INTRO

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.

Is this a safe time to talk with you now or are you driving?

This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention.

I have just a few questions to find out if you are eligible for this study.

NOTE: IF THE PERSON REPORTS THEY DO NOT LIVE IN THE STATE MENTIONED, TELL THEM THAT THEY MAY STILL BE ELIGIBLE TO PARTICIPATE.

CPCONTEL

Is this {PHONE7}?  

NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THE RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 YES SKP → CPIsCell
2 NO

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

CPWRONGN IF - CPCONTEL = 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.
**CPI\_SE0LL**  \hspace{1cm} IF - CPCONTEL <> 2  \hspace{1cm} CELLFON2

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.”

NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THE RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

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

**CPI\_CELLN0**  \hspace{1cm} IF - CPI\_SE0LL > 1

{IF CPI\_SE0LL = 2, Thank you very much but we are only interviewing cell telephones at this time.}

{IF CPI\_SE0LL > 2, Thank you for your time.}

DISPOS 4460

**CPI\_ADULT**  \hspace{1cm} IF - CPI\_SE0LL = 1  \hspace{1cm} CADULT

Are you 18 years of age or older?

NOTE: ASK GENDER IF NECESSARY.

NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THE RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

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<tbody>
<tr>
<td>1</td>
<td>YES AND THE RESPONDENT IS A MALE.</td>
<td>SKP → CPPvtRes</td>
</tr>
<tr>
<td>2</td>
<td>YES AND THE RESPONDENT IS A FEMALE.</td>
<td>SKP → CPPvtRes</td>
</tr>
<tr>
<td>3</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

**CPI\_N0\_ADULT**  \hspace{1cm} IF - CPI\_ADULT > 2

{IF CPI\_ADULT = 3, Thank you very much but we are only interviewing persons aged 18 or older at this time.}

{IF CPI\_SE0LL > 3, Thank you very much for your time.}

DISPOS 4700
**CPPvtRes**

IF - CPADULT = 1 OR CPADULT = 2  

PVTRESD2

Do you live in a private residence?

READ IF NECESSARY:

“By private residence, we mean someplace like a house or apartment.

NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THE RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.

1  YES  
2  NO

7  DON’T KNOW/NOT SURE  
9  REFUSED

**CPCOLLEG**

IF - CPPVTRES = 2  

CCLGHOUS

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  
2  NO

**CPNONRES**

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

**CPState**

Are you a resident of North Dakota?

1  YES  
2  NO

7  DON’T KNOW/NOT SURE  
9  REFUSED

CSTATE
CPStateU  IF - CPSTATE > 2

Thank you very much for your time.

DISPOS  4100

CPStateR  IF - CPState = 2

In what state do you live?

__ ENTER STATE FIPS

99 REFUSED

CPStateN  IF - CPStateR = 99

Thank you very much but we are not interviewing in your state at this time.

DISPOS  4100

CPLandLi  IF - CPState = 1 OR CPStateR < 99

Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY:

“By landline telephone, we mean a “regular” telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls.” Please include landline phones used for both business and personal use.

INTERVIEWER: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

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

SKP  →  CPIntroS

SKP  →  CPTermSc

SKP  →  CPTermSc
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/REFUSED
999 REFUSED

Thank you very much. Those are all the questions I have for you today.

DISPOS  4470
Core Sections

CPINTROS

Your cell phone number has been chosen randomly, and I would like to ask you some questions about health and health practices. 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 I will provide a telephone number for you to call to get more information.

1 PERSON INTERESTED, CONTINUE SKP → C01INTRO
Section 01: Health Status

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

C02INTRO

C02Q01 PHYSHLTH
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

___ NUMBER OF DAYS

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

C02Q02 MENTHLTH
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

___ NUMBER OF DAYS

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

If C02Q01 and C02Q02 = 88(none), go to next section

C02Q03 POORHLTH
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

___ NUMBER OF DAYS

88 NONE
77 DON’T KNOW/NOT SURE
99 REFUSED
1 MIN
30 MAX
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 Service?

1 YES [IF PPHF STATE GO TO MODULE 4, QUESTION 1, ELSE CONTINUE]
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
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

CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or If PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section
### Section 04: Inadequate Sleep

#### C04INTRO

#### C04Q01

I would like to ask you about your sleep pattern.

On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, Rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

<table>
<thead>
<tr>
<th>__</th>
<th>NUMBER OF HOURS [01-24]</th>
</tr>
</thead>
<tbody>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
<tr>
<td>1</td>
<td>MIN</td>
</tr>
<tr>
<td>24</td>
<td>MAX</td>
</tr>
</tbody>
</table>

#### C04END
Section 05: Hypertension Awareness

C05INTRO

C05Q01

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

READ ONLY IF NECESSARY:

“By ‘other health professional’ we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.”

IF “YES” AND RESPONDENT IS FEMALE, ASK:

“Was this only when you were pregnant?”

1 Yes
2 Yes, but female told only during pregnancy
3 No
4 Told borderline high or pre-hypertensive
7 DON’T KNOW/NOT SURE
9 REFUSED

C05Q01V

IF - RESPGEN = 1 AND C05Q01 = 2

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

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

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

Are you currently taking medicine for your high blood pressure?
Section 06: Cholesterol Awareness

C06INTRO

C06Q01
Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?
1 YES
2 NO SKP → C06END
7 DON’T KNOW/NOT SURE SKP → C06END
9 REFUSED SKP → C06END

C06Q02
About how long has it been since you last had your blood cholesterol checked?
READ ONLY 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
9 REFUSED

C06Q03
Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

C06END
Section 07: Chronic Health Conditions

C07Q01 CV2NFR4

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

C07Q02 CV2CRHD4

(Ever told) you had angina or coronary heart disease?
1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

C07Q03 CV2STRK3

(Ever told) you had a stroke?
1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED
<table>
<thead>
<tr>
<th><strong>C07Q04</strong></th>
<th><strong>ASTHMA3</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Ever told) you had asthma?</strong></td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td><strong>SKP</strong> → <strong>C07Q06</strong></td>
</tr>
<tr>
<td>2 NO</td>
<td><strong>SKP</strong> → <strong>C07Q06</strong></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td><strong>SKP</strong> → <strong>C07Q06</strong></td>
</tr>
<tr>
<td>9 REFUSED</td>
<td><strong>SKP</strong> → <strong>C07Q06</strong></td>
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<table>
<thead>
<tr>
<th><strong>C07Q05</strong></th>
<th><strong>ASTHNOW</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If - C07Q04 = 1</strong></td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td></td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9 REFUSED</td>
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<table>
<thead>
<tr>
<th><strong>C07Q06</strong></th>
<th><strong>CHCSCNCR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Ever told) you had skin cancer?</strong></td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td></td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td></td>
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<tr>
<td>9 REFUSED</td>
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<table>
<thead>
<tr>
<th><strong>C07Q07</strong></th>
<th><strong>CHCCOCNCR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Ever told) you had any other types of cancer?</strong></td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td></td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td></td>
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<tr>
<td>9 REFUSED</td>
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<tr>
<th><strong>C07Q08</strong></th>
<th><strong>CHCCOPD</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?</strong></td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td></td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9 REFUSED</td>
<td></td>
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</table>
(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- rheumatism, polymyalgia rheumatic
- 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

(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

(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
C07Q12  DIABETE3

(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

C07Q12V  IF - RESPgend=1 AND C07Q12=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 → C07Q12

C07END

CATI NOTE: If C07Q12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to C07Q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.
Module 01: Pre-Diabetes

CATI NOTE: Only asked of those not responding “Yes” (code = 1) to Core C07Q12 (Diabetes awareness question).

M01INTRO IF - C07Q12 > 1

M01Q01 IF - C07Q12 > 1 PDIABTST
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 C07Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02 IF - (C07Q12 > 1 AND C07Q12 < 4) OR C07Q12 > 4 PREDIAB1
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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 - RESPGEN = 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
Module 02: Diabetes

CATI NOTE: Only asked of those responding “Yes” (code = 1) to Core C07Q12 (Diabetes awareness question).

M02INTRO

IF - C07Q12 = 1

M02Q01

IF - C07Q12 = 1

DIABEAGE2

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

__  CODE AGE IN YEARS [97 = 97 or older]

98 DON’T KNOW/NOT SURE
99 REFUSED
01 MIN
97 MAX

M02Q02

IF - C07Q12 = 1

INSULIN

Are you now taking insulin?

1 YES
2 NO

9 REFUSED

M02Q03

IF - C07Q12 = 1

BLDSUGAR

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

101-199 = 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 - C07Q12 = 1 FEETCHK2
About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.
101-199 = 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 - C07Q12 = 1  DOCTDIAB

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

__ NUMBER OF TIMES [76 = 76 or more]

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

M02Q05V  IF - M02Q05 > 52 AND M02Q05 < 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 - C07Q12 = 1  CHKHEMO3

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

__ NUMBER OF TIMES [76 = 76 or 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 > 52 AND M02Q06 < 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 - C07Q12 = 1 AND M02Q04 <> 555  
FEETCHK

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?  
___ NUMBER OF TIMES [76 = 76 or more]

<table>
<thead>
<tr>
<th>Number</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>NONE</td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
<tr>
<td>01</td>
<td>MIN</td>
</tr>
<tr>
<td>76</td>
<td>MAX</td>
</tr>
</tbody>
</table>

**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?

<table>
<thead>
<tr>
<th>Number</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES, CORRECT AS IS, CONTINUE</td>
</tr>
<tr>
<td>2</td>
<td>NO, REASK QUESTION</td>
</tr>
</tbody>
</table>

SKP → M02Q07

**M02Q08**  
IF - C07Q12 = 1  
EYEEXAM

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:

<table>
<thead>
<tr>
<th>Number</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the past month (anytime less than 1 month ago)</td>
</tr>
<tr>
<td>2</td>
<td>Within the past year (1 month but less than 12 months ago)</td>
</tr>
<tr>
<td>3</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>4</td>
<td>2 or more years ago</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>8</td>
<td>NEVER</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
### M02Q09  
**IF - C07Q12 = 1**  
**DIABEYE**

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

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

### M02Q10  
**IF - C07Q12 = 1**  
**DIABEDU**

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

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

### M02END
Section 08: Demographics

C08INTRO

C08Q01

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

C08Q01V

IF - M02Q01 > C08Q01 AND M02Q01 < 98 AND C08Q01 > 18

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q01} 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 → C08Q01

C08Q02A

Are you Hispanic, Latino/a, or Spanish origin?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

SKP → C08Q03

SKP → C08Q03

SKP → C08Q03
(Are you Hispanic, Latino/a, or Spanish origin?)

Are you...
Mexican, Mexican American, Chicano/a
Puerto Rican
Cuban or
Another Hispanic, Latino/a, or Spanish Origin

CHECK ALL THAT APPLY
1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Another Hispanic, Latino/a, or Spanish Origin
5 NO

7 DON’T KNOW/NOT SURE
9 REFUSED
Which one or more of the following would you say is your race?

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

CHECK ALL THAT APPLY

PLEASE READ:

10  White
20  Black or African American
30  American Indian or Alaska Native
40  Asian
41  Asian Indian
42  Chinese
43  Filipino
44  Japanese
45  Korean
46  Vietnamese
47  Other Asian
50  Pacific Islander
51  Native Hawaiian
52  Guamanian or Chamorro
53  Samoan
54  Other Pacific Islander
60  Other [Specify]

77  DON’T KNOW/NOT SURE
99  REFUSED
88  NO ADDITIONAL CHOICES
CATI NOTE: If more than one response to C08Q03; continue. Otherwise, go to C08Q05

**C08Q04**

<table>
<thead>
<tr>
<th>IF - C08Q03 &lt; 77 AND C08Q03.2 &gt; 0 AND C08Q03.2 &lt;&gt; 88</th>
<th>ORACE3</th>
</tr>
</thead>
</table>

Which one of these groups would you say best represents your race?

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
50 Pacific Islander
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander
60 Other [Specify]

77 DON'T KNOW/NOT SURE
99 REFUSED

**C08Q05**

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
**C08Q06**

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

**C08Q07**

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

__ NUMBER OF CHILDREN

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

**C08Q08**

What is the highest grade or year of school you completed?

**READ ONLY IF NECESSARY:**

1. Never attended school or only attended kindergarten
2. Grades 1 through 8 (Elementary)
3. Grades 9 through 11 (Some high school)
4. Grade 12 or GED (High school graduate)
5. College 1 year to 3 years (Some college or technical school)
6. College 4 years or more (College graduate)

9. REFUSED
Are you currently…?

PLEASE READ:
1  Employed for wages
2  Self-employed
3  Out of work for 1 year or more
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).

Is your annual household income from all sources:
Less than $25,000?
1  YES
2  NO  SKP → C08Q10e
7  DON’T KNOW/NOT SURE  SKP → C08Q10i
9  REFUSED  SKP → C08Q10i

IF – C08Q10d = 1
(Is your annual household income from all sources: )
Less than $20,000?
1  YES
2  NO  SKP → C08Q10i
7  DON’T KNOW/NOT SURE  SKP → C08Q10i
9  REFUSED  SKP → C08Q10i
C08Q10b  IF - C08Q10c = 1
(Is your annual household income from all sources: )
Less than $15,000?
1  YES
2  NO  SKP  ->  C08Q10i
7  DON’T KNOW/NOT SURE  SKP  ->  C08Q10i
9  REFUSED  SKP  ->  C08Q10i

C08Q10a  IF - C08Q10b = 1
(Is your annual household income from all sources: )
Less than $10,000?
1  YES  SKP  ->  C08Q10i
2  NO  SKP  ->  C08Q10i
7  DON’T KNOW/NOT SURE  SKP  ->  C08Q10i
9  REFUSED  SKP  ->  C08Q10i

C08Q10e  IF - C08Q10d = 2
(Is your annual household income from all sources: )
Less than $35,000?
1  YES  SKP  ->  C08Q10i
2  NO
7  DON’T KNOW/NOT SURE  SKP  ->  C08Q10i
9  REFUSED  SKP  ->  C08Q10i

C08Q10f  IF - C08Q10e = 2
(Is your annual household income from all sources: )
Less than $50,000?
1  YES  SKP  ->  C08Q10i
2  NO
7  DON’T KNOW/NOT SURE  SKP  ->  C08Q10i
9  REFUSED  SKP  ->  C08Q10i
C08Q10g

IF - C08Q10f = 2

(Is your annual household income from all sources: )

Less than $75,000?

1  YES  SKP  →  C08Q10i
2  NO   SKP  →  C08Q10i

7  DON’T KNOW/NOT SURE SKP  →  C08Q10i
9  REFUSED  SKP  →  C08Q10i

C08Q10i

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

{If C08Q10g = 2, More than $75,000?}
{If C08Q10g = 1, $50,000 to less than $75,000}
{If C08Q10f = 1, $35,000 to less than $50,000}
{If C08Q10e = 1, $25,000 to less than $35,000}
{If C08Q10c = 2, $20,000 to less than $25,000}
{If C08Q10b = 2, $15,000 to less than $20,000}
{If C08Q10a = 2, $10,000 to less than $15,000}
{If C08Q10a = 1, Less than $10,000}
{Default, REFUSED/DON’T KNOW/NOT SURE}

IS THIS CORRECT?

1  YES
2  NO  SKP  →  C08Q10d

7  DON’T KNOW/NOT SURE
9  REFUSED

C08Q11

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
C08Q11V

IF - C08Q11 <> 7777 AND C08Q11 <> 9999 AND
((C08Q11<9000 AND (C08Q11<80 OR C08Q11>350)) OR
(C08Q11>9000 AND (C08Q11<9035 OR C08Q11>9159)))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11}
IS THIS CORRECT?
1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION

SKP  →  C08Q11

C08Q12

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

C08Q12V

IF - (C08Q12<9000 AND (C08Q12>608 OR
C08Q12<407)) OR (C08Q12>9000 AND (C08Q12>9206 OR
C08Q12<9139))

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q12}
IS THIS CORRECT?
1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION

SKP  →  C08Q12

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
**C08Q14**

What is the ZIP Code where you live?

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>77777</td>
<td>DON'T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99999</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**C08Q15**

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.

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

**C08Q19**

Have you used the internet in the past 30 days?

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

**C08Q20**

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.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OWN</td>
</tr>
<tr>
<td>2</td>
<td>RENT</td>
</tr>
<tr>
<td>3</td>
<td>OTHER ARRANGEMENT</td>
</tr>
<tr>
<td>7</td>
<td>DON'T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
<tr>
<td><strong>C08Q21</strong></td>
<td><strong>SEX</strong></td>
</tr>
<tr>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY</strong></td>
<td></td>
</tr>
<tr>
<td>1 MALE</td>
<td></td>
</tr>
<tr>
<td>2 FEMALE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C08Q21V</strong></th>
<th><strong>IF - RESPGEND &lt;&gt; C08Q21</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q21}. ARE YOU SURE?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>THE RESPONDENT SELECTED WAS THE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>{SRESP}</strong></td>
<td></td>
</tr>
<tr>
<td><strong>IS THE PREVIOUS ANSWER CORRECT?</strong></td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td></td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C08Q22</strong></th>
<th><strong>IF - C08Q01 &lt; 45 AND C08Q21 = 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREGNANT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>To your knowledge, are you now pregnant?</strong></td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td></td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C08Q23</strong></th>
<th><strong>QLACTLM2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The following questions are about health problems or impairments you may have.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Are you limited in any way in any activities because of physical, mental, or emotional problems?</strong></td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td></td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>
C08Q24 USEEQUIP

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

NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

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

C08Q25 BLIND

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

C08Q26 DECIDE

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

C08Q27 DIFFWALK

Do you have serious difficulty walking or climbing stairs?

1  YES
2  NO
7  DON'T KNOW/NOT SURE
9  REFUSED
<table>
<thead>
<tr>
<th><strong>C08Q28</strong></th>
<th>DIFFDRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have difficulty dressing or bathing?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C08Q29</strong></th>
<th>DIFFALON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

| **C08END** |
Section 09: Tobacco Use

**C09INTRO**

**C09Q01** SMOKE100

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 SMOKDAY2

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

1  Everyday
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 STOPSMK2

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

1  YES  C09Q05
2  NO  SKP  →  C09Q05
7  DON’T KNOW/NOT SURE  SKP  →  C09Q05
9  REFUSED  SKP  →  C09Q05
### C09Q04

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Within the past month (less than 1 month ago)</td>
</tr>
<tr>
<td>02</td>
<td>Within the past 3 months (1 month but less than 3 months ago)</td>
</tr>
<tr>
<td>03</td>
<td>Within the past 6 months (3 months but less than 6 months ago)</td>
</tr>
<tr>
<td>04</td>
<td>Within the past year (6 months but less than 1 year ago)</td>
</tr>
<tr>
<td>05</td>
<td>Within the past 5 years (1 year but less than 5 years ago)</td>
</tr>
<tr>
<td>06</td>
<td>Within the past 10 years (5 years but less than 10 years ago)</td>
</tr>
<tr>
<td>07</td>
<td>10 years or more</td>
</tr>
<tr>
<td>08</td>
<td>Never smoked regularly</td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### C09Q05

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

**INTERVIEWER NOTE: SNUS (RHIMES 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Everyday</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
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**  
\[ \text{DRNK3GE5} \]

Considering all types of alcoholic beverages, how many times during the past 30 days did you have \{IF C08Q20 = 1, 5, 4\} or more drinks on an occasion?

<table>
<thead>
<tr>
<th>____</th>
<th>NUMBER OF TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>NONE</td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
<tr>
<td>01</td>
<td>MIN</td>
</tr>
<tr>
<td>76</td>
<td>MAX</td>
</tr>
</tbody>
</table>

**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  

**C10Q04**  
**IF - C10Q01 < 777**  
\[ \text{MAXDRNKS} \]

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

<table>
<thead>
<tr>
<th>____</th>
<th>NUMBER OF DRINKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
<tr>
<td>01</td>
<td>MIN</td>
</tr>
<tr>
<td>76</td>
<td>MAX</td>
</tr>
</tbody>
</table>

**C10Q04V**  
**IF - (C10Q04 <> 99 AND C10Q04 <> 77)AND C10Q04 < 77 AND ((C08Q20 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR C10Q03 < 5)) OR (C08Q20 = 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 C08Q20=1, 5, 4\} IS \{C10Q03\}.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION  

SKP → C10Q04
Section 11: Fruits and Vegetables

These next questions are about the fruits and vegetables **YOU** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **YOU** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT “0” TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:

“Was that per day, week, or month?”
During the past month, how many times per day, week or month did you drink 100% pure fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS. DO NOT INCLUDE FRUIT JUICE DRINKS THAT PROVIDE 100% DAILY VITAMIN C BUT INCLUDE ADDED SUGAR. DO NOT INCLUDE VEGETABLE JUICE SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION C11Q06.

DO INCLUDE 100% PURE JUICES INCLUDING ORANGE, MANGO, PAPAYA, PINEAPPLE, APPLE, GRAPE (WHITE OR RED), OR GRAPEFRUIT. ONLY COUNT CRANBERRY JUICE IF THE RESPONDENT’S PERCEPTION IS THAT IT IS 100% JUICE WITH NO SUGAR OR ARTIFICIAL SWEETENER ADDED. 100% JUICE BLENDS SUCH AS ORANGE-PINEAPPLE, ORANGE-TANGERINE, CRANBERRY-GRAPe ARE ALSO ACCEPTABLE AS ARE FRUIT-VEGETABLE 100% BLENDS. 100% PURE JUICE FROM CONCENTRATE (I.E., RECONSTITUTED) IS COUNTED.

101-199 = PER DAY  201-299 = PER WEEK  300-399 = PER MONTH

____ TIMES

555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

INTERVIEWER: YOU RECORDERED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C11Q01 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION

SKP → C11Q01
During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

READ ONLY IF NECESSARY:

“Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or muskmelon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES. DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS. DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU-BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT. DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARABOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).

101-199 = PER DAY  201-299 = PER WEEK  300-399 = PER MONTH

__ TIMES

555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C11Q02 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION

SKP → C11Q02
During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

READ ONLY IF NECESSARY:

"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, HUMMUS, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS. INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS. INCLUDE FALAFEL AND TEMPEH.

101-199 = PER DAY  201-299 = PER WEEK  300-399 = PER MONTH

___ TIMES

555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS {C11Q03 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION  SKP → C11Q03
During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.

INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCULN, ROMAINE LETTUCE, BOK CHOI, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.

DO NOT INCLUDED ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.

101-199 = PER DAY  201-299 = PER WEEK  300-399 = PER MONTH

___ TIMES

555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {C11Q04 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION SKP → C11Q04
During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

READ ONLY IF NEEDED:

“Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”

INTERVIEWER NOTE: INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT. INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT). INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES. INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS AN EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIN; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP. INCLUDE PUMPKIN, INCLUDING PUMPKIN SOUP AND PIE.

DO NOT INCLUDE PUMPKIN BARS, CAKE, BREAD OR OTHER GRAIN-BASED DESSERT-TYPE FOOD CONTAINING PUMPKIN (I.E. SIMILAR TO BANANA BARS, ZUCCHINI BARS WE DO NOT INCLUDE).

101-199 = PER DAY  201-299 = PER WEEK  300-399 = PER MONTH

___ TIMES

555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

IF - (C11Q05 > 105 AND C11Q05 < 201) OR (C11Q05 > 235 AND C11Q04 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES \{C11Q05 SHOWTIME\}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION

SKP -> C11Q05
Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

READ ONLY IF NEEDED:

“Do not count vegetables you have already counted and do not include fried potatoes.”

INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVACADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN). DO INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).

DO NOT INCLUDE RICE OR OTHER GRAINS. DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDING KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.

101-199 = PER DAY  201-299 = PER WEEK  300-399 = PER MONTH

___ TIMES

555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES (C11Q06 SHOWTIME)

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION

SKP → C11Q06
Section 12: Exercise (Physical Activity)

C12INTRO

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

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?

INTERVIEWER NOTE: IF RESPONDENT DOES NOT HAVE A “REGULAR JOB DUTY” OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND MOST OF THE TIME DOING IN A REGULAR MONTH.

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

C12Q02

IF - C12Q01 = 1

What type of physical activity or exercise did you spend the most time doing during the past month?

INTERVIEWER NOTE: IF THE RESPONDENT’S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS “OTHER”.

(Specify) [See Coding List A]

97  DON’T KNOW/NOT SURE
99  REFUSED
<table>
<thead>
<tr>
<th>C12Q03</th>
<th>IF - C12Q02 &gt; 0 AND C12Q02 &lt;&gt; 97 AND C12Q02 &lt;&gt; 99</th>
<th>EXEROFL</th>
</tr>
</thead>
</table>

How many times per week or per month did you take part in this activity during the past month?

101-199 = PER WEEK  201-299 = PER MONTH

___ TIMES

777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
299 MAX

<table>
<thead>
<tr>
<th>C12Q03V</th>
<th>IF - (C12Q03 &gt; 107 AND C12Q03 &lt; 201) OR (C12Q03 &gt; 231 AND C12Q03 &lt; 300)</th>
</tr>
</thead>
</table>

INTERVIEWER: YOURecorded THAT THE RESPONDENT TAKES PART IN THE ACTIVITYRecorded IN C10Q03 {C12Q03 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION

<table>
<thead>
<tr>
<th>C12Q04</th>
<th>IF - C12Q02 &gt; 0 AND C12Q02 &lt;&gt; 97 AND C12Q02 &lt;&gt; 99</th>
<th>EXERHMM1</th>
</tr>
</thead>
</table>

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE 1 HOUR 30 MINUTES ENTER AS “130”

___ HOURS AND MINUTES

777 DON’T KNOW/NOT SURE
999 REFUSED
001 MIN
659 MAX

<table>
<thead>
<tr>
<th>C12Q04V</th>
<th>IF - C12Q04 &gt; 430 AND C12Q04 &lt; 777</th>
</tr>
</thead>
</table>

INTERVIEWER: YOU Recorded THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C12Q04 HOURMIN}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION
What other type of physical activity gave you the next most exercise during the past month?

INTERVIEWER NOTE: IF THE RESPONDENT’S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS “OTHER”.

__(Specify) [See Coding List A]

88 NO OTHER ACTIVITY
97 DON’T KNOW/NOT SURE
99 REFUSED

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C12Q02.

FIRST ACTIVITY (C12Q02) = \{C12Q02\}
SECOND ACTIVITY (C12Q05) = \{C12Q05\}

IS THIS CORRECT?

1 NO, CHANGE ACTIVITY IN QUESTION C10Q05
2 NO, CHANGE ACTIVITY IN QUESTION C10Q02
3 YES, CORRECT AS IS, CONTINUE

How many times per week or per month did you take part in this activity during the past month?

101-199 = PER WEEK
201-299 = PER MONTH

__(TIMES)

777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
299 MAX
C12Q06V  IF - (C12Q06 > 107 AND C12Q06 < 201) OR (C12Q06 > 231 AND C12Q06 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q06 \{C12Q06 SHOWTIME\}

IS THIS CORRECT?
1    YES, CORRECT AS IS, CONTINUE
2    NO, REASK QUESTION

SKP → C12Q06

C12Q07  IF - C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99

And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE 1 HOUR 30 MINUTES ENTER AS “130”

___ HOURS AND MINUTES

777   DON’T KNOW/NOT SURE
999   REFUSED
001   MIN
659   MAX

C12Q07V  IF - C12Q07 > 430 AND C12Q07 < 777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR \{C12Q07 HOURMIN\}

IS THIS CORRECT?
1    YES, CORRECT AS IS, CONTINUE
2    NO, REASK QUESTION

SKP → C12Q07

64
During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

101-199 = PER WEEK       201-299 = PER MONTH

___ TIMES

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

**C12Q08V** IF (C12Q08 > 107 AND C12Q08 < 201) OR (C12Q08 > 231 AND C12Q08 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES **{C12Q08 SHOWTIME}**

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION SKP → C12Q08

**C12END**
Section 13: Arthritis Burden

If Q7.9 = 1 (yes) then continue, else go to next section.

IF C07Q09 = 1

Next, I will ask you about your arthritis.
Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.
Are you limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY:

“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

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

C13Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT

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

INTERVIEWER NOTE: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS “YES” MARK THE OVERALL RESPONSE AS “YES.” IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:

“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:

“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

PLEASE READ:

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

7. DON’T KNOW/NOT SURE
9. REFUSED

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

ENTER NUMBER [00-10]
Section 14: Seatbelt Use

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

PLEASE READ:

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

7 DON'T KNOW/NOT SURE
8 NEVER DRIVE OR RIDE IN A CAR
9 REFUSED
Section 15: Immunization

C15INTRO

C15Q01

Now I will ask you questions about the flu vaccine. There are two ways to get the 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 flu shot or a flu vaccine that was sprayed in your nose?

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
7 DON’T KNOW/NOT SURE
9 REFUSED

C15Q02

IF - C15Q01 = 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
777777 DON’T KNOW/NOT SURE
999999 REFUSED
012012 MIN
122013 MAX

CATI NOTE: Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2013, response can be no older than 06/2012.
Since 2005, have you had a tetanus shot?

IF YES, ASK:

“Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?”

READ IF NECESSARY:

1 Yes, received Tdap
2 Yes, received the tetanus shot, but not Tdap
3 Yes, received tetanus shot but not sure what type
4 No, did not receive any tetanus since 2005

7 DON’T KNOW/NOT SURE
9 REFUSED

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

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED
Section 16: HIV/AIDS

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  →  C16END
7  DON’T KNOW/NOT SURE  SKP  →  C16END
9  REFUSED  SKP  →  C16END

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.”


_____  CODE MONTH AND YEAR

777777  DON’T KNOW/NOT SURE
999999  REFUSED
011985  MIN
772013  MAX
Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Private doctor or HMO office</td>
</tr>
<tr>
<td>02</td>
<td>Counseling and testing site</td>
</tr>
<tr>
<td>03</td>
<td>Emergency room</td>
</tr>
<tr>
<td>04</td>
<td>Hospital inpatient</td>
</tr>
<tr>
<td>05</td>
<td>Clinic</td>
</tr>
<tr>
<td>06</td>
<td>Jail or prison (or other correctional facility)</td>
</tr>
<tr>
<td>07</td>
<td>Drug treatment center</td>
</tr>
<tr>
<td>08</td>
<td>At home</td>
</tr>
<tr>
<td>09</td>
<td>Somewhere else</td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
Next, I have just a few questions about some other health topics.
Module 04: Health Care Access

M04INTRO

M04Q01 MEDICARE
Do you have Medicare?

NOTE: MEDICARE IS A COVERAGE PLAN FOR PEOPLE AGE 65 OR OVER AND FOR CERTAIN DISABLED PEOPLE.

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

M04Q02 HLTHCVRG
Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

CHECK ALL THAT APPLY

PLEASE READ:

01 Your employer
02 Someone else’s employer
03 A plan that you or someone else buys on your own
04 Medicaid or Medical Assistance [CATI INSERT: or substitute state program name]
05 The military, CHAMPUS, or the VA (or CHAMP-VA)
06 The Indian Health Service (or the Alaska Native Health Service)
07 Some other source
88 None
77 DON’T KNOW/NOT SURE
99 REFUSED
Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

PLEASE READ:

1. You couldn’t get through on the telephone
2. You couldn’t get an appointment soon enough
3. Once you got there, you had to wait too long to see the doctor
4. The (clinic/doctor’s) office wasn’t open when you got there
5. You didn’t have transportation

6. OTHER, SPECIFY
8. No, I did not delay getting medical care/did not need medical care
7. DON’T KNOW/NOT SURE
9. REFUSED

M04Q04A IF - C03Q01 = 1

In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

1. YES SKP → M04Q05
2. NO SKP → M04Q05

7. DON’T KNOW/NOT SURE SKP → M04Q05
9. REFUSED SKP → M04Q05
About how long has it been since you last had health care coverage?

1. 6 months or less
2. More than 6 months, but not more than 1 year ago
3. More than 1 year, but not more than 3 years ago
4. More than 3 years
5. Never

7. DON’T KNOW/NOT SURE
9. REFUSED

How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

__ NUMBER OF TIMES

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

Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

1. Yes
2. No

3. NO MEDICATION WAS PRESCRIBED
7. DON’T KNOW/NOT SURE
9. REFUSED
**M04Q07**

In general, how satisfied are you with the health care you received? Would you say...

1. Very satisfied
2. Somewhat satisfied
3. Not at all satisfied

3. NOT APPLICABLE
7. DON’T KNOW/NOT SURE
9. REFUSED

**M04Q08**

Do you currently have any medical bills that are being paid off over time?

INTERVIEWER NOTE:

THIS COULD INCLUDE MEDICAL BILLS BEING PAID OFF WITH A CREDIT CARD, THROUGH PERSONAL LOANS, OR BILL PAYING ARRANGEMENTS WITH HOSPITALS OR OTHER PROVIDERS. THE BILLS CAN BE FROM EARLIER YEARS AS WELL AS THIS YEAR.

1. Yes
2. No

7. DON’T KNOW/NOT SURE
9. REFUSED

**M04END**
State Added 04: Health Insurance

Previously we asked you about health insurance and would like to ask you now about specific insurance plans. 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
Module 06: Sodium or Salt-Related Behavior

M06INTRO

M06Q01 WTCHSALT

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

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

Are you currently watching or reducing your sodium or salt intake?

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

M06Q02 IF - M06Q01 = 1 LONGWTCH

How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?

101-199 = PER DAY  301-399 = PER MONTH
201-299 = PER WEEK  401-499 = PER YEAR
___ TIMES
555 ALL MY LIFE
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
499 MAX

M06Q03 DRADVISE

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

1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED
Module 08: Cardiovascular Health

M08INTRO

M08Q01 IF - C07Q01 = 1 HAREHAB1
I would like to ask you a few more questions about your cardiovascular or heart health.
Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called “rehab.”
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

M08Q02 IF - C07Q03 = 1 STREHAB1
{IF M08Q01 < 1, I would like to ask you a few more questions about your cardiovascular or heart health.}
Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called “rehab.”
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

CATI NOTE: Question 3 is asked of all respondents

M08Q03 CVDASPRN
{IF M08Q01 < 1 AND M08Q02 < 1, I would like to ask you a few more questions about your cardiovascular or heart health.}
Do you take aspirin daily or every other day?
INTERVIEWER NOTE: ASPIRIN CAN BE PRESCRIBED BY A HEALTH CARE PROVIDER OR OBTAINED AS AN OVER-THE-COUNTER (OTC) MEDICATION.
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

SKP → M08Q05
M08Q04  IF - M08Q03 > 1  ASPUNSAF
Do you have a health problem or condition that makes taking aspirin unsafe for you?
IF “YES”, ASK:
“Is this a stomach condition?”
CODE UPSETS STOMACH AS STOMACH PROBLEMS.
1  YES, NOT STOMACH RELATED    SKP → M08END
2  YES, STOMACH PROBLEMS        SKP → M08END
3  NO                          SKP → M08END
7  DON’T KNOW/NOT SURE         SKP → M08END
9  REFUSED                     SKP → M08END

M08Q05  IF - M08Q03 = 1  RLIVPAIN
Do you take aspirin to relieve pain?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

M08Q06  IF - M08Q03 = 1  RDUCHART
Do you take aspirin to reduce the chance of a heart attack?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

M08Q07  IF - M08Q03 = 1  REDUCSTRK
Do you take aspirin to reduce the chance of a stroke?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

M08END
Module 18: Industry and Occupation

M18INTRO

IF - CO8Q09 = 1 OR CO8Q09 = 2 OR CO8Q09 = 4

M18Q01

IF - CO8Q09 = 1 OR CO8Q09 = 2 OR CO8Q09 = 4

TYPEWORK

Now I am going to ask you about your work.

What kind of work \{If CO8Q09 = 4, did, do\} you do?  (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK

“What is your job title?”

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB, ASK:

“What is your main job?”

01 SPECIFY Other

99 REFUSED

M18Q02

IF - CO8Q09 = 1 OR CO8Q09 = 2 OR CO8Q09 = 4

TYPEINDS

What kind of business or industry \{If CO8Q09 = 4, did, do\} you work in?  (for example, hospital, elementary school, clothing manufacturing, restaurant)

01 SPECIFY Other

99 REFUSED

M18END
State Added 01: Residence

ND01INTRO

ND01Q01

How long have you lived in North Dakota?

INTERVIEWER NOTE: THIS QUESTION REFERS TO CONSECUTIVE TIME. IF RESPONDENT WAS A RESIDENT, LEFT AND HAS NOW COME BACK, WE ARE INTERESTED IN HOW LONG THEY HAVE BEEN BACK.

101-199 NUMBER OF DAYS 201-299 NUMBER OF WEEKS
301-399 NUMBER OF MONTHS 401-499 NUMBER OF YEARS

ENTER AMOUNT OF TIME

555 ALL MY LIFE
888 DO NOT LIVE IN NORTH DAKOTA FULL TIME
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
499 MAX

ND01Q02

IF - ASKCNTY = 001 OR ASKCNTY = 007 OR ASKCNTY = 011
OR ASKCNTY = 023 OR ASKCNTY = 025 OR ASKCNTY = 033 OR
ASKCNTY = 041 OR ASKCNTY = 053 OR ASKCNTY = 061 OR
ASKCNTY = 087 OR ASKCNTY = 089 OR ASKCNTY = 105 OR
ASKCNTY = 888

Which of the following best describes the type of home you live in?

PLEASE READ

01 House
02 Condo
03 Mobile home
04 Duplex, townhouse, apartment
05 One Room
06 Camper with central heat
07 Car, truck, tent or camper without central heat
08 Homeless or shelter
09 Other
77 DON’T KNOW/NOT SURE
99 REFUSED

ND01END
**State Added 02: Occupation**

<table>
<thead>
<tr>
<th>ND02INTRO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ND02Q01</th>
<th><strong>IF - C08Q09 = 1 OR C08Q09 = 2</strong></th>
<th><strong>OCCNTY</strong></th>
</tr>
</thead>
</table>

In what county do you work?

INTERVIEWER NOTE: IF SOMEONE WORKS FROM HOME, WE ARE INTERESTED IN THEIR HOME COUNTY RATHER THAN THE COMPANY’S COUNTY.

___ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)

888 OTHER
777 DON’T KNOW/NOT SURE
999 REFUSED
001 MIN
775 MAX

<table>
<thead>
<tr>
<th>ND02Q02</th>
<th><strong>IF - ND02Q01 = 777</strong></th>
<th><strong>OCCNTYIMP</strong></th>
</tr>
</thead>
</table>

What community do you work in or what is the community closest to where you work?

1 ENTER COMMUNITY Other

7 DON’T KNOW/NOT SURE
9 REFUSED

<table>
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<tr>
<th>ND02END</th>
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### ND03Q01

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, reservation</td>
</tr>
<tr>
<td>2</td>
<td>Yes, Indian service area</td>
</tr>
<tr>
<td>3</td>
<td>No, neither</td>
</tr>
<tr>
<td>7</td>
<td>DON'T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

If C08Q03 = 30:

**State Added 03: Indian Health**

**ND03INTRO**

**ND03Q02**

Do you live on a reservation or Indian Service Area?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, reservation</td>
</tr>
<tr>
<td>2</td>
<td>Yes, Indian service area</td>
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<tr>
<td>3</td>
<td>No, neither</td>
</tr>
<tr>
<td>7</td>
<td>DON'T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
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</table>

**ND03Q03**

Are you currently an enrolled tribal member?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON'T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

Which tribe?

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

READ IF NECESSARY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>MANDAN</td>
</tr>
<tr>
<td>02</td>
<td>ARIKARA</td>
</tr>
<tr>
<td>03</td>
<td>HIDATSA</td>
</tr>
<tr>
<td>04</td>
<td>THREE AFFILIATED TRIBES</td>
</tr>
<tr>
<td>05</td>
<td>SPIRIT LAKE SIOUX</td>
</tr>
<tr>
<td>06</td>
<td>STANDING ROCK SIOUX</td>
</tr>
<tr>
<td>07</td>
<td>OTHER SIOUX</td>
</tr>
<tr>
<td>08</td>
<td>CHIPPEWA</td>
</tr>
<tr>
<td>09</td>
<td>OTHER</td>
</tr>
<tr>
<td>77</td>
<td>DON'T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
How much of your health care do you obtain from an Indian Health Service, IHS clinic?

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

7. DON'T KNOW/NOT SURE
9. REFUSED
Over the past two weeks, how many days have you felt worried, tense or anxious?

__ Number of days

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

Over the last two weeks, how many days have you felt down, depressed or hopeless?

__ Number of days

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

How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage?

Would you say you were worried or stressed:

PLEASE READ

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 DON'T KNOW/NOT SURE
9 REFUSED
During the past 30 days, how many days did you eat less than you feel you should because there was not enough food or money to buy food?

___ Number of days

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
30 MAX
Not including yourself, how many people live in your household?

INTERVIEWER NOTE: IF CLARIFICATION REQUIRED SAY:

“How many people share the same living space with you?”

Number of people

77 DON’T KNOW/NOT SURE
99 REFUSED
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.