2017

Behavioral Risk Factor Surveillance System

North Dakota
Cell Phone Study

March 2017
(CDC Core – 12/29/2016)

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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**Intro**

<table>
<thead>
<tr>
<th>CPINTROQ</th>
<th>SAFETIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>HELLO, I'm calling for the <strong>North Dakota Department of Health</strong>. My name is ___________. We are gathering information about the health of <strong>North Dakota</strong> residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. Is this a safe time to talk with you?</td>
<td></td>
</tr>
</tbody>
</table>

**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 |
| 2   | NO  |

<table>
<thead>
<tr>
<th>CPNOTSAF</th>
<th>IF - CPINTROQ = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thank you very much. We will call you back at a more convenient time.</td>
<td></td>
</tr>
</tbody>
</table>

Interviewer: Press ‘1’ to set callback

| 1   | DISPOS 5560 |
| 2   |            |

<table>
<thead>
<tr>
<th>CPConTel</th>
<th>CTELNUM1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this XXX-XXX-XXXX?</td>
<td></td>
</tr>
</tbody>
</table>

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

| 1   | YES |
| 2   | NO  |

<table>
<thead>
<tr>
<th>CPWRONGN</th>
<th>IF - CPCONTEL = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

Interviewer: Press ‘1’ to continue

| 1   | CPINTROQ |
**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  
2 NO  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**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  
2 Yes and the respondent is female  
3 NO  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**Thank you very much, but we are only interviewing cell telephones at this time.**

**Thank you for your time.**

**Thank you very much, but we are only interviewing persons aged 18 or older at this time.**

**Thank you for your time.**
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPPVTRES</td>
<td>IF - CPADULT = 1 OR CPADULT = 2: Do you live in a private residence?</td>
</tr>
<tr>
<td>CPCOLLEG</td>
<td>IF - CPPVTRES = 2: Do you live in college housing?</td>
</tr>
<tr>
<td>CPSTATE</td>
<td>IF - CPPVTRES = 1 OR CPCOLLEG = 1: Do you currently live in North Dakota?</td>
</tr>
</tbody>
</table>

**READ ONLY IF NECESSARY:**

- **CPPVTRES:**
  - Yes (1)
  - No (2)

- **CPCOLLEG:**
  - Yes (1)
  - No (2)

- **CPSTATE:**
  - Yes (1)
  - No (2)
  - Don’t know/not sure (7)
  - Refused (9)

**NOTE:**
- Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs, or other locations in which the respondent lives for portions of the year.
- College housing includes dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.
- Respondents need to have heard and understood correctly.

**INTERVIEWER NOTE:**
- Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.
Thank you for your time.

In what state do you live?

Enter State

99 OTHER/REFUSED

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

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

“By landline telephone, we mean a ‘regular’ telephone in your home that 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. INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.

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

1 YES
2 NO

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

ENTER NUMBER OF ADULTS
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 701-328-2367.

1 PERSON INTERESTED, CONTINUE
Section 01: Health Status

C01INTRO

C01Q01

Would you say that in general your health is—

PLEASE READ

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

7 DON’T KNOW/NOT SURE
9 REFUSED

C01END
Section 02: Healthy Days – Health Related Quality of Life

C02INTRO

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

__ NUMBER OF DAYS

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

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

__ NUMBER OF DAYS

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

Cati note: If C02Q01 and C02Q02 = 88 (none), go to next section.

C02Q03 IF - NOT(C02Q01 = 88 AND C02Q02 = 88) POORHLTH
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

__ NUMBER OF DAYS

88 NONE
77 DON’T KNOW/NOT SURE
99 REFUSED
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
State Added Section 03: Health Insurance
Cati Note: to be inserted after C03Q01.

**ND03INTRO**

**ND03Q01** 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

**ND03END**
## C03Q02

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

**INTERVIEWER NOTE: IF “NO,” ASK:**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES, ONLY ONE</td>
</tr>
<tr>
<td>2</td>
<td>MORE THAN ONE</td>
</tr>
<tr>
<td>3</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>

## C03Q03

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

<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>

## C03Q04

A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?

**READ ONLY IF NECESSARY:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

## C03END
Section 04: Hypertension Awareness

C04INTRO

C04Q01  BPHIGH4

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

READ ONLY IF NECESSARY:

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

IF “YES” AND RESPONDENT IS FEMALE, ASK:

“Was this only when you were pregnant?”

1  YES
2  YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
3  NO  SKP  →  C04END
4  TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE  SKP  →  C04END
7  DON’T KNOW/NOT SURE  SKP  →  C04END
9  REFUSED  SKP  →  C04END

C04Q01V  IF - RESPgend = 1 AND C04Q01 = 2

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

THE RESPONDENT SELECTED WAS THE {SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1  YES
2  NO  SKP  →  C04Q01

C04Q02  IF - C04Q01 = 1  BPMEDS

Are you currently taking medicine for your high blood pressure?

1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED
Section 05: Cholesterol Awareness

C05INTRO

C05Q01 CHOLCHK1

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

READ ONLY IF NECESSARY:

1 Never
2 Within the past year (anytime less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 Within the past 5 years (2 years but less than 5 years ago)
5 5 or more years ago
6 DON’T KNOW/NOT SURE
7 REFUSED

C05Q02 TOLDHI2

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

C05Q03 CHOLMED1

Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
Section 06: Chronic Health Conditions

**C06INTRO**

**C06Q01**

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

SKP → C06Q06

SKP → C06Q06

SKP → C06Q06
<table>
<thead>
<tr>
<th>C06Q05</th>
<th>IF - C06Q04 = 1</th>
<th>ASTHNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you still have asthma?</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>7  DON’T KNOW/NOT SURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  REFUSED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C06Q06</th>
<th>CHCSCNCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Ever told) you had skin cancer?</td>
<td></td>
</tr>
<tr>
<td>1  YES</td>
<td></td>
</tr>
<tr>
<td>2  NO</td>
<td></td>
</tr>
<tr>
<td>7  DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9  REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C06Q07</th>
<th>CHCOCNCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Ever told) you had any other types of cancer?</td>
<td></td>
</tr>
<tr>
<td>1  YES</td>
<td></td>
</tr>
<tr>
<td>2  NO</td>
<td></td>
</tr>
<tr>
<td>7  DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9  REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C06Q08</th>
<th>CHCCOPD1</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?</td>
<td></td>
</tr>
<tr>
<td>1  YES</td>
<td></td>
</tr>
<tr>
<td>2  NO</td>
<td></td>
</tr>
<tr>
<td>7  DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9  REFUSED</td>
<td></td>
</tr>
</tbody>
</table>
(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?”
INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.
1 YES
2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
3 NO
4 NO, PRE-DIABETES OR BORDERLINE DIABETES
7 DON’T KNOW/NOT SURE
9 REFUSED
Cati Note: if Q6.12 = 1 (Yes), Go to next question. If any other response to Q6.12, go to pre-diabetes optional module (if used), otherwise, to next section.

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 SKP → C06Q12

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
Cati Note: Go to Diabetes Optional Module (if used), otherwise, go to next section.

C06END
**Module 01: Pre-Diabetes**

*Cati note: only asked of those not responding “yes” (code = 1) to core Q6.12 (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 Q6.12 = 4 (no, pre-diabetes or borderline diabetes); answer Q2 “yes” (code = 1).*

**M01Q02**

IF - (C06Q12 > 1 AND C06Q12 < 4) OR C06Q12 > 4  PREDIAB1

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

INTERVIEWER INSTRUCTIONS: IF “YES” AND RESPONDENT IS FEMALE, ASK:

“Was this only when you were pregnant?”

1. YES
2. YES, DURING PREGNANCY
3. NO

7. DON’T KNOW/NOT SURE
9. REFUSED

**M01Q02V**

IF - RESPGEND = 1 AND M01Q02 = 2

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

THE RESPONDENT SELECTED WAS THE {SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1. YES
2. NO  SKP  →  M01Q02
Module 02: Diabetes

Catnote: To be asked following core Q6.13; if response to Q6.12 is "yes" (code = 1).

MOZINTRO IF - C06Q12 = 1

MOZQ01 IF - C06Q12 = 1 INSULIN

Are you now taking insulin?

1   YES
2   NO
9   REFUSED

MOZQ02 IF - C06Q12 = 1 BLDSUGAR

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

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.’

ENTER QUANTITY PER DAY, WEEK, OR MONTH

101-199 = PER DAY   301-399 = PER MONTH
201-299 = PER WEEK   401-499 = PER YEAR

___ TIMES

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

MOZQ02V IF - (MOZQ02 > 105 AND MOZQ02 < 200) OR (MOZQ02 > 235 AND MOZQ02 < 300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS BLOOD {SHOWTIME MOZQ02}.

IS THIS CORRECT?

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

SKP → MOZQ02
M02Q03  IF - C06Q12 = 1  FEETCHK2

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

ENTER QUANTITY PER DAY, WEEK, OR MONTH

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 {SHOWTIME M02Q03}.

IS THIS CORRECT?

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

M02Q04  IF - C06Q12 = 1  DOCTDIAB

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

___ NUMBER OF TIMES [76 = 76 OR MORE]

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

`SKP -> M02Q04`

**M02Q05**  
*IF - C06Q12 = 1*

**CHKHEMO3**

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

___ NUMBER OF TIMES [76 = 76 OR MORE]

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

**M02Q05V**  
*IF - M02Q05 > 52 AND M02Q05 < 77*

**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

`SKP -> M02Q05`

*CATI Note: If M02Q03 = 555 (No feet), go to M02Q07.*

**M02Q06**  
*IF - C06Q12 = 1 AND M02Q03 <> 555 FEETCHK*

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

___ NUMBER OF TIMES [76 = 76 OR MORE]

88 NONE
77 DON’T KNOW/NOT SURE
99 REFUSED
01 MIN
76 MAX
M02Q06V  IF - M02Q06 > 52 AND M02Q06 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS 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

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

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

M02Q08  IF - C06Q12 = 1

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED

M02Q09  IF - C06Q12 = 1

Have you ever taken a course or class in how to manage your diabetes yourself?
1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED
Section 07: Arthritis Burden

C07INTRO IF - C06Q09 = 1

Cati Note: If C06Q09 = 1 (Yes) then continue, else to next section.

C07Q01 IF - C06Q09 = 1 LMTJOIN3

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

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

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

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

C07Q02 should be asked of all respondents regardless of employment status.

C07Q02 IF - C06Q09 = 1 ARTHDIS2

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

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS “YES” MARK THE OVERALL RESPONSE AS “YES.”

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

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

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

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

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

PLEASE READ [1-3]:

1 A lot
2 A little
3 Not at all

7 DON’T KNOW/NOT SURE
9 REFUSED

CATI NOTE: C07Q04 should export to variable C07Q04XX where if C07Q04 = 88, variable C07Q04XX = 00.

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

__ ENTER NUMBER [01-10]

88 ZERO
77 DON’T KNOW/NOT SURE
99 REFUSED
01 MIN
10 MAX
Section 08: Demographics

C08INTRO

C08Q01 SEX

Are you ...

INTERVIEWER NOTE: THIS QUESTION MUST BE ASKED EVEN IF INTERVIEWER HAD PREVIOUSLY ENTERED SEX IN THE SCREENING QUESTIONS.

1 Male
2 Female
9 REFUSED

Cati Note: This question may be populated by landline household enumeration. It may not be populated by interviewer assignment of sex during the screening for cell phone persons living in college housing.

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

SKP → C08Q02
Are you Hispanic, Latino/a, or Spanish origin?

1  YES
2  NO  SKP  →  C08Q04
7  DON’T KNOW/NOT SURE  SKP  →  C08Q04
9  REFUSED  SKP  →  C08Q04

CATI Note: IF C08Q03A = 2, code C08Q03B = 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

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. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE “REFUSED.”

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
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)
7. DON’T KNOW/NOT SURE
9. REFUSED

Do you own or rent your home?

INTERVIEWER NOTE, IF NEEDED SAY:
“‘Other arrangement’ may include group home, staying with friends or family without paying rent.”

INTERVIEWER NOTE, IF NEEDED SAY:
“Home is defined as the place where you live most of the time/the majority of the year.”

INTERVIEWER NOTE, IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION, SAY:
“We ask this question in order to compare health indicators among people with different housing situations.”

READ ONLY IF NECESSARY:
1. Own
2. Rent
3. Other arrangement
7. DON’T KNOW/NOT SURE
9. REFUSED
In what county do you currently live?

{IF STATEFIPS = 48, INTERVIEWER NOTE: PLEASE REPEAT AND VERIFY SPELLING OF COUNTY BEFORE CONTINUING.}

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.

What is the ZIP Code where you currently live?

INTERVIEWER NOTE: PLEASE READ ZIP CODE BACK TO VERIFY ACCURACY.

_____ ZIP CODE

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

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.”

INTERVIEWER NOTE: DO NOT CODE 7 FOR “DON’T KNOW” ON THIS QUESTION

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
Module 26: Industry and Occupation

M26INTRO

IF - USEM26 = TRUE AND (C08Q15 = 1 OR C08Q15 = 2 OR C08Q15 = 4)

M26Q01

IF - USEM26 = 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 CO8Q15 = 4, did, do} you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK,

“What {IF CO8Q15 = 4, was, is} your job title?”

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

“What {IF CO8Q15 = 4, was, is} your main job?”

1 SPECIFY OTHER
9 REFUSED

M26Q02

IF - USEM26 = TRUE AND (C08Q15 = 1 OR C08Q15 = 2 OR C08Q15 = 4)            TYPEINDS

What kind of business or industry {If CO8Q15 = 4, did, do} you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

1 SPECIFY OTHER
9 REFUSED

M26END
### ND02Q01
**IF - C08Q15 = 1 OR C08Q15 = 2**

**OCCNTY**

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

<table>
<thead>
<tr>
<th></th>
<th>ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>888</td>
<td>OTHER</td>
</tr>
<tr>
<td>777</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>999</td>
<td>REFUSED</td>
</tr>
<tr>
<td>001</td>
<td>MIN</td>
</tr>
<tr>
<td>775</td>
<td>MAX</td>
</tr>
</tbody>
</table>

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

**OCCOIL**

Do you work for an oil and gas company or an oil and gas supporting business? This would include for example providing water for fracking or truckers who primarily haul products or waste for the oil and gas industry.

1  YES
2  NO

<table>
<thead>
<tr>
<th></th>
<th>DON’T KNOW/NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

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

**OCCHOURS**

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

NUMBER OF HOURS (01 - 96 OR MORE)

<table>
<thead>
<tr>
<th></th>
<th>DON’T KNOW/NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>DON’T WORK</td>
</tr>
<tr>
<td>98</td>
<td>REFUSED</td>
</tr>
<tr>
<td>96</td>
<td>MAX</td>
</tr>
</tbody>
</table>
During the past 12 months, were you injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional?

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

For your most recent work-related injury, who paid for the majority or most of your medical expenses?

01  Workers’ compensation
02  You or your family’s own health insurance plan, or other health insurance coverage plan (includes Medicare and Medicaid)
03  You or your family’s out of pocket
04  Your employer WITHOUT a workers’ compensation claim
05  Other source – not Medicare or Medicaid (specify)
06  Who will pay is still in process or not resolved
88  No one paid, no treatment

77  DON’T KNOW/NOT SURE
99  REFUSED

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.
**C08Q16V**  
**IF - C08Q16 > 9 AND C08Q16 < 88**

INTERVIEWER YOU RECORDED \( \text{C08Q16} \) CHILDREN LIVE IN THE HOUSEHOLD.

IS THIS CORRECT?

1  YES, CONTINUE
2  NO, CORRECT C08Q16   SKP  →  C08Q16

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

**C08Q17d**

Is your annual household income from all sources—

Less than $25,000?

1  YES
2  NO   SKP  →  C08Q17e

7  DON’T KNOW/NOT SURE   SKP  →  C08Q17i
9  REFUSED   SKP  →  C08Q17i

**C08Q17c**  
**IF - C08Q17d = 1**

(Is your annual household income from all sources—

Less than $20,000?

1  YES
2  NO   SKP  →  C08Q17i

7  DON’T KNOW/NOT SURE   SKP  →  C08Q17i
9  REFUSED   SKP  →  C08Q17i

**C08Q17b**  
**IF - C08Q17c = 1**

(Is your annual household income from all sources—

Less than $15,000?

1  YES
2  NO   SKP  →  C08Q17i

7  DON’T KNOW/NOT SURE   SKP  →  C08Q17i
9  REFUSED   SKP  →  C08Q17i
C08Q17a  IF - C08Q17b = 1
(Is your annual household income from all sources—)
Less than $10,000?
1  YES  C08Q17i
2  NO  SKP  →  C08Q17i
7  DON’T KNOW/NOT SURE  SKP  →  C08Q17i
9  REFUSED  SKP  →  C08Q17i

C08Q17e  IF - C08Q17d = 2
(Is your annual household income from all sources—)
Less than $35,000?
1  YES  C08Q17i
2  NO
7  DON’T KNOW/NOT SURE  SKP  →  C08Q17i
9  REFUSED  SKP  →  C08Q17i

C08Q17f  IF - C08Q17e = 2
(Is your annual household income from all sources—)
Less than $50,000?
1  YES  C08Q17i
2  NO
7  DON’T KNOW/NOT SURE  SKP  →  C08Q17i
9  REFUSED  SKP  →  C08Q17i

C08Q17g  IF - C08Q17f = 2
(Is your annual household income from all sources—)
Less than $75,000?
1  YES  C08Q17i
2  NO  SKP  →  C08Q17i
7  DON’T KNOW/NOT SURE  SKP  →  C08Q17i
9  REFUSED  SKP  →  C08Q17i
**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

SKP   →   C08Q17d

**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
**C08Q19V**  
\[
\text{IF } \left( C08Q19 \neq 7777 \text{AND} C08Q19 \neq 9999 \text{AND} \left( (C08Q19 < 9000 \text{AND} (C08Q19 < 80 \text{OR} C08Q19 > 350)) \text{OR} (C08Q19 > 9000 \text{AND} (C08Q19 < 9035 \text{OR} C08Q19 > 9159)) \right) \right) \]

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS \{C08Q19\}  
IS THIS CORRECT?  
1  YES, CORRECT AS IS, CONTINUE  
2  NO, REASK QUESTION  

**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  

**C08Q21**  
\[
\text{IF } \left( C08Q1 = 2 \text{AND} C08Q02 < 50 \right) \]

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?

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

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

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

Do you have serious difficulty walking or climbing stairs?

1  YES
2  NO
7  DON’T KNOW/NOT SURE
9  REFUSED
<table>
<thead>
<tr>
<th>C08Q26</th>
<th>DIFFDRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have difficulty dressing or bathing?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
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</table>

<table>
<thead>
<tr>
<th>C08Q27</th>
<th>DIFFALON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

| C08END |
## Section 09: Tobacco Use

### C09INTRO

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Section 09: Tobacco Use</td>
</tr>
</tbody>
</table>

### C09Q01

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

INTERVIEWER NOTE: IF NECESSARY, SAY:

“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.”

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

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

### C09Q02

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

DO NOT READ

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EVERY DAY</td>
</tr>
<tr>
<td>2</td>
<td>SOME DAYS</td>
</tr>
<tr>
<td>3</td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### C09Q03

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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
How long has it been since you last smoked a cigarette, even one or two puffs?

READ ONLY IF NECESSARY

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

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.”

DO NOT READ

1 EVERY DAY
2 SOME DAYS
3 NOT AT ALL

7 DON’T KNOW/NOT SURE
9 REFUSED
Section 10: E-Cigarettes

C10INTRO

C10Q01

The next questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

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

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

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  SKP → C10END
7  DON’T KNOW/NOT SURE  SKP → C10END
9  REFUSED  SKP → C10END

C10Q02  IF - C10Q01 = 1

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

C10END
**Section 11: Alcohol Consumption**

### C11Q01

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

777 DON’T KNOW/NOT SURE

999 REFUSED

101 MIN

230 MAX

### C11Q02

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?

INTERVIEWER NOTE, IF NEEDED SAY:

“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

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 {IF C08Q01 = 1, 5, 4} or more drinks on an occasion?

__ NUMBER OF TIMES

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

**C11Q03V**

IF - C11Q03 > 15 AND C11Q03 < 77

INTERVIEWER YOU INDICATED {C11Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION SKP → C11Q03

**C11Q04**

IF - C11Q01 < 777

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

__ NUMBER OF DRINKS

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

**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 {C11Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q01 = 1, 5, 4} IS {C11Q03}.

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE SKP → C11Q04
2 NO, REASK QUESTION
Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS ‘I DON’T KNOW’:

“Include fresh, frozen or canned fruit. Do not include dried fruits.”

INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:

“Was that per day, week, or month?”

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

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

___ TIMES

300    LESS THAN ONCE A MONTH
555    NEVER
777    DON’T KNOW
999    REFUSED
101    MIN
399    MAX

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C12Q01 SHOWTIME}

IS THIS CORRECT?

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

SKP   →   C12Q01
Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS:

“Do not include fruit-flavored drinks with added sugar like cranberry cocktail, HI-C, lemonade, Kool-aid, Gatorade, Tampico, and Sunny delight. Include only 100% pure juices or 100% juice blends.”

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:

“Was that per day, week, or month?”

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH
101-199 = PER DAY  201-299 = PER WEEK  300-399 = PER MONTH
___ TIMES

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {C12Q02 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION
How often did you eat a green leafy or lettuce salad, with or without other vegetables?

READ IF RESPONDENT ASKS ABOUT SPINACH:

“Include spinach salads”

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:

“Was that per day, week, or month?”

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

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

___ TIMES

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS GREEN LEAFY OR LETTUCE SALAD {C12Q03 SHOWTIME}

IS THIS CORRECT?

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

SKP → C12Q03
How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS:

“Do not include potato chips.”

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:

“Was that per day, week, or month?”

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

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

___ TIMES

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ANY KIND OF FRIED POTATOES {C12Q04 SHOWTIME}

IS THIS CORRECT?

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

SKP → C12Q04
How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:

“Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes.”

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:

“Was that per day, week, or month?”

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

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

___ TIMES

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
399 MAX

C12Q05V IF - (C12Q05 > 105 AND C12Q05 < 201) OR (C12Q05 > 235 AND C12Q05 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ANY OTHER KIND OR POTATO {C12Q05 SHOWTIME}

IS THIS CORRECT?

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

SKP → C12Q05
Not including lettuce salads and potatoes, how often did you eat other vegetables?

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE:

“Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.”

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:

“Was that per day, week, or month?”

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

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

___ TIMES

300  LESS THAN ONCE A MONTH
555  NEVER
777  DON’T KNOW/NOT SURE
999  REFUSED
101  MIN
399  MAX

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {C12Q06 SHOWTIME}

IS THIS CORRECT?

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

SKP → C12Q06
Section 13: Exercise (Physical Activity)

C13INTRO

C13Q01

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

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, SAY:

“You may count the physical activity or exercise you spend the most time doing in a regular month.”

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

C13Q02

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

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

__ (SPECIFY) [SEE CODING LIST A]

77  DON’T KNOW/NOT SURE
99  REFUSED
**C13Q03**

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

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

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

**C13Q03V**

INTERVIEWER: YOU Recorder that the respondent takes part in the activity recorded in C13Q02 {C13Q03 SHOWTIME} IS THIS CORRECT?

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

**C13Q04**

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS “130”  
___ HOURS AND MINUTES

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

**C13Q04V**

INTERVIEWER: YOU Recorder that the respondent keeps at this activity for {C13Q04 HOURMIN} IS THIS CORRECT?

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

56
**C13Q05**

IF - C13Q02 > 0 AND C13Q02 <> 77 AND C13Q02 <> 99

What other type of physical activity gave you the next most exercise during the past month?

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

__ (SPECIFY) [SEE CODING LIST A]

88 NO OTHER ACTIVITY

77 DON’T KNOW/NOT SURE

99 REFUSED

C13Q05V

IF - C13Q02 = C13Q05

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C13Q02.

FIRST ACTIVITY (C13Q02) = {C13Q02}

SECOND ACTIVITY (C13Q05) = {C13Q05}

IS THIS CORRECT?

1 NO, CHANGE ACTIVITY IN QUESTION C13Q05

2 NO, CHANGE ACTIVITY IN QUESTION C13Q02 SKP → C13Q02

3 YES, CORRECT AS IS, CONTINUE

**C13Q06**

IF - C13Q05 > 0 AND C13Q05 <> 77 AND C13Q05 <> 99 AND C13Q05 <> 88

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

101-199 = PER WEEK

201-299 = PER MONTH

___ TIMES

777 DON’T KNOW/NOT SURE

999 REFUSED

101 MIN

299 MAX
C13Q06
IF - (C13Q06 > 107 AND C13Q06 < 201) OR (C13Q06 > 231 AND C13Q06 < 300)
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q05 \( \{ \text{C13Q06 SHOWTIME} \} \)
IS THIS CORRECT?
1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION

C13Q07
IF - C13Q05 > 0 AND C13Q05 <> 77 AND C13Q05 <> 99 AND C13Q05 <> 88
EXERHMM2
And when you took part in this activity, for how many minutes or hours did you usually keep at it?
EXAMPLE 1 HOUR 30 MINUTES ENTER AS “130”
___ HOURS AND MINUTES
777 DON’T KNOW/NOT SURE
999 REFUSED
001 MIN
659 MAX

C13Q07V
IF - C13Q07 > 430 AND C13Q07 < 777
INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR \( \{ \text{C13Q07 HOURMIN} \} \)
IS THIS CORRECT?
1 YES, CORRECT AS IS, CONTINUE
2 NO, REASK QUESTION

C13Q08
STRENGTH
During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.
101-199 = PER WEEK
201-299 = PER MONTH
___ TIMES
888 NEVER
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
299 MAX
C13Q08V IF - (C13Q08 > 107 AND C13Q08 < 201) OR (C13Q08 > 231 AND C13Q08 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C13Q05 (**C13Q06 SHOWTIME**) IS THIS CORRECT?

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

C13END
Section 14: Seatbelt Use

C14INTRO

C14Q01 SEATBELT

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

C14END
Section 15: Immunization

C15INTRO

C15Q01  FLUSHOT6

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 ONLY IF NECESSARY:

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

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

C15Q02  IF - C15Q01 = 1  FLSHTMY2

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
012016  MIN
122017  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 06/2017, response can be no older than 06/2016
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

CATI NOTE: IF RESPONDENT IS <= 49 YEARS OF AGE, GO TO NEXT SECTION

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
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
7 DON’T KNOW/NOT SURE
9 REFUSED


_________ CODE MONTH AND YEAR

777777 DON’T KNOW/NOT SURE
999999 REFUSED
011985 MIN
772017 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 injected any drug other than those prescribed for you in the past year.
- You have been treated for a sexually transmitted disease or STD 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
Module 09: Sleep Disorder

M09INTRO

M09Q01  SLEPTIM1
On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDED 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
24 MAX

M09Q02  ADSLEEP
Over the last 2 weeks, how many days have you had trouble falling asleep OR staying asleep OR sleeping too much?

__ 01-14 days

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

M09Q03  SLEPDAY1
Over the last 2 weeks, how many days did you unintentionally fall asleep during the day?

__ 01-14 days

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
14 MAX
M09Q04 SLEPSNO2

Have you ever been told that you snore loudly?

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

M09Q05 SLEPBRTTH

Has anyone ever observed that you stop breathing during your sleep?

INTERVIEWER NOTE: ALSO ENTER “YES” IF RESPONDENT MENTIONS HAVING A MACHINE OR CPAP THAT RECORDS THAT BREATHING SOMETIMES STOPS DURING THE NIGHT.

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

M09END
Module 16: Marijuana (Mar- Dec Only)

**M16INTRO**

**M16Q01**

During the past 30 days, on how many days did you use marijuana or hashish?

__ (01-30) NUMBER OF DAYS

88 NONE (0 DAYS) SKP → M16END
77 DON’T KNOW/NOT SURE SKP → M16END
99 REFUSED SKP → M16END
30 MAX

CATI NOTE: Asked only of current marijuana users.

**M16Q02**

During the past 30 days, what was the primary mode you used marijuana? Please select one. Did you...

INTERVIEWER NOTE: USE CLARIFICATION IN PARENTHESES ONLY IF NEEDED. PLEASE SLOWLY READ ALL MODES IN SUCCESSION

PLEASE READ

1 Smoke it? (for example: in a joint, bong, pipe, or blunt)
2 Eat it? (for example, in brownies, cakes, cookies, or candy)
3 Drink it? (for example, in tea, cola, alcohol)
4 Vaporize it? (for example in an e-cigarette-like vaporizer or another vaporizing device)
5 Dab it? (for example using waxes or concentrates), or
6 Use it some other way
7 DON’T KNOW/NOT SURE
9 REFUSED

CATI NOTE: Asked only of current marijuana users.
When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to “fit in” with a group, increased awareness, to forget worries, for fun at a social gathering).

READ IF NECESSARY:

1. Only for medical reasons to treat or decrease symptoms of a health condition
2. Only for non-medical purposes to get pleasure or satisfaction
3. Both medical and non-medical reasons

7. DON’T KNOW/NOT SURE
9. REFUSED
**State Added Section 01: Residence**

**ND01INTRO**

**ND01Q01**

<table>
<thead>
<tr>
<th>IF - QSTPATH = 10 OR (QSTPATH = 20 &amp; CPState = 1)</th>
<th>RESLONG</th>
</tr>
</thead>
</table>

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 04: Indian Health

ND04INTRO

ND04Q01  IF - C08Q04 = 30   RESERVE
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

ND04Q02  IF - C08Q04 = 30   MEMTRIBE
Are you currently an enrolled tribal member?
1  YES
2  NO  SKP  ND04END
7  DON’T KNOW/NOT SURE  SKP  ND04END
9  SKP  ND04END

ND04Q03  IF - ND04Q02 = 1   TRIBE
Which tribe?
INTERVIEWER NOTE: THREE AFFILIATED TRIBES = MANDAN + ARIKARA + HIDATSAS. 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
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
State Added Section 05: Social Context

ND05INTRO

ND05Q01

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

ND05Q02

What is the main mechanism you use to cope with stress?

01  Support from family and friends
02  Clergy or Spiritual leaders
03  Professional Counseling
04  Physical Exercise
05  Alcohol
06  Prescription Drugs
07  Non-prescription Drugs
08  Other
09  Does not apply
10  None

77  DON’T KNOW/NOT SURE
99  REFUSED

ND05END
Now I’d like to ask you how you feel about certain sexual behaviors. This is a sensitive topic, and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer.

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

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

PLEASE READ
1 Agree
2 Disagree
7 DON’T KNOW/ NOT SURE
9 REFUSED

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

PLEASE READ
1 Agree
2 Disagree
7 DON’T KNOW/ NOT SURE
9 REFUSED

Sexual violence occurs in your community.

READ IF NECESSARY
1 Agree
2 Disagree
7 DON’T KNOW/ NOT SURE
9 REFUSED
It is possible to prevent sexual violence.

READ IF NECESSARY

1  Agree
2  Disagree

7  DON’T KNOW/ NOT SURE
9  REFUSED
State Added Section 07: Out of State Residence

ND07INTRO

ND07Q01 IF - CPState = 2 AND QSTPATH = 20

During the past twelve months, how many days, weeks or months have you spent in the state of North Dakota?

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

___ ENTER AMOUNT OF TIME

888 DO NOT LIVE IN NORTH DAKOTA
777 DON’T KNOW/NOT SURE
999 REFUSED
101 MIN
499 MAX

ND07END
That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.