



2013

Behavioral Risk Factor Surveillance System

North Dakota

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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## INTRO

### INTROQST

CTELENUM

HELLO, I am calling for the **North Dakota Department of Health**.  
My name is [Interviewer Name].

We are gathering information about the health of **North Dakota** 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 {PHONE7}?

- |   |                        |     |   |          |
|---|------------------------|-----|---|----------|
| 1 | YES, CONTINUE          | 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.

SKP → INTROQST

### PRIVRES

IF - INTROQST = 1

PVTRESID

Is this a private residence?

READ ONLY IF NECESSARY:

"By private residence, we mean someplace like a house or apartment."

- |   |                         |     |   |         |
|---|-------------------------|-----|---|---------|
| 1 | YES, CONTINUE           | SKP | → | STATRES |
| 2 | NO, NON-RESIDENTIAL     | SKP | → | COLLEGE |
| 3 | NO, BUSINESS PHONE ONLY | SKP | → | BUSINES |

### BUSINES

IF - PRIVRES = 3

Thank you very much but we are only interviewing persons on residential phones lines at this time.

DISPOS 4500

**COLLEGE** IF - PRIVRES = 2 COLGHOUS

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 arrangements provided by a college or university."

1 YES, CONTINUE SKP → STATRES  
2 NO SKP → NONRES

**NONRES** IF - COLLEGE = 2

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

DISPOS 4500

**STATRES** IF - PRIVRES = 1 OR COLLEGE = 1 STATERES

Do you reside in **North Dakota**?

1 YES SKP → ISCELL  
2 NO SKP → NONSTAT

**NONSTAT** IF - STATRES = 2

Thank you very much, but we are only interviewing persons who live in the state of {**STATE**} at this time.

DISPOS 4100

**ISCELL** IF - STATRES = 1 CELLFON

Is this a cellular 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 cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

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

**CELLYES**

IF - ISCELL = 2

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing.

DISPOS 4450

**LLADULT**

IF - COLLEGE = 1

LADULT

Are you 18 years of age or older?

NOTE: ASK GENDER IF NECESSARY

1	Yes and the respondent is male	SKP	→	YOURTHE1
2	Yes and the respondent is female	SKP	→	YOURTHE1
3	No	SKP	→	LLNOADLT

**LLNOADLT**

IF - LLADULT = 3

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

DISPOS 4700

**ADULTS**

IF - PRIVRES = 1

NUMADULT

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?

\_\_\_ NUMBER OF ADULTS

**MEN**

IF - ADULTS &gt; 1

NUMMEN

How many of these adults are men?

\_\_\_ NUMBER OF MEN

**WOMEN**

IF - ADULTS &gt; 1

NUMWOMEN

How many of these adults are women?

\_\_\_ NUMBER OF WOMEN

**WRONGTOT** IF - MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men - {MEN}

Number of Women - + {WOMEN}

-----

Number of Adults - {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 - ADULTS > 1 AND (MEN + WOMEN) = ADULTS

The person in your household I need to speak with is the {SRESP}.

Are you the {SRESP}?

- |   |     |     |   |          |
|---|-----|-----|---|----------|
| 1 | YES | SKP | → | YOURTHE1 |
| 2 | NO  | SKP | → | GETNEWAD |

**ONEADULT** IF - ADULTS = 1 LADULT

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 - ADULTS = 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, ...him?, ...her?}

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

**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<br>NEW RESPONDENT MAY BE SELECTED | SKP | → | ADULTS   |

**GETNEWAD** IF - SELECTED = 2

May I speak with the {SRESP}?

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

**NEWADULT** IF - GETADULT = 1 OR GETADULT = 2 OR GETNEWAD =  
1 OR GETNEWAD = 2

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

## Core Sections

### INTROSCR

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

- 1 PERSON INTERESTED, CONTINUE **SKP** → **C01INTRO**
- 2 GO BACK TO ADULTS QUESTION. WARNING: A **SKP** → **ADULTS**  
NEW RESPONDENT MAY BE SELECTED

## Section 01: Health Status

**C01INTRO**

**C01Q01**

GENHLTH

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

PLEASE READ:

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

7 DON'T KNOW/NOT SURE

9 REFUSED

**C01END**

## Section 02: Healthy Days -- Health-Related Quality of Life

**C02INTRO**

**C02Q01**

PHYSHLTH

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

— NUMBER OF DAYS

88 NONE  
77 DON'T KNOW/NOT SURE  
99 REFUSED  
1 MIN  
30 MAX

**C02Q02**

MENTHLTH

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

— NUMBER OF DAYS

88 NONE  
77 DON'T KNOW/NOT SURE  
99 REFUSED  
1 MIN  
30 MAX

*If C02Q01 and C02Q02 = 88(none), go to next section*

**C02Q03**

IF - NOT(C02Q01 = 88 AND C02Q02 = 88) POORHLTH

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

— NUMBER OF DAYS

88 NONE  
77 DON'T KNOW/NOT SURE  
99 REFUSED  
1 MIN  
30 MAX

**C02END**

### Section 03: Health Care Access

**C03INTRO**

**C03Q01**

HLTHPLN1

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

- 1 YES [IF PPHF STATE GO TO MODULE 4, QUESTION 1, ELSE CONTINUE]
- 2 NO
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C03Q02**

PERSDOC2

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

INTERVIEWER NOTE: IF "NO" ASK:

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

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

**C03Q03**

MEDCOST

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

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

*CATI Note: If PPHF State go to Module 4, Question 3, else continue*

**C03Q04**

**CHECKUP1**

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

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

*CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or If PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section*

**C03END**

## Section 04: Inadequate Sleep

**C04INTRO**

**C04Q01**

SLEPTIM1

I would like to ask you about your sleep pattern.

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

INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDING 30 MINUTES (1/2 HOUR) OR MORE UP TO THE NEXT WHOLE HOUR AND DROPPING 29 OR FEWER MINUTES.

\_\_\_ NUMBER OF HOURS[01-24]

77 DON'T KNOW/NOT SURE

99 REFUSED

1 MIN

24 MAX

**C04END**

## Section 05: Hypertension Awareness

**C05INTRO**

**C05Q01**

**BPHIGH4**

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

READ ONLY IF NECESSARY:

"By 'other health professional' we mean a nurse practitioner, a physician's assistant, or some other licensed health professional."

IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

- |   |  |            |   |               |
|---|--|------------|---|---------------|
| 1 | Yes  |            |   |               |
| 2 | Yes, but female told only during pregnancy | <b>SKP</b> | → | <b>C05END</b> |
| 3 | No   | <b>SKP</b> | → | <b>C05END</b> |
| 4 | Told borderline high or pre-hypertensive   | <b>SKP</b> | → | <b>C05END</b> |
| 7 | DON'T KNOW/NOT SURE                        | <b>SKP</b> | → | <b>C05END</b> |
| 9 | REFUSED                                    | <b>SKP</b> | → | <b>C05END</b> |

**C05Q01V**

IF - RESPGEND = 1 AND C05Q01 = 2

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

THE RESPONDENT SELECTED WAS THE

**{SRESP}**

IS THE PREVIOUS ANSWER CORRECT?

- |   |     |            |   |               |
|---|-----|------------|---|---------------|
| 1 | YES |            |   |               |
| 2 | NO  | <b>SKP</b> | → | <b>C05Q01</b> |

**C05Q02**

IF - C05Q01 = 1

BPMEDS

Are you currently taking medicine for your high blood pressure?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C05END**

## Section 06: Cholesterol Awareness

**C06INTRO**

**C06Q01**

BLOODCHO

Blood cholesterol is a fatty substance found in the blood. Have you **EVER** had your blood cholesterol checked?

- 1 YES
- 2 NO SKP → C06END
- 7 DON'T KNOW/NOT SURE SKP → C06END
- 9 REFUSED SKP → C06END

**C06Q02**

IF - C06Q01 = 1

CHOLCHK

About how long has it been since you last had your blood cholesterol checked?

READ ONLY IF NECESSARY:

- 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
- 9 REFUSED

**C06Q03**

IF - C06Q01 = 1

TOLDHI2

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

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

**C06END**

## Section 07: Chronic Health Conditions

**C07INTRO**

**C07Q01**

CV DINFR4

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse or other health professional **EVER** told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

(Ever told) you that you had a heart attack also called a myocardial infarction?

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

**C07Q02**

CVDCRHD4

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

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

**C07Q03**

CV DSTRK3

(Ever told) you had a stroke?

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

**C07Q04**

ASTHMA3

(Ever told) you had asthma?

- 1 YES
- 2 NO SKP → C07Q06
  
- 7 DON'T KNOW/NOT SURE SKP → C07Q06
- 9 REFUSED SKP → C07Q06

**C07Q05**

IF - C07Q04 = 1

ASTHNO6

Do you still have asthma?

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

**C07Q06**

CHCSCNCR

(Ever told) you had skin cancer?

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

**C07Q07**

CHCOCNCR

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

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

**C07Q08**

CHCCOPD

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

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

**C07Q09**

HAVARTH3

(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- rheumatism, polymyalgia rheumatic
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis),
- polyarteritis nodosa

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C07Q10**

ADDEPTEV2

(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

**C07Q11**

CHKIDNY

(Ever told) you have kidney disease? Do **NOT** include kidney stones, bladder infection or incontinence.

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C07Q12**

DIABETE3

(Ever told) you have diabetes?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

- 1 YES
- 2 YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
- 3 NO
- 4 NO, PRE-DIABETES OR BORDERLINE DIABETES
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C07Q12V**

IF - RESPGEND=1 AND C07Q12=2

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

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
  - 2 NO
- SKP → C07Q12

**C07END**

*CATI NOTE: If C07Q12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to C07Q12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.*

## Module 01: Pre-Diabetes

*CATI NOTE: Only asked of those not responding "Yes" (code = 1) to Core C07Q12 (Diabetes awareness question).*

**M01INTRO** IF - C07Q12 > 1

**M01Q01** IF - C07Q12 >1 PDIABTST

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 C07Q12 = 4 (No, pre-diabetes or borderline diabetes); answer M01Q02 = Yes*

**M01Q02** IF - (C07Q12 > 1 AND C07Q12 < 4) OR C07Q12 > 4  
PREDIAB1

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

IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M01Q02V** IF - RESPGEND = 1 AND M01Q02 = 2

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

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

- 1 YES
  - 2 NO
- SKP → M01Q02

**M01END**

## Module 02: Diabetes

CATI NOTE: Only asked of those responding "Yes" (code = 1) to Core C07Q12 (Diabetes awareness question).

<b>M02INTRO</b>	IF - C07Q12 = 1
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<b>M02Q01</b>	IF - C07Q12 = 1	DIABEAGE2
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How old were you when you were told you have diabetes?

\_\_\_ CODE AGE IN YEARS [97 = 97 or older]

- 98 DON'T KNOW/NOT SURE
- 99 REFUSED
- 01 MIN
- 97 MAX

<b>M02Q02</b>	IF - C07Q12 = 1	INSULIN
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Are you now taking insulin?

- 1 YES
- 2 NO
  
- 9 REFUSED

<b>M02Q03</b>	IF - C07Q12 = 1	BLDSUGAR
---------------	-----------------	----------

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

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

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

**M02Q03V** IF - (M02Q03 > 105 AND M02Q03 < 200) OR (M02Q03 > 235 AND M02Q03 < 300)

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

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **M02Q03**

**M02Q04** IF - C07Q12 = 1 **FEETCHK2**

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

101-199 = PER DAY 301-399 = PER MONTH

201-299 = PER WEEK 401-499 = PER YEAR

\_\_\_ TIMES

- 555 NO FEET
- 888 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED
- 101 MIN
- 499 MAX

**M02Q04V** IF - (M02Q04 > 105 AND M02Q04 < 200) OR (M02Q04 > 235 AND M02Q04 < 300)

INTERVIEWER YOU RECORDED THE RESPONDENT CHECKS THEIR FEET {M02Q04} TIMES PER DAY/WEEK/MONTH/YEAR

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **M02Q04**

**M02Q05**

IF - C07Q12 = 1

DOCTDIAB

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

\_\_\_ NUMBER OF TIMES [76 = 76 or more]

- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 01 MIN
- 76 MAX

**M02Q05V**

IF - M02Q05 > 52 AND M02Q05 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS SEEN A HEALTH PROFESSIONAL {M02Q05} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **M02Q05**

**M02Q06**

IF - C07Q12 = 1

CHKHEMO3

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

\_\_\_ NUMBER OF TIMES [76 = 76 or more]

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

**M02Q06V**

IF - M02Q06 > 52 AND M02Q06 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS BEEN CHECKED FOR "A ONE C" BY A HEALTH PROFESSIONAL {M02Q06} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **M02Q06**

CATI NOTE: If M02Q04 = 555 "No feet", go to M02Q08.

**M02Q07** IF - C07Q12 = 1 AND M02Q04 <> 555 FEETCHK

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

\_\_\_ NUMBER OF TIMES [76 = 76 or more]

- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 01 MIN
- 76 MAX

**M02Q07V** IF - M02Q07 > 52 AND M02Q07 < 77

INTERVIEWER YOU RECORDED THE RESPONDENT HAS HAD THEIR FEET CHECKED BY A HEALTH PROFESSIONAL {M02Q07} TIMES IN THE PAST 12 MONTHS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION SKP → M02Q07

**M02Q08** IF - C07Q12 = 1 EYEEEXAM

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 - C07Q12 = 1

DIABEYE

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

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

**M02Q10**

IF - C07Q12 = 1

DIABEDU

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

**M02END**

## Section 08: Demographics

**C08INTRO**

**C08Q01**

AGE

What is your age?

— CODE AGE IN YEARS [99 = 99 years or older]

07 DON'T KNOW/NOT SURE  
09 REFUSED  
18 MIN  
99 MAX

**C08Q01V**

IF - M02Q01 > C08Q01 AND M02Q01 < 98 AND C08Q01 > 18

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE {C08Q01} YEARS OLD! YOU INDICATED EARLIER THEY WERE TOLD THEY HAD DIABETES AT AGE {M02Q01}! PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT OR MAKE A NOTE TO CORRECT THE AGE THE RESPONDENT WAS DIAGNOSED AS A DIABETIC.

1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION **SKP** → **C08Q01**

**C08Q02A**

HISPANC3

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

1 YES  
2 NO **SKP** → **C08Q03**  
7 DON'T KNOW/NOT SURE **SKP** → **C08Q03**  
9 REFUSED **SKP** → **C08Q03**

**C08Q02B**

IF - C08Q02A = 1

HISPANC3

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

Are you...

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban or

Another Hispanic, Latino/a, or Spanish Origin

CHECK ALL THAT APPLY

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish Origin
- 5 NO
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

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

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

CHECK ALL THAT APPLY

PLEASE READ:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other [Specify]
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 88 NO ADDITIONAL CHOICES

CATI NOTE: If more than one response to C08Q03; continue.  
Otherwise, go to C08Q05

<b>C08Q04</b>	IF - C08Q03 < 77 AND C08Q03.2 > 0 AND C08Q03.2 <> 88	ORACE3
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Which one of these groups would you say best represents your race?

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other [Specify]
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

<b>C08Q05</b>	VETERAN3
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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

**C08Q06**

**MARITAL**

Are you...?

PLEASE READ:

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

**C08Q07**

**CHILDREN**

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

— NUMBER OF CHILDREN

- 88 NONE
- 99 REFUSED
- 01 MIN
- 87 MAX

**C08Q08**

**EDUCA**

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

READ ONLY IF NECESSARY:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
  
- 9 REFUSED

**C08Q09**

EMPLOY1

Are you currently...?

PLEASE READ:

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

*CATI NOTE: If respondent refuses at ANY income level code income variable to 99 (refused).*

**C08Q10d**

Is your annual household income from all sources:

Less than \$25,000?

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES                 |     |   |         |
| 2 | NO                  | SKP | → | C08Q10e |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q10i |
| 9 | REFUSED             | SKP | → | C08Q10i |

**C08Q10c** IF - C08Q10d = 1

(Is your annual household income from all sources: )

Less than \$20,000?

- |   |                     |     |   |         |
|---|---------------------|-----|---|---------|
| 1 | YES                 |     |   |         |
| 2 | NO                  | SKP | → | C08Q10i |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C08Q10i |
| 9 | REFUSED             | SKP | → | C08Q10i |

**C08Q10b** IF - C08Q10c = 1

(Is your annual household income from all sources: )

Less than \$15,000?

1	YES			
2	NO	SKP	→	C08Q10i
7	DON'T KNOW/NOT SURE	SKP	→	C08Q10i
9	REFUSED	SKP	→	C08Q10i

**C08Q10a** IF - C08Q10b = 1

(Is your annual household income from all sources: )

Less than \$10,000?

1	YES	SKP	→	C08Q10i
2	NO	SKP	→	C08Q10i
7	DON'T KNOW/NOT SURE	SKP	→	C08Q10i
9	REFUSED	SKP	→	C08Q10i

**C08Q10e** IF - C08Q10d = 2

(Is your annual household income from all sources: )

Less than \$35,000?

1	YES	SKP	→	C08Q10i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C08Q10i
9	REFUSED	SKP	→	C08Q10i

**C08Q10f** IF - C08Q10e = 2

(Is your annual household income from all sources: )

Less than \$50,000?

1	YES	SKP	→	C08Q10i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	→	C08Q10i
9	REFUSED	SKP	→	C08Q10i

**C08Q10g** IF - C08Q10f = 2

(Is your annual household income from all sources: )

Less than \$75,000?

1	YES	SKP	→	C08Q10i
2	NO	SKP	→	C08Q10i
7	DON'T KNOW/NOT SURE	SKP	→	C08Q10i
9	REFUSED	SKP	→	C08Q10i

**C08Q10i**

INCOME2

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:

{If C08Q10g = 2, More than \$75,000?}

{If C08Q10g = 1, \$50,000 to less than \$75,000}

{If C08Q10f = 1, \$35,000 to less than \$50,000}

{If C08Q10e = 1, \$25,000 to less than \$35,000}

{If C08Q10c = 2, \$20,000 to less than \$25,000}

{If C08Q10b = 2, \$15,000 to less than \$20,000}

{If C08Q10a = 2, \$10,000 to less than \$15,000}

{If C08Q10a = 1, Less than \$10,000}

{Default, REFUSED/DON'T KNOW/NOT SURE}

IS THIS CORRECT?

1	YES			
2	NO	SKP	→	C08Q10d
7	DON'T KNOW/NOT SURE			
9	REFUSED			

**C08Q11**

WEIGHT2

About how much do you weigh without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FRONT (EX. 65 KILOGRAMS IS "9065" OR 105 KILOGRAMS IS "9105").

ROUND FRACTIONS UP

\_\_\_\_ WEIGHT (POUNDS/KILOGRAMS)

7777 DON'T KNOW/NOT SURE

9999 REFUSED

**C08Q11V** IF - C08Q11 <> 7777 AND C08Q11 <> 9999 AND  
((C08Q11<9000 AND (C08Q11<80 OR C08Q11>350)) OR  
(C08Q11>9000 AND (C08Q11<9035 OR C08Q11>9159)))

INTERVIEWER YOU INDICATED THE RESPONDENT WEIGHS {C08Q11}

IS THIS CORRECT?

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

SKP → C08Q11

**C08Q12** HEIGHT3

About how tall are you without shoes?

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

ROUND FRACTIONS DOWN

\_\_\_/\_\_\_ HEIGHT (FT/INCHES/METERS/CENTIMETERS)

77/77 DON'T KNOW/NOT SURE

99/99 REFUSED

**C08Q12V** IF - (C08Q12<9000 AND (C08Q12>608 OR  
C08Q12<407)) OR (C08Q12>9000 AND (C08Q12>9206 OR  
C08Q12<9139))

INTERVIEWER YOU INDICATED THE RESPONDENT IS {C08Q12}

IS THIS CORRECT?

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

SKP → C08Q12

**ASKCNTY** CTYCODE1

What county do you live in?

ENTER FIRST LETTER OF COUNTY NAME

\_\_\_ ANSI COUNTY CODE (FORMERLY FIPS  
COUNTY CODE)

888 OTHER

777 DON'T KNOW/NOT SURE

999 REFUSED

001 MIN

775 MAX

CATI NOTE: SET MIN AND MAX BASED ON STATE ZIP RANGE

**C08Q14** ZIPCODE

What is the ZIP Code where you live?

\_\_\_\_\_ ZIP Code

77777 DON'T KNOW/NOT SURE

99999 REFUSED

**C08Q15** NUMHHOL2

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 → C08Q17

7 DON'T KNOW/NOT SURE SKP → C08Q17

9 REFUSED SKP → C08Q17

**C08Q16** IF - C08Q15 = 1 NUMPHON2

How many of these telephone numbers are residential numbers?

1 ONE

2 TWO

3 THREE

4 FOUR

5 FIVE

6 SIX [6 = 6 OR MORE]

7 DON'T KNOW/NOT SURE

9 REFUSED

**C08Q17** CPDEMO1

Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

1 YES

2 NO SKP → C08Q19

7 DON'T KNOW/NOT SURE SKP → C08Q19

9 REFUSED SKP → C08Q19

**C08Q18**

IF - C08Q17 = 1

CPDEMO4

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

\_\_\_ ENTER PERCENT (1 TO 100)

- 888 ZERO
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED
- 001 MIN
- 100 MAX

**C08Q19**

INTERNET

Have you used the internet in the past 30 days?

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

**C08Q20**

RENTHOM1

Do you own or rent your home?

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

- 1 OWN
- 2 RENT
- 3 OTHER ARRANGEMENT
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C08Q21**

SEX

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

- 1 MALE
- 2 FEMALE

**C08Q21V** IF - RESPGEND <> C08Q21

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

THE RESPONDENT SELECTED WAS THE

{SRESP}

IS THE PREVIOUS ANSWER CORRECT?

1 YES

2 NO

SKP → C08Q21

**C08Q22** IF - C08Q01 < 45 AND C08Q21 = 2 PREGNANT

To your knowledge, are you now pregnant?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C08Q23** QLACTLM2

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

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C08Q24** USEEQUIP

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

NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C08Q25**

**BLIND**

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

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

**C08Q26**

**DECIDE**

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

**C08Q27**

**DIFFWALK**

Do you have serious difficulty walking or climbing stairs?

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

**C08Q28**

**DIFFDRES**

Do you have difficulty dressing or bathing?

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

**C08Q29**

DIFFALON

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C08END**

## Section 09: Tobacco Use

**C09INTRO**

**C09Q01**

SMOKE100

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C09Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

**C09Q02**

IF - C09Q01 = 1

SMOKDAY2

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | Everyday            |     |   |        |
| 2 | Some days           |     |   |        |
| 3 | Not at all          | SKP | → | C09Q04 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

**C09Q03**

IF - C09Q02 = 1 OR C09Q02 = 2

STOPSMK2

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

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   | C09Q05 |
| 2 | NO                  | SKP | → | C09Q05 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C09Q05 |
| 9 | REFUSED             | SKP | → | C09Q05 |

**C09Q04**

IF - C09Q02 = 3

LASTSMK2

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

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**C09Q05**

USENOW3

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

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')

SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

- 1 Everyday
- 2 Some days
- 3 Not at all
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C09END**

## Section 10: Alcohol Consumption

**C10INTRO**

**C10Q01**

ALCDAY5

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

101-107 = DAYS PER WEEK            201-230 = DAYS IN PAST 30 DAYS

\_\_\_        DAYS

888	NO DRINKS IN PAST 30 DAYS	<b>SKP</b>	→	<b>C10END</b>
777	DON'T KNOW/NOT SURE	<b>SKP</b>	→	<b>C10END</b>
999	REFUSED	<b>SKP</b>	→	<b>C10END</b>
101	MIN			
230	MAX			

**C10Q02**

IF - C10Q01 < 777

AVEDRNK2

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

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

\_\_\_        NUMBER OF DRINKS

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

**C10Q02V**

IF - C10Q02 > 15 AND C10Q02 < 77

INTERVIEWER YOU INDICATED {C10Q02} DRINKS PER DAY

IS THIS CORRECT?

1	YES, CORRECT AS IS, CONTINUE			
2	NO, REASK QUESTION	<b>SKP</b>	→	<b>C10Q02</b>

**C10Q03**

IF - C10Q01 < 777

DRNK3GE5

Considering all types of alcoholic beverages, how many times during the past 30 days did you have {IF C08Q20 = 1, 5, 4} or more drinks on an occasion?

— NUMBER OF TIMES

- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED
- 01 MIN
- 76 MAX

**C10Q03V**

IF - C10Q03 > 15 AND C10Q03 < 77

INTERVIEWER YOU INDICATED {C10Q03} OCCASIONS WHEN THE RESPONDENT HAD 4/5 OR MORE DRINKS.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C10Q03**

**C10Q04**

IF - C10Q01 < 777

MAXDRNKS

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

— NUMBER OF DRINKS

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

**C10Q04V**

IF - (C10Q04 <> 99 AND C10Q04 <> 77)AND C10Q04 < 77  
AND ((C08Q20 = 1 AND C10Q04 >= 5 AND (C10Q03 = 88 OR  
C10Q03 < 5)) OR (C08Q20 = 2 AND C10Q04 >= 4 AND  
(C10Q03 = 88 OR C10Q03 < 4))

INTERVIEWER YOU INDICATED {C10Q04} DRINKS IS THE LARGEST NUMBER OF DRINKS THE RESPONDENT HAD ON ANY OCCASION BUT THE NUMBER OF TIMES THE RESPONDENT HAD {IF C08Q20=1, 5, 4} IS {C10Q03}.

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C10Q04**

**C10END**

## Section 11: Fruits and Vegetables

**C11INTRO**

IF - USEC11 = TRUE

These next questions are about the fruits and vegetables **YOU** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **YOU** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: IF RESPONDENT RESPONDS LESS THAN ONCE PER MONTH, PUT "0" TIMES PER MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK:

"Was that per day, week, or month?"

**C11Q01**

FRUITJUI

During the past month, how many times per day, week or month did you drink 100% **PURE** fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

INTERVIEWER NOTE: DO NOT INCLUDE FRUIT DRINKS WITH ADDED SUGAR OR OTHER ADDED SWEETENERS LIKE KOOL-AID, HI-C, LEMONADE, CRANBERRY COCKTAIL, TAMPICO, SUNNY DELIGHT, SNAPPLE, FRUITOPIA, GATORADE, POWER-ADE, OR YOGURT DRINKS. DO NOT INCLUDE FRUIT JUICE DRINKS THAT PROVIDE 100% DAILY VITAMIN C BUT INCLUDE ADDED SUGAR. DO NOT INCLUDE VEGETABLE JUICE SUCH AS TOMATO AND V8 IF RESPONDENT PROVIDES BUT INCLUDE IN "OTHER VEGETABLES" QUESTION C11Q06.

DO INCLUDE 100% PURE JUICES INCLUDING ORANGE, MANGO, PAPAYA, PINEAPPLE, APPLE, GRAPE (WHITE OR RED), OR GRAPEFRUIT. ONLY COUNT CRANBERRY JUICE IF THE RESPONDENT'S PERCEPTION IS THAT IT IS 100% JUICE WITH NO SUGAR OR ARTIFICIAL SWEETENER ADDED. 100% JUICE BLENDS SUCH AS ORANGE-PINEAPPLE, ORANGE-TANGERINE, CRANBERRY-GRAPE ARE ALSO ACCEPTABLE AS ARE FRUIT-VEGETABLE 100% BLENDS. 100% PURE JUICE FROM CONCENTRATE (I.E., RECONSTITUTED) IS COUNTED.

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

\_\_\_    TIMES

555    NEVER  
777    DON'T KNOW/NOT SURE  
999    REFUSED  
101    MIN  
399    MAX

**C11Q01V**    IF - (C11Q01 > 105 AND C11Q01 < 201) OR (C11Q01 > 235 AND C11Q01 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT DRINKS 100% PURE FRUIT JUICES {**C11Q01 SHOWTIME**}

IS THIS CORRECT?

1            YES, CORRECT AS IS, CONTINUE  
2            NO, REASK QUESTION                            **SKP**            →            **C11Q01**

**C11Q02**

FRUIT1

During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

READ ONLY IF NECESSARY:

"Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: DO NOT COUNT FRUIT JAM, JELLY, OR FRUIT PRESERVES. DO NOT INCLUDE DRIED FRUIT IN READY-TO-EAT CEREALS.

DO INCLUDE DRIED RAISINS, CRAN-RAISINS IF RESPONDENT TELLS YOU- BUT DUE TO THEIR SMALL SERVING SIZE THEY ARE NOT INCLUDED IN THE PROMPT. DO INCLUDE CUT UP FRESH, FROZEN, OR CANNED FRUIT ADDED TO YOGURT, CEREAL, JELLO, AND OTHER MEAL ITEMS. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE FRUITS THAT ARE NOT MENTIONED (E.G. GENIP, SOURSOP, SUGAR APPLE, FIGS, TAMARIND, BREAD FRUIT, SEA GRAPES, CARABOLA, LONGANS, LYCHEES, AKEE, RAMBUTAN, ETC.).

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

\_\_\_ TIMES

555 NEVER  
777 DON'T KNOW/NOT SURE  
999 REFUSED  
101 MIN  
399 MAX

**C11Q02V**

IF - (C11Q02 > 105 AND C11Q02 < 201) OR (C11Q02 > 235 AND C11Q02 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS FRUIT {C11Q02 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION SKP → C11Q02

**C11Q03**

**FVBEANS**

During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do **NOT** include long green beans.

READ ONLY IF NECESSARY:

"Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do **NOT** include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: INCLUDE SOYBEANS ALSO CALLED EDAMAME, TOFU (BEAN CURD MADE FROM SOYBEANS), KIDNEY, PINTO, HUMMUS, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, LIMA BEANS AND WHITE BEANS. INCLUDE BEAN BURGERS INCLUDING GARDEN BURGERS AND VEGGIE BURGERS.

INCLUDE FALAFEL AND TEMPEH.

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

\_\_\_ TIMES

555 NEVER  
777 DON'T KNOW/NOT SURE  
999 REFUSED  
101 MIN  
399 MAX

**C11Q03V** IF - (C11Q03 > 105 AND C11Q03 < 201) OR (C11Q03 > 235 AND C11Q03 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS COOKED OR CANNED BEANS {C11Q03 SHOWTIME}

IS THIS CORRECT?

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

**C11Q04**

FVGREEN

During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

INTERVIEWER NOTE: EACH TIME A VEGETABLE IS EATEN IT COUNTS AS ONE TIME.

INTERVIEWER NOTE: INCLUDE ALL RAW LEAFY GREEN SALADS INCLUDING SPINACH, MESCLUN, ROMAINE LETTUCE, BOK CHOY, DARK GREEN LEAFY LETTUCE, DANDELIONS, KOMATSUNA, WATERCRESS, AND ARUGULA.

DO NOT INCLUDED ICEBERG (HEAD) LETTUCE IF SPECIFICALLY TOLD TYPE OF LETTUCE. INCLUDE ALL COOKED GREENS INCLUDING KALE, COLLARD GREENS, CHOYS, TURNIP GREENS, MUSTARD GREENS.

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

\_\_\_ TIMES

555 NEVER  
777 DON'T KNOW/NOT SURE  
999 REFUSED  
101 MIN  
399 MAX

**C11Q04V** IF - (C11Q04 > 105 AND C11Q04 < 201) OR (C11Q04 > 235 AND C11Q04 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS DARK GREEN VEGETABLES {**C11Q04 SHOWTIME**}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION **SKP** → **C11Q04**

**C11Q05**

FVORANG

During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

READ ONLY IF NEEDED:

"Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

INTERVIEWER NOTE: INCLUDE ALL FORMS OF CARROTS INCLUDING LONG OR BABY-CUT. INCLUDE CARROT-SLAW (E.G. SHREDDED CARROTS WITH OR WITHOUT OTHER VEGETABLES OR FRUIT). INCLUDE ALL FORMS OF SWEET POTATOES INCLUDING BAKED, MASHED, CASSEROLE, PIE, OR SWEET POTATOES FRIES. INCLUDE ALL HARD-WINTER SQUASH VARIETIES INCLUDING ACORN, AUTUMN CUP, BANANA, BUTTERNUT, BUTTERCUP, DELICATE, HUBBARD, KABOCHA (ALSO KNOWN AS AN EBISU, DELICA, HOKA, HOKKAIDO, OR JAPANESE PUMPKIN; BLUE KURI), AND SPAGHETTI SQUASH. INCLUDE ALL FORMS INCLUDING SOUP. INCLUDE PUMPKIN, INCLUDING PUMPKIN SOUP AND PIE.

DO NOT INCLUDE PUMPKIN BARS, CAKE, BREAD OR OTHER GRAIN-BASED DESSERT-TYPE FOOD CONTAINING PUMPKIN (I.E. SIMILAR TO BANANA BARS, ZUCCHINI BARS WE DO NOT INCLUDE).

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

\_\_\_ TIMES

555 NEVER  
777 DON'T KNOW/NOT SURE  
999 REFUSED  
101 MIN  
399 MAX

**C11Q05V** IF - (C11Q05 > 105 AND C11Q05 < 201) OR (C11Q05 > 235 AND C11Q04 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS ORANGE COLORED VEGETABLES {C11Q05 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION SKP → C11Q05

**C11Q06**

VEGETABL

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat **OTHER** vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

READ ONLY IF NEEDED:

"Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: INCLUDE CORN, PEAS, TOMATOES, OKRA, BEETS, CAULIFLOWER, BEAN SPROUTS, AVACADO, CUCUMBER, ONIONS, PEPPERS (RED, GREEN, YELLOW, ORANGE); ALL CABBAGE INCLUDING AMERICAN-STYLE COLE-SLAW; MUSHROOMS, SNOW PEAS, SNAP PEAS, BROAD BEANS, STRING, WAX-, OR POLE-BEANS. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN). DO NOT INCLUDE TOMATO JUICE IF RESPONDENT DID NOT COUNT IN FRUIT JUICE. INCLUDE CULTURALLY AND GEOGRAPHICALLY APPROPRIATE VEGETABLES THAT ARE NOT MENTIONED (E.G. DAIKON, JICAMA, ORIENTAL CUCUMBER, ETC.).

DO NOT INCLUDE RICE OR OTHER GRAINS. DO NOT INCLUDE PRODUCTS CONSUMED USUALLY AS CONDIMENTS INCLUDING KETCHUP, CATSUP, SALSA, CHUTNEY, RELISH.

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

\_\_\_ TIMES

555 NEVER  
777 DON'T KNOW/NOT SURE  
999 REFUSED  
101 MIN  
399 MAX

**C11Q06V** IF - (C11Q06 > 105 AND C11Q06 < 201) OR (C11Q06 > 235 AND C11Q06 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT EATS OTHER VEGETABLES {**C11Q06 SHOWTIME**}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE  
2 NO, REASK QUESTION **SKP** → **C11Q06**

**C11END**

## Section 12: Exercise (Physical Activity)

### C12INTRO

### C12Q01

EXERANY2

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

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 NOTE: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND MOST OF THE TIME DOING IN A REGULAR MONTH.

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | C12Q08 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C12Q08 |
| 9 | REFUSED             | SKP | → | C12Q08 |

### C12Q02

IF - C12Q01 = 1

EXTRACT01

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

INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".

\_\_\_ (Specify) [See Coding List A]

- |    |                     |     |   |        |
|----|---------------------|-----|---|--------|
| 97 | DON'T KNOW/NOT SURE | SKP | → | C12Q08 |
| 99 | REFUSED             | SKP | → | C12Q08 |

**C12Q03**

IF - C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <>  
99

EXEROF1

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

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

\_\_\_ TIMES

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

299 MAX

**C12Q03V**

IF - (C12Q03 > 107 AND C12Q03 < 201) OR (C12Q03 >  
231 AND C12Q03 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q03 {C12Q03 SHOWTIME}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C12Q03

**C12Q04**

IF - C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <>  
99

EXERHMM1

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

\_\_\_ HOURS AND MINUTES

777 DON'T KNOW/NOT SURE

999 REFUSED

001 MIN

659 MAX

**C12Q04V**

IF - C12Q04 > 430 AND C12Q04 < 777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C12Q04 HOURMIN}

IS THIS CORRECT?

1 YES, CORRECT AS IS, CONTINUE

2 NO, REASK QUESTION

SKP

→

C12Q04

<b>C12Q05</b>	IF - C12Q02 > 0 AND C12Q02 <> 97 AND C12Q02 <> 99	EXTRACT02
---------------	---	-----------

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

INTERVIEWER NOTE: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING LIST A, CHOOSE THE OPTION LISTED AS "OTHER".

\_\_\_ (Specify) [See Coding List A]

88	NO OTHER ACTIVITY	<b>SKP</b>	→	<b>C12Q08</b>
97	DON'T KNOW/NOT SURE	<b>SKP</b>	→	<b>C12Q08</b>
99	REFUSED	<b>SKP</b>	→	<b>C12Q08</b>

<b>C12Q05V</b>	IF - C12Q02 = C12Q05
----------------	----------------------

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE SAME ACTIVITY RECORDED IN C12Q02.

FIRST ACTIVITY (C12Q02)= {C12Q02}

SECOND ACTIVITY (C12Q05)= {C12Q05}

IS THIS CORRECT?

1	NO, CHANGE ACTIVITY IN QUESTION C10Q05	<b>SKP</b>	→	<b>C12Q05</b>
2	NO, CHANGE ACTIVITY IN QUESTION C10Q02	<b>SKP</b>	→	<b>C12Q02</b>
3	YES, CORRECT AS IS, CONTINUE			

<b>C12Q06</b>	IF - C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99	EXEROFT2
---------------	---	----------

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

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

\_\_\_ TIMES

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

**C12Q06V** IF - (C12Q06 > 107 AND C12Q06 < 201) OR (C12Q06 > 231 AND C12Q06 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN THE ACTIVITY RECORDED IN C10Q06 {C12Q06 SHOWTIME}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C12Q06**

**C12Q07** IF - C12Q05 > 0 AND C12Q05 <> 97 AND C12Q05 <> 99  
EXERHMM2

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

EXAMPLE 1 HOUR 30 MINUTES ENTER AS "130"

\_\_\_ HOURS AND MINUTES

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

**C12Q07V** IF - C12Q07 > 430 AND C12Q07 < 777

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT KEEPS AT THIS ACTIVITY FOR {C12Q07 HOURMIN}

IS THIS CORRECT?

- 1 YES, CORRECT AS IS, CONTINUE
- 2 NO, REASK QUESTION **SKP** → **C12Q07**

**C12Q08**

**STRENGTH**

During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

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

\_\_\_        TIMES

888        NEVER

777        DON'T KNOW/NOT SURE

999        REFUSED

101        MIN

299        MAX

**C12Q08V**

IF - (C12Q08 > 107 AND C12Q08 < 201) OR (C12Q08 > 231 AND C12Q08 < 300)

INTERVIEWER: YOU RECORDED THAT THE RESPONDENT TAKES PART IN STRENGTHENING EXERCISES {**C12Q08 SHOWTIME**}

IS THIS CORRECT?

1            YES, CORRECT AS IS, CONTINUE

2            NO, REASK QUESTION

**SKP**

→

**C12Q08**

**C12END**

### Section 13: Arthritis Burden

If Q7.9 = 1(yes) then continue, else go to next section.

**C13INTRO**

IF - C07Q09 = 1

**C13Q01**

IF - C07Q09 = 1

LMTJOIN3

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

Are you limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

*C13Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT*

**C13Q02**

IF - C07Q09 = 1

ARTHDIS2

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

INTERVIEWER NOTE: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY:

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**C13Q03**

IF - C07Q09 = 1

ARTHSOCL

During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

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

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

PLEASE READ:

- 1 A lot
- 2 A little
- 3 Not at all

7 DON'T KNOW/NOT SURE

9 REFUSED

**C13Q04**

IF - C07Q09 = 1

JOINPAIN

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

\_\_\_ ENTER NUMBER [00-10]

88 ZERO

77 DON'T KNOW/NOT SURE

99 REFUSED

01 MIN

10 MAX

**C13END**

## Section 14: Seatbelt Use

**C14INTRO**

**C14Q01**

SEATBELT

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

PLEASE READ:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
  
- 7 DON'T KNOW/NOT SURE
- 8 NEVER DRIVE OR RIDE IN A CAR
- 9 REFUSED

**C14END**

## Section 15: Immunization

**C15INTRO**

**C15Q01**

FLUSHOT6

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist.

During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

READ IF NECESSARY:

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

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

**C15Q02**

IF - C15Q01 = 1

FLSHTMY2

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

\_\_\_\_\_ Month / Year

- |        |                     |
|--------|---------------------|
| 777777 | DON'T KNOW/NOT SURE |
| 999999 | REFUSED             |
| 012012 | MIN                 |
| 122013 | MAX                 |

*CATI NOTE: Do not allow 77 for first two month digits. Please set MIN to no more than 12 months from the current month. Ex: Call made in 06/2013, response can be no older than 06/2012.*

**C15Q03**

**TETANUS**

Since 2005, have you had a tetanus shot?

IF YES, ASK:

"Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

READ IF NECESSARY:

- 1 Yes, received Tdap
- 2 Yes, received the tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**C15Q04**

**PNEUVAC3**

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

**C15END**

## Section 16: HIV/AIDS

### C16INTRO

### C16Q01

HIVTST6

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 | → | C16END |
| 7 | DON'T KNOW/NOT SURE | SKP | → | C16END |
| 9 | REFUSED             | SKP | → | C16END |

### C16Q02

IF - C16Q01 = 1

HIVTSTD3

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

- |        |                     |
|--------|---------------------|
| 777777 | DON'T KNOW/NOT SURE |
| 999999 | REFUSED             |
| 011985 | MIN                 |
| 772013 | MAX                 |

**C16Q03**

IF - C16Q01 = 1

WHRTST10

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

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

**C16END**

## **Transition to Modules and/or State-Added Questions**

**TRANS**

Next, I have just a few questions about some other health topics.

## Module 04: Health Care Access

### M04INTRO

### M04Q01

MEDICARE

Do you have Medicare?

NOTE: MEDICARE IS A COVERAGE PLAN FOR PEOPLE AGE 65 OR OVER AND FOR CERTAIN DISABLED PEOPLE.

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

### M04Q02

HLTHCVRG

Are you **CURRENTLY** covered by any of the following types of health insurance or health coverage plans?

CHECK ALL THAT APPLY

PLEASE READ:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [CATI INSERT: or substitute state program name]
- 05 The military, CHAMPUS, or the VA (or CHAMP-VA)
- 06 The Indian Health Service (or the Alaska Native Health Service)
- 07 Some other source
- 88 None
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**M04Q03**

DELAYMED

Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

PLEASE READ:

- 1 You couldn't get through on the telephone
- 2 You couldn't get an appointment soon enough
- 3 Once you got there, you had to wait too long to see the doctor
- 4 The (clinic/doctor's) office wasn't open when you got there
- 5 You didn't have transportation
- 6 OTHER, SPECIFY
- 8 No, I did not delay getting medical care/did not need medical care
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M04Q04A**

IF - C03Q01 = 1

NOCOV12

In the **PAST 12 MONTHS** was there any time when you did **NOT** have **ANY** health insurance or coverage?

- |                       |     |   |        |
|-----------------------|-----|---|--------|
| 1 YES                 | SKP | → | M04Q05 |
| 2 NO                  | SKP | → | M04Q05 |
| 7 DON'T KNOW/NOT SURE | SKP | → | M04Q05 |
| 9 REFUSED             | SKP | → | M04Q05 |

**M04Q04B**

IF - C03Q01 > 1

LSTCOVRG

About how long has it been since you last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M04Q05**

DRVISITS

How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

— NUMBER OF TIMES

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

**M04Q06**

MEDSCOST

Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

- 1 Yes
- 2 No
  
- 3 NO MEDICATION WAS PRESCRIBED
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M04Q07**

CARERCVD

In general, how satisfied are you with the health care you received? Would you say...

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied
  
- 3 NOT APPLICABLE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M04Q08**

MEDBILLS

Do you currently have any medical bills that are being paid off over time?

INTERVIEWER NOTE:

THIS COULD INCLUDE MEDICAL BILLS BEING PAID OFF WITH A CREDIT CARD, THROUGH PERSONAL LOANS, OR BILL PAYING ARRANGEMENTS WITH HOSPITALS OR OTHER PROVIDERS. THE BILLS CAN BE FROM EARLIER YEARS AS WELL AS THIS YEAR.

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

**M04END**

## State Added 04: Health Insurance

**ND04INTRO**

**ND04Q02**

IF - C03Q01 > 0 AND C03Q01 <> 2

HLTHINS

Previously we asked you about health insurance and would like to ask you now about specific insurance plans. What is the name of the health plan you use to **PAY FOR MOST** of your medical care?

READ IF NECESSARY

- 01 Medicare
- 02 Medicaid or Medical Assistance
- 03 Military, Tricare or CHAMPUS
- 04 Indian Health Service
- 05 Blue Cross/Blue Shield or Noridian
- 06 ND-PERS
- 07 Fortis Insurance
- 08 American Family Mutual
- 09 Medica Health Plans
- 10 Heart of America (HMO)
- 11 Altru Health Plan
- 12 Other
- 13 None
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ND04END**

## Module 06: Sodium or Salt-Related Behavior

### M06INTRO

### M06Q01

WTCHSALT

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

Are you currently watching or reducing your sodium or salt intake?

- |   |                     |     |   |        |
|---|---------------------|-----|---|--------|
| 1 | YES                 |     |   |        |
| 2 | NO                  | SKP | → | M06Q03 |
| 7 | DON'T KNOW/NOT SURE | SKP | → | M06Q03 |
| 9 | REFUSED             | SKP | → | M06Q03 |

### M06Q02

IF - M06Q01 = 1

LONGWTCH

How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?

101-199 = PER DAY                      301-399 = PER MONTH

201-299 = PER WEEK                    401-499 = PER YEAR

\_\_\_            TIMES

- |     |                     |
|-----|---------------------|
| 555 | ALL MY LIFE         |
| 777 | DON'T KNOW/NOT SURE |
| 999 | REFUSED             |
| 101 | MIN                 |
| 499 | MAX                 |

### M06Q03

DRADVISE

Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

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

**M06END**

## Module 08: Cardiovascular Health

### M08INTRO

#### M08Q01

IF - C07Q01 = 1

HAREHAB1

I would like to ask you a few more questions about your cardiovascular or heart health.

Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

#### M08Q02

IF - C07Q03 = 1

STREHAB1

{IF M08Q01 < 1, I would like to ask you a few more questions about your cardiovascular or heart health.}

Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

CATI NOTE: Question 3 is asked of all respondents

#### M08Q03

CVDASPRN

{IF M08Q01 < 1 AND M08Q02 < 1, I would like to ask you a few more questions about your cardiovascular or heart health.}

Do you take aspirin daily or every other day?

INTERVIEWER NOTE: ASPIRIN CAN BE PRESCRIBED BY A HEALTH CARE PROVIDER OR OBTAINED AS AN OVER-THE-COUNTER (OTC) MEDICATION.

- 1 YES SKP → M08Q05
- 2 NO
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**M08Q04**

IF - M08Q03 > 1

ASPUNSAF

Do you have a health problem or condition that makes taking aspirin unsafe for you?

IF "YES", ASK:

"Is this a stomach condition?"

CODE UPSETS STOMACH AS STOMACH PROBLEMS.

1	YES, NOT STOMACH RELATED	SKP	→	M08END
2	YES, STOMACH PROBLEMS	SKP	→	M08END
3	NO	SKP	→	M08END
7	DON'T KNOW/NOT SURE	SKP	→	M08END
9	REFUSED	SKP	→	M08END

**M08Q05**

IF - M08Q03 = 1

RLIVPAIN

Do you take aspirin to relieve pain?

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

**M08Q06**

IF - M08Q03 = 1

RDUCHART

Do you take aspirin to reduce the chance of a heart attack?

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

**M08Q07**

IF - M08Q03 = 1

REDUCSTRK

Do you take aspirin to reduce the chance of a stroke?

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

**M08END**

## Module 18: Industry and Occupation

**M18INTRO**

IF - C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4

**M18Q01**

IF - C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4

TYPEWORK

Now I am going to ask you about your work.

What kind of work {If C08Q09 = 4, did, do} you do? (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK

"What is your job title?"

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

"What is your main job?"

01 SPECIFY

Other

99 REFUSED

**M18Q02**

IF - C08Q09 = 1 OR C08Q09 = 2 OR C08Q09 = 4

TYPEINDS

What kind of business or industry {If C08Q09 = 4, did, do} you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

01 SPECIFY

Other

99 REFUSED

**M18END**

**State Added 01: Residence**

**ND01INTRO**

**ND01Q01**

RESLONG

How long have you lived in North Dakota?

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

101-199 NUMBER OF DAYS                      201-299 NUMBER OF WEEKS

301-399 NUMBER OF MONTHS                401-499 NUMBER OF YEARS

\_\_\_ ENTER AMOUNT OF TIME

555 ALL MY LIFE

888 DO NOT LIVE IN NORTH DAKOTA FULL TIME

777 DON'T KNOW/NOT SURE

999 REFUSED

101 MIN

499 MAX

**ND01Q02** IF - ASKCNTY = 001 OR ASKCNTY = 007 OR ASKCNTY = 011 OR ASKCNTY = 023 OR ASKCNTY = 025 OR ASKCNTY = 033 OR ASKCNTY = 041 OR ASKCNTY = 053 OR ASKCNTY = 061 OR ASKCNTY = 087 OR ASKCNTY = 089 OR ASKCNTY = 105 OR ASKCNTY = 888 RESTYPE

Which of the following best describes the type of home you live in?

PLEASE READ

01 House

02 Condo

03 Mobile home

04 Duplex, townhouse, apartment

05 One Room

06 Camper with central heat

07 Car, truck, tent or camper without central heat

08 Homeless or shelter

09 Other

77 DON'T KNOW/NOT SURE

99 REFUSED

**ND01END**

## State Added 02: Occupation

**ND02INTRO**

**ND02Q01** IF - C08Q09 = 1 OR C08Q09 = 2 OCCNTY

In what county do you work?

INTERVIEWER NOTE: IF SOMEONE WORKS FROM HOME, WE ARE INTERESTED IN THEIR HOME COUNTY RATHER THAN THE COMPANY'S COUNTY.

\_\_\_ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE)

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

**ND02Q02** IF - ND02Q01 = 777 OCCNTYIMP

What community do you work in or what is the community closest to where you work?

1 ENTER COMMUNITY Other  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**ND02END**

## State Added 03: Indian Health

**ND03INTRO**

**ND03Q01**

IF - C08Q03 = 30

RESERVE

Do you live on a reservation or Indian Service Area?

- 1 Yes, reservation
- 2 Yes, Indian service area
- 3 No, neither
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ND03Q02**

IF - C08Q03 = 30

MEMTRIBE

Are you currently an enrolled tribal member?

- 1 YES
- 2 NO SKP → ND03END
  
- 7 DON'T KNOW/NOT SURE SKP → ND03END
- 9 REFUSED SKP → ND03END

**ND03Q03**

IF - ND03Q02 = 1

TRIBE

Which tribe?

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

READ IF NECESSARY

- 01 MANDAN
- 02 ARIKARA
- 03 HIDATSA
- 04 THREE AFFILIATED TRIBES
- 05 SPIRIT LAKE SIOUX
- 06 STANDING ROCK SIOUX
- 07 OTHER SIOUX
- 08 CHIPPEWA
- 09 OTHER
  
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ND03Q04**

IF - ND03Q02 = 1

IHS

How much of your health care do you obtain from an Indian Health Service, IHS clinic?

- 1 All
- 2 Most
- 3 Some
- 4 Little
- 5 None

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

**ND03END**

## State Added 05: Social Context

**ND05INTRO**

**ND05Q01**

SCSTRESW

Over the past two weeks, how many days have you felt worried, tense or anxious?

\_\_ Number of days

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

14 MAX

**ND05Q02**

SCHOPLSDP

Over the last two weeks, how many days have you felt down, depressed or hopeless?

\_\_ Number of days

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

14 MAX

**ND05Q03**

SCRTMONY

How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed:

PLEASE READ

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

7 DON'T KNOW/NOT SURE

9 REFUSED

**ND05Q04**

SCFDMONY

During the past 30 days, how many days did you eat less than you feel you should because there was not enough food or money to buy food?

\_\_\_ Number of days

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

30 MAX

**ND05END**

## State Added 6: Household

**ND06INTRO** IF - QSTPATH = 20

**ND06Q01** IF - QSTPATH = 20 HSHLDNUM

Not including yourself, how many people live in your household?

INTERVIEWER NOTE: IF CLARIFICATION REQUIRED SAY:

"How many people share the same living space with you?"

\_\_ Number of people

77 DON'T KNOW/NOT SURE

99 REFUSED

**ND06END**

## **Closing Statement**

### **CLOSING**

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