



2010

Behavioral Risk Factor Surveillance System

North Dakota

**January 2010
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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

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Interviewer Script

INTROQST

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 | 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

Is this a private residence in (State)?

- | | | | | |
|---|---------------------|-----|---|--------|
| 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

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 | 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

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?

___ Number of Adults

77 DON'T KNOW/NOT SURE

99 REFUSED

MEN

How many of these adults are men?

___ Number of Adults

WOMEN

How many of these adults are women?

___ Number of Adults

WRONGTOT

IF - MEN + WOMEN <> ADULTS

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**

Core Sections

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 the survey, please call 701-328-2787.

- | | | | | |
|---|--|------------|---|---------------|
| 1 | PERSON INTERESTED, CONTINUE | SKP | → | C01Q01 |
| 2 | GO BACK TO ADULTS QUESTION. WARNING: A
NEW RESPONDENT MAY BE SELECTED | SKP | → | ADULTS |

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

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

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

IF - C02Q01 <> 88 AND C02Q02 <> 88

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

C02END

Section 03: Health Care Access

C03INTRO

C03Q01

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

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

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

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

C03END

Section 04: Sleep

C04INTRO

C04Q01

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

C04END

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

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

Are you now taking insulin?

- 1 YES
- 2 NO

- 9 REFUSED

M02Q03

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

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

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

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

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

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

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

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

M02END

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

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

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

C07Q02

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.

- 1 1 to 5
- 2 6 Or more but not all
- 3 All
- 4 None

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

C07Q03

IF - NOT(C07Q01 = 8 AND C07Q03 = 3)

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

C07END

Section 08: Cardiovascular Disease Prevalence

C08INTRO

C08Q01

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

C08Q02

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

- 1 YES
- 2 NO

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

C08Q01

(Ever told) you had a stroke?

- 1 YES
- 2 NO

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

C08END

Section 09: Asthma

C09INTRO

C09Q01

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

1 YES

2 NO

SKP → **C09END**

7 DON'T KNOW/NOT SURE

SKP → **C09END**

9 REFUSED

SKP → **C09END**

C09Q02

IF - C09Q01 = 1

Do you still have asthma?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

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 **SKP** → **ND08END**

- 7 DON'T KNOW/NOT SURE **SKP** → **ND08END**
- 9 REFUSED **SKP** → **ND08END**

ND08Q03

IF - ND08Q02 = 1

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

ND08END

Section 11: Tobacco Use

C11INTRO

C11Q01

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

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

- | | | | | |
|---|---------------------|-----|---|--------|
| 1 | Everyday | | | |
| 2 | Somedays | | | |
| 3 | Not at all | SKP | → | C11Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q05 |
| 9 | REFUSED | SKP | → | C11Q05 |

C11Q03

IF - C11Q02 = 1 OR C11Q02 = 2

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

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

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

C12INTRO

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

C12Q04

IF - C12Q03 = MORE THAN 1 RESPONSE

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
Or
- 6 Other [Specify]

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

C12Q05

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 12months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

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

C12Q06

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

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

___ NUMBER OF CHILDREN

- 88 NONE
- 99 REFUSED

C12Q08

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

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

C12Q10

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

_____ WEIGHT

7777 DON'T KNOW/NOT SURE

9999 REFUSED

C12Q12

About how tall are you without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 126.

ROUND FRACTIONS DOWN

___/___ HEIGHT

77/77 DON'T KNOW/NOT SURE

99/99 REFUSED

C12Q13

What county do you live in?

_____ FIPS COUNTY CODE

777 DON'T KNOW/NOT SURE

999 REFUSED

C12Q14

What is your ZIP Code where you live?

_____ ZIP Code

77777 DON'T KNOW/NOT SURE

99999 REFUSED

C12Q15

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 | → | C12Q17 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C12Q17 |
| 9 | REFUSED | SKP | → | C12Q17 |

C12Q16

IF - C12Q15 = 1

How many of these telephone numbers are residential numbers?
_ Residential Telephone Numbers [6 = 6 or more]

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

C12Q17

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

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

[CELL PHONE QUESTIONS]**C12Q18A**

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

- | | | | | |
|---|---------------------|------------|---|----------------|
| 1 | YES | SKP | → | C12Q18C |
| 2 | NO | | | |
| 7 | DON'T KNOW/NOT SURE | | | |
| 9 | REFUSED | | | |

C12Q18B IF - C12Q18A <> 1

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

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

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

Indicate sex of respondent. Ask only if necessary.

- | | | | | |
|---|--------|------------|---|---------------|
| 1 | MALE | SKP | → | C12END |
| 2 | FEMALE | | | |

C12Q20 IF - C12Q19 = 2 AND C12Q01 <= 45

To your knowledge, are you now pregnant?

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

C12END

Section 13: Alcohol Consumption

C13INTRO

C13Q01

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

- 1 YES
- 2 NO SKP → C13END
- 7 DON'T KNOW/NOT SURE SKP → C13END
- 9 REFUSED SKP → C13END

C13Q02 IF - C13Q01 = 1

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

- 1 ___ Days per week
- 2 ___ Days per month

- 888 No drinks in the past 30 days SKP → C13END
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

C13Q03 IF - C13Q01 = 1 AND C13Q02 <> 888

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

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

- ___ Number of drinks
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C13Q04

IF - C13Q01 = 1 AND C13Q02 <> 888

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?

___ Number of times

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

C13Q05

IF - C13Q01 = 1 AND C13Q02 <> 888

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

C13END

Module 31: Novel H1N1 Adult Immunization

(Through June 2010)

M31Q01

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?

- 1 YES
- 2 NO

SKP → C14Q01

7 DON'T KNOW/NOT SURE

SKP → C14Q01

9 REFUSED

SKP → C14Q01

M31Q02

IF - M31Q01 = 1

During what month did you receive your H1N1 flu vaccine?

___ Month

77 DON'T KNOW/NOT SURE

99 REFUSED

M31Q03

IF - M31Q01 = 1

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

Section 14: Immunization

C14INTRO

C14Q01

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 | → | C14Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C14Q03 |
| 9 | REFUSED | SKP | → | C14Q03 |

C14Q02

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

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 | SKP | → | C14Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C14Q05 |
| 9 | REFUSED | SKP | → | C14Q05 |

C14Q04

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

C14Q05

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

C15END

Section 15: Falls

C15INTRO IF - C12Q01 >= 45

C15Q01

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

{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

C16INTRO

C16Q01

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

SKP

→

C16END

C16END

Section 17: Drinking and Driving

C17INTRO

IF - C16Q01 <> 8 AND C13Q01 <> 2

C17Q01

The next question is about drinking and driving.

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

___ Number of times [76 = 76 or more]

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

C17END

Section 18: Women's Health

C18INTRO

IF - C12Q19 = 2

C18Q01

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

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

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 **SKP** → **C18Q07**
- 7 DON'T KNOW/NOT SURE **SKP** → **C18Q07**
- 9 REFUSED **SKP** → **C18Q07**

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

C18Q07

IF - C12Q20 <> 1

Have you had a hysterectomy?

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

- 1 YES
- 2 NO

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

C18END

Section 19: Prostate Cancer Screening

C19INTRO

IF - C12Q01 > 39 AND C12Q19 = 1

C19Q01

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

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

C19Q03

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

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → C19Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → C19Q05 |
| 9 | REFUSED | SKP | → C19Q05 |

C19Q04

IF - C19Q03 = 1

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

C19Q05

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

C19END

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 | SKP | → | C20Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C20Q03 |
| 9 | REFUSED | SKP | → | C20Q03 |

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 | SKP | → | C21Q01 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C21Q01 |
| 9 | REFUSED | SKP | → | C21Q01 |

C20Q04

IF - C20Q03 = 1

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

- 1 SIGMOIDOSCOPY
- 2 COLONOSCOPY

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

C20Q05

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

C20END

Section 21: HIV/AIDS

C21INTRO

IF - C12Q20 < 65

C21Q01

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 | → | C21Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C21Q05 |
| 9 | REFUSED | SKP | → | C21Q05 |

C21Q02

IF - C21Q01 = 1

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.

___/___ Month / Year

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

C21Q03

IF - C21Q01 = 1

Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

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

C21Q04

IF - C21Q01 = 1 AND C21Q02 = WITHIN LAST 12 MONTHS

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

C21Q05

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

C21END

Section 22: Emotional Support and Life Satisfaction

C22INTRO

C22Q01

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

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?

- | | | | |
|---|---------------------|-----|----------|
| 1 | YES | | |
| 2 | NO | SKP | → E01Q08 |
| 7 | DON'T KNOW/NOT SURE | SKP | → E01Q08 |
| 9 | REFUSED | SKP | → E01Q08 |

E01Q02

IF - E01Q01 = 1

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

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

INTERVIEWER: READ OFF CHOICES; CHOOSE THE MOST SPECIFIC

- | | | | |
|---|---|--|--|
| 1 | Within the past week [Past 1-7 days] | | |
| 2 | 2 weeks ago [past 8-14 days] | | |
| 3 | 3-4 weeks ago [15-30 days before today] | | |
| 7 | DON'T KNOW/NOT SURE | | |
| 9 | REFUSED | | |

E01Q04

IF - E01Q02 = 1

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

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

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

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

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

M10INTRO

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

M10Q01

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

M10Q02

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 (*Probe by repeating question*)
- 9 REFUSED

M10Q03

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

SKP → M10END

7 DON'T KNOW/NOT SURE (*Probe by repeating question*)

SKP → M10END

9 REFUSED

SKP → M10END

M10Q04

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

M10END

Module 5: Excess Sun Exposure

M05INTRO

M05Q01

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

M05END

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

9

M23Q02

Is the child a boy or a girl?

1 Boy

2 Girl

9 REFUSED

M23Q03

Is the child Hispanic or Latino?

- 1 Yes
- 2 No

Do not read:

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

M23Q04

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

M23Q05

IF - M23Q04 = MORE THAN ONE RESPONSE

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

M23Q06

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

M23END

Module 24: Childhood Asthma Prevalence

M24INTRO IF - C12Q07 <> 88 OR C12Q07 <> 99

The next two questions are about the "Xth" child.

M24Q01

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

- 1 Yes
- 2 No **SKP** → **M24END**

- 7 DON'T KNOW/NOT SURE **SKP** → **M24END**
- 9 REFUSED **SKP** → **M24END**

M24Q02

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

M27INTRO

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

SKP → M27END

7 DON'T KNOW/NOT SURE

SKP → M27END

9 REFUSED

SKP → M27END

M27Q02

IF - M27Q01 = 1

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

1 YES

2 NO

SKP → M27END

7 DON'T KNOW/NOT SURE

SKP → M27END

9 REFUSED

SKP → M27END

M27END

Module 30: Novel H1N1 Childhood Immunization

M30INTRO

M30Q01 IF - CHILDDAGE2 ≥ 6 MONTHS

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 | SKP | → M25Q01 |
| 7 | DON'T KNOW/NOT SURE | SKP | → M25Q01 |
| 9 | REFUSED | SKP | → M25Q01 |

M30Q02 IF - CHILDDAGE2 < 10 YEARS

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 | SKP | → M25Q01 |
| 9 | REFUSED | SKP | → M25Q01 |

M30Q03

During what month did {IF M23Q01 = 1, he, she} received {IF M23Q01 = 1, his, her} {IF CHILDDAGE2 < 10 YEARS, first H1N1 flu vaccine, H1N1 flu vaccine}?

- | | | | |
|----|---------------------|-----|----------|
| __ | MONTH | | |
| 77 | DON'T KNOW/NOT SURE | SKP | → M25Q01 |
| 99 | REFUSED | SKP | → M25Q01 |

M30Q03v IF - M30Q03 < 77

That was {MONTH} of {YEAR}, correct?

__ MONTH

77 DON'T KNOW/NOT SURE

99 REFUSED

M30Q04 M30Q01 = 1

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

SKP → **M25Q01**

9 REFUSED

SKP → **M25Q01**

M30Q05

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

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

State Added 04: Health Care Coverage

ND04INTRO

IF - C03Q01 <> 2

ND04Q01

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

ND04END

State Added 05: Indian Health

ND05INTRO

IF - C12Q03 = 5

ND05Q01

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

ND05Q02

Are you currently an enrolled tribal member?

- 1 YES
- 2 NO **SKP** → **ND05END**

- 7 DON'T KNOW/NOT SURE **SKP** → **ND05END**
- 9 REFUSED **SKP** → **ND05END**

ND05Q03

IF - ND05Q02 = 1

Which tribe?

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

READ ONLY IF NECESSARY

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

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

ND05Q04

IF - ND05Q02 = 1

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

ND05END

State Added 07: Anxiety and Depression

ND07INTRO

ND07Q01

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

ND07Q02

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

ND07END

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 | SKP | → | ND03Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | ND03Q03 |
| 9 | REFUSED | SKP | → | ND03Q03 |

ND03Q02

IF - ND03Q01 = 1

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 | SKP | → | ND03END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | ND03END |
| 9 | REFUSED | SKP | → | ND03END |

ND03Q04

IF - ND03Q03 = 1

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 | | | |

ND03END

State Added 01: Heart Attack and Stroke

ND01INTRO

ND01Q01

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

ND01Q02

(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

ND01Q03

(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

ND01Q04

(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 chest pain or discomfort (are symptoms of a stroke?)

- 1 YES
- 2 NO

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

ND01Q05

(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 walking, dizziness, or loss of balance (are symptoms of a stroke?)

- 1 YES
- 2 NO

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

ND01Q06

(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

ND01Q07

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
- 5 Do something else

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

ND01END

State Added 02: Suicide

ND02INTRO

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.

- 1 Continue
- 2 Skip SKP → ND02END

ND02Q01 IF - ND02INTRO = 1

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

- 1 YES
- 2 NO SKP → ND02END
- 7 DON'T KNOW/NOT SURE SKP → ND02END
- 9 REFUSED SKP → ND02END

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

ND02END

State Added 06: Sexual Orientation

ND06INTRO

ND06Q01

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

ND06END