<thead>
<tr>
<th>Number of Adults</th>
</tr>
</thead>
</table>

**WRONGTOT**

<table>
<thead>
<tr>
<th>IF - MEN + WOMEN &lt;&gt; ADULTS</th>
</tr>
</thead>
</table>

I'm sorry, something is not right.

Number of Men - {MEN}

+ Number of Women - {WOMEN}

-----

Number of Adults - {ADULTS}

1  CORRECT THE NUMBER OF MEN  SKP → MEN
2  CORRECT THE NUMBER OF WOMEN  SKP → WOMEN
3  CORRECT THE NUMBER OF ADULTS  SKP → ADULTS
SELECTED        IF - 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 - NUMADLT = 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 SHOW] ...him?

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

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

YOURTHE1      IF - SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1  PERSON INTERESTED, CONTINUE  SKP  →  INTROSCR
2  GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED  SKP  →  ADULTS
**GETNEWAD**  
**IF - SELECTED = 2**

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

1  **YES, SELECTED RESPONDENT COMING TO THE PHONE**  
   SKP → NEWADULT

2  **NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK**  
   SKP → NEWADULT

3  **GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED**  
   SKP → ADULTS

**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**  
   SKP → PRIVRES

2  **GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED**  
   SKP → WRONGNUM
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 701-328-2787.

1 PERSON INTERESTED, CONTINUE  
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED
Section 01: Health Status

C01INTRO

C01Q01

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

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

Do not read:
7 DON’T KNOW/NOT SURE
9 REFUSED

C01END
Section 02: Healthy Days -- Health-Related Quality of Life

**C02INTRO**

**C02Q01**  
**PHYSHLTH**

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

__ NUMBER OF DAYS

88 NONE  
77 DON’T KNOW/NOT SURE  
99 REFUSED  
01 MIN  
30 MAX

**C02Q02**  
**MENTHLTH**

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

__ NUMBER OF DAYS

88 NONE  
77 DON’T KNOW/NOT SURE  
99 REFUSED  
01 MIN  
30 MAX

**C02Q03**  
**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  
01 MIN  
30 MAX
Section 03: Health Care Access

C03INTRO

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
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
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
01 MIN
30 MAX
Section 05: Exercise

C05INTRO

C05Q01
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

C05END
Section 06: Diabetes

C06INTRO

C06Q01

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

C06END
Module 02: Diabetes

M02INTRO IF C06Q01 = 1

M02Q01 DIABEAGE2
How old were you when you were told you have diabetes?
__ Code age in years (97 = 97 or older)
98 DON’T KNOW/NOT SURE
99 REFUSED
01 MIN
30 MAX

M02Q02 INSULIN
Are you now taking insulin?
1 YES
2 NO
9 REFUSED

M02Q03 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.
NOTE:
101-199 = TIME PER DAY  301-399 = TIMES PER MONTH
201-299 = TIMES PER WEEK 401-499 = TIMES PER YEAR

888 Never
777 DON’T KNOW/NOT SURE
999 REFUSED
M02Q04  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.

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

___

555  NO FEET
888  NEVER
777  DON’T KNOW/NOT SURE
999  REFUSED

M02Q05  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 more]

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

M02Q06  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 more]

88  NONE
98  Never heard of “A one C” test
77  DON’T KNOW/NOT SURE
99  REFUSED
M02Q07  IF - 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 more]

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

M02Q08  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 No 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  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  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
## Section 07: Oral Health

### C07INTRO

**C07Q01**

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

**READ ONLY IF NECESSARY**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the past year (anytime less than 12 months ago)</td>
</tr>
<tr>
<td>2</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>3</td>
<td>Within the past 5 years (2 years but less than 5 years ago)</td>
</tr>
<tr>
<td>4</td>
<td>5 or more years ago</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>8</td>
<td>NEVER</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### C07Q02

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.

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 to 5</td>
</tr>
<tr>
<td>2</td>
<td>6 or more but not all</td>
</tr>
<tr>
<td>3</td>
<td>All</td>
</tr>
<tr>
<td>4</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
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
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
### Section 09: Asthma

#### C09INTRO

#### C09Q01

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
<th>SKP</th>
<th>C09END</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have you ever been told by a doctor, nurse, or other health professional that you had asthma?</td>
<td>1 YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>2 NO</td>
<td>SKP</td>
<td>C09END</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>7 DON’T KNOW/NOT SURE</td>
<td>SKP</td>
<td>C09END</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>9 REFUSED</td>
<td>SKP</td>
<td>C09END</td>
</tr>
</tbody>
</table>

#### C09Q02

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
<th>SKP</th>
<th>C09END</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you still have asthma?</td>
<td>1 YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>2 NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>7 DON’T KNOW/NOT SURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>9 REFUSED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C09END
Section 10: Disability

**C10INTRO**

**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?

NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

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

**C10END**
State Added 08: Disability

**ND08INTRO**
IF - C10Q01 = 1 OR C10Q02 = 1

**ND08Q01**
What is your primary impairment or health problem?
INTERVIEWER NOTE: CHOOSE ONLY ONE

01  Cardiovascular
02  Diabetes
03  Cancer
04  Mental health
05  Vision or hearing
06  Physical Disability
07  Cognitive, intellectual or learning disability
08  Traumatic brain injury
09  Multiple sclerosis
10  Other

77  DON’T KNOW/NOT SURE
99  REFUSED

**ND08Q02**
Was there a time in the past 12 months when you needed medical care, but could not get it?

1   YES
2   NO

7   DON’T KNOW/NOT SURE
9   REFUSED
What is the main reason you could not get medical care?

READ ONLY IF NECESSARY

CHOOSE ONLY ONE

01 Distance to medical provider
02 Long wait for appointment
03 No child care
04 No transportation
05 No personal care assistant available
06 Language barrier
07 Lack of accessibility to building/offices
08 Negative public attitudes
09 Insufficient financial resources
10 Other

77 DON’T KNOW/NOT SURE
99 REFUSED
### Section 11: Tobacco Use

**C11Q01**

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have you smoked at least 100 cigarettes in your entire life?</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>SKP → C11Q05</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP → C11Q05</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP → C11Q05</td>
</tr>
</tbody>
</table>

**C11Q02**

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Everyday</td>
<td>SKP → C11Q04</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
<td>SKP → C11Q05</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
<td>SKP → C11Q05</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP → C11Q05</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP → C11Q05</td>
</tr>
</tbody>
</table>

**C11Q03**

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the past 12 months, have you stopped smoking for one day or longer</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>because you were trying to quit smoking?</td>
<td>SKP → C11Q05</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP → C11Q05</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP → C11Q05</td>
</tr>
</tbody>
</table>
**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** USENOW3

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

**Snus (rhymes with ‘goose’)**

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 Everyday
2 Some days
3 Not at all

7 DON’T KNOW/NOT SURE
9 REFUSED

**C11END**
Section 12: Demographics

**C12Q01**

What is your age?

__ YEARS

07 DON’T KNOW/NOT SURE
09 REFUSED

**C12Q02**

Are you Hispanic or Latino?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

**C12Q03**

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

(CHECK ALL THAT APPLY)

PLEASE READ:

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 your race?

PLEASE READ:

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
8. REFUSED

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, 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
6. DON’T KNOW/NOT SURE
7. REFUSED
### C12Q06  MARITAL

Are you...?

PLEASE READ:

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

9  REFUSED

### 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
Are you currently...?

PLEASE READ:

01 Employed for wages
02 Self-employed
03 Out of work for more than 1 year
04 Out of work for less than 1 year
05 A Homemaker
06 A Student
07 Retired Or
08 Unable to work

99 REFUSED

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**

About how much do you weigh without shoes?

*NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 122.*

ROUND FRACTIONS UP

<table>
<thead>
<tr>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>7777</td>
</tr>
<tr>
<td>9999</td>
</tr>
</tbody>
</table>

**C12Q12**

About how tall are you without shoes?

*NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 126.*

ROUND FRACTIONS DOWN

<table>
<thead>
<tr>
<th>HEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>77/77</td>
</tr>
<tr>
<td>99/99</td>
</tr>
</tbody>
</table>

**C12Q13**

What county do you live in?

<table>
<thead>
<tr>
<th>FIPS COUNTY CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>777</td>
</tr>
<tr>
<td>999</td>
</tr>
</tbody>
</table>

**C12Q14**

What is your ZIP Code where you live?

<table>
<thead>
<tr>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>77777</td>
</tr>
<tr>
<td>99999</td>
</tr>
</tbody>
</table>

**C12Q15**

<table>
<thead>
<tr>
<th></th>
<th>NUMHHOL2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do you have more than one telephone number in your household?</strong> Do not include cell phones or numbers that are only used by a computer or fax machine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
<td>SKP → C12Q17</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>SKP → C12Q17</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP → C12Q17</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP → C12Q17</td>
</tr>
</tbody>
</table>

**C12Q16**

**IF - C12Q15 = 1**

<table>
<thead>
<tr>
<th></th>
<th>NUMPHON2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How many of these telephone numbers are residential numbers?</strong></td>
<td></td>
</tr>
<tr>
<td>_</td>
<td>Residential Telephone Numbers [6 = 6 or more]</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**C12Q17**

<table>
<thead>
<tr>
<th></th>
<th>TELSERV3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>During the past 12 months, has your household been without landline telephone service for 1 week or more?</strong> Do not include interruptions of landline telephone service because of weather or natural disasters.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**[CELL PHONE QUESTIONS]**

**C12Q18A**

<table>
<thead>
<tr>
<th></th>
<th>CPDEMO1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
**C12Q18B**  IF - C12Q18A <> 1  CPDEMO2

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

1  YES  SKP  →  C12Q18D
2  NO  SKP  →  C12Q19
7  DON’T KNOW/NOT SURE  SKP  →  C12Q19
9  REFUSED  SKP  →  C12Q19

**C12Q18C**  IF - C12Q18A = 1  CPDEMO3

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

1  YES  SKP  →  C12Q18D
2  NO  SKP  →  C12Q19
7  DON’T KNOW/NOT SURE  SKP  →  C12Q19
9  REFUSED  SKP  →  C12Q19

**C12Q18D**  IF - C12Q18A = 1 OR C12Q18B = 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 to 100)

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

**C12Q19**  SEX

Indicate sex of respondent. Ask only if necessary.

1  MALE  SKP  →  C12END
2  FEMALE

**C12Q20**  IF - C12Q19 = 2 AND C12Q01 <= 45  PREGNANT

To your knowledge, are you now pregnant?

1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED
## Section 13: Alcohol Consumption

### C13INTRO

**C13Q01** 

**DRNKANY4**

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

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

### C13Q02

**IF** - **C13Q01 = 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 per month

3. **888** No drinks in the past 30 days
4. **777** DON'T KNOW/NOT SURE
5. **999** REFUSED

### C13Q03

**IF** - **C13Q01 = 1 AND C13Q02 <> 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?

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

1. **__** Number of drinks

2. **77** DON'T KNOW/NOT SURE
3. **99** REFUSED
**C13Q04**  \( \text{IF} - \text{C13Q01} = 1 \text{ AND } \text{C13Q02} <> 888 \) \( \text{DRNK3GE5} \)

Considering all types of alcoholic beverages, how many times during the past 30 days did you have [If C12Q19 = 1, 5, 4] or more drinks on an occasion?

<table>
<thead>
<tr>
<th>Number of times</th>
<th>88</th>
<th>77</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE</td>
<td>DON’T KNOW/NOT SURE</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**C13Q05**  \( \text{IF} - \text{C13Q01} = 1 \text{ AND } \text{C13Q02} <> 888 \) \( \text{MAXDRNKS} \)

During the past 30 days, what is the largest number of drinks you had on any occasion?

<table>
<thead>
<tr>
<th>Number of drinks</th>
<th>77</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DON’T KNOW/NOT SURE</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**C13END**
Module 31: Novel H1N1 Adult Immunization  
(Through June 2010)

<table>
<thead>
<tr>
<th>M31Q01</th>
<th>H1N1AV01</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td></td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M31Q02</th>
<th>IF - M31Q01 = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>During what month did you receive your H1N1 flu vaccine?</td>
<td></td>
</tr>
<tr>
<td>___ Month</td>
<td></td>
</tr>
<tr>
<td>77 DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>99 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M31Q03</th>
<th>IF - M31Q01 = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this a shot or was it a vaccine sprayed in the nose?</td>
<td></td>
</tr>
<tr>
<td>1 Flu shot</td>
<td></td>
</tr>
<tr>
<td>2 Flu Nasal Spray (spray, mist or drop in the nose)</td>
<td></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>
Section 14: Immunization

**C14INTRO**

**C14Q01** FLUSHOT4

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

**C14Q02** FLSHTMY1

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

**C14Q03** FLSPRY3

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?

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

**C14Q04** FLSPRMY1

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
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
Section 15: Falls

C15INTRO  IF - C12Q01 >= 45

C15Q01  FALL3MN2
The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.
In the past 3 months, how many times have you fallen?
__  Number of times [76 = 76 or more]
88  NONE  SKP  →  C15END
77  DON’T KNOW/NOT SURE  SKP  →  C15END
99  REFUSED  SKP  →  C15END

C15Q02  IF - C15q01 < 77  FALLINJ2
{IF C15Q01 = 01 SHOW: Did this fall cause an injury?}
IF ONLY ONE FALL FROM C15Q011 AND RESPONSE IS “YES” (CAUSED AN INJURY); CODE 01. IF RESPONSE IS “NO,” CODE 88.
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

C15END
Section 16: Seatbelt Use

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

PLEASE READ:
1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never
7 DON’T KNOW/NOT SURE
8 NEVER DRIVE OR RIDE IN A CAR
9 REFUSED

REFUSED
Section 17: Drinking and Driving

<table>
<thead>
<tr>
<th>C17INTRO</th>
<th>IF - C16Q01 &lt;&gt; 8 AND C13Q01 &lt;&gt; 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C17Q01</th>
<th>DRNKDRI2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The next question is about drinking and driving.</td>
</tr>
<tr>
<td></td>
<td>During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?</td>
</tr>
<tr>
<td>__</td>
<td>Number of times [76 = 76 or more]</td>
</tr>
<tr>
<td>88</td>
<td>NONE</td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

| C17END |
Section 18: Women’s Health

C18INTRO IF - C12Q19 = 2

C18Q01 HADMAM
The next questions are about breast and cervical cancer.
A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
1 YES
2 NO SKP → C18Q03
7 DON’T KNOW/NOT SURE SKP → C18Q03
9 REFUSED SKP → C18Q03

C18Q02 IF - C18Q01 = 1 HOWLONG
How long has it been since you had your last mammogram?
READ ONLY IF NECESSARY
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (2 years but less than 5 years ago)
5 5 or more years ago

Do not read:
7 DON’T KNOW/NOT SURE
9 REFUSED

C18Q03 PROFEXAM
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 SKP → C18Q05
7 DON’T KNOW/NOT SURE SKP → C18Q05
9 REFUSED SKP → C18Q05
**C18Q04 IF - 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 (2 years but less than 5 years ago)
5. 5 or more years ago

**Do not read:**

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

**C18Q05**

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

1. YES
2. NO

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

**C18Q06 IF - 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 (2 years but less than 5 years ago)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED
Have you had a hysterectomy?

**READ ONLY IF NECESSARY:** A HISTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
Section 19: Prostate Cancer Screening

**C19INTRO** IF - C12Q01 > 39 AND C12Q19 = 1

**C19Q01** 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 → C19Q03
7  DON’T KNOW/NOT SURE SKP → C19Q03
9  REFUSED SKP → C19Q03

**C19Q02** IF - 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 (2 years but less than 5 years ago)
5  5 or more years ago

_Do not read:_

7  DON’T KNOW/NOT SURE
9  REFUSED
A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

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

How long has it been since your last digital rectal exam?

READ 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 (2 years but less than 5 years ago)
5  5 or more years ago

Do not read:

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
Section 20: Colorectal Cancer Screening

**C20INTRO**  
IF - C12Q01 > 49

**C20Q01**  
The next questions are about colorectal cancer screening.  
A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

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

**C20Q02**  
IF - C20Q01 = 1  
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 (2 years but less than 5 years ago)
5. 5 or more years ago
7. **DON’T KNOW/NOT SURE**
9. **REFUSED**

**C20Q03**  
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

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

READ ONLY IF NECESSARY

01 Within the past year (anytime less than 12 months ago)
02 Within the past 2 years (1 year but less than 2 years ago)
03 Within the past 3 years (2 years but less than 3 years ago)
04 Within the past 5 years (2 years but less than 5 years ago)
05 5 or more years ago
06 Within the past 10 years (5 years but less than 10 years ago)
07 10 or more years ago

77 DON’T KNOW/NOT SURE
99 REFUSED
The next 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

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

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

**CATI INSTRUCTION:** IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em></td>
<td>Month / Year</td>
</tr>
<tr>
<td>77/7777</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99/9999</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
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?

READ ONLY IF NECESSARY

01 Private doctor or HMO office
02 Counseling and testing site
03 Hospital
04 Clinic
05 Jail or prison (or other correctional facility)
06 Drug treatment facility
07 At home
08 Somewhere else

Do not read:
77 DON’T KNOW/NOT SURE
99 REFUSED

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 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
Section 22: Emotional Support and Life Satisfaction

C22INTRO

C22Q01 EMTSUPRT

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

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

INTERVIEWER NOTE: IF ASKED, SAY

“please include support from any source.”

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

C22END
## Influenza like Illness

(Through March 2010)

### E01Q01

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

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

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW/NOT SURE</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>SKP → E01Q08</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>SKP → E01Q08</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td>SKP → E01Q08</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td>SKP → E01Q08</td>
<td></td>
</tr>
</tbody>
</table>

### E01Q02

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

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW/NOT SURE</th>
<th>REFUSED</th>
</tr>
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<tr>
<td>1</td>
<td></td>
<td></td>
<td>SKP → E01Q08</td>
<td></td>
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<td>2</td>
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<td>SKP → E01Q08</td>
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<td>SKP → E01Q08</td>
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<td>9</td>
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<td>SKP → E01Q08</td>
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</table>

### E01Q03

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

INTERVIEWER: READ OFF CHOICES; CHOOSE THE MOST SPECIFIC

<table>
<thead>
<tr>
<th></th>
<th>Within the past week [Past 1-7 days]</th>
<th>2 weeks ago [past 8-14 days]</th>
<th>3-4 weeks ago [15-30 days before today]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>3</td>
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<td>7</td>
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<td>9</td>
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</table>

### E01Q04

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

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW/NOT SURE</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>SKP → E01Q08</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>SKP → E01Q08</td>
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<td>7</td>
<td></td>
<td></td>
<td>SKP → E01Q08</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td>SKP → E01Q08</td>
<td></td>
</tr>
</tbody>
</table>
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  SKP → E01Q08
9  REFUSED  SKP → E01Q08

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  IF - E01Q04 = 1 AND E01Q05 <> 3  H1N1AQ08
Did any other members of your household have a fever with cough or sore throat during the past month?
1  YES
2  NO  SKP → E01Q10 IF E01Q01 = 1 AND E01Q02 = 1
7  DON'T KNOW/NOT SURE
9  REFUSED
**E01Q09**  
IF – E01Q08 = 1 OR E01Q08 = 7 OR E01Q08 = 9  

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  

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 10: High Risk/Health Care Worker

<table>
<thead>
<tr>
<th>M10INTRO</th>
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<tbody>
<tr>
<td>The next few questions ask about health care work and chronic illness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M10Q01</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.”</td>
</tr>
<tr>
<td>1 YES</td>
</tr>
<tr>
<td>2 NO</td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9 REFUSED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M10Q02</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>1 YES</td>
</tr>
<tr>
<td>2 NO</td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE (Probe by repeating question)</td>
</tr>
<tr>
<td>9 REFUSED</td>
</tr>
</tbody>
</table>
Has a doctor, nurse, or other health professional ever said that you have...

Read all items listed below before waiting for an answer:
- 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?

[See Attached Health Problems List, if necessary]

1. YES
2. NO
7. DON’T KNOW/NOT SURE (Probe by repeating question)
9. REFUSED

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

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

M10END
In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more?

8 Zero
1 One
2 Two
3 Three
4 Four
5 Five or more

7 DON’T KNOW/NOT SURE
9 REFUSED
Module 23: Random Child Selection

M23INTRO

IF - C12Q07 <> 88 OR C12Q07 <> 99

If Core Q12.7 = 1, Interviewer please read: “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.” [Go to Q1]

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] 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.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:
“I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.”

M23Q01

What is the birth month and year of the “Xth” child?

__/___   Code month and year
_   

77/777   DON’T KNOW/NOT SURE
7
99/999   REFUSED

M23Q02

Is the child a boy or a girl?
1  Boy
2  Girl

9  REFUSED
M23Q03  RCHISLAT
Is the child Hispanic or Latino?
1  Yes
2  No

Do not read:
7  DON'T KNOW/NOT SURE
9  REFUSED

M23Q04  RCSRACE
Which one or more of the following would you say is the race of the child?
(CHECK ALL THAT APPLY)
PLEASE READ:
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]

Do not read:
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?

PLEASE READ:
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]

Do not read:
8. No additional choices
7. DON’T KNOW/NOT SURE
9. REFUSED

How are you related to the child?

PLEASE READ:
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 24: Childhood Asthma Prevalence

The next two questions are about the “Xth” child.

M24Q01 CASTHDX2
Has a doctor, nurse or other health professional EVER said that the child has asthma?
1 Yes
2 No
7 DON’T KNOW/NOT SURE
9 REFUSED

M24Q02 CASTHNO2
Does the child still have asthma?
1 Yes
2 No
7 DON’T KNOW/NOT SURE
9 REFUSED

M24END
Module 27: Child Influenza like Illness

M27Q01

The next questions are about the “Xth” child. Has the child had a fever with cough and/or sore throat during the past month?

1  YES
2  NO

7  DON’T KNOW/NOT SURE

9  REFUSED

M27Q02

IF - M27Q01 = 1

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

1  YES
2  NO

7  DON’T KNOW/NOT SURE

9  REFUSED

M27END
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 in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, has {IF M23Q01 = 1, he, she} been vaccinated either way for the H1N1 flu?
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

Since September 2009, how many of these H1N1 vaccinations has {IF M23Q01 = 1, he, she} received?
1 One vaccination or dose
2 Two or more vaccination doses
7 DON’T KNOW/NOT SURE
9 REFUSED

During what month did {IF M23Q01 = 1, he, she} received {IF M23Q01 = 1, his, her} {IF CHILDAGE2 < 10 YEARS, first H1N1 flu vaccine, H1N1 flu vaccine}?
___ MONTH
77 DON’T KNOW/NOT SURE
99 REFUSED
M30Q03v  IF - M30Q03 < 77
That was {MONTH} of {YEAR}, correct?
__  MONTH
77  DON’T KNOW/NOT SURE
99  REFUSED

M30Q04  IF - M30Q01 = 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

M30Q05  H1N1CV05
During what month did {IF M23Q01 = 1, he, she} received {IF M23Q01 = 1, his, her} second H1N1 flu vaccine?
__  MONTH
77  DON’T KNOW/NOT SURE
99  REFUSED

M30Q05v  IF - M30Q05 < 77
That was {MONTH} of {YEAR}, correct?
__  MONTH
77  DON’T KNOW/NOT SURE
99  REFUSED

M30Q06  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

M30END
What is the name of the health plan you use to pay for most of your medical care?

**READ IF NECESSARY**

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

77 DON’T KNOW/NOT SURE
99 REFUSED
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

Are you currently an enrolled tribal member?
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

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, IHS clinic? Would you say...

INTERVIEWER NOTE: IHS STANDS FOR INDIAN HEALTH SERVICE.

PLEASE READ

01 All
02 Most
03 Some
04 Little
05 None

77 DON’T KNOW/NOT SURE
99 REFUSED
State Added 07: Anxiety and Depression

Now, I am going to ask you some questions about your emotional health and well-being.

Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder, including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?

1   YES
2   NO

7   DON’T KNOW/NOT SURE
9   REFUSED

Has a doctor or other healthcare provider EVER told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

1   YES
2   NO

7   DON’T KNOW/NOT SURE
9   REFUSED
State Added 03: Other Tobacco Products

ND03INTRO

ND03Q01

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

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

ND03Q02

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

1 Every day
2 Some days
3 Not at all
7 DON’T KNOW/NOT SURE
9 REFUSED

ND03Q03

Have you ever smoked a cigar, even one or two puffs?

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

ND03Q04

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

1 Every day
2 Some days
3 Not at all
7 DON’T KNOW/NOT SURE
9 REFUSED
Now I would like to ask you about your knowledge of the signs and symptoms of a stroke.

Which of the following do you think is a symptom of a stroke? For each, tell me “yes,” “no,” or you’re “not sure.”

(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

(Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke).

Which of the following do you think is a symptom of a stroke? For each, tell me “yes,” “no,” or you’re “not sure.”

(Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED
(Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke).

Which of the following do you think is a symptom of a stroke? For each, tell me “yes,” “no,” or you’re “not sure.”)

(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

(Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

(Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
(Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a stroke? For each, tell me “yes,” “no,” or you’re “not sure.”

(Do you think) severe headache with no known cause (is a symptom of a stroke?)

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

If you thought someone was having a stroke, what is the first thing you would do?

1. Take them to the hospital
2. Tell them to call their doctor
3. Call 911
4. Call their spouse or a family member or something else

7. DON’T KNOW/NOT SURE
9. REFUSED
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 can call the National Suicide Prevention Lifeline at 1-800-273-8255. If you would like to skip this section please say so.

**ND02Q01** IF - ND02INTRO = 1

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

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

**ND02Q02** IF - ND02Q01 = 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

**ND02Q03** IF - ND02Q02 = 1

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
Now I’ll read a list of terms people sometimes use to describe themselves - heterosexual or straight; homosexual, (IF C12Q19=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.

01 Heterosexual or straight
02 Homosexual, gay or lesbian
03 Bisexual

77 DON’T KNOW/NOT SURE
99 REFUSED