



2012

Behavioral Risk Factor Surveillance System

North Dakota

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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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## INTRO

### INTROQST

HELLO, I am calling for the **North Dakota Department of Health**.  
My name is [Interviewer Name].

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

Is this {PHONE7}?

- |   |                        |     |   |          |
|---|------------------------|-----|---|----------|
| 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.

SKP → INTROQST

### PRIVRES IF - INTROQST = 1

Is this a private residence in North Dakota?

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES, CONTINUE       | SKP | → | ISCELL  |
| 2 | NO, NON-RESIDENTIAL | SKP | → | COLLEGE |

### COLLEGE IF - PRIVRES = 2

Do you live in college housing?

READ ONLY IF NECESSARY:

"By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university."

- |   |               |     |   |        |
|---|---------------|-----|---|--------|
| 1 | YES, CONTINUE | SKP | → | ISCELL |
| 2 | NO            | SKP | → | NONRES |

**NONRES** IF - COLLEGE = 2

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

DISPOS 4500

**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 or college housing.

DISPOS 4450

**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

**MEN** IF - ADULTS > 1

How many of these adults are men?

\_\_\_ NUMBER OF MEN

**WOMEN** IF - ADULTS > 1

How many of these adults are women?

\_\_\_ NUMBER OF WOMEN

**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 - ADULTS > 1 AND (MEN + WOMEN) = ADULTS

The person in your household I need to speak with is the {SRESP}.

Are you the {SRESP}?

- |   |     |     |   |          |
|---|-----|-----|---|----------|
| 1 | YES | SKP | → | YOURTHE1 |
| 2 | NO  | SKP | → | GETNEWAD |

**ONEADULT** IF - ADULTS = 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 - ADULTS = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

- MALE
- FEMALE

**GETADULT** IF - ONEADULT = 3

May I speak with...

{IF ASKGENDR = 1, ...him?, ...her?}

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

**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<br>NEW RESPONDENT MAY BE SELECTED | SKP | → | ADULTS   |

**GETNEWAD** IF - SELECTED = 2

May I speak with the {SRESP}?

- |   |  |     |   |          |
|---|--|-----|---|----------|
| 1 | YES, SELECTED RESPONDENT COMING TO THE<br>PHONE                          | SKP | → | NEWADULT |
| 2 | NO, GO TO NEXT SCREEN, PRESS F3 TO<br>SCHEDULE A CALL-BACK               | SKP | → | NEWADULT |
| 3 | GO BACK TO ADULTS QUESTION. WARNING:<br>A NEW RESPONDENT MAY BE SELECTED | SKP | → | ADULTS   |

**NEWADULT** IF - GETADULT = 1 OR GETADULT = 2 OR GETNEWAD =  
1 OR GETNEWAD = 2

HELLO, I am calling for the **North Dakota Department of Health**.  
My name is [**Interviewer Name**].

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

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

## 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 {CPHONE}.

- 1 PERSON INTERESTED, CONTINUE **SKP** → **C01INTRO**
- 2 GO BACK TO ADULTS QUESTION. WARNING: A **SKP** → **ADULTS**  
NEW RESPONDENT MAY BE SELECTED

## Section 01: Health Status

**C01INTRO**

**C01Q01**

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

PLEASE READ:

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

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  
1 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  
1 MIN  
30 MAX

If C02Q01 and C02C02 = 88(none), go to next section

### C02Q03 IF - NOT(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  
1 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, government plans such as Medicare, or Indian Health Services?

- 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 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

**C03END**

## Section 04: Exercise

**C04INTRO**

**C04Q01**

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

**C04END**

## Section 05: Chronic Health Conditions

### C05INTRO

### C05Q01

Now I would like to ask you some questions about general health conditions.

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 that you had a heart attack also called a myocardial infarction?

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

### C05Q02

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

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

### C05Q03

(Ever told) you had a stroke?

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

**C05Q04**

(Ever told) you had asthma?

- 1 YES
- 2 NO SKP → C05Q06
  
- 7 DON'T KNOW/NOT SURE SKP → C05Q06
- 9 REFUSED SKP → C05Q06

**C05Q05**

IF - C05Q04 = 1

Do you still have asthma?

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

**C05Q06**

(Ever told) you had skin cancer?

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

**C05Q07**

(Ever told) you had any other types of cancer?

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

**C05Q08**

(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?

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

**C05Q09**

(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

**INTERVIEWER NOTE:** ARTHRITIS DIAGNOSES INCLUDE:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis),
- polyarteritis nodosa

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C05Q10**

(Ever told) 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

**C05Q11**

(Ever told) you have kidney disease? Do **NOT** include kidney stones, bladder infection or incontinence.

**INTERVIEWER NOTE:** INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C05Q12**

Do you have any trouble seeing, even when wearing glasses or contact lenses?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE (BLIND)
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C05Q13**

(Ever told) you have diabetes?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

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

**C05Q13V**

IF - RESPGEND=1 AND C05Q13=2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
  - 2 NO
- SKP → C05Q13

**C05END**

## Module 01:Pre-Diabetes

CATI NOTE: Module to be asked after Section 05: Chronic Health

**M01INTRO** IF - C05Q13>1

**M01Q01** IF - C05Q13>1

Have you had a test for high blood sugar or diabetes within the past three years?

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

CATI NOTE: If Core C05Q13 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

**M01Q02** IF - (C05Q13>1 AND C05Q13<4) OR C05Q13>4

Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M01Q02V** IF - RESPGEND=1 AND M01Q02=2

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD PRE-DIABETES OR BORDERLINE DIABETES. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
  - 2 NO
- SKP** → **M01Q02**

**M01END**

## Module 02: Diabetes

CATI NOTE: Module to be asked after Section 05: Chronic Health.  
Only asked of those responding "Yes" (code = 1) to Core C05Q13  
(Diabetes awareness question).

**M02INTRO** IF - C05Q13=1

**M02Q01** IF - C05Q13=1

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
- 97 MAX

**M02Q02** IF - C05Q13=1

Are you now taking insulin?

- 1 YES
- 2 NO
  
- 9 REFUSED

**M02Q03** IF - C05Q13=1

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

101-199 = PER DAY                      301-399 = PER MONTH

201-299 = PER WEEK                    401-499 = PER YEAR

\_\_\_ TIMES

- 888 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED
- 101 MIN
- 499 MAX

**M02Q03V** IF - (M02Q03>105 AND M02Q03<200) OR (M02Q03>235 AND M02Q03<300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q03} TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION SKP → M02Q03

**M02Q04** IF - C05Q13=1

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

101-199 = PER DAY 301-399 = PER MONTH

201-299 = PER WEEK 401-499 = PER YEAR

\_\_\_ TIMES

- 555 NO FEET  
888 NEVER  
777 DON'T KNOW/NOT SURE  
999 REFUSED  
101 MIN  
499 MAX

**M02Q04V** IF - (M02Q04>105 AND M02Q04<200) OR (M02Q04>235 AND M02Q04<300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {M02Q04} TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION SKP → M02Q04

**M02Q05** IF - C05Q13=1

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

\_\_\_ NUMBER OF TIMES [76 = 76 or more]

- 88 NONE  
77 DON'T KNOW/NOT SURE  
99 REFUSED  
01 MIN  
76 MAX

**M02Q05V**

IF - M02Q05&gt;52 AND M02Q05&lt;77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
 2 NO, REASK QUESTION SKP → M02Q05

**M02Q06**

IF - C05Q13=1

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

\_\_ NUMBER OF TIMES [76 = 76 or more]

- 88 NONE  
 98 NEVER HEARD OF "A ONE C" TEST  
 77 DON'T KNOW/NOT SURE  
 99 REFUSED  
 01 MIN  
 76 MAX

**M02Q06V**

IF - M02Q06&gt;52 AND M02Q06&lt;77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
 2 NO, REASK QUESTION SKP → M02Q06

CATI NOTE: If M02Q04=555 "No feet", go to M02Q08.

**M02Q07**

IF - C05Q13=1 AND M02Q04&lt;&gt;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  
 01 MIN  
 76 MAX

**M02Q07V**

IF - M02Q07>52 AND M02Q07<77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q07} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION SKP → M02Q07

**M02Q08**

IF - C05Q13=1

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

READ ONLY IF NECESSARY:

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

**M02Q09**

IF - C05Q13=1

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

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

**M02Q10**

IF - C05Q13 = 1

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

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

**M02END**

## Section 06: Oral Health

### C06INTRO

### C06Q01

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

READ IF NECESSARY

- 1 Within 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

### C06Q02

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

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

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

### C06END

## Section 07: Demographics

**C07INTRO**

**C07Q01**

What is your age?

\_\_\_ CODE AGE IN YEARS [99=99 years or older]

07 DON'T KNOW/NOT SURE

09 REFUSED

18 MIN

99 MAX

**C07Q01V** IF - M02Q01 > C07Q01 AND M02Q01<98

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C07Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION **SKP** → **C07Q01**

**C07Q02**

Are you Hispanic or Latino?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C07Q03**

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]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED
- 8 NO ADDITIONAL CHOICES

CATI NOTE: If more than one response to C07Q03; continue. Otherwise, go to C07Q05

**C07Q04**

IF - C07Q03 < 7 AND C07Q03.2 > 0 AND C07Q03.2 <> 8

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

**C07Q05**

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

- 1 Yes
- 2 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C07Q06**

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

**C07Q07**

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

— NUMBER OF CHILDREN

- 88 NONE
- 99 REFUSED
- 01 MIN
- 87 MAX

**C07Q08**

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

**C07Q09**

Are you currently...?

PLEASE READ:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired Or
- 8 Unable to work
- 9 REFUSED

Cati Note: If respondent refuses at ANY income level code income variable to 99 (refused).

**C07Q10d**

Is your annual household income from all sources:

Less than \$25,000?

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES                 |     |   |         |
| 2 | NO                  | SKP | → | C07Q10e |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q10i |
| 9 | REFUSED             | SKP | → | C07Q10i |

**C07Q10c** IF - C07Q10d = 1

(Is your annual household income from all sources: )

Less than \$20,000?

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES                 |     |   |         |
| 2 | NO                  | SKP | → | C07Q10i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q10i |
| 9 | REFUSED             | SKP | → | C07Q10i |

**C07Q10b** IF - C07Q10c = 1

(Is your annual household income from all sources: )

Less than \$15,000?

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES                 |     |   |         |
| 2 | NO                  | SKP | → | C07Q10i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q10i |
| 9 | REFUSED             | SKP | → | C07Q10i |

**C07Q10a** IF - C07Q10b = 1

(Is your annual household income from all sources: )

Less than \$10,000?

1	YES	SKP	→	C07Q10i
2	NO	SKP	→	C07Q10i
7	DON'T KNOW/NOT SURE	SKP	→	C07Q10i
9	REFUSED	SKP	→	C07Q10i

**C07Q10e** IF - C07Q10d = 2

(Is your annual household income from all sources: )

Less than \$35,000?

1	YES	SKP	→	C07Q10i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C07Q10i
9	REFUSED	SKP	→	C07Q10i

**C07Q10f** IF - C07Q10e = 2

(Is your annual household income from all sources: )

Less than \$50,000?

1	YES	SKP	→	C07Q10i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C07Q10i
9	REFUSED	SKP	→	C07Q10i

**C07Q10g** IF - C07Q10f = 2

(Is your annual household income from all sources: )

Less than \$75,000?

1	YES	SKP	→	C07Q10i
2	NO	SKP	→	C07Q10i
7	DON'T KNOW/NOT SURE	SKP	→	C07Q10i
9	REFUSED	SKP	→	C07Q10i

**C07Q10i**

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

- {If C07Q10g = 2, More than \$75,000?}  
 {If C07Q10g = 1, \$50,000 to less than \$75,000}  
 {If C07Q10f = 1, \$35,000 to less than \$50,000}  
 {If C07Q10e = 1, \$25,000 to less than \$35,000}  
 {If C07Q10c = 2, \$20,000 to less than \$25,000}  
 {If C07Q10b = 2, \$15,000 to less than \$20,000}  
 {If C07Q10a = 2, \$10,000 to less than \$15,000}  
 {If C07Q10a = 1, Less than \$10,000}  
 {Default, REFUSED/DON'T KNOW/NOTSURE}

IS THIS CORRECT?

- 1 YES  
 2 NO SKP → C07Q10d  
 7 DON'T KNOW/NOT SURE  
 9 REFUSED

**C07Q11**

About how much do you weigh without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").

ROUND FRACTIONS UP

\_\_\_\_\_ WEIGHT (pounds/kilograms)

- 7777 DON'T KNOW/NOT SURE  
 9999 REFUSED

**C07Q11V** IF - (C07Q11<9000 AND (C07Q11<80 OR C07Q11>350))  
 OR (C07Q11>9000 AND (C07Q11<9035 OR  
 C07Q11>9159))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE  
 2 NO, REASK QUESTION SKP → C07Q11

**C07Q12**

About how tall are you without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 165 CENTIMETERS IS "9165").

ROUND FRACTIONS DOWN

\_\_\_/\_\_\_ HEIGHT (Ft/inches/meters/centimeters)

77/77 DON'T KNOW/NOT SURE

99/99 REFUSED

**C07Q12V**

IF - (C07Q12<9000 AND (C07Q12>608 OR C07Q12<407)) OR (C07Q12>9000 AND (C07Q12>9206 OR C07Q12<9139))

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C07Q12}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP → C07Q12

**ASKCNTY**

What county do you live in?

ENTER FIRST LETTER OF COUNTY NAME

\_\_\_ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)

888 OTHER

777 DON'T KNOW/NOT SURE

999 REFUSED

001 MIN

775 MAX

CATI NOTE: SET MIN AND MAX BASED ON STATE ZIP RANGE

**C07Q14**

What is the ZIP Code where you live?

\_\_\_\_\_ ZIP Code

77777 DON'T KNOW/NOT SURE

99999 REFUSED

**C07Q15**

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 | → | C07Q17 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q17 |
| 9 | REFUSED             | SKP | → | C07Q17 |

**C07Q16**

IF - C07Q15 = 1

How many of these telephone numbers are residential numbers?

- |   |                     |
|---|---------------------|
| 1 | ONE                 |
| 2 | TWO                 |
| 3 | THREE               |
| 4 | FOUR                |
| 5 | FIVE                |
| 6 | SIX [6 = 6 OR MORE] |
| 7 | DON'T KNOW/NOT SURE |
| 9 | REFUSED             |

**C07Q17**

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C07Q19 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C07Q19 |
| 9 | REFUSED             | SKP | → | C07Q19 |

**C07Q18**

IF - C07Q17=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 | ZERO                |
| 777 | DON'T KNOW/NOT SURE |
| 999 | REFUSED             |
| 001 | MIN                 |
| 100 | MAX                 |

**C07Q19**

Do you own or rent your home?

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

- 1 OWN
- 2 RENT
- 3 OTHER ARRANGEMENT
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C07Q20**

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

- 1 MALE
- 2 FEMALE

**C07Q20V** IF - RESPGEND<>C07Q20

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C07Q20}. ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
  - 2 NO
- SKP** → **C07Q20**

**C07Q21** IF - C07Q01<45 AND C07Q20=2

To your knowledge, are you now pregnant?

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

**C07END**

## Section 08: Disability

### C08INTRO

### C08Q01

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

### C08Q02

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

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

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

### C08END

## Section 09: Tobacco Use

### C09INTRO

### C09Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C09Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

### C09Q02 IF - C09Q01=1

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | Every day           |     |   |        |
| 2 | Some days           |     |   |        |
| 3 | Not at all          | SKP | → | C09Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

### C09Q03 IF - C09Q02=1 OR C09Q02=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 | → | C09Q05 |
| 2 | NO                  | SKP | → | C09Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

**C09Q04**

IF - C09Q02 = 3

How long has it been since you last smoked a cigarette, even one or two puffs?

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

**C09Q05**

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

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')

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

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

**C09END**

## Section 10: Alcohol Consumption

### C10INTRO

### C10Q01

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

101-107 = DAYS PER WEEK            201-230 = DAYS IN PAST 30 DAYS

\_\_\_    DAYS

888	NO DRINKS IN PAST 30 DAYS	SKP	→	C10END
777	DON'T KNOW/NOT SURE	SKP	→	C10END
999	REFUSED	SKP	→	C10END
101	MIN			
230	MAX			

### C10Q02            IF - C10Q01<777

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
01	MIN
76	MAX

### C10Q02V            IF - C10Q02>15 AND C10Q02<77

INTERVIEWER YOU INDICATED {C10Q02} DRINKS PER DAY

IS THIS CORRECT?

1	YES, CORRECT AS IS, CONTINUE			
2	NO, REASK QUESTION	SKP	→	C10Q02

**C10Q03**

IF - C10Q01<777

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C07Q20=1, 5, 4} or more drinks on an occasion?

— NUMBER OF TIMES

- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 01 MIN
- 76 MAX

**C10Q03V**

IF - C10Q03>15 AND C10Q03<77

INTERVIEWER YOU INDICATED {C10Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C10Q03**

**C10Q04**

IF - C10Q01<777

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
- 01 MIN
- 76 MAX

**C10Q04V**

IF - (C10Q04 <> 99 AND C10Q04 <> 77)AND  
C10Q04<77 AND ((C07Q20=1 AND C10Q04>=5 AND  
(C10Q03=88 OR C10Q03<5)) OR (C07Q20=2 AND  
C10Q04>=4 AND (C10Q03=88 OR C10Q03<4)))

INTERVIEWER YOU INDICATED {C10Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C07Q20=1, 5, 4} IS {C10Q03}.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C10Q04**

**C10END**

## Section 11: Immunization

### C11INTRO

### C11Q01

Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

INTERVIEWER NOTE: READ IF NECESSARY:

"A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot."

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C11Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C11Q04 |
| 9 | REFUSED             | SKP | → | C11Q04 |

### C11Q02

IF - C11Q01=1

During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

\_\_\_/\_\_\_ MONTH / YEAR

- |         |                     |
|---------|---------------------|
| 77/7777 | DON'T KNOW/NOT SURE |
| 99/9999 | REFUSED             |
| 01/1900 | MIN                 |
| 99/2012 | MAX                 |

**C11Q03**

IF - C11Q01 = 1

At what kind of place did you get your last flu shot/vaccine?

INTERVIEWER NOTE: IF RESPONDENT REPLIES DON'T KNOW/NOT SURE  
PROBE:

"How would you describe the place where you went to get your most recent flu vaccine?"

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 RECEIVED VACCINATION IN CANADA/MEXICO (VOLUNTEERED - DO NOT READ)
- 11 A school
- 77 DON'T KNOW/NOT SURE USE ABOVE PROBE
- 99 REFUSED

**C11Q04**

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

**C11END**

## Section 12: Falls

**C12INTRO** IF - C07Q01 >= 45

**C12Q01** IF - C07Q01 >= 45

Next, I will 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 12 months, how many times have you fallen?

\_\_\_ NUMBER OF TIMES [76 = 76 or more]

88	NONE	SKP	→	C12END
77	DON'T KNOW/NOT SURE	SKP	→	C12END
99	REFUSED	SKP	→	C12END

**C12Q02** IF - C07Q01 >= 45 AND C12Q01 < 77

{IF C12Q01 = 1, Did this fall cause an injury?}

{IF C12Q01 > 1 AND C12Q01 < 77, 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.

INTERVIEWER NOTE: IF ONLY ONE FALL FROM C12Q01 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.

\_\_\_ NUMBER OF FALLS [76 = 76 or more]

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

**C12END**

## Section 13: Seatbelt Use

**C13INTRO**

**C13Q01**

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

CATI NOTE: If C13Q01 = 8 (NEVER DRIVE OR RIDE IN A CAR), go to Section 15; otherwise continue.

**C13END**

## Section 14: Drinking and Driving

**C14INTRO** IF - C10Q01 <> 888 AND C13Q01 <> 8

**C14Q01** IF - C10Q01 <> 888 AND C13Q01 <> 8

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

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

**C14END**

## Section 15: Breast and Cervical Cancer Screening

CATI note: If respondent is male, go to the next section

**C15INTRO** IF - C07Q20=2

**C15Q01** IF - C07Q20=2

The next questions are about breast and cervical cancer.

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C15Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C15Q03 |
| 9 | REFUSED             | SKP | → | C15Q03 |

**C15Q02** IF - C15Q01=1

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

READ ONLY IF NECESSARY

- |   |   |  |  |  |
|---|---|--|--|--|
| 1 | Within the past year (anytime less than 12 months ago)      |  |  |  |
| 2 | Within the past 2 years (1 year but less than 2 years ago)  |  |  |  |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |  |  |  |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |  |  |  |
| 5 | 5 or more years ago   |  |  |  |
| 7 | DON'T KNOW/NOT SURE   |  |  |  |
| 9 | REFUSED   |  |  |  |

**C15Q03** IF - C07Q20=2

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C15Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C15Q05 |
| 9 | REFUSED             | SKP | → | C15Q05 |

**C15Q04**

IF - C15Q03=1

How long has it been since your last breast exam?

READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C15Q05**

IF - C07Q20=2

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

- |   |                     |            |                 |
|---|---------------------|------------|-----------------|
| 1 | YES                 |            |                 |
| 2 | NO                  | <b>SKP</b> | → <b>C15Q07</b> |
| 7 | DON'T KNOW/NOT SURE | <b>SKP</b> | → <b>C15Q07</b> |
| 9 | REFUSED             | <b>SKP</b> | → <b>C15Q07</b> |

**C15Q06**

IF - C15Q05=1

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

READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI note: If response to Core C07Q21 = 1 (is pregnant); then go to next section.

**C15Q07** IF - C07Q20=2 AND C07Q21<>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

**C15END**

## Section 16: Prostate Cancer Screening

CATI note: If respondent is <39 years of age, or is female, go to next module.

**C16INTRO** IF - C07Q20=1 AND C07Q01>39

**C16Q01** IF - C07Q20=1 AND C07Q01>39

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. Has a doctor, nurse, or other health professional **EVER** talked with you about the advantages of the PSA test?

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

**C16Q02** IF - C07Q20=1 AND C07Q01>39

Has a doctor, nurse, or other health professional **EVER** talked with you about the disadvantages of the PSA test?

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

**C16Q03** IF - C07Q20=1 AND C07Q01>39

Has a doctor, nurse, or other health professional **EVER** recommended that you have a PSA test?

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

**C16Q04** IF - C07Q20=1 AND C07Q01>39

Have you **EVER HAD** a PSA test?

- 1 YES
- 2 NO SKP → C16END
- 7 DON'T KNOW/NOT SURE SKP → C16END
- 9 REFUSED SKP → C16END

**C16Q05** IF - C16Q04=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 (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C16Q06** IF - C16Q04 = 1

What was the **MAIN** reason you had this PSA test - was it...?

PLEASE READ

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C16END**

## Section 17: Colorectal Cancer Screening

CATI note: If respondent is  $\leq$  49 years of age, go to next module.

**C17INTRO** IF - C07Q01>49

**C17Q01** IF - C07Q01>49

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 | → | C17Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C17Q03 |
| 9 | REFUSED             | SKP | → | C17Q03 |

**C17Q02** IF - C17Q01=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 (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C17Q03** IF - C07Q01>49

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 | → | C17END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C17END |
| 9 | REFUSED             | SKP | → | C17END |

**C17Q04**

IF - C17Q03=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

**C17Q05**

IF - C17Q03 = 1

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

READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C17END**

## Section 18: HIV / AIDS

### C18INTRO

### C18Q01

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 do not 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 | → | C18Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C18Q03 |
| 9 | REFUSED             | SKP | → | C18Q03 |

### C18Q02

IF - C18Q01=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.

\_\_\_/\_\_\_ CODE MONTH AND YEAR

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

**C18Q03**

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

**C18END**

## **Transition to Modules and/or State-Added Questions**

**TRANS**

Next, I have just a few questions left about some other health topics.

## Module 06: Excess Sun Exposure

### M06INTRO

### M06Q01

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

### M06END

## Module 23: Random Child Selection

CATI note: If Core C07Q07 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

### M23INTRO IF - C07Q07<88

{If C07Q07=1, Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.}

{If C07Q07>1 AND C07Q07 < 88, Previously, you indicated there were {C07Q07} children age 17 or younger in your household. Think about those {C07Q07} children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is {SHOWKID} in your household. All following questions about children will be about {SHOWKID}

### M23Q01

What is the birth month and year of {SHOWKID}?

\_\_\_/\_\_\_ CODE MONTH AND YEAR

77/7777 DON'T KNOW/NOT SURE

99/9999 REFUSED

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

### 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
  
- 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]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED
- 8 NO ADDITIONAL CHOICES

CATI note: If more than one response to M23Q05, continue. Otherwise, go to Q6.

**M23Q05**

IF - M23Q04<7 AND M23Q04.2>0 AND M23Q04.2<>8

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

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native or
- 6 Other
- 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

CATI note: If response to C07Q07 = 88 (None) or 99 (Refused), go to next module.

<b>M24INTRO</b>	IF - C07Q07>0 AND C07Q07<88
-----------------	-----------------------------

<b>M24Q01</b>	IF - C07Q07>0 AND C07Q07<88
---------------	-----------------------------

The next two questions are about the {SHOWKID}.

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 |

<b>M24Q02</b>	IF - M24Q01=1
---------------	---------------

Does the child still have asthma?

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

<b>M24END</b>
---------------

## State Added 01: Salt Intake

**ND01INTRO**

**ND01Q01**

Now I would like to ask you some questions about salt intake.

Are you currently watching or reducing your salt intake?

- 1 Yes
- 2 No SKP → ND01Q03
  
- 7 DON'T KNOW/NOT SURE SKP → ND01Q03
- 9 REFUSED SKP → ND01Q03

**ND01Q02** IF - ND01Q01 = 1

How long have you been watching or reducing your salt intake?

Would you say:

- 1 Less than six months
- 2 Six months to 1 year
- 3 1 year to 5 years
- 4 5 years to 10 years
- 5 More than 10 years
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND01Q03**

Has a doctor or other health professional ever advised you to reduce salt intake?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND01END**

## State Added Section 02: Cognitive Impairment

### ND02INTRO

### ND02Q01

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **DOES NOT REFER** to occasionally forgetting your keys or the name of someone you recently met. This **REFERS TO** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

### ND02Q02 IF - ADULTS > 1

{IF ND02Q01 = 1, Not including yourself},

how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

- \_ Number of People (6 = 6 or more)
- 8 NONE
  - 7 DON'T KNOW/NOT SURE
  - 9 REFUSED
  - 1 MIN
  - 6 MAX

**ND02Q03**

IF - (ADULTS > 1 AND (ND02Q02 > 0 AND ND02Q02 < 7)) AND ND02Q01 > 1

{IF ND02Q02 > 1, Of these people, please select the person who had the most recent birthday.}

How old is this person?

READ ONLY IF NECESSARY

- 01 Age 18-29
- 02 Age 30-39
- 03 Age 40-49
- 04 Age 50-59
- 05 Age 60-69
- 06 Age 70-79
- 07 Age 80-89
- 08 Age 90 +

77 DON'T KNOW/NOT SURE

99 REFUSED

**ND02Q04**

IF - ND02Q01 = 1 OR (ADULTS>1 AND ND02Q02 < 7)

{ND02Q01 > 1, For the next set of questions we will refer to the person you identified as 'this person.'}

During the past 12 months, how often {ND02Q01 = 1, have you, has this person} given up household activities or chores {ND02Q01 = 1, you, they} used to do, because of confusion or memory loss that is happening more often or is getting worse?

INTERVIEWER NOTE: REPEAT DEFINITION ONLY AS NEEDED:

"For these questions, please think about confusion or memory loss that is happening more often or getting worse."

PLEASE READ:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

7 DON'T KNOW/NOT SURE

9 REFUSED

**ND02Q05**

IF - ND02Q01 = 1 OR (ADULTS &gt; 1 AND ND02Q02 &lt; 7)

As a result of **{ND02Q01 = 1, your, this person's}** confusion or memory loss, in which of the following four areas **{ND02Q01 = 1, do you, does this person}** need the **MOST** assistance?

- 1 Safety (such as forgetting to turn off the stove or falling)
- 2 Transportation (such as getting to doctor's appointments)
- 3 Household activities (such as managing money or housekeeping)
- 4 Personal care (such as eating or bathing)
- 5 NEEDS ASSISTANCE, BUT NOT IN THOSE AREAS
- 6 DOESN'T NEED ASSISTANCE IN ANY AREAS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND02Q06**

IF - ND02Q01 = 1 OR (ADULTS &gt; 1 AND ND02Q02 &lt; 7)

During the past 12 months, how often has confusion or memory loss interfered with **{ND02Q01 = 1, your, this person's}** ability to work, volunteer, or engage in social activities?

PLEASE READ:

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

**ND02Q07** IF - ND02Q01 = 1 OR (ADULTS > 1 AND ND02Q02 < 7)

During the past 30 days, how often **{If ND02Q01 = 1, has, have you}** a family member or friend provided any care or assistance for **{If ND02Q01 = 1, you, this person}** because of confusion or memory loss?

PLEASE READ:

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

**ND02Q08** IF - ND02Q01 = 1 OR (ADULTS > 1 AND ND02Q02 < 7)

Has anyone discussed with a health care professional, increases in **{ND02Q01 = 1, your, this person's}** confusion or memory loss?

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

**ND02Q09** IF - ND02Q08 = 1

**{IF ND02Q01=1, Have you, Has this person}** received treatment such as therapy or medications for confusion or memory loss?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND02Q10**

IF - ND02Q08 = 1

Has a health care professional ever said that **{ND02Q01=1, you have, this person has}** Alzheimer's disease or some other form of dementia?

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's disease
- 3 No diagnosis has been given
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND02END**

### State Added 03: Secondhand Smoke Policy

**ND03INTRO**

**ND03Q01**

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

PLEASE READ

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home
- 4 There are no rules about smoking inside your home
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND03END**

## State Added 04: Anxiety

ND04INTRO

ND04Q01

Now, I am going to ask you a question 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

ND04END

## State Added 05: Sexual/Intimate Partner Violence

### ND05INTRO

### ND05Q01

Now I'd like to ask you how you feel about certain sexual behaviors. This is a sensitive topic, and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer.

Please tell me whether you agree or disagree with the following statements:

Media images that portray women as sexy contribute to sexual violence.

- 1 Agree
- 2 Disagree
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

### ND05Q02

Women who dress and act in a sexy way provoke rape by their appearance or behavior.

- 1 Agree
- 2 Disagree
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

### ND05Q03

If a woman is raped when she is drunk, she is at least somewhat responsible for letting things get out of control.

- 1 Agree
- 2 Disagree
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND05Q04**

Sexual Violence occurs in your community.

- 1 Agree
- 2 Disagree
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND05Q05**

It is possible to prevent sexual violence.

- 1 Agree
- 2 Disagree
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND05Q06**

It is okay for a man to have sexual intercourse with a woman against her will or without her consent if they are married.

- 1 Agree
- 2 Disagree
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND05Q07**

If a woman claims she was raped, the amount of resistance she put up should be a factor in determining whether a rape has occurred.

- 1 Agree
- 2 Disagree
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND05END**

## State Added 06: Health Care Coverage

**ND06INTRO**

**ND06Q01** IF - C03Q01 <> 2

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

**ND06END**

## State Added 07: Indian Health

**ND07INTRO**

**ND07Q01** IF - C07Q03 = 5

Do you live on a reservation or Indian Service Area?

- 1 Yes, reservation
- 2 Yes, Indian Service Area
- 3 No, neither
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND07Q02** IF - C07Q03 = 5

Are you currently an enrolled tribal member?

- 1 Yes
- 2 No SKP → ND07END
  
- 7 DON'T KNOW/NOT SURE SKP → ND07END
- 9 REFUSED SKP → ND07END

**ND07Q03** IF - C07Q03 = 5 AND ND07Q02 = 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

**ND07Q04**

IF - C07Q03 = 5 AND ND07Q02 = 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

- 1 All
- 2 Most
- 3 Some
- 4 Little
- 5 None
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND07END**

## State Added 08: Sexual Orientation

**ND08INTRO**

**ND08Q01**

Now I'll read a list of terms people sometimes use to describe themselves - heterosexual or straight; homosexual or {**IF C07Q22 = 1, gay, lesbian**} and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

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

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

**ND08END**

## Asthma Call-Back Permission Script

**AFUINTRO**

**ADLTPERM** IF - C05Q04 = 1 OR M24Q01 = 1

We would like to call you again within the next 2 weeks to talk in more detail about **{ADLTCHLD=1, your, your child's}** experiences with asthma. The information will be used to help develop and improve the asthma programs in **{STATE}**. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

**SKP → AFUEND**

**FNAME** IF - ADLTPERM=1

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

- 1 ENTER FIRST NAME OR INITIALS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**CNAME** IF - ADLTCHILD=2 AND ADLTPERM=1

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

- 1 ENTER FIRST NAME OR INITIALS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**MOSTKNOW** IF - ADLTCHILD=2 AND ADLTPERM=1

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

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

**OTHNAME** IF - MOSTKNOW=2

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

- 1 ENTER FIRST NAME, INITIALS, OR NICKNAME
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**CBTIME** IF - ADLTPERM=1

{If MOSTKNOW=2, What is a good time to call back and speak with {OTHNAME}, What is a good time to call you back?}

For example, evenings, days or weekends?

- 1 ENTER CALLBACK TIME
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**AFUEND**

## **Closing Statement**

### **CLOSING**

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.