Behavioral Risk Factor Surveillance System

North Dakota
Cell Phone Study
February 2016
(CDC Core - 2/4/2016)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health
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Hello, I'm calling for the {CDEPT}. My name is _______. We are gathering information about the health of {STTEXT} residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention.

Is this a safe time to talk with you?

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  YES  SKP  →  CPCONTEL
2  NO

Thank you very much. We will call you back at a more convenient time.

Interviewer: Press ‘1’ to set callback

1  YES  DISPOS  5560

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

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
**CPIsCell**

IF - CPConTel = 1

Is this a cell(ular) telephone?

READ ONLY IF NECESSARY:

“By cell(ular) 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

**CPCELLNO**

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.}

**CPADULT**

IF - CPIsCell = 1

Are you 18 years of age or older?

NOTE: VERIFY GENDER OF RESPONDENT.

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

**CPNOADLT**

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.}
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  
2  NO

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  
2  NO

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

Do you currently live in {STATE}?

NOTE: 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

Thank you for your time.
**CPSTATER**  
**IF - CPSTATE = 2**

In what state do you live?

___ Enter State  
99 OTHER/REFUSED

**SPSTATE**

**CPSTATEN**  
**IF - CPSTATER = 99**

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

**CPLANL**

**PLANL**

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

**CPNMADLT**  
**IF - CPPVTRES = 1**

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

___ ENTER NUMBER OF ADULTS  
SKP → CPINTROS
Core Sections

CPINTROS

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call {CPHONE}.

1 Person interested, continue
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
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
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
30 MAX

If C02Q01 and C02Q02 = 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
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.

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

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<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>
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<tr>
<td>9</td>
<td>REFUSED</td>
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### C04END
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

INTERVIEWER: YOU RECORDED THAT ON AVERAGE THE RESPONDENT SLEEPS {C05Q01} HOURS.

IS THE PREVIOUS ANSWER CORRECT?

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

SKP → C05Q01
Section 06: Chronic Health Conditions

C06INTRO

C06Q01 CVDINFR4

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 CVDCRHD4

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

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

C06Q03 CVDSTRK3

(Ever told) you had a stroke?

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

C06Q04 ASTHMA3

(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?

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<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>
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**C06Q06**  
**CHCSCNCR**

(Ever told) you had skin cancer?

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<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>
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**C06Q07**  
**CHCOCNCR**

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

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<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>
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**C06Q08**  
**CHCCOPD1**

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

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<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>
(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, IF NEEDED SAY:**

“**Incontinence is not being able to control urine flow.**”

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED
C06Q12
(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

C06Q12V  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

C06Q13  IF - C06Q12 = 1
How old were you when you were told you have diabetes?
__  CODE AGE IN YEARS [97 = 97 AND OLDER]
98  DON’T KNOW/NOT SURE
99  REFUSED
1  MIN
97  MAX

C06END
Section 07: Oral Health

**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.

INTERVIEWER NOTE, IF NEEDED SAY:

“If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.”

PLEASE READ:

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** SEX

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

1  Male
2  Female
9  REFUSED

**C08Q01V** IF - RESPGEND <> C08Q01

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT WAS

{IF C08Q01=1, MALE}
{IF C08Q01=2, FEMALE}
{IF C08Q01=9, REFUSED}.

ARE YOU SURE?

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1  YES
2  NO  SKP  →  C08Q01

**C08Q02** 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
C08Q02V
IF - C06Q13 > C08Q02 AND C06Q13 < 98 AND C08Q02 > 17

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q02} 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

C08Q03A
Are you Hispanic, Latino/a, or Spanish origin?

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

C08Q04

SKP → C08Q04

C08Q05

SKP → C08Q04

C08Q06

SKP → C08Q04

CATI Note: IF C08Q03A = 2, code C08Q03B = 5

C08Q03B
IF - C08Q03A = 1

(Hispanic, Latino/a, or Spanish origin?)

Are you...

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

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.

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.

INTERVIEWER NOTE: SELECT 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 C08Q04; continue. Otherwise, go to C08Q06.
Which one of these groups would you say best represents your race?

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

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

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
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

C08Q08
Do you own or rent your home?
INTERVIEWER NOTE: “OTHER ARRANGEMENT” MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.
"Home is defined as the place where you live most of the time/the majority of the year."
INTERVIEWER NOTE:
“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
**ASKCNTY**

In what county do you currently live?

ENTER FIRST LETTER OF COUNTY NAME

___ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)

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

CATI Note: set min and max based on state zip range

**C08Q10**

What is the ZIP Code where you currently live?

____ ZIP CODE

77777 DON’T KNOW/NOT SURE
99999 REFUSED
ZIPMIN
ZIPMAX

**C08Q14**

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, IF NEEDED SAY:

“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
Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE SELECTED SAY:

“Select the category which best describes you.”

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
**State Added Section 02: Occupation**
*Cati note: insert after C08Q15*

### ND02INTRO

**ND02Q01**
**IF - C08Q15 = 1 OR C08Q15 = 2**

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.

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

### ND02Q02
**IF - C08Q15 = 1 OR C08Q15 = 2**

Do you work primarily for an oil and gas company or another related company? Examples may include jobs that involve hauling products such as water, sand, machinery or waste to support the oil and gas industry.

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

### ND02Q03
**IF - C08Q15 = 1 OR C08Q15 = 2**

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

___ NUMBER OF HOURS (01 - 96 OR MORE)

96 96 HOURS OR MORE
97 DON’T KNOW/NOT SURE
98 DON’T WORK
99 REFUSED
96 MAX
### ND02Q04  
**IF - C08Q15 = 1 OR C08Q15 = 2**  
OCCSTBELT

**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**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Always</td>
</tr>
<tr>
<td>2</td>
<td>Nearly always</td>
</tr>
<tr>
<td>3</td>
<td>Sometimes</td>
</tr>
<tr>
<td>4</td>
<td>Seldom</td>
</tr>
<tr>
<td>5</td>
<td>Never</td>
</tr>
<tr>
<td>6</td>
<td>Vehicle does not have seatbelts</td>
</tr>
<tr>
<td>7</td>
<td>DON'T KNOW/NOT SURE</td>
</tr>
<tr>
<td>8</td>
<td>NEVER DRIVE OR RIDE IN A CAR</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### ND02Q05  
**IF - C08Q15 = 1 OR C08Q15 = 2**  
OCCINJ

**During the past 12 months were you injured seriously enough while performing your job that you sought medical treatment?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>DON'T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### ND02END
Module 20: Industry and Occupation

M20INTRO  IF - USEM20 = TRUE AND (C08Q15 = 1 OR C08Q15 = 2 OR C08Q15 = 4)

M20Q01  IF - USEM20 = TRUE AND (C08Q15 = 1 OR C08Q15 = 2 OR C08Q15 = 4)  TYPEWORK

Now I am going to ask you about your work.

What kind of work {If CO7Q15 = 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 THEN ASK, “What is your main job?”

01  SPECIFY
99  REFUSED

M20Q02  IF - USEM20 = TRUE AND (C08Q15 = 1 OR C08Q15 = 2 OR C08Q15 = 4)  TYPEINDS

What kind of business or industry {If CO7Q15 = 4, did, do} you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

01  SPECIFY
99  REFUSED

M20END

C08Q16  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

CATI Note: If C08Q16 is answered, this will be considered a partial complete
CATI Note: If respondent refuses at ANY income level code income variable to 99 (refused).

### C08Q17d
Is your annual household income from all sources: Less than $25,000?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</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>

### C08Q17c  IF - C08Q17d = 1
(Is your annual household income from all sources: ) Less than $20,000?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</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>

### C08Q17b  IF - C08Q17c = 1
(Is your annual household income from all sources: ) Less than $15,000?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</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>

### C08Q17a  IF - C08Q17b = 1
(Is your annual household income from all sources: ) Less than $10,000?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</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>
<tr>
<td>C08Q17e</td>
<td>IF - C08Q17d = 2</td>
</tr>
<tr>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td>(Is your annual household income from all sources: )</td>
</tr>
<tr>
<td>Less than $35,000?</td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td>SKP → C08Q17i</td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td>SKP → C08Q17i</td>
</tr>
<tr>
<td>9 REFUSED</td>
<td>SKP → C08Q17i</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C08Q17f</th>
<th>IF - C08Q17e = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Is your annual household income from all sources: )</td>
</tr>
<tr>
<td>Less than $50,000?</td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td>SKP → C08Q17i</td>
</tr>
<tr>
<td>2 NO</td>
<td></td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td>SKP → C08Q17i</td>
</tr>
<tr>
<td>9 REFUSED</td>
<td>SKP → C08Q17i</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C08Q17g</th>
<th>IF - C08Q17f = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Is your annual household income from all sources: )</td>
</tr>
<tr>
<td>Less than $75,000?</td>
<td></td>
</tr>
<tr>
<td>1 YES</td>
<td>SKP → C08Q17i</td>
</tr>
<tr>
<td>2 NO</td>
<td>SKP → C08Q17i</td>
</tr>
<tr>
<td>7 DON’T KNOW/NOT SURE</td>
<td>SKP → C08Q17i</td>
</tr>
<tr>
<td>9 REFUSED</td>
<td>SKP → C08Q17i</td>
</tr>
</tbody>
</table>
C08Q17i

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

{If C08Q17g = 2, More than $75,000?}
{If C08Q17g = 1, $50,000 to less than $75,000}
{If C08Q17f = 1, $35,000 to less than $50,000}
{If C08Q17e = 1, $25,000 to less than $35,000}
{If C08Q17c = 2, $20,000 to less than $25,000}
{If C08Q17b = 2, $15,000 to less than $20,000}
{If C08Q17a = 2, $10,000 to less than $15,000}
{If C08Q17a = 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

C08Q18

Have you used the internet in the past 30 days?

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

C08Q19

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
INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q19}

IS THIS CORRECT?

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

SKP  →  C08Q19

C08Q20

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)

7777  DON’T KNOW/NOT SURE
9999  REFUSED

C08Q20V

IF - (C08Q20 < 9000 AND (C08Q20 > 608 OR C08Q20 < 407)) OR (C08Q20 > 9000 AND (C08Q20 > 9206 OR C08Q20 < 9139)) AND C08Q20 <> 7777 AND C08Q20 <> 9999

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q20}

IS THIS CORRECT?

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

SKP  →  C08Q20

If male, go to Q8.22, If female respondent is 45 years old or older, go to Q8.22

C08Q21

IF - C08Q01 = 2 AND C08Q02 < 45  PREGNANT

To your knowledge, are you now pregnant?

1  YES
2  NO

7  DON’T KNOW/NOT SURE
9  REFUSED
The following questions are about health problems or impairments you may have.

Some people who are deaf or have serious difficulty hearing **may or may not** use equipment to communicate by phone.

Are you deaf or do you have **serious difficulty** hearing?

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<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>
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<td>9</td>
<td>REFUSED</td>
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</tbody>
</table>

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

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<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>
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<td>REFUSED</td>
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Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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<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>
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<td>9</td>
<td>REFUSED</td>
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</table>

Do you have serious difficulty walking or climbing stairs?

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<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>
**C08Q26**

Do you have difficulty dressing or bathing?

1. YES
2. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

**C08Q27**

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

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have you smoked at least 100 cigarettes in your entire life?</td>
<td>1. YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. NO</td>
</tr>
<tr>
<td></td>
<td>INTERVIEWER NOTE: IF NECESSARY SAY:</td>
<td>7. DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td></td>
<td>“For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars,</td>
<td>9. REFUSED</td>
</tr>
<tr>
<td></td>
<td>cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: 5 PACKS = 100 CIGARETTES</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
<td>SKP → C09Q05</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>SKP → C09Q05</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP → C09Q05</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP → C09Q05</td>
</tr>
</tbody>
</table>

#### C09Q02 IF - C09Q01 = 1 SMOKDAY2

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you now smoke cigarettes every day, some days, or not at all?</td>
<td>1. Every day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Some days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Not at all</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. REFUSED</td>
</tr>
<tr>
<td>1</td>
<td>Every day</td>
<td>SKP → C09Q04</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
<td>SKP → C09Q04</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
<td>SKP → C09Q04</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP → C09Q05</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP → C09Q05</td>
</tr>
</tbody>
</table>

#### C09Q03 IF - C09Q01 = 1 AND (C09Q02 = 1 OR C09Q02 = 2) STOPSMK2

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?</td>
<td>1. YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. REFUSED</td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
<td>SKP → C09Q05</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>SKP → C09Q05</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP → C09Q05</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP → C09Q05</td>
</tr>
</tbody>
</table>
**C09Q04**  
**IF - C09Q02 = 3**  
LASTSMK2

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
08 Never smoked regularly

77 DON’T KNOW/NOT SURE
99 REFUSED

**C09Q05**  
**USENOW3**

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

INTERVIEWER NOTE: SNUS (RHYMES WITH ‘GOOSE’)

INTERVIEWER NOTE: IF NEEDED SAY:

“Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.”

1 Every day
2 Some days
3 Not at all

7 DON’T KNOW/NOT SURE
9 REFUSED

**C09END**
Section 10: E-Cigarettes

Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

INTERVIEWER NOTE: READ IF NECESSARY:

“Electronic cigarettes (e-cigarettes) and other electronic ‘vaping’ products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.”

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

Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

1 Every day
2 Some days
3 Not at all
7 DON’T KNOW/NOT SURE
9 REFUSED
Section 11: Alcohol Consumption

C11INTRO

C11Q01 ALCDAY5

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 → C11END
777 DON'T KNOW/NOT SURE SKP → C11END
999 REFUSED SKP → C11END
101 MIN
230 MAX

C11Q02 AVEDRNK2

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

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

___ NUMBER OF DRINKS

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

C11Q02V

IF - C11Q02 > 15 AND C11Q02 < 77

INTERVIEWER YOU INDICATED {C11Q02} DRINKS PER DAY IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION SKP → C11Q02
**C11Q03**  
**IF - C11Q01 < 777**  
Considering all types of alcoholic beverages, how many times during the past 30 days did you have \( \text{IF } \text{C08Q01} = 1, 5, 4 \) or more drinks on an occasion?  

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

**C11Q03V**  
**IF - C11Q03 > 15 AND C11Q03 < 77**  
INTERVIEWER YOU INDICATED \( \text{C11Q03} \) OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.  
IS THIS CORRECT?  
1  YES, CORRECT AS IS, CONTINUE  
2  NO, REASK QUESTION  

**C11Q04**  
**IF - C11Q01 < 777**  
During the past 30 days, what is the largest number of drinks you had on any occasion?  

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

**C11Q04V**  
**IF - (C11Q04 <> 99 AND C11Q04 <> 77) AND C11Q04 < 77 AND ((C08Q01 = 1 AND (C11Q04 < 5 AND (C11Q03 < 88 AND C11Q03 <> 77))) OR (C11Q03 = 88 AND (C11Q04 > 4 AND C11Q04 < 77))) OR (C08Q01 = 2 AND (C11Q04 < 4 AND (C11Q03 < 88 AND C11Q03 <> 77))) OR (C11Q03 = 88 AND (C11Q04 > 3 AND C11Q04 < 77)))**  
INTERVIEWER YOU INDICATED \( \text{C11Q04} \) DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD \( \text{IF } \text{C08Q01} = 1, 5, 4 \) IS \( \text{C11Q03} \).  
IS THIS CORRECT?  
1  YES, CORRECT AS IS, CONTINUE  
2  NO, REASK QUESTION  

SKP → C11Q04
**Section 12: Immunization**

**C12INTRO**

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

**C12Q02**

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
012015 MIN
122016 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 06/2016, response can be no older than 06/2015.

**C12Q03**

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
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
Section 13: Falls

C13INTRO IF - C08Q02 >= 45 OR C08Q02 = 07 or C08Q02 = 09

C13Q01 IF - C08Q02 >= 45 OR C08Q02 = 07 or C08Q02 = 09 FALL12MN

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 12 months, how many times have you fallen?

__ NUMBER OF TIMES [76 = 76 or more]

88 NONE SKP → C13END
77 DON’T KNOW/NOT SURE SKP → C13END
99 REFUSED SKP → C13END
01 MIN
76 MAX

C13Q01V IF - C13Q01 > 30 AND C13Q01 < 77

INTERVIEWER YOU INDICATED THE RESPONDENT HAS FALLEN {C13Q01} TIMES IN THE PAST 12 MONTHS.

IS THE PREVIOUS ANSWER CORRECT

1 YES, CORRECT AS IS, CONTINUE SKP → C13Q01
2 NO, REASK QUESTION

C13Q02 IF - C13Q01 > 0 AND C13Q01 < 77 FALLINJ2

{IF C13Q01 = 1, Did this fall cause an injury?}

{IF C13Q01 > 1 AND C13Q01 < 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 C13Q01 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
**C13Q02V**  
IF - (C13Q01 < C13Q02) AND (C13Q02 < 77)  

INTERVIEWER YOU INDICATED THE RESPONDENT HAS FALLEN \{C13Q01\} TIMES IN THE PAST 12 MONTHS, BUT THE NUMBER OF FALLS THAT CAUSED AN INJURY IS \{C13Q02\}.

PLEASE CORRECT

<table>
<thead>
<tr>
<th></th>
<th>CORRECT C13Q01</th>
<th>SKP → C13Q01</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>CORRECT C13Q02</td>
<td>SKP → C13Q02</td>
</tr>
</tbody>
</table>

**C13END**
Section 14: Seatbelt Use

C14INTRO

C14Q01

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
6  DON’T KNOW/NOT SURE
7  NEVER DRIVE OR RIDE IN A CAR
9  REFUSED

C14END

Cati Note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.
Section 15: Drinking and Driving
Cati Note: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

C15INTRO IF - C11Q01 <> 888 AND C14Q01 <> 8

C15Q01 IF - C11Q01 <> 888 AND C14Q01 <> 8 DRNKDRI2

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

C15END
Section 16: Breast and Cervical Cancer Screening

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

**C16INTRO**

IF - C08Q01 = 2

The next questions are about breast and cervical cancer.

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

1  YES
2  NO  SKP → C16Q03
7  DON’T KNOW/NOT SURE  SKP → C16Q03
9  REFUSED  SKP → C16Q03

**C16Q02**

IF - C16Q01 = 1

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

READ ONLY IF NECESSARY:

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

**C16Q03**

IF - C08Q01 = 2

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

1  YES
2  NO  SKP → C16Q05
7  DON’T KNOW/NOT SURE  SKP → C16Q05
9  REFUSED  SKP → C16Q05
**C16Q04**  IF - C16Q03 = 1

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

READ ONLY IF NECESSARY:

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

7  DON'T KNOW/NOT SURE
9  REFUSED

**C16Q05**  IF - C08Q01 = 2

Now, I would like to ask you about the Human Papillomavirus (Pap·uh·loh·muh virus) or HPV test.

An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test?

1  YES
2  NO

7  DON'T KNOW/NOT SURE
9  REFUSED

**C16Q06**  IF - C16Q05 = 1

How long has it been since you had your last HPV 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 C08Q21 = 1 (is pregnant); then go to next section.

[C16Q07] IF - C08Q01 = 2 AND C08Q21 <> 1 HADHYST2

Have you had a hysterectomy?

READ ONLY IF NECESSARY:

“A hysterectomy is an operation to remove the uterus (womb).”

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED

[C16END]
Section 17: Prostate Cancer Screening

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

<table>
<thead>
<tr>
<th>C17INTRO</th>
<th>IF - C08Q01 = 1 AND (C08Q02 &gt; 39 OR C08Q02 = 7 OR C08Q02 = 9)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>C17Q02</th>
<th>IF - C08Q01 = 1 AND (C08Q02 &gt; 39 OR C08Q02 = 7 OR C08Q02 = 9)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>C17Q03</th>
<th>IF - C08Q01 = 1 AND (C08Q02 &gt; 39 OR C08Q02 = 7 OR C08Q02 = 9)</th>
</tr>
</thead>
</table>

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

1. **YES**
2. **NO**
   - *SKP → C17END*
3. **DON’T KNOW/NOT SURE**
4. **REFUSED**
   - *SKP → C17END*

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**

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**

**C17END**
Section 18: Colorectal Cancer Screening

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

C18INTRO  IF - C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 9

The next questions are about colorectal cancer screening.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1  YES
2  NO  SKP  →  C18Q03
7  DON’T KNOW/NOT SURE  SKP  →  C18Q03
9  REFUSED  SKP  →  C18Q03

C18Q02  IF - C18Q01 = 1  LSTBLDS3

How long has it been since you had your last blood stool test using a home kit?

READ ONLY IF NECESSARY:

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

7  DON’T KNOW/NOT SURE
9  REFUSED
C18Q03

IF - C08Q02 > 49 OR C08Q02 = 7 OR C08Q02 = 9

HADSIG3

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

C18Q04

IF - C18Q03 = 1

HADSGC01

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

C18Q05

IF - C18Q03 = 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 19: HIV/AIDS

C19INTRO

C19Q01

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.

Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? Include testing fluid from your mouth.

1 YES
2 NO SKP → C19Q03

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

C19Q02

IF - C19Q01 = 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
772016 MAX
I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

1  YES
2  NO

7  DON’T KNOW/NOT SURE
9  REFUSED
Next, I have just a few questions about some other health topics.
Module 06: Caregiver Module

M06INTRO

M06Q01  CAREGIV1

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

INTERVIEWER INSTRUCTIONS: IF CAREGIVING RECIPIENT HAS DIED IN THE PAST 30 DAYS, CODE 8 AND SAY:

"I’m so sorry to hear of your loss."

1 YES
2 NO  SKP → M06Q09
7 DON’T KNOW/NOT SURE  SKP → M06Q09
8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS  SKP → M06END
9 REFUSED  SKP → M06Q09
**M06Q02**  
IF - M06Q01 = 1  
CRGVREL1

What is his or her relationship to you?

INTERVIEWER NOTE: IF MORE THAN ONE PERSON, SAY:

“Please refer to the person to whom you are giving the most care.”

DO NOT READ: CODE RESPONSE USING THESE CATEGORIES

01 MOTHER  
02 FATHER  
03 MOTHER-IN-LAW  
04 FATHER-IN-LAW  
05 CHILD  
06 HUSBAND  
07 WIFE  
08 LIVE IN PARTNER  
09 BROTHER OR BROTHER-IN-LAW  
10 SISTER OR SISTER-IN-LAW  
11 GRANDMOTHER  
12 GRANDFATHER  
13 GRANDCHILD  
14 OTHER RELATIVE  
15 NON-RELATIVE/FAMILY FRIEND  
77 DON’T KNOW/NOT SURE  
99 REFUSED

**M06Q03**  
IF - M06Q01 = 1  
CRGVLNG1

For how long have you provided care for that person? Would you say...

1 Less than 30 days  
2 1 month to less than 6 months  
3 6 months to less than 2 years  
4 2 years to less than 5 years  
5 More than 5 years

7 DON’T KNOW/NOT SURE  
9 REFUSED
In an average week, how many hours do you provide care or assistance? Would you say...

1. Up to 8 hours per week
2. 9 to 19 hours per week
3. 20 to 39 hours per week
4. 40 hours or more

7. DON’T KNOW/NOT SURE
9. REFUSED

What is the main health problem, long-term illness, or disability that the person you care for has?

IF NECESSARY:

“Please tell me which one of these conditions would you say is the MAJOR problem?”

DO NOT READ: RECORD ONE RESPONSE

01. ARTHRITIS/RHEUMATISM
02. ASTHMA
03. CANCER
04. CHRONIC RESPIRATORY CONDITIONS SUCH AS EMPHYSEMA OR COPD
05. DEMENTIA AND OTHER COGNITIVE IMPAIRMENT DISORDERS
06. DEVELOPMENTAL DISABILITIES SUCH AS AUTISM, DOWN’S SYNDROME, AND SPINA BIFIDA
07. DIABETES
08. HEART DISEASE, HYPERTENSION, STROKE
09. HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)
10. MENTAL ILLNESSES, SUCH AS ANXIETY, DEPRESSION, OR SCHIZOPHRENIA
11. OTHER ORGAN FAILURE OR DISEASES SUCH AS KIDNEY OR LIVER PROBLEMS
12. SUBSTANCE ABUSE OR ADDICTION DISORDERS
13. INJURIES, INCLUDING BROKEN BONES
14. OLD AGE/INFIRMITY/FRAILTY
15. OTHER

77. DON’T KNOW/NOT SURE
99. REFUSED
M06Q06  IF - M06Q01 = 1  CRGVPERS

In the past 30 days, did you provide care for this person by...
Managing personal care such as giving medications, feeding, dressing, or bathing?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

M06Q07  IF - M06Q01 = 1  CRGVOUS

In the past 30 days, did you provide care for this person by...
Managing household tasks such as cleaning, managing money, or preparing meals?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

M06Q08  IF - M06Q01 = 1  CRGVMS2

Of the following support services, which one do YOU most need, that you are not currently getting?

INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS, SAY:
“Respite care means short-term or long-term breaks for people who provide care.”

READ OPTIONS 1 – 6

1  Classes about giving care, such as giving medications
2  Help in getting access to services
3  Support groups
4  Individual counseling to help cope with giving care
5  Respite care
6  You don’t need any of these support services
7  DON’T KNOW/NOT SURE
9  REFUSED

CATI Note: [If Q1 = 1 or 8, GO TO NEXT MODULE]
In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

1 YES
2 NO

7 DON’T KNOW/NOT SURE
9 REFUSED
Module 16: Excess Sun Exposure

M16INTRO

M16Q01

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

8  Zero
1  One
2  Two
3  Three
4  Four
5  Five or more
7  DON’T KNOW/NOT SURE
9  REFUSED

M16END
Module 25: Disability

M25INTRO

M25Q01
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

M25Q02
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

M25END
State Added Section 01: Residence

**ND01INTRO**

**ND01Q01** IF - QSTPATH = 10 OR (QSTPATH = 20 & CPState = 1) RESLONG

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

**ND01END**
State Added Section 03: Indian Health

ND03INTRO

<table>
<thead>
<tr>
<th>ND03Q01</th>
<th>IF - C08Q04 = 30</th>
<th>reserve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you live on a reservation or Indian Service Area?</td>
<td></td>
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</tr>
<tr>
<td>1 Yes, reservation</td>
<td></td>
<td></td>
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<tr>
<td>2 Yes, Indian Service Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 No, neither</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 DON'T KNOW/NOT SURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 REFUSED</td>
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<tr>
<th>ND03Q02</th>
<th>IF - C08Q04 = 30</th>
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<tbody>
<tr>
<td>Are you currently an enrolled tribal member?</td>
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<tr>
<td>1 YES</td>
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<tr>
<td>2 NO SKP → ND03END</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 DON'T KNOW/NOT SURE SKP → ND03END</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 REFUSED SKP → ND03END</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>ND03Q03</th>
<th>IF - ND03Q02 = 1</th>
<th>tribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which tribe?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERVIEWER NOTE: THREE AFFILIATED TRIBES = MANDAN + ARIKARA + HIDATSA. CODE INDIVIDUAL TRIBE IF PROVIDED.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>READ IF NECESSARY</td>
<td></td>
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<tr>
<td>01 Mandan</td>
<td></td>
<td></td>
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<tr>
<td>02 Arikara</td>
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<tr>
<td>03 Hidatsa</td>
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<tr>
<td>04 Three Affiliated Tribes</td>
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<tr>
<td>05 Spirit Lake Sioux</td>
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<tr>
<td>06 Standing Rock Sioux</td>
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<tr>
<td>07 Other Sioux</td>
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<td></td>
</tr>
<tr>
<td>08 Chippewa</td>
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<tr>
<td>09 Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77 DON'T KNOW/NOT SURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99 REFUSED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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

6. DON'T KNOW/NOT SURE
7. REFUSED
ND04INTRO

ND04Q01

IF - C03Q01 > 0 AND C03Q01 <> 2

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

INTERVIEWERS NOTE:

IF ONE SAYS BLUE CROSS BLUE SHIELD OR NAME OF ANOTHER INSURANCE COMPANY, CODE PRIVATE INSURANCE.

THOSE THAT SAY OBAMACARE, PROBE IF THEY OR MEMBERS OF THEIR FAMILY ARE THE ONES PAYING THE PREMIUMS (PRIVATE INSURANCE) OR THE GOVERNMENT/A DIFFERENT AGENCY IS PAYING FOR THE PREMIUMS ON THEIR BEHALF (MEDICAL ASSISTANCE).

READ IF NECESSARY

01 Medicare
02 Medicaid or Medical Assistance
03 Military, Tricare or CHAMPUS
04 Indian Health Services
05 Private Insurance
06 Other
07 None

77 DON'T KNOW/NOT SURE
99 REFUSED

ND04END
State Added Section 05: Social Context

**ND05INTRO**

**ND05Q01**

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

1  Clinic by appointment
2  Urgent Care/Walk in Clinic
3  Emergency Room at a Hospital
4  Other

7  DON'T KNOW/NOT SURE
9  REFUSED

**ND05Q02**

How long do you have to wait for an appointment if you want to be seen in the clinic?

INTERVIEWER NOTE: IF RESPONDENT STATES LESS THAN ONE DAY, ENTER 101

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

___  ENTER AMOUNT OF TIME

555  NEVER GO TO CLINIC
888  CANNOT GET AN APPOINTMENT
777  DON'T KNOW/ NOT SURE
999  REFUSED
101  MIN
399  MAX

**ND05Q03**

In the past 12 months, have you been intentionally harmed or hurt by another person? This might include minor physical injuries such as bruises, welts or small cuts.

1  YES
2  NO

7  DON'T KNOW/NOT SURE
9  REFUSED
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Support from family and friends</td>
</tr>
<tr>
<td>02</td>
<td>Clergy or Spiritual leaders</td>
</tr>
<tr>
<td>03</td>
<td>Professional Counseling</td>
</tr>
<tr>
<td>04</td>
<td>Physical Exercise</td>
</tr>
<tr>
<td>05</td>
<td>Alcohol</td>
</tr>
<tr>
<td>06</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>07</td>
<td>Non-prescription Drugs</td>
</tr>
<tr>
<td>08</td>
<td>Other</td>
</tr>
<tr>
<td>09</td>
<td>Does not apply</td>
</tr>
<tr>
<td>10</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
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Closing Statement

CLOSING

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