2018

Behavioral Risk Factor Surveillance System
Questionnaire

July 5, 2017
Behavioral Risk Factor Surveillance System
2018 Questionnaire

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Interviewer’s Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing
data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

LL.1 Is this (phone number) ?

1. Yes
2. No

[CATI /INTERVIEWER NOTE: IF 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. CATI NOTE: STOP OR REDIAL]

PVTRES

LL.2 Is this a private residence?

READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]
3. No , Business phone only

[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME.STOP]
College Housing

LL.3 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 [GO TO STATE OF RESIDENCE]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

LL4. Do you currently live in ____ (state) ____?

1. Yes [GO TO CELLULAR]
2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [ ] STATE AT THIS TIME. STOP]

Cellular Phone

LL.5 Is this a cell telephone?

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

READ ONLY IF NECESSARY: BY CELL (OR CELLULAR) TELEPHONE WE MEAN A TELEPHONE THAT IS MOBILE AND USABLE OUTSIDE OF YOUR NEIGHBORHOOD.

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF YES: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]
[CATI NOTE: IF COLLEGE HOUSING = YES, CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

Adult

LL.6 Are you 18 years of age or older?
1 Yes, respondent is male [GO TO NEXT SECTION]
2 Yes, respondent is female [GO TO NEXT SECTION]
3 No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

LL.7 __ Number of adults
If 1: Are you the adult?

If yes,: Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

[GO TO THE CORRECT RESPONDENT]

[CATI/INTERVIEWER NOTE: IF NO,: IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]? ]

[GO TO CORRECT RESPONDENT BEFORE SECTION 1]

LL.8 How many of these adults are men?
   __ Number of men

So the number of women in the household is ___
   __ Number of women
Is that correct?

INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.

The person in your household that I need to speak with is ____________.

If you, [GO TO CORRECT RESPONDENT BEFORE SECTION 1]
Interviewer’s Script Cell Phone

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

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NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) 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.

CP.1 Is this a safe time to talk with you?
1. Yes [GOTO PHONE]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CP.2 Is this (phone number)?
1. Yes [GO TO CELLULAR PHONE]
2. No

INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER
[CATI/INTERVIEWER NOTE: IF 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. STOP]

Cellular Phone

CP.3 Is this a cell telephone?

Read only if necessary: By cell telephone, we mean a telephone that is mobile and
usable outside of your neighborhood.

1. Yes [GO TO ADULT]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE
ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

Adult

CP.4 Are you 18 years of age or older?

1. Yes, respondent is male [GO TO PRIVATE RESIDENCE]
2. Yes, respondent is female [GO TO PRIVATE RESIDENCE]
3. No

[CATI/INTERVIEWER NOTE: IF NO, THANK YOU VERY MUCH, BUT WE ARE ONLY
INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS
SECTION.

Private Residence

CP.5 Do you live in a private residence?

Read only if necessary: By private residence, we mean someplace like a house or
apartment.

INTERVIEWER 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.

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]

College Housing

CP.6 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 [GO TO STATE OF RESIDENCE]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

CP.7 Do you currently live in ____ (state) ____?

1. Yes [GO TO LANDLINE]
2. No [GO TO STATE]

State

CP.8 In what state do you currently live?

_____ ENTER FIPS STATE

Landline

CP.9 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 used for making or receiving calls. Please include landline phones used for both business and personal use.

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

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = YES, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT

CP.10 How many members of your household, including yourself, are 18 years of age or older?
Number of adults
99 Refused

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = YES THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.
Core Sections

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 not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).

Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

1 Excellent
2 Very good
3 Good
4 Fair

Or

5 Poor

Do not read:

7 Don’t know / Not sure
9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

2.1 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
### 2.2 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?

<table>
<thead>
<tr>
<th>Number of days</th>
<th>None</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[If Q2.1 and Q2.2 = 88 (None), go to next section]

### 2.3 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?

<table>
<thead>
<tr>
<th>Number of days</th>
<th>None</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 3: Health Care Access

#### 3.1 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>[If using Health Care Access (HCA) Module go to Module 3, Q1, else continue]</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

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?

| Yes, only one | |
|---------------|
3.3  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

CATI NOTE: If using HCA Module, go to Module 3, Q3, else continue.

3.4  About how long has it been since you last visited a doctor for a routine checkup?

INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.

READ 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

CATI NOTE: If using HCA Module and Q3.1 = 1 go to Module 3 Question 4 or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 3, Question 4a, or if not using HCA Module go to next section.

Section 4: Exercise

4.1  During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A REGULAR JOB OR IS RETIRED, THEY MAY COUNT ANY PHYSICAL ACTIVITY OR EXERCISE THEY DO

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

Section 5: Inadequate Sleep

5.1 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.

7 7  Don’t know / Not sure
9 9  Refused

Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You’re Not Sure.

6.1 (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

6.2 (Ever told) you had angina or coronary heart disease?
1  Yes
2  No
7  Don’t know / Not sure
9  Refused

6.3 (Ever told) you had a stroke?
6.4 (Ever told) you had asthma?

1. Yes
2. No [Go to Q6.6]
7. Don’t know / Not sure [Go to Q6.6]
9. Refused [Go to Q6.6]

6.5 Do you still have asthma?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

6.6 (Ever told) you had skin cancer?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

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

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

6.8 (Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
6.9  (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

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)

6.10  (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

6.11  Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

1 Yes
2 No
7 Don’t know / Not sure
9 Refused
6.12 (Ever told) you have diabetes?


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, go to next section.

6.13 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

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Oral Health

7.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

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

Do not read:

7 Don’t know / Not sure
8 Never
7.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

READ IF NECESSARY:

1  1 to 5
2  6 or more but not all
3  All
8  None

DO NOT READ

7  Don’t know / Not sure
9  Refused

Section 8: Demographics

8.1 (What was your sex at birth? Was it...)
(What is your sex?)

CATI NOTE: STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF FIRST FORMAT IS USED, READ OPTIONS.

1  Male
2  Female
9  Refused

8.2 What is your age?

_ _ Code age in years
07  Don’t know / Not sure
09  Refused

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

If yes, ask: Are you...
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

Do not read:

5  No
7  Don’t know / Not sure
9  Refused

8.4  Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

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
Do not read:

60 Other  
88 No additional choices  
77 Don't know / Not sure  
99 Refused  

CATI NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.  

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

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

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory 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  

Do not read:

60 Other  
77 Don't know / Not sure
8.6 Are you…?

**Please read:**

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married

**Or**

6. A member of an unmarried couple

**Do not read:**

9. Refused

8.7 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)

**Do not read:**

9. Refused

8.8 Do you own or rent your home?

1. Own
2. Rent
3. Other arrangement
7. Don’t know / Not sure
9. Refused

**NOTE:** Items in parentheses at any place in the questions or response DO NOT need to be read.
INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent.

NOTE: 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.

8.9 In what county do you currently live?

- ANSI County Code (formerly FIPS county code)
  7 7 7 Don’t know / Not sure
  9 9 9 Refused

8.10 What is the ZIP Code where you currently live?

- ZIP Code
  7 7 7 7 7 Don’t know / Not sure
  9 9 9 9 9 Refused

CATI NOTE: If cellular telephone interview skip to 8.14 (QSTVER GE 20)

8.11 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

- Yes
- No [Go to Q8.13]
- Don’t know / Not sure [Go to Q8.13]
- Refused [Go to Q8.13]

8.12 How many of these telephone numbers are residential numbers?

- Residential telephone numbers [6 = 6 or more]
  7 Don’t know / Not sure
  9 Refused

8.13 How many cell phones do you have for personal use?

INTERVIEWER NOTE: INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.

- Enter number (1-5)
- Six or more

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8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes
2 No

Do not read:

7 Don’t know / Not sure
9 Refused

8.15 Are you currently…?

INTERVIEWER NOTE: IF MORE THAN ONE, 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

Do not read:

9 Refused

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

8 8 None
9 9 Refused

8.17 Is your annual household income from all sources—

If respondent refuses at ANY income level, code ‘99’ (Refused)

Read only if necessary:

0 4 Less than $25,000 If no, ask 05; if yes, ask 03
($20,000 to less than $25,000)
0 3 Less than $20,000 If no, code 04; if yes, ask 02
($15,000 to less than $20,000)
0 2 Less than $15,000 If no, code 03; if yes, ask 01
($10,000 to less than $15,000)
0 1 Less than $10,000 If no, code 02
0 5 Less than $35,000 If no, ask 06
($25,000 to less than $35,000)
0 6 Less than $50,000 If no, ask 07
($35,000 to less than $50,000)
0 7 Less than $75,000 If no, code 08
($50,000 to less than $75,000)
0 8 $75,000 or more

Do not read:

7 7 Don’t know / Not sure
9 9 Refused

8.18 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put 9 in column XXX.

Round fractions up

| 7 7 7 7 | Don’t know / Not sure |
| 9 9 9 9 | Refused |

(Weight (pounds/kilograms))
8.19 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put 9 in column XXX.

Round fractions down

_ _ / _ _ Height
(f t / inches/meters/centimeters)
77/ 77 Don’t know / Not sure
99/ 99 Refused

If male, go to 8.21, if female respondent is 45 years old or older, go to Q8.21

8.20 To your knowledge, are you now pregnant?

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

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

1 Yes
2 No
7 Don’t know / Not Sure
9 Refused

8.22 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
8.23 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

8.24 Do you have serious difficulty walking or climbing stairs?

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

8.25 Do you have difficulty dressing or bathing?

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

8.26 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 9: Tobacco Use

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

INTERVIEWER NOTE: FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS) OR MARIJUANA.

NOTE: 5 packs = 100 cigarettes

1  Yes
2  No  [Go to Q9.5]
9.2 Do you now smoke cigarettes every day, some days, or not at all?

DO NOT READ

1 Every day
2 Some days
3 Not at all [Go to Q9.4]
7 Don’t know / Not sure [Go to Q9.5]
9 Refused [Go to Q9.5]

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

1 Yes [Go to Q9.5]
2 No [Go to Q9.5]
7 Don’t know / Not sure [Go to Q9.5]
9 Refused [Go to Q9.5]

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

READ IF NECESSARY:

0 1 Within the past month (less than 1 month ago)
0 2 Within the past 3 months (1 month but less than 3 months ago)
0 3 Within the past 6 months (3 months but less than 6 months ago)
0 4 Within the past year (6 months but less than 1 year ago)
0 5 Within the past 5 years (1 year but less than 5 years ago)
0 6 Within the past 10 years (5 years but less than 10 years ago)
0 7 10 years or more
0 8 Never smoked regularly
7 7 Don’t know / Not sure
9 9 Refused

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

Snus (rhymes with ‘goose’)

INTERVIEWER NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.
Section 10: Alcohol Consumption

10.1 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?

1 __ Days per week
2 __ Days in past 30 days

888 No drinks in past 30 days [Go to next section]
777 Don’t know / Not sure [Go to next section]
999 Refused [Go to next section]

10.2 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: 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

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have \( X \) [CATI \( X = 5 \) for men, \( X = 4 \) for women] or more drinks on an occasion?

__ Number of times
88 None
77 Don’t know / Not sure
99 Refused
10.4 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>
<th>77</th>
<th>Don’t know / Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>Refused</td>
<td></td>
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</tbody>
</table>

Section 11: Immunization

11.1 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.

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<tbody>
<tr>
<td></td>
<td>1</td>
<td>Yes</td>
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<td></td>
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<tr>
<td></td>
<td>2</td>
<td>No</td>
<td>[Go to Q11.4]</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Don’t know / Not sure</td>
<td>[Go to Q11.4]</td>
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<tr>
<td></td>
<td>9</td>
<td>Refused</td>
<td>[Go to Q11.4]</td>
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</table>

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

| Month / Year | 77 / 7777 Don’t know / Not sure | 99 / 9999 Refused |

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

**Read only if necessary:**

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<tbody>
<tr>
<td></td>
<td>01</td>
<td>A doctor's office or health maintenance organization (HMO)</td>
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<td></td>
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<td></td>
<td>02</td>
<td>A health department</td>
<td></td>
<td></td>
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<td></td>
<td>03</td>
<td>Another type of clinic or health center (a community health center)</td>
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<td></td>
<td>04</td>
<td>A senior, recreation, or community center</td>
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<td>05</td>
<td>A store (supermarket, drug store)</td>
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<td>06</td>
<td>A hospital (inpatient)</td>
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<td>07</td>
<td>An emergency room</td>
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<td></td>
<td>08</td>
<td>Workplace</td>
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<td></td>
<td>09</td>
<td>Some other kind of place</td>
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<td>11</td>
<td>A school</td>
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Do not read:

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<tr>
<td></td>
<td>10</td>
<td>Received vaccination in Canada/Mexico</td>
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</tbody>
</table>
77  Don't know / Not sure *(Probe: How would you describe the place where you went to get your most recent flu vaccine?)*
99  Refused

11.4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

**INTERVIEWER NOTE:** IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
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<td>1</td>
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<td>9</td>
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Section 12: Falls

If respondent is 45 years or older continue, otherwise go to next section.

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

<table>
<thead>
<tr>
<th>Number of times</th>
<th>[76 = 76 or more]</th>
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</thead>
<tbody>
<tr>
<td>_ _</td>
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<tr>
<td>8 8</td>
<td>None [Go to next section]</td>
</tr>
<tr>
<td>7 7</td>
<td>Don't know / Not sure [Go to next section]</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused [Go to next section]</td>
</tr>
</tbody>
</table>

**INTERVIEWER NOTE:** By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.2 [Fill in Did this fall (from Q12.1) cause an injury?]. If only one fall from Q12.1 and response is Yes (caused an injury); code 01. If response is No, code 88.

How many of these falls caused an injury that limited your regular activities for at least a day?

**INTERVIEWER NOTE:** 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.

<table>
<thead>
<tr>
<th>Number of falls</th>
<th>[76 = 76 or more]</th>
</tr>
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<tbody>
<tr>
<td>_ _</td>
<td></td>
</tr>
<tr>
<td>8 8</td>
<td>None</td>
</tr>
<tr>
<td>7 7</td>
<td>Don't know / Not sure</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
Section 13: Seat Belt Use and Drinking and Driving

13.1 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

Do not read:

7 Don’t know / Not sure
8 Never drive or ride in a car
9 Refused

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to next section; otherwise continue.

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

13.2 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

Section 14: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

14.1 Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.
14.2 How long has it been since you had your last mammogram?

READ 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

14.3 Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

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

READ 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

14.5 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)

1. Yes
14.6 How long has it been since you had your last H.P.V. test?

READ 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

CATI NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.

14.7 Have you had a hysterectomy?

INTERVIEWER NOTE: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

Section 15: Prostate Cancer Screening

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

15.1 Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

INTERVIEWER NOTE: A PROSTATE-SPECIFIC ANTIGEN TEST, ALSO CALLED A P.S.A. TEST, IS A BLOOD TEST USED TO CHECK MEN FOR PROSTATE CANCER.

1. Yes
2. No
7. Don’t Know / Not sure
9. Refused
15.2 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

1 Yes
2 No
7 Don’t Know / Not sure
9 Refused

15.3 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

1 Yes
2 No
7 Don’t Know / Not sure
9 Refused

15.4 Have you ever had a P.S.A. test?

1 Yes
2 No [Go to next section]
7 Don’t Know / Not sure [Go to next section]
9 Refused [Go to next section]

15.5 How long has it been since you had your last P.S.A. 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)
3 Within the past 3 years (2 years but less than 3 years)
4 Within the past 5 years (3 years but less than 5 years)
5 5 or more years ago

Do not read:

7 Don’t know / Not sure
9 Refused

15.6 What was the main reason you had this P.S.A. 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

Do not read:
7 Don't know / Not sure
9 Refused

Section 16: Colorectal Cancer Screening

CATI note: If respondent is \(< 49\) years of age, go to next section.

16.1 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 [Go to Q16.3]
7 Don't know / Not sure [Go to Q16.3]
9 Refused [Go to Q16.3]

16.2 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

Do not read:
7 Don't know / Not sure
9 Refused

16.3 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            [Go to next section]
7   Don’t know / Not sure  [Go to next section]
9   Refused        [Go to next section]

16.4  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

16.5  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

Do not read:

7   Don’t know / Not sure
9   Refused

Section 17: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don’t have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.
17.1 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV?

1 Yes  [Go to Q17.3]
2 No   [Go to Q17.3]
7 Don’t know / Not sure  [Go to Q17.3]
9 Refused  [Go to Q17.3]

17.2 Not including blood donations, in what month and year was your last HIV test?

NOTE: If response is before January 1985, code Don’t know.
CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

_ _ /_ _ _ _  Code month and year
77/ 7777  Don’t know / Not sure
99/ 9999  Refused / Not sure

17.3 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
Closing statement

CATI NOTE: READ IF NO OPTIONAL MODULES FOLLOW, OTHERWISE CONTINUE TO OPTIONAL MODULES.

Please read:

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.
Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding Yes (code = 1) to Core Q6.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 Yes (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?
   
   If Yes and respondent is female, ask: Was this only when you were pregnant?
   
   1 Yes
   2 Yes, during pregnancy
   3 No
   7 Don’t know / Not sure
   9 Refused

Module 2: Diabetes

CATI note: To be asked following Core Q6.13; if response to Q6.12 is Yes (code = 1)

1. Are you now taking insulin?
   
   1 Yes
   2 No
   9 Refused

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

1  _  _  Times per day
2  _  _  Times per week
3  _  _  Times per month
4  _  _  Times per year
8  8  8  Never
7  7  7  Don’t know / Not sure
9  9  9  Refused

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.’

3. Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

1  _  _  Times per day
2  _  _  Times per week
3  _  _  Times per month
4  _  _  Times per year
555  No feet
888  Never
777  Don’t know / Not sure
999  Refused

4. 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

5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

Interviewer note: A test for A one C measures the average level of blood sugar over the past three months.

_  _  Number of times [76 = 76 or more]
8  8  None
98  Never heard of A one C test
CATI note: If Q3 = 555 (No feet), go to Q7.

6. 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

7. When was the last time you had an eye exam in which the pupils were dilated, making 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

   Do not read:
   7 Don’t know / Not sure
   8 Never
   9 Refused

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

   DO NOT READ:
   1 Yes
   2 No
   7 Don’t know / Not sure
   9 Refused

9. Have you ever taken a course or class in how to manage your diabetes yourself?
Module 6: E-Cigarettes

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.

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.

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

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<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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2. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

DO NOT READ:

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<th></th>
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</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</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Module 7: Marijuana Use
1. During the past 30 days, on how many days did you use marijuana or cannabis?

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-30</td>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>77</td>
<td>Don’t know/not sure</td>
</tr>
<tr>
<td></td>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

2. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]. During the past 30 days, which of the following ways did you use marijuana the most often? Did you usually…

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, or 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.

Do not read:
7. Don’t know/not sure
9. Refused

3. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]. When you used marijuana or cannabis during the past 30 days, was it usually:

Read:
1. For medical reasons (like to treat or decrease symptoms of a health condition);
2. For non-medical reasons (like to have fun or fit in), or
3. For both medical and non-medical reasons;

Do not read:
7. Don’t know/Not sure
9. Refused

Module 10: Respiratory Health
1. During the past 3 months, did you have a cough on most days?

DO NOT READ:

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

2. During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?

DO NOT READ:

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

3. Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?

DO NOT READ:

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

4. Have you ever been given a breathing test to diagnose breathing problems?

DO NOT READ:

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

5. Over your lifetime, how many years have you smoked tobacco products?

DO NOT READ:

<table>
<thead>
<tr>
<th></th>
<th>Number of years (01-76)</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>Never smoked or smoked less than one year</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

If Core Q8.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

1. What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title?

INTERVIEWER NOTE: If respondent has more than one job ask: What is your main job?

[Record answer] _________________________________
99 Refused

Or

If Core Q8.15 = 4 (Out of work for less than 1 year) ask,

What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask: What was your job title?

INTERVIEWER NOTE: If respondent has more than one job ask: What was your main job?

[Record answer] _________________________________
99 Refused

If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

2. What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.
Or

If Core Q8.15 = 4 (Out of work for less than 1 year) ask,

What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _________________________________
99  Refused

State Added Questions

State Added 1: Occupation

NOTE: Asked of all landline respondents and cellphone respondents responding Yes (code = 1) to State of Residence question.

1. How long have you lived in North Dakota?

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

State Added 2: Occupation

CATI note: To be asked following Core Q8.15; if response to Q8.15 = 1 OR = 2)
1. In what county do you work?
INTERVIEWER NOTE: IF SOMEONE WORKS FROM HOME, WE ARE INTERESTED IN THEIR HOME COUNTY RATHER THAN THE COMPANY’S COUNTY

___ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)
888 OTHER
777 DON'T KNOW/NOT SURE
999 REFUSED
001 MIN
775 MAX

2. 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
7  Don't know / Not sure
8  Refused

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

___ Number of hours worked (1 – 96 or more)
97 DON'T KNOW/NOT SURE
99 REFUSED
96 MAX

4. 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
8  Refused

State Added 3: Health Insurance

1. 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

1. Medicare
2. Medicaid or Medical Assist
3. Military, Tricare or CHAMP
4. Indian Health Services
5. Private Insurance
6. Other
7. None
8. DON'T KNOW/NOT SURE
9. REFUSED

State Added 4: Indian Health

NOTE: Asked IF - C08Q04 = 30

1. Do you live on a reservation or Indian Service Area?

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

2. Are you currently an enrolled tribal member?

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

3. Which tribe?
INTERVIEWER NOTE: THREE AFFILIATED TRIBES = MANDAN + ARIKARA + HIDATSA. CODE INDIVIDUAL TRIBE IF PROVIDED.
READ IF NECESSARY
01 Mandan
02 Arikara
03 Hidatsa
04 Three Affiliated Tribes
05 Spirit Lake Sioux
06 Standing Rock Sioux
07 Other Sioux
08 Chippewa
09 Other

77 DON'T KNOW/NOT SURE
99 REFUSED

4. 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 5: Social Context

1. 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

2. 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

3. 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

4. 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

Closing statement

Please read:

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.