Behavioral Risk Factor Surveillance System

North Dakota Cell

January 2014
(CDC Core – 12/19/2013)

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
Contents

Intro ................................................................. 10
CPINTROQ........................................................... 10
CPConTel ............................................................ 10
CPWRONGN ......................................................... 10
CPIsCell ........................................................... 11
CPCELLNO ......................................................... 11
CPADULT ........................................................... 11
CPNOADLT ......................................................... 11
CPPVTRES ......................................................... 12
CPCOLLEG ......................................................... 12
CPNONRES ......................................................... 12
CPSTATE ............................................................ 12
CPSTATEU ......................................................... 13
CPSTATER ......................................................... 13
CPSTATEN ......................................................... 13
CPLANDLI ......................................................... 13
CPNMADLT ......................................................... 13
Core Sections ...................................................... 14
CPINTROS ......................................................... 14
Section 01: Health Status ............................. 15
C01INTRO ........................................................... 15
C01Q01 ............................................................... 15
C01Q02 ............................................................... 15
C01Q03 ............................................................... 15
C01Q04 ............................................................... 16
Section 02: Healthy Days -- Health-Related Quality of Life .. 16
C02INTRO ........................................................... 16
C02Q01 ............................................................... 16
C02Q02 ............................................................... 16
C02Q03 ............................................................... 16
C02Q04 ............................................................... 16
Section 03: Health Care Access ........................ 17
C03INTRO ........................................................... 17
C03Q01 ............................................................... 17
C03Q02 ............................................................... 17
C03Q03 ............................................................... 17
C03Q04 ............................................................... 18
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Immunization</td>
<td>49</td>
</tr>
<tr>
<td>12</td>
<td>Falls</td>
<td>51</td>
</tr>
<tr>
<td>13</td>
<td>Seatbelt Use</td>
<td>52</td>
</tr>
<tr>
<td>14</td>
<td>Drinking and Driving</td>
<td>53</td>
</tr>
<tr>
<td>15</td>
<td>Breast and Cervical Cancer Screening</td>
<td>54</td>
</tr>
<tr>
<td>16</td>
<td>Prostate Cancer Screening</td>
<td>57</td>
</tr>
</tbody>
</table>
Module 14: Industry and Occupation ............................. 71
  M14INTRO......................................................... 71
  M14Q01.......................................................... 71
  M14Q02.......................................................... 71
  M14END.......................................................... 71
State Added 01: Residence ........................................ 72
  ND01INTRO...................................................... 72
  ND01Q01.......................................................... 72
  ND01Q02.......................................................... 72
  ND01END.......................................................... 72
State Added 02: Occupation ........................................ 73
  ND02INTRO...................................................... 73
  ND02Q01.......................................................... 73
  ND02Q02.......................................................... 73
  ND02Q03.......................................................... 73
  ND02Q04.......................................................... 74
  ND02END.......................................................... 74
State Added 03: Indian Health ................................. 75
  ND03INTRO...................................................... 75
  ND03Q01.......................................................... 75
  ND03Q02.......................................................... 75
  ND03Q03.......................................................... 75
  ND03Q04.......................................................... 76
  ND03END.......................................................... 76
State Added 04: Healthy Days – Health Related Quality of Life 77
  ND04INTRO...................................................... 77
  ND04Q01.......................................................... 77
  ND04Q02.......................................................... 77
  ND04END.......................................................... 77
State Added 05: Health Insurance ............................. 78
  ND05INTRO...................................................... 78
  ND05Q01.......................................................... 78
  ND05END.......................................................... 78
State Added 06: Excessive Sun Exposure ..................... 79
  ND06INTRO...................................................... 79
  ND06Q01.......................................................... 79
  ND06END.......................................................... 79
Hello, I'm calling for the North Dakota Department of Health. My name is ____________. 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 a person reports they do not live in the state mentioned, tell them that they may still be to participate.

Interviewer: Press ‘1’ to continue

1 SKP → CPConTel

Is this XXX-XXX-XXXX?

Interviewer: Please confirm negative responses to ensure that respondent has heard and understood correctly.

1 YES SKP → CPIsCell
2 NO

7 DON’T KNOW/ NOT SURE
9 REFUSED

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.

Interviewer: Press ‘1’ to continue

1 SKP → CPINTROQ
Is this a cellular telephone?

READ ONLY IF NECESSARY:

“By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood”.

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

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

IF - CPIsCell > 1

{IF CPIsCell = 2, Thank you very much, but we are only interviewing cell telephones at this time.}
{IF CPIsCell > 2, Thank you for your time.}

Are you 18 years of age or older?

NOTE: ASK GENDER IF NECESSARY

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

1 Yes and the respondent is male  SKP → CPPVTRES
2 Yes and the respondent is female  SKP → CPPVTRES
3 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

IF - CPADLT > 2

{IF CPADULT = 3, Thank you very much, but we are only interviewing persons aged 18 or older at this time.}
{IF CPADULT > 3, Thank you for your time.}
CPPVTRES  IF - CPADULT = 1 OR CPADULT = 2  PVTRESD2
Do you live in a private residence?
READ ONLY IF NECESSARY:
“By private residence, we mean someplace like a house or apartment.”
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.
THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.
1  YES  SKP  →  CPSTATE
2  NO
7  DON’T KNOW/NOT SURE  SKP  →  CPSTATE
9  REFUSED  SKP  →  CPSTATE

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 arrangement provided by a college or university.”
1  YES  SKP  →  CPSTATE
2  NO

CPNONRES  IF - CPCOLLEG > 1
Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

CPSTATE  IF - CPPVTRES = 1 OR CPCOLLEG = 1  CSTATE
Are you a resident of North Dakota?
NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.
1  YES  SKP  →  CPLANDLI
2  NO  SKP  →  CPSTATER
7  DON’T KNOW/NOT SURE
9  REFUSED
CPSTATEU  IF - CPSTATE = 7 OR CPSTATE = 9

Thank you for your time.

CPSTATER  IF - CPSTATE = 1  RSPSTATE

In what state do you live?

__ Enter State  
99 OTHER/REFUSED

CPSTATEN  IF - CPSTATEN = 99

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

CPLANLDI  LANDLINE

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.”

NOTE: 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

CPNMADLT  IF - CPPVTRES = 1  HHADULT

How many members of your household, including yourself, are 18 years of age or older?

__ ENTER NUMBER OF ADULTS  

Core Sections
CPINTROS

Your cell phone number has been chosen randomly, and I would like to ask 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
**Section 01: Health Status**

| C01INTRO |

| C01Q01 | GENHLTH |

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

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 HLTHPLN1
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
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

C03Q02 PERSDOC2
Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: IF “NO” ASK:
“Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

1 YES, ONLY ONE
2 MORE THAN ONE
3 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

C03Q03 MEDCOST
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

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

7. DON’T KNOW/NOT SURE
8. NEVER
9. REFUSED
Section 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: Inadequate Sleep

C05INTRO

C05Q01 SLEPTIM1

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.

__ NUMBER OF HOURS[01-24]

77 DON’T KNOW/NOT SURE
99 REFUSED
1 MIN
24 MAX

C05END
Section 06: Chronic Health Conditions

**C06Q01**

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**

**C06Q02**

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

1. **YES**
2. **NO**

7. **DON’T KNOW/NOT SURE**
9. **REFUSED**

**C06Q03**

(Ever told) you had a stroke?

1. **YES**
2. **NO**

7. **DON’T KNOW/NOT SURE**
9. **REFUSED**

**C06Q04**

(Ever told) you had asthma?

1. **YES**
2. **NO**

7. **DON’T KNOW/NOT SURE**
9. **REFUSED**
C06Q05  IF - C06Q04 = 1   ASTHNOW

Do you still have asthma?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

C06Q06  CHCSCNCR

(Ever told) you had skin cancer?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

C06Q07  CHCOCNCR

(Ever told) you had any other types of cancer?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

C06Q08  CHCCOPD1

(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
(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

(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
(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

IF - RESPgend = 1 AND C06Q12 = 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 → C06Q12

CATI NOTE: if C06Q12 = 1 (Yes) go to next question. If any other response to C06Q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

IF - C06Q12 = 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

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise go to next section.
Module 01: Pre-Diabetes
CATI NOTE: Insert after SECTION C06

CATI NOTE: Only asked of those not responding “Yes” (code = 1) to Core C06Q12 (Diabetes awareness question).

M01INTRO IF - C06Q12 > 1

M01Q01 IF - C06Q12 >1 PDIASTST

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 C06Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes

M01Q02 IF - (C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 4 PREDIA1

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 - RESPEND = 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: Insert after SECTION C06

CATI NOTE: Only asked of those responding “Yes” (code = 1) to Core C06Q12 (Diabetes awareness question).

<table>
<thead>
<tr>
<th>M02INTRO</th>
<th>IF - C06Q12 = 1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>M02Q01</th>
<th>IF - C06Q12 = 1</th>
<th>INSULIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you now taking insulin?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 REFUSED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M02Q02</th>
<th>IF - C06Q12 = 1</th>
<th>BLDSUGAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERVIEWER NOTE: IF THE RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (A SENSOR INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN ‘98 TIMES PER DAY.’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101-199 = PER DAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>201-299 = PER WEEK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>301-399 = PER MONTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>401-499 = PER YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ TIMES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>888 NEVER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>777 DON’T KNOW/NOT SURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>999 REFUSED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101 MIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>499 MAX</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M02Q02V</th>
<th>IF - (M02Q02 &gt; 105 AND M02Q02 &lt; 200) OR (M02Q02 &gt; 235 AND M02Q02 &lt; 300)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {M02Q02} TIMES PER DAY/WEEK/MONTH/YEAR IS THIS CORRECT?</td>
<td></td>
</tr>
<tr>
<td>1 YES, CORRECT AS IS, CONTINUE</td>
<td></td>
</tr>
<tr>
<td>2 NO, REASK QUESTION</td>
<td>SKU → M02Q02</td>
</tr>
</tbody>
</table>
M02Q03

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

M02Q03V

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

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

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

M02Q04

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

M02Q04V

IF - M02Q04 > 52 AND M02Q04 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q04} TIMES IN THE PAST 12 MONTHS.

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

INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR “A ONE C” BY A HEALTH PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS.  
IS THIS CORRECT?  
1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION  

CATI NOTE: If M02Q03 = 555 “No feet”, go to M02Q07.  

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  

INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12 MONTHS.  
IS THIS CORRECT?  
1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION
**M02Q07**  
IF - C06Q12 = 1  
**EYEXAM**

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
5. DON'T KNOW/NOT SURE
6. NEVER
7. REFUSED

---

**M02Q08**  
IF - C06Q12 = 1  
**DIABEYE**

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

1. YES
2. NO

3. DON'T KNOW/NOT SURE
4. REFUSED

---

**M02Q09**  
IF - C06Q12 = 1  
**DIABEDU**

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

1. YES
2. NO

3. DON'T KNOW/NOT SURE
4. REFUSED

---

**M02END**
Section 07: Oral Health

C07INTRO

C07Q01

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

READ ONLY IF NECESSARY:
1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

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

C07Q02

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

NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.
1. 1 to 5
2. 6 or more but not all
3. All
8. None

7. DON’T KNOW/NOT SURE
9. REFUSED

C07END
Section 08: Demographics

C08INTRO

C08Q01 AGE

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 - C06Q13 > C08Q01 AND C06Q13 < 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 {C06Q13}! 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 SKP → C08Q03

7 DON’T KNOW/NOT SURE SKP → C08Q03
9 REFUSED SKP → C08Q03

CATI NOTE: IF C08Q02A = 2, code C08Q02B = 5
(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

IF - C08Q03 < 77 AND C08Q03.2 > 0 AND C08Q03.2 <> 88 ORACE3

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?

INTERVIEWER NOTE: 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**  
MARITAL

Are you...?

PLEASE READ:

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

9  REFUSED

**C08Q07**  
CHILDREN

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**  
EDUCATION

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
C08Q09

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).

C08Q10d

Is your annual household income from all sources:

Less than $25,000?

1. YES
2. NO

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

SKP → C08Q10e

C08Q10c  IF - C08Q10d = 1

(Is your annual household income from all sources: )

Less than $20,000?

1. YES
2. NO

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

SKP → C08Q10i

C08Q10b  IF - C08Q10c = 1

(Is your annual household income from all sources: )

Less than $15,000?

1. YES
2. NO

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

SKP → C08Q10i
**C08Q10a** IF - C08Q10b = 1

(Is your annual household income from all sources: )

Less than $10,000?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

**C08Q10e** IF - C08Q10d = 2

(Is your annual household income from all sources: )

Less than $35,000?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

**C08Q10f** IF - C08Q10e = 2

(Is your annual household income from all sources: )

Less than $50,000?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

**C08Q10g** IF - C08Q10f = 2

(Is your annual household income from all sources: )

Less than $75,000?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED
**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

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
About how tall are you without shoes?

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

NOTE: ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)

ROUND FRACTIONS DOWN

HEIGHT (FT/INCHES/METERS/CENTIMETERS)

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

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q12}

IS THIS CORRECT?

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

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

WHAT IS THE ZIP CODE WHERE YOU LIVE?

ZIP Code

77777 DON'T KNOW/NOT SURE
99999 REFUSED
C08Q19  INTERNET

Have you used the internet in the past 30 days?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

C08Q20  RENTHOM1

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.

We ask this question in order to compare health indicators among people with different housing situations.
1  OWN
2  RENT
3  OTHER ARRANGEMENT
7  DON’T KNOW/NOT SURE
9  REFUSED

C08Q21  SEX

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY
1  MALE
2  FEMALE

C08Q21V  IF - RESPGEND <> C08Q21

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS {C08Q21}. ARE YOU SURE?
THE RESPONDENT SELECTED WAS THE
{SRESP}

IS THE PREVIOUS ANSWER CORRECT?
1  YES
2  NO
**C08Q22**  
**IF - C08Q01 < 45 AND C08Q21 = 2**  
PREGNANT  
To your knowledge, are you now pregnant?  
1 YES  
2 NO  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**C08Q23**  
**QLACTLM2**  
The following questions are about health problems or impairments you may have.  
Are you limited in any way in any activities because of physical, mental, or emotional problems?  
1 YES  
2 NO  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**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

C08Q28  DIFFDRES

Do you have difficulty dressing or bathing?

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

C08Q29  DIFFALON

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED
Section 09: Tobacco Use

### C09INTRO

### C09Q01 SMOKE100

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

**INTERVIEWER NOTE:** 5 PACKS = 100 CIGARETTES

**INTERVIEWER NOTE:**

For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
<th>Action</th>
<th>Next Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>SKP</td>
<td>C09Q05</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>SKP</td>
<td>C09Q05</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP</td>
<td>C09Q05</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP</td>
<td>C09Q05</td>
</tr>
</tbody>
</table>

### C09Q02 SMOKDAY2

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
<th>Action</th>
<th>Next Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Everyday</td>
<td>SKP</td>
<td>C09Q04</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
<td>SKP</td>
<td>C09Q04</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
<td>SKP</td>
<td>C09Q04</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP</td>
<td>C09Q05</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP</td>
<td>C09Q05</td>
</tr>
</tbody>
</table>

### C09Q03 STOPSMK2

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
<th>Action</th>
<th>Next Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>SKP</td>
<td>C09Q05</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>SKP</td>
<td>C09Q05</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP</td>
<td>C09Q05</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP</td>
<td>C09Q05</td>
</tr>
</tbody>
</table>
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

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 Everyday  
2 Some days  
3 Not at all

7 DON’T KNOW/NOT SURE  
9 REFUSED
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

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**  
**DRNK3GE5**

Considering all types of alcoholic beverages, how many times during the past 30 days did you have **{IF C08Q21 = 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**  
**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 ((C08Q21 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR C10Q03 < 5)) OR (C08Q21 = 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 C08Q21=1, 5, 4}** IS **{C10Q03}.**

**IS THIS CORRECT?**

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

SKP → C10Q04
Section 11: Immunization

C11INTRO

C11Q01

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

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

777777 DON’T KNOW/NOT SURE
999999 REFUSED
012012 MIN
122014 MAX

C11Q03

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
The next question is about the Shingles vaccine.

Have you ever had the shingles or zoster vaccine?

INTERVIEWER NOTE: READ IF NECESSARY:

Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED
Section 12: Falls

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
77 DON’T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX

{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
01 MIN
76 MAX
Section 13: Seatbelt Use

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
Section 14: Drinking and Driving

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

C14Q01 IF - C10Q01 <> 888 AND C13Q01 <> 8 DRNKDRI2

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
01 MIN
76 MAX

C14END
### Section 15: Breast and Cervical Cancer Screening

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

<table>
<thead>
<tr>
<th>C15INTRO</th>
<th>IF - C08Q21 = 2</th>
</tr>
</thead>
</table>

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**
3. **DON’T KNOW/NOT SURE**
4. **REFUSED**

<table>
<thead>
<tr>
<th>C15Q01</th>
<th>IF - C08Q21 = 2</th>
</tr>
</thead>
</table>

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
6. **DON’T KNOW/NOT SURE**
7. **REFUSED**

<table>
<thead>
<tr>
<th>C15Q02</th>
<th>IF - C15Q01 = 1</th>
</tr>
</thead>
</table>

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**
3. **DON’T KNOW/NOT SURE**
4. **REFUSED**

<table>
<thead>
<tr>
<th>C15Q03</th>
<th>IF - C08Q21 = 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C15Q04</th>
<th>IF - C08Q21 = 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C15Q05</th>
<th>IF - C08Q21 = 2</th>
</tr>
</thead>
</table>
C15Q04  IF - C15Q03 = 1  LENGEXAM

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 - C08Q21 = 2  HADPAP2

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

1  YES
2  NO  SKP  →  C15Q07

7  DON’T KNOW/NOT SURE  SKP  →  C15Q07
9  REFUSED  SKP  →  C15Q07

C15Q06  IF - C15Q05 = 1  LASTPAP2

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 C08Q22 = 1 (is pregnant); then go to next section.
<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>

Have you had a hysterectomy?**

READ ONLY IF NECESSARY:

“A hysterectomy is an operation to remove the uterus (womb).”
Section 16: Prostate Cancer Screening

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

C16INTRO

IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9)

C16Q01

IF - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9) PCPSAAD2

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 - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9) PCPSADI1

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 - C08Q21 = 1 AND (C08Q01 > 39 OR C08Q01 = 7 OR C08Q01 = 9) PCPSARE1

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 \(-\) C08Q21 = 1 AND \((\text{C08Q01} > 39 \text{ OR C08Q01} = 7 \text{ OR C08Q01} = 9)\)

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

1. **YES**
2. **NO**  
   SKP → C16END
3. **DON'T KNOW/NOT SURE**  
   SKP → C16END
4. **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

6. **DON'T KNOW/NOT SURE**
7. **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

6. **DON'T KNOW/NOT SURE**
7. **REFUSED**

**C16END**
### Section 17: Colorectal Cancer Screening

**CATI note:** If respondent is ≤ 49 years of age, go to next module.

#### C17INTRO

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>C08Q01 &gt; 49 OR C08Q01 = 7 OR C08Q01 = 9</td>
<td>BLDSTOOL</td>
</tr>
</tbody>
</table>

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**
3. **DON'T KNOW/NOT SURE**
4. **REFUSED**

#### C17Q01

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>C17Q01 = 1</td>
<td>LSTBLDS3</td>
</tr>
</tbody>
</table>

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**
6. **DON'T KNOW/NOT SURE**
7. **REFUSED**
**C17Q03**

IF - C08Q01 > 49 OR C08Q01 = 7 OR C08Q01 = 9

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

HADSGCO1

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

LASTSIG3

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
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 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 → C18END
7 DON’T KNOW/NOT SURE SKP → C18END
9 REFUSED SKP → C18END

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.”


_______ CODE MONTH AND YEAR

777777 DON’T KNOW/NOT SURE
999999 REFUSED
011985 MIN
772014 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?

01 Private doctor or HMO office
02 Counseling and testing site
09 Emergency room
03 Hospital inpatient
04 Clinic
05 Jail or prison (or other correctional facility)
06 Drug treatment center
07 At home
08 Somewhere else
77 DON’T KNOW/NOT SURE
99 REFUSED
Transition to Modules and/or State-Added Questions

TRANS

Next, I have just a few questions about some other health topics.
Module 04: Health Care Access

M04INTRO

M04Q01  IF - C03Q01 = 1  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  IF - C03Q01 = 1  HLTHCVR1
What is the PRIMARY source of your health care coverage? Is it...

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (NAME OF STATE MARKETPLACE), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (STATE PLAN)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), SELECT 02, IF MEDICAID SELECT 04.

PLEASE READ:

01 A plan purchased through an employer or union (includes plans purchased through another person’s employer)
02 A plan that you or another family member buys on your own
03 Medicare
04 Medicaid or other state program
05 TRICARE (formerly CHAMPUS), VA, or Military
06 Alaska Native, Indian Health Service,
   Tribal Health Services Or
07 Some other source
88 None (no coverage)
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

CATI Note: If PPHF State, go to core 3.4

CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b

In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?
1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)

M04Q04B  IF - C03Q01 > 1  LSTCOVRG

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

M04Q05  DRVISITS

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
01. MIN
76. MAX

M04Q06  MEDSCOST

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
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

8 NOT APPLICABLE
7 DON’T KNOW/NOT SURE
9 REFUSED

Do you currently have any health care 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.

INTERVIEWER NOTE: HEALTH CARE BILLS CAN INCLUDE MEDICAL, DENTAL, PHYSICAL THERAPY AND/OR CHIROPRACTIC COST.

1 Yes
2 No

7 DON’T KNOW/NOT SURE
9 REFUSED

CATI Note: If PPHF state, Go to core section 4.
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 = DAYS 
201-299 = WEEKS
301-399 = MONTHS 
401-499 = YEARS

___ 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 14: Industry and Occupation

<table>
<thead>
<tr>
<th>M14INTRO</th>
<th>IF - C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>M14Q01</th>
<th>IF - C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4 TYPEWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now I am going to ask you about your work. What kind of work <em>(If CO8Q09 = 4, did, do)</em> you do? <em>(for example, registered nurse, janitor, cashier, auto mechanic)</em></td>
<td></td>
</tr>
<tr>
<td>INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK &quot;What is your job title?&quot;</td>
<td></td>
</tr>
<tr>
<td>INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB, ASK: &quot;What is your main job?&quot;</td>
<td></td>
</tr>
<tr>
<td>01 SPECIFY</td>
<td>Other</td>
</tr>
<tr>
<td>99 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M14Q02</th>
<th>IF - C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4 TYPEINDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What kind of business or industry <em>(If CO8Q09 = 4, did, do)</em> you work in? <em>(for example, hospital, elementary school, clothing manufacturing, restaurant)</em></td>
<td></td>
</tr>
<tr>
<td>01 SPECIFY</td>
<td>Other</td>
</tr>
<tr>
<td>99 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>
### ND01Q01 \(\text{IF} - \text{CPSTATE} = 1\)

**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.

<table>
<thead>
<tr>
<th>101-199</th>
<th>201-299</th>
<th>301-399</th>
<th>401-499</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF DAYS</td>
<td>NUMBER OF WEEKS</td>
<td>NUMBER OF MONTHS</td>
<td>NUMBER OF YEARS</td>
</tr>
</tbody>
</table>

___ 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 \(\text{IF} - \text{CPSTATE} = 1\)

**Is the place you live safe, that is, is the building itself safe to live in?**

**INTERVIEWER NOTE:** THIS QUESTION IS ASKING WHETHER THE RESPONDENT’S HOUSING UNIT IS STRUCTURALLY SOUND OR IS SUBSTANDARD HOUSING.

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

### ND01END
State Added 02: Occupation

ND02INTRO

**ND02Q01**  IF – (C08Q09 = 1 OR C08Q09 = 2) AND CPSTATE = 1

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

**ND02Q02**  IF – (C08Q09 = 1 or C08Q09 = 2) AND CPSTATE = 1

Is your job primarily related to the oil and gas industry? This would include truckers who primarily haul products or waste for the oil fields.

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

**ND02Q03**  IF – (C08Q09 = 1 OR C08Q09 = 2) AND CPSTATE = 1

About how many hours do you work per week at all of your jobs and businesses combined?

___ Number of hours (01-76 or more)

76 76 OR MORE
98 DON’T WORK
77 DON’T KNOW/NOT SURE
99 REFUSED
76 MAX
How often do you use seat belts when you drive or ride in a car or truck on the job? Would you say...

PLEASE READ

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never
6 Vehicle does not have seatbelts

8 NEVER DRIVE OR RIDE IN A CAR
7 DON’T KNOW/NOT SURE
9 REFUSED
State Added 03: Indian Health

ND03INTRO

ND03Q01 IF - C08Q03 = 30 AND CPSTATE = 1
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

ND03Q02 IF - C08Q03 = 30 AND CPSTATE = 1
Are you currently an enrolled tribal member?
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

ND03Q03 IF - ND03Q02 = 1
Which tribe?
INTERVIEWER NOTE: THREE AFFILIATED TRIBES = MANDAN + ARIKARA + HIDATSA. CODE INDIVIDUAL TRIBE IF PROVIDED.
READ 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
### ND03Q04

**IF - ND03Q02 = 1**

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

### ND03END
State Added 04: Healthy Days – Health Related Quality of Life

ND04INTRO

ND04Q01 IF – (C08Q09 = 1 OR C08Q09 = 2) AND CPSTATE = 1

Excluding vacation days or other planned days off, during the past 12 months, how many days did you miss work due to physical illness (excluding mental or emotional illness)?

___ Number of days

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

ND04Q02 IF – (C08Q09 = 1 OR C08Q09 = 2) AND CPSTATE = 1

Excluding vacation days or other planned days off, during the past 12 months, how many days did you miss work due to mental or emotional illness?

___ Number of days

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

ND04END
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
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Added 06: Excessive Sun Exposure</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ND06INTRO</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ND06Q01</strong></td>
<td><strong>IF - CPSTATE = 1</strong></td>
</tr>
<tr>
<td>In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>One</td>
</tr>
<tr>
<td>2</td>
<td>Two</td>
</tr>
<tr>
<td>3</td>
<td>Three</td>
</tr>
<tr>
<td>4</td>
<td>Four</td>
</tr>
<tr>
<td>5</td>
<td>Five or more</td>
</tr>
<tr>
<td>8</td>
<td>Zero</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>ND06END</strong></td>
<td></td>
</tr>
</tbody>
</table>
Are you using alcohol or drugs to cope with stress?

1. YES
2. NO

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

If you needed to see a healthcare provider for a problem that was not an emergency, where would you go?

INTERVIEWER NOTE: IF RESPONDENT SAYS “CLINIC” OR “DOCTOR’S OFFICE” THEN PROBE WITH:

“Is that by appointment or walk in?”

1. Clinic or doctor’s office by appointment
2. Urgent care center/Walk in clinic or doctor’s office
3. Emergency Room
4. Hospital
5. Other

7. DON'T KNOW/NOT SURE
9. REFUSED
When making an appointment with a doctor or health care provider, **ON AVERAGE** how long do you have to wait if you want to be seen in the clinic?

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

___ Amount of Time

555 ANYTHING LESS THAN A DAY  
888 CANNOT GET AN APPOINTMENT  
777 DON’T KNOW/NOT SURE  
999 REFUSED  
101 MIN  
399 MAX
Closing Statement

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.