



2008

Behavioral Risk Factor Surveillance System

North Dakota

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Promotion

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2008 North Dakota BRFSS

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Introduction and Random Adult Selection Module

INTROQST

HELLO, I'm calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER 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.

Is this [XXX-XXX-XXXX]?

1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) SKP → PRIVRES
2. NUMBER IS NOT THE SAME SKP → WRONGNUM

WRONGNUM - IF INTROQST = 2

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

PRIVRES - IF INTROQST = 1

Is this a private residence in [STATE]?

1. YES, CONTINUE SKP → ISCELL
2. NO, NON-RESIDENTIAL SKP → NONRES

NONRES - IF PRIVRES = 2

Thank you very much, but we are only interviewing private residences.

ISCELL - IF PRIVRES = 1

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. SKP → ADULTS
2. YES, A CELLULAR TELEPHONE SKP → CELLYES

CELLYES - IF ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

ADULTS - IF ISCELL = 1

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

-- ENTER NUMBER OF ADULTS IF ADULTS = 1 SKP → ONEADULT

MEN

How many of these adults are men?

-- ENTER NUMBER MEN

WOMEN

How many of these adults are women?

-- ENTER NUMBER WOMEN

WRONGTOT - IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men	-	
Number of Women	-	+
		-----
Number of Adults	-	

1. CORRECT THE NUMBER OF MEN SKP → MEN
2. CORRECT THE NUMBER OF WOMEN SKP → WOMEN
3. CORRECT THE NUMBER OF ADULTS SKP → ADULTS

SELECTED - IF ADULT > 1 AND (MEN + WOMEN) = ADULTS

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

1. YES SKP → YOURTHE1
2. NO SKP → GETNEWAD

ONEADULT - IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1. YES AND THE RESPONDENT IS A MALE. SKP → YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE. SKP → YOURTHE1
3. NO

ASKGENDR - IF ADULT = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ONEADULT = 3

May I speak with..

[IF ASKGENDR = 1 SHOW] ...him?

[IF ASKGENDR = 2 SHOW] ...her?

1. YES, ADULT IS COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

YOURTHE1 - IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE SKP → INTROSCR
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE SKP → NEWADULT
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK SKP → NEWADULT
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER 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.

1. PERSON INTERESTED, CONTINUE
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED **SKP → ADULTS**

INTROSCR

I will not ask for your 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 this survey, please call [GIVE APPROPRIATE STATE TELEPHONE NUMBER].

1. PERSON INTERESTED, CONTINUE **SKP → C01Q01**
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED **SKP → ADULTS**

Core Section 01: Health Status

C01Q01

Would you say that in general your health is...

1. Excellent
2. Very good
3. Good
4. Fair or
5. Poor
  
7. DON'T KNOW/NOT SURE
9. REFUSED

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

C02Q01

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

\_ \_ NUMBER OF DAYS

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

C02Q02

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

\_ \_ NUMBER OF DAYS

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

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C03Q01

C02Q03 - IF C02Q01 <> 88 AND C02Q02 <> 88

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

**Core Section 03: Health Care Access**

C03Q01

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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

C03Q02

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

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

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

C03Q03

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

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

C03Q04

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

1. Within past year (anytime less than 12 months ago)
2. Within past 2 years (1 year but less than 2 years ago)
3. Within past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
  
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

**Core Section 04: Sleep**

C04Q01

The next question is about getting enough rest or sleep.

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

\_ \_ NUMBER OF DAYS

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

**Core Section 05: Exercise**

C05Q01

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

**Core Section 06: Diabetes**

C06Q01

Have you ever been told by a doctor that 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      SKP → C07Q01
3. NO      SKP → C07Q01
4. NO, PRE-DIABETES OR BORDERLINE DIABETES      SKP → C07Q01
  
7. DON'T KNOW/NOT SURE      SKP → C07Q01
9. REFUSED      SKP → C07Q01

**Module 02: Diabetes**

M02Q01 - if C06Q01 = 1

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

\_ \_ Code age in years [97 = 97 or higher]

98. DON'T KNOW/NOT SURE
99. REFUSED

M02Q02 - if C06Q01 = 1

Are you now taking insulin?

- 1. YES
- 2. NO
  
- 9. REFUSED

M02Q03 - IF C06Q01 = 1

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

-- 101-199 = times per day  
201-299 = times per week  
301-399 = times per month  
401-499 = times per year

- 888. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M02Q04 - IF C06Q01 = 1

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

-- 101-199 = times per day  
201-299 = times per week  
301-399 = times per month  
401-499 = times per year

- 555. NO FEET SKP → M02Q08
- 888. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M02Q05 - IF C06Q01 = 1

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 greater]

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

M02Q06 - IF C06Q01 = 1

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 greater]

- 88. NEVER
- 98. NEVER HEARD OF "A ONE C"
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M02Q07 - IF C06Q01 = 1 & M02Q04 <> 555

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 greater]

- 88. NEVER
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M02Q08 - IF C06Q01 = 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

M02Q09 - IF C06Q01 = 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

M02Q10 - IF C06Q01 = 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

**Core Section 07: Oral Health**

C07Q01

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

C07Q02

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

INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

1. 1 to 5
2. 6 or more but not all
3. All
  
7. DON'T KNOW/NOT SURE
8. NONE
9. REFUSED

C07Q03 - IF C07Q01 <> 8 AND C07Q02 <> 3

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

READ ONLY IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 Or more years ago
  
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

**Core Section 08: Cardiovascular Disease Prevalence**

C08Q01

Now I would like to ask you some questions about cardiovascular disease.

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 had a heart attack, also called a myocardial infarction?

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

C08Q02

Ever told you had angina or coronary heart disease?

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

C08Q03

Ever told you had a stroke?

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

Core Section 09: Asthma

C09Q01

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1. YES
- 2. NO SKP → C010Q01
  
- 7. DON'T KNOW/NOT SURE SKP → C010Q01
- 9. REFUSED SKP → C010Q01

C09Q02 - IF C09Q01 = 1

Do you still have asthma?

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

Core Section 10: Disability

C10Q01

The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

C10Q02

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

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

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



Core Section 11: Tobacco Use

C11Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. YES
- 2. NO SKP → C012Q01
- 7. DON'T KNOW/NOT SURE SKP → C012Q01
- 9. REFUSED SKP → C012Q01

C11Q02 - IF C11Q01 = 1

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

- 1. EVERY DAY
- 2. SOME DAYS
- 3. NOT AT ALL SKP → C012Q01
- 7. DON'T KNOW/NOT SURE SKP → C012Q01
- 9. REFUSED SKP → C012Q01

C11Q03 - IF C11Q01 = 1 AND C11Q02 = 1 OR 2

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

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

Core Section 12: Demographics

C12Q01

What is your age?

\_ \_ CODE AGE IN YEARS

- 07. DON'T KNOW/NOT SURE
- 09. REFUSED

C12Q02

Are you Hispanic or Latino?

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

C12Q03

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

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
- Or
6. Other [specify]
  
8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: IF MORE THAN ONE RESPONSE TO C12Q03, CONTINUE. OTHERWISE SKP TO C12Q05

C12Q04 - IF C12Q03 HAS MORE THAN ONE RESPONSE

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

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify]
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q05

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active duty does not include training for the Reserves or National Guard, but **does** include activation, for example, for the Persian Gulf War.*

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

C12Q06

Are you...?

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

C12Q07

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

\_ \_ NUMBER OF CHILDREN

88. NONE
99. REFUSED

C12Q08

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

READ ONLY IF NECESSARY

1. NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
2. GRADES 1 THROUGH 8 (ELEMENTARY)
3. GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
4. GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
5. COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL)
6. COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE)
  
9. REFUSED

C12Q09

Are you currently...?

1. Employed for wages
  2. Self-employed
  3. Out of work for more than 1 year
  4. Out of work for less than 1 year
  5. A Homemaker
  6. A Student
  7. Retired
- Or
8. Unable to work
  9. REFUSED

C12Q10

Is your annual household income from all sources...

INTERVIEWER NOTE: IF RESPONDNET REFUSES ANY INCOME LEVEL, CODE AS "99"  
REFUSED

READ ONLY IF NECESSARY

01. Less than \$10,000
  02. Less than \$15,000 (\$10,000 to less than \$15,000)
  03. Less than \$20,000 (\$15,000 to less than \$20,000)
  04. Less than \$25,000 (\$20,000 to less than \$25,000)
  05. Less than \$35,000 (\$25,000 to less than \$35,000)
  06. Less than \$50,000 (\$35,000 to less than \$50,000)
  07. Less than \$75,000 (\$50,000 to less than \$75,000)
  08. \$75,000 or more
77. DON'T KNOW/NOT SURE  
99. REFUSED

C12Q11

About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST  
COLUMN. ROUND FRACTIONS UP.

-- -- -- -- ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR  
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =  
9110)

7777. DON'T KNOW/NOT SURE  
9999. REFUSED

C12Q12 - IF C12Q11 <> 7777 OR 9999

About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS DOWN.

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

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q13

How much did you weigh a year ago?

IF FEMALE RESPONDENT SAY: "If you were pregnant a year ago, how much did you weigh before your pregnancy?"

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS UP.

-- -- -- -- ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS = 9110)

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q14 - IF (C12Q11 <> 7777, 9999) OR (C12Q13 <> C12Q11)

\*Programmer Note: IF C12Q13 = C12Q11 SKIP TO C12Q15

Was the change between your current weight and your weight a year ago intentional?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q15

What county do you live in?

-- -- -- FIPS COUNTY CODE

777. DON'T KNOW/NOT SURE

999. REFUSED

C12Q16

What is your ZIP Code where you live?

\_ \_ \_ \_ \_ ZIP CODE

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C12Q17

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. YES

2. NO

SKP → C12Q19

7. DON'T KNOW/NOT SURE

SKP → C12Q19

9. REFUSED

SKP → C12Q19

C12Q18 - IF C12Q17 = 1

How many of these telephone numbers are residential numbers?

\_ RESIDENTIAL TELEPHONE NUMBERS [6=6 OR MORE]

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q19

During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q20

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1. MALE SKP → C13Q01
- 2. FEMALE

C12Q21 - IF C12Q20 = 2 AND C12Q01 < 45

To your knowledge, are you now pregnant?

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

**Core Section 13: Alcohol Consumption**

C13Q01

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1. YES
- 2. NO SKP → C14Q01
  
- 7. DON'T KNOW/NOT SURE SKP → C14Q01
- 9. REFUSED SKP → C14Q01

C13Q02 - IF C13Q01 = 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?

\_\_ \_\_ \_\_ ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS  
(101-107 = DAYS PER WEEK; 201-230 = IN PAST  
30 DAYS)

- 888. NO DRINKS IN LAST 30 DAYS SKP → C14Q01
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C13Q03 - IF C13Q01 = 1 AND C13Q02 <> 888

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 20 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

C13Q04 - IF C13Q01 = 1 AND C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C12Q20 = 1 SHOW] ...5...

[IF C12Q20 = 2 SHOW] ...4...

...or more drinks on an occasion?

\_ \_ NUMBER OF TIMES

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

C13Q05 - IF C13Q01 = 1 AND C13Q02 <> 888

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

Core Section 14: Immunization

C14Q01

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

- 1. YES
- 2. NO SKP → C14Q03
- 7. DON'T KNOW/NOT SURE SKP → C14Q03
- 9. REFUSED SKP → C14Q03

C14Q02 - IF C14Q01 = 1

During what month and year did you receive your most recent flu shot?

-- / ---- MONTH/YEAR

77 / 7777 DON'T KNOW/NOT SURE  
99 / 9999 REFUSED

C14Q03 - IF C14Q01 <> 1

During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

- 1. YES
- 2. NO SKP → C14Q05
- 7. DON'T KNOW/NOT SURE SKP → C14Q05
- 9. REFUSED SKP → C14Q05

C14Q04 - IF C14Q03 = 1

During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

-- / ---- MONTH/YEAR

77 / 7777 DON'T KNOW/NOT SURE  
99 / 9999 REFUSED

C14Q05

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

**Core Section 15: Falls**

C15Q01 - IF C12Q01 >= 45

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

In the past 3 months, how many times have you fallen?

\_ \_ NUMBER OF TIMES [76 = 76 OR MORE]

- |                         |              |
|-------------------------|--------------|
| 88. NONE                | SKP → C16Q01 |
| 77. DON'T KNOW/NOT SURE | SKP → C16Q01 |
| 99. REFUSED             | SKP → C16Q01 |

C15Q02 - C12Q01 >= 45 & C15Q01 < 77

[IF C15Q01 = 1 SHOW] Did this fall cause an injury?

[IF C15Q01 > 1 SHOW] How many of these falls caused an injury?

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

\_ \_ NUMBER OF FALLS [76 = 76 OR MORE]

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

Core Section 16: Seatbelt Use

C16Q01

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

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                      SKP → C18Q01
9. REFUSED

Core Section 17: Drinking and Driving

C17Q01 - IF C13Q01 <> 2 & C16Q01 <> 8

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

Core Section 18: Women's Health

C18Q01 - IF C12Q20 = 2

The next questions are about breast and cervical cancer.

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

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

C18Q02 - IF C12Q20 = 2 & C18Q01 = 1

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

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q03 - IF C12Q20 = 2

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

1. YES
2. NO SKP → C18Q05
  
7. DON'T KNOW/NOT SURE SKP → C18Q05
9. REFUSED SKP → C18Q05

C18Q04 - IF C12Q20 = 2 & C18Q03 = 1

How long has it been since your last breast exam?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q05 - IF C12Q20 = 2

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

1. YES
2. NO SKP → C18Q07
7. DON'T KNOW/NOT SURE SKP → C18Q07
9. REFUSED SKP → C18Q07

C18Q06 - IF C12Q20 = 2 & C18Q05 = 1

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

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

C18Q07 - IF C12Q20 = 2 & C12Q21 <> 1

Have you had a hysterectomy?

READ ONLY IF NECESSARY: "A hysterectomy is an operation to remove the uterus (womb)."

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

Core Section 19: Prostate Cancer Screening

C19Q01 - IF C12Q20 = 1 & C12Q01 >= 40

Now, I will ask you some questions about prostate cancer screening.

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1. YES
2. NO SKP → C19Q03
  
7. DON'T KNOW/NOT SURE SKP → C19Q03
9. REFUSED SKP → C19Q03

C19Q02 - IF C12Q20 = 1 & C12Q01 >= 40 & C19Q01 = 1

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

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C19Q03 - IF C12Q20 = 1 & C12Q01 >= 40

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. YES
2. NO SKP → C19Q05
  
7. DON'T KNOW/NOT SURE SKP → C19Q05
9. REFUSED SKP → C19Q05

C19Q04 - IF C12Q20 = 1 & C12Q01 >= 40 & C19Q03 = 1

How long has it been since your last digital rectal exam?

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C19Q05 - IF C12Q20 = 1 & C12Q01 >=40

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

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

#### Core Section 20: Colorectal Cancer Screening

C20Q01 - C12Q01 >= 50

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

1. YES
2. NO SKP → C20Q03
  
7. DON'T KNOW/NOT SURE SKP → C20Q03
9. REFUSED SKP → C20Q03

C20Q02 - C12Q01 >= 50 & C20Q01 = 1

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

READ ONLY IF NECESSARY

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

C20Q03 - C12Q01 >= 50

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

1. YES
2. NO SKP → C21Q01
  
7. DON'T KNOW/NOT SURE SKP → C21Q01
9. REFUSED SKP → C21Q01

C20Q04 - C12Q01 >= 50 & C20Q03 = 1

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

C20Q05 - C12Q01 >= 50 AND C20Q03 = 1

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)
3. Within the past 5 years (3 years but less than 5 years ago)
4. Within the past 10 years (5 years but less than 10 years ago)
5. 10 or more years ago
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**Core Section 21: HIV/AIDS**

CATI NOTE: IF RESPONDENT IS 65 YEARS OLD OR OLDER, GO TO NEXT SECTION

C21Q01 - IF C12Q01 < 65

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1. YES
2. NO SKP → C21Q05
  
7. DON'T KNOW/NOT SURE SKP → C21Q05
9. REFUSED SKP → C21Q05

C21Q02 - C12Q01 < 65 & C21Q01 = 1

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

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE AS "DON'T KNOW"

INTERVIEWER NOTE: 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

[EXAMPLE: JUNE OF 2006 = 062006]

77/7777. DON'T KNOW/NOT SURE

99/9999. REFUSED

C21Q03 - IF C12Q01 < 65 & C21Q01 = 1

Where did you have your last HIV test - at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

01. PRIVATE DOCTOR OR HMO OFFICE
02. COUNSELING AND TESTING SITE
03. HOSPITAL
04. CLINIC
05. JAIL OR PRISION (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE

77. DON'T KNOW/NOT SURE

99. REFUSED

C21Q04 - IF C12Q01 < 65 & C21Q02 = WITHIN LAST 12 MONTHS

CATI NOTE: IF C21Q02 = WITHIN LAST 12 MONTHS; OTHERWISE GO TO C21Q05

Was it a rapid test where you could get your results within a couple of hours?

1. YES
2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C21Q05 - IF C12Q01 < 65

I'm going to read you a list. When I'm 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 DISEASE 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

Do any of these situations apply to you?

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

**Core Section 22: Emotional Support and Life Satisfaction**

C22Q01

The next two questions are about emotional support and your satisfaction with life.

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED SAY: "please include support from any source".

PLEASE READ

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
  
7. DON'T KNOW/NOT SURE
9. REFUSED

C22Q02

In general, how satisfied are you with your life?

PLEASE READ

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**Module 13: Anxiety and Depression**

M13Q01

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

\_ \_ 01-14 DAYS

88. NONE
77. DON'T KNOW/REFUSED
99. REFUSED

M13Q02

Over the last 2 weeks, how many days have you felt down, depressed OR hopeless?

\_ \_ 01-14 DAYS

88. NONE
77. DON'T KNOW/REFUSED
99. REFUSED

M13Q03

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/REFUSED
99. REFUSED

M13Q04

Over the last 2 weeks, how many days have you felt tired OR had little energy?

\_ \_ 01-14 DAYS

88. NONE

77. DON'T KNOW/REFUSED

99. REFUSED

M13Q05

Over the last 2 weeks, how many days have you had a poor appetite OR eaten too much?

\_ \_ 01-14 DAYS

88. NONE

77. DON'T KNOW/REFUSED

99. REFUSED

M13Q06

Over the last 2 weeks, how many days have you felt bad about yourself OR that you were a failure or had let yourself or your family down?

\_ \_ 01-14 DAYS

88. NONE

77. DON'T KNOW/REFUSED

99. REFUSED

M13Q07

Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper OR watching the T.V.?

\_ \_ 01-14 DAYS

88. NONE

77. DON'T KNOW/REFUSED

99. REFUSED

M13Q08

Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? OR THE OPPOSITE - being so fidgety or restless that you were moving around a lot more than usual?

\_ \_ 01-14 DAYS

- 88. NONE
- 77. DON'T KNOW/REFUSED
- 99. REFUSED

M13Q09

Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

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

M13Q10

Has a doctor or other healthcare provider EVER told you that 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

Module 15: Random Child Selection

M15Q01 - IF C12Q07 < 88

[IF C12Q07 = 1 SHOW] Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

[IF C12Q07 > 1 & <88 SHOW] Previously, you indicated there were [ANS C12Q07] children age 17 or younger in your household. Think about those [ANS C12Q07] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [Xth] child in your household. All following questions about children will be about the [Xth] child.

What is the birth month and year of the [Xth] child?

\_\_ \_\_ \_\_ \_\_ \_\_ CODE MONTH AND YEAR

777777. DON'T KNOW/NOT SURE  
999999. REFUSED

M15Q02 - IF C12Q07 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL
  
9. REFUSED

M15Q03 - IF C12Q07 < 88

Is the child Hispanic or Latino?

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

M15Q04 - IF C12Q07 < 88

Which one or more of the follow would you say is the race of the child?

CHECK ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]
  
8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

M15q05 - IF C12Q07 < 88 & m15Q04 HAS MORE THAN ONE RESPONSE INDICATED

Which one of these groups would you say best represents the child's race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native or
6. Other [SPECIFY]
  
7. DON'T KNOW/NOT SURE
9. REFUSED

M15Q06 - IF C12Q07 < 88

How are you related to the child?

1. Parent (include biologic, step, or adoptive parent)
2. Grandparent
3. Foster parent or guardian
4. Sibling (include biologic, step, and adoptive sibling)
5. Other relative
6. Not related in any way
  
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 16: Childhood Asthma Prevalence

M16Q01 - IF C12Q07 < 88

Has a doctor or other health professional ever said that the child has asthma?

- 1. Yes
- 2. No SKP → NEXT MODULE
  
- 7. DON'T KNOW/NOT SURE SKP → NEXT MODULE
- 9. Refused SKP → NEXT MODULE

M16Q02 - IF C12Q07 < 88 & M16Q01 = 1

Does the child still have asthma?

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

Asthma Follow-up Module

AdltPerm

We would like to call to you again within the next 2 weeks to talk in more detail about your/your child's experiences with asthma. The information will be used to help develop and improve the asthma programs in XXXXXXXXXXXX.  
The information you gave us today and any you and anyone in your household will give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others at your household may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?"

- 1. YES
- 2. NO SKP → Next Module

FName - IF AdltPerm = 1

Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

ENTER NAME/INITIALS/NICKNAME:

\_\_\_\_\_

- 7. DON'T KNOW
- 9. REFUSED

CName

Can I please have your child's first name, initials or nickname so we can ask about that child's asthma history?

ENTER NAME/INITIALS/NICKNAME:

\_\_\_\_\_

- 7. DON'T KNOW
- 9. REFUSED

MostKnow

Are you the parent or guardian in the household who knows the most about (child)'s asthma?

- 1. Yes
- 2. No
  
- 7. DON'T KNOW
- 9. REFUSED

OthName

You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

ENTER NAME/INITIALS/NICKNAME:

\_\_\_\_\_

- 7. DON'T KNOW
- 9. REFUSED

CBTime

What is a good time to call you back? For example, evenings, days or weekends?

**IF MostKnow = 2:**What is a good time to call back and speak with (OthName)? For example, evenings, days or weekends?

ENTER CALLBACK TIME:

\_\_\_\_\_

- 7. DON'T KNOW
- 9. REFUSED

State Added 01: Occupation

ND01Q01 - IF C12Q09 = 1, 2, 5, 6, 7

Which of the following most accurately describes the type of work or business you currently work in most often?

Would you say...

- 01. State government employee
- 02. Other government employee
- 03. Farmer or rancher or farm or ranch worker
- 04. Construction, manufacturing or repair worker
- 05. Education for example public school, private school or a college
- 06. Health care worker, for example doctor, nurse, nurse's aide or physical therapist
- 07. Food or drink server, for example waiter, waitress, bartender
- 08. Wholesale or retail sales
- 09. Financial services
- 10. Other
  
- 88. DOES NOT WORK
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

ND01Q02 - IF C12Q09 = 1, 2, 5, 6, 7 AND ND01Q01 <> 88

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

\_ \_ \_ NUMBER OF DAYS

- 777. DON'T KNOW/NOT SURE
- 888. NONE
- 999. REFUSED

ND01Q03 - IF C12Q09 = 1, 2, 5, 6, 7 AND ND01Q01 <> 88

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

\_ \_ \_ NUMBER OF DAYS

- 777. DON'T KNOW/NOT SURE
- 888. NONE
- 999. REFUSED

State Added 02: Smoking Cessation

ND02Q01 - IF C11Q02 = 3

Previously you said you have smoked cigarettes. About how long has it been since you last smoked cigarettes?

- 01. WITHIN THE PAST MONTH (ANYTIME LESS THAN 1 MONTH AGO)
- 02. WITHIN THE PAST 3 MONTHS (1 MONTH AGO BUT LESS THAN 3 MONTHS AGO)
- 03. WITHIN THE PAST 6 MONTHS (3 MONTHS AGO BUT LESS THAN 6 MONTHS AGO)
- 04. WITHIN THE PAST YEAR (6 MONTHS AGO BUT LESS THAN 1 YEAR AGO)
- 05. WITHIN THE PAST 5 YEARS (1 YEAR AGO BUT LESS THAN 5 YEARS AGO) SKP → ND03Q01
- 06. WITHIN THE PAST 10 YEARS AGO (5 YEARS AGO BUT LESS THAN 10 YEARS AGO) SKP → ND03Q01
- 07. 10 OR MORE YEARS AGO SKP → ND03Q01
  
- 77. DON'T KNOW/NOT SURE SKP → ND03Q01
- 99. REFUSED SKP → ND03Q01

ND02Q02 - IF C11Q02 = 1, 2 OR ND02Q01 < 5

The next questions are about interactions you might have had with a doctor, nurse or other health professional.

In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

\_ \_ NUMBER OF TIMES (76=76 OR MORE)

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

ND02Q03 - IF C11Q02 = 1, 2 OR ND02Q01 < 5 AND ND02Q02 <> 88

In the last 12 months, on how many visits were you advised to quit smoking by a doctor, nurse or other health professional?

\_ \_ NUMBER OF TIMES (76=76 OR MORE)

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

ND02Q04 - IF C11Q02 = 1, 2 OR ND02Q01 < 5 AND ND02Q02 <> 88

On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin (Well BYOU trin)/Zyban (ZEYE ban)/Bupropion (byou PRO pee on)?

\_ \_ NUMBER OF TIMES (76=76 OR MORE)

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

ND02Q05 - IF C11Q02 = 1, 2 OR ND02Q01 < 5 AND ND02Q02 <> 88

On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking??

\_ \_ NUMBER OF TIMES (76=76 OR MORE)

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

### State Added 03: Health Care Coverage

ND03Q01 - IF C03Q01 <> 2

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

READ IF NECESSARY

- 01. Medicare
- 02. Medicaid or Medical Assistance
- 03. Military, Tricare or CHAMPUS
- 04. Indian Health Services
- 05. Blue Cross/Blue Shield or Noridian
- 06. ND-PERS
- 07. Fortis Insurance
- 08. American Family Mutual
- 09. Medica Health Plans
- 10. Heart of America (HMO)
- 11. Altru Health Plan
- 12. Other
- 13. None

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

State Added 04: Indian Health

ND04Q01 - IF C12Q03 = 5

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 C12Q03 = 5

Are you currently an enrolled tribal member?

1. YES
2. NO SKP → ND04Q04
  
7. DON'T KNOW/NOT SURE SKP → ND04Q04
9. REFUSED SKP → ND04Q04

ND04Q03 - IF C12Q03 = 5 AND ND04Q02 = 1

Which tribe?

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

READ ONLY 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

ND04Q04 - IF C12Q03 = 5 AND ND04Q02 = 1

How much of your health care do you obtain from an Indian Health Service clinic? Would you say...

INTERVIEWER NOTE: IHS STANDS FOR INDIAN HEALTH SERVICE.

PLEASE READ

1. All
2. Most
3. Some
4. Little
5. None
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**State Added 05: Fireworks**

ND05Q01

Have you or any member of your household EVER been injured in any manner by a bottle rocket?

INTERVIEWER NOTE, READ ONLY IF NECESSARY: A BOTTLE ROCKET IS A FIRECRACKER MOUNTED ON A STICK THAT IS PROPELLED INTO THE SKY WHEN LIT.

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

ND05Q02

Do you have any children less than 12 years of age?

1. YES
2. NO SKP → ND06Q01
  
7. DON'T KNOW/NOT SURE SKP → ND06Q01
9. REFUSED SKP → ND06Q01

ND05Q03 - IF ND05Q02 = 1

Are any of the children less than 12 years of age allowed to use or light bottle rockets without adult supervision?

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

**State Added 06: Suicide**

ND06INT

The next questions deal with the topic of suicide. I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and you don't have to answer a question if you don't want to. If you or anyone you know would ever like to talk to someone about this subject, you call the National Suicide Prevention Lifeline at 1-800-273-8255. If you would like to skip this section please say so.

ND06Q01

During the past five years, did you ever seriously consider attempting suicide?

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

ND06Q02 - IF ND06Q01 = 1

During the past 12 months, did you ever seriously consider attempting suicide?

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

ND06Q03 - IF ND06Q02 = 1

During the past 12 months, did you make a plan about how you would attempt suicide?

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

ND06Q04 - IF ND06Q03 = 1

During the past 12 months, how many times did you actually attempt suicide?

01. ONE
  02. TWO
  03. THREE
  04. FOUR
  05. FIVE
  06. SIX OR MORE
  
  88. NONE
  77. DON'T KNOW/NOT SURE
  99. REFUSED
- SKP → ND07Q01

ND06Q05 - IF ND06Q04 <> 88

Did any attempt during the past 12 months result in an injury, poisoning, or overdose that had to be treated by a doctor, nurse or other health professional?

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

State Added 07: Sexual and Intimate Partner Violence

ND07INT

I'd like to ask you five "yes or no" questions about physical and sexual violence or other unwanted sexual experiences. Please keep in mind that you can ask me to skip any question that you do not want to answer.

This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential.

Now and at the end of this section I will give you phone numbers for organizations that can provide information and referral for both of these issues. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) for sexual assault and 1-800-799-SAFE (7233) for domestic violence. Please keep in mind that you can ask me to skip any question that you do not want to answer.

Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina (if female), anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

ND07Q01

In the past five years has anyone had sex with you after you said or showed that you didn't want them to or without your consent?

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

ND07Q02

In the past five years has anyone attempted to have sex with you after you said or showed that you didn't want to or without your consent, but sex DID NOT occur?

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

ND07Q03

Between your thirteenth and eighteenth birthday did anyone have sex with you after you said or showed that you didn't want them to or without your consent?

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

ND07Q04

Between your thirteenth and eighteenth birthday did anyone attempt to have sex with you after you said or showed that you didn't want to or without your consent, but sex DID NOT occur?

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

ND07Q05

Has an intimate partner hit, slapped, pushed, or kicked you, or inflicted any other physical injuries on you in the past five years?

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

ND07CLOS

We realize that this topic may bring up past experience that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) for sexual assault and 1-800-799-SAFE (7233) for domestic violence.

**State Added 08: Sexual Orientation**

ND08Q01

Now I'll read a list of terms people sometimes use to describe themselves - heterosexual or straight; homosexual,

[IF C12Q20 = 1 SHOW]: gay

[IF C12Q20 = 2 SHOW]: lesbian;

...and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

1. Heterosexual or straight
2. Homosexual, gay or lesbian
3. Bisexual

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

**State Added 09: Emergency Preparedness (March - December)**

ND09Q01

Considering only the total amount of food you have in the house today, for about how many days do you think you could feed your household if you had no access to groceries of any kind?

INTERVIEWER NOTE, READ ONLY IF NECESSARY: DO NOT CONSIDER RUNNING OUT OF SINGLE ITEMS OR TYPES OF FOOD.

\_ \_ NUMBER OF DAYS (1-75)

76. 76 OR MORE
88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

ND09Q02

CATI NOTE: Use the following FIPS City Codes for North Dakota - [http://mcdc2.missouri.edu/webrepts/commoncodes/ccc\\_nd.html](http://mcdc2.missouri.edu/webrepts/commoncodes/ccc_nd.html)

In what city do you obtain most of your groceries?

\_ \_ \_ \_ \_ FIPS CODE GENERATED FROM CITY

77777. DON'T KNOW/NOT SURE

99999. REFUSED

ND09Q03

Do you need assistance getting groceries to your house, that is, someone to take you to the grocery store or bring groceries to you?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

ND09Q04

Considering only those medications which you refill on a regular basis, for example every month, when you last requested a refill, about how many days worth of medication did you have left?

\_ \_ NUMBER OF DAYS (1-75)

76. 76 OR MORE

78. NOT ON REGULAR MEDICATION

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

ND09Q05

Beginning today, if you could no longer obtain medication refills, about how many days could you continue taking the medications you have at home before you began to run out of medications that you need to continue to take?

\_ \_ NUMBER OF DAYS (1-75)

76. 76 OR MORE

78. NOT ON REGULAR MEDICATION

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

CLOSING

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