



**2017**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**December 21, 2016**



Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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

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

# Behavioral Risk Factor Surveillance System 2017 Questionnaire

## Table of Contents

<b>Interviewer’s Script Landline Sample .....</b>	<b>5</b>
<b>Adult Random Selection.....</b>	<b>7</b>
<b>Interviewer’s Script Cell Phone.....</b>	<b>9</b>
<b>Core Sections .....</b>	<b>13</b>
<b>Section 1: Health Status .....</b>	<b>13</b>
<b>Section 2: Healthy Days — Health-Related Quality of Life.....</b>	<b>13</b>
<b>Section 3: Health Care Access .....</b>	<b>14</b>
<b>Section 4: Hypertension Awareness .....</b>	<b>15</b>
<b>Section 5: Cholesterol Awareness.....</b>	<b>16</b>
<b>Section 6: Chronic Health Conditions .....</b>	<b>17</b>
<b>Section 7: Arthritis Burden.....</b>	<b>20</b>
<b>Section 8: Demographics .....</b>	<b>22</b>
<b>Section 9: Tobacco Use .....</b>	<b>30</b>
<b>Section 10: E-Cigarettes .....</b>	<b>32</b>
<b>Section 11: Alcohol Consumption .....</b>	<b>33</b>
<b>Section 12: Fruits and Vegetables .....</b>	<b>34</b>
<b>Section 13: Exercise (Physical Activity).....</b>	<b>37</b>
<b>Section 14: Seatbelt Use.....</b>	<b>39</b>
<b>Section 15: Immunization .....</b>	<b>39</b>
<b>Section 16: HIV/AIDS .....</b>	<b>40</b>
<b>Closing Statement .....</b>	<b>42</b>
<b>Optional Modules.....</b>	<b>43</b>
<b>Module 1: Pre-Diabetes .....</b>	<b>43</b>
<b>Module 2: Diabetes .....</b>	<b>43</b>
<b>Module 11: Alcohol Screening &amp; Brief Intervention (ASBI).....</b>	<b>46</b>
<b>Module 13: Sugar Sweetened Beverages .....</b>	<b>47</b>
<b>Module 15: Marijuana.....</b>	<b>48</b>
<b>Module 16: Preconception Health/Family Planning.....</b>	<b>49</b>
<b>Module 21: Caregiving .....</b>	<b>51</b>
<b>State-Added Questions .....</b>	<b>56</b>
<b>Screen Time .....</b>	<b>56</b>
<b>Actions to Control High Blood Pressure.....</b>	<b>56</b>
<b>Tobacco Use.....</b>	<b>57</b>



**E-Cigarettes..... 58**  
**Sexual Orientation ..... 58**  
**Exposure to Domestic Violence and/or Sexual Assault ..... 59**  
**CLOSING STATEMENT ..... 61**  
**Activity List for Common Leisure Activities..... 62**



## Interviewer's Script Landline Sample

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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

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

HELLO, I am calling for the     (health department)    . My name is     (name)    . We are gathering information about the health of     (state)     residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

LL.1 Is this     (phone number)     ?

1. Yes
2. No

**[CATI /INTERVIEWER NOTE: IF "NO": Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. CATI NOTE: STOP OR REDIAL]**

**PVTRES**

**LL.2 Is this a private residence?**

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

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

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

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

**College Housing**

**LL.3 Do you live in college housing?**

Read only if necessary: **“By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”**

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

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

**State of Residence**

**LL4. Do you currently live in \_\_\_\_\_ (state) \_\_\_\_\_?**

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

**Cellular Phone**

LL.5 Is this a cell telephone?

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

Read only if necessary: **“By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”**

1 Yes

**[CATI/INTERVIEWER NOTE: IF “YES”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]**

2 No

**[CATI NOTE: IF COLLEGE HOUSING = “YES,” CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]**

**Adult**

LL.6 Are you 18 years of age or older?

- 1 Yes, respondent is male [GO TO NEXT SECTION]
- 2 Yes, respondent is female [GO TO NEXT SECTION]
- 3 No

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

**Adult Random Selection**

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

LL.7 \_\_ Number of adults  
If "1," Are you the adult?

If "yes,":

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

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

**[GO TO THE CORRECT RESPONDENT]**

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

**[GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]**

**LL.8 How many of these adults are men?**

\_\_\_ Number of men

**So the number of women in the household is \_\_\_**

\_\_\_ Number of women

**Is that correct?**

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

**The person in your household that I need to speak with is \_\_\_\_\_.**

If "you," **[GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]**





## Interviewer’s Script Cell Phone

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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

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

HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

**CP.1 Is this a safe time to talk with you?**

- 1. Yes           **[GOTO PHONE]**
- 2. No

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

**Phone**

**CP.2 Is this (phone number) ?**

- 1. Yes           **[GO TO CELLULAR PHONE]**
- 2. No           **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**

**[CATI/INTERVIEWER NOTE: IF "NO" : THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP]**

**Cellular Phone**

**CP.3 Is this a cell telephone?**

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

- 1. Yes [GO TO ADULT]
- 2. No

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

**Adult**

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

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

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

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

**Private Residence**

**CP.5 Do you live in a private residence?**

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

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

- 1. Yes [GO TO STATE OF RESIDENCE]

2. No [GO TO COLLEGE HOUSING]

**College Housing**

CP.6 Do you live in college housing?

Read only if necessary: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

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

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

**State of Residence**

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

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

**State**

CP.8 In what state do you currently live?

\_\_\_\_\_ ENTER FIPS STATE

**Landline**

CP. 9 Do you also have a landline telephone in your home that is used to make and receive calls?

Read only if necessary: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

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

1. Yes
2. No

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

NUMADULT

CP.10 **How many members of your household, including yourself, are 18 years of age or older?**

— Number of adults

99 Refused

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

## Core Sections

**[CATI/INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]**

### **To Correct Respondent:**

**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 (give appropriate state telephone number).**

### **Section 1: Health Status**

**1.1 Would you say that in general your health is—** (90)

Please read:

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

Do not read:

- 7      Don't know / Not sure**
- 9      Refused**

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

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

(91-92)

- Number of days**
- 88      None**
- 77      Don't know / Not sure**
- 99      Refused**

**2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?** (93-94)

- |                 |    |   |
|-----------------|----|---|
|                 | -- | Number of days  |
| <b>SECTION]</b> | 88 | None [CATI NOTE: IF Q2.1 AND Q2.2 = 88 (NONE), GO TO NEXT |
|                 | 77 | Don't know / Not sure                                     |
|                 | 99 | Refused   |

**2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?** (95-96)

- |  |    |                       |
|--|----|-----------------------|
|  | -- | Number of days        |
|  | 88 | None                  |
|  | 77 | Don't know / Not sure |
|  | 99 | Refused               |

### Section 3: Health Care Access

**3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, Native Health Service, or Indian Health Service?** (97)

[CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10, QUESTION 1, ELSE CONTINUE]

- |  |   |                       |
|--|---|-----------------------|
|  | 1 | Yes                   |
|  | 2 | No                    |
|  | 7 | Don't know / Not sure |
|  | 9 | Refused               |

**3.2 Do you have one person you think of as your personal doctor or health care provider? If "No" ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"** (98)

- |  |   |               |
|--|---|---------------|
|  | 1 | Yes, only one |
|  | 2 | More than one |

- 3 No
- 7 Don't know / Not sure
- 9 Refused

**3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?** (99)

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

**CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 10 QUESTION 3, ELSE CONTINUE**

**3.4 A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?** (100)

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

**[CATI INSTRUCTION: IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 = 1 GO TO MODULE 10, QUESTION 4A OR IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 = 2, 7, OR 9 GO TO MODULE 10, QUESTION 4B, OR IF NOT USING HEALTH CARE ACCESS MODULE GO TO NEXT SECTION.]**

## Section 4: Hypertension Awareness

**4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?** (101)

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 [GO TO NEXT SECTION]
- 3 No [GO TO NEXT SECTION]
- 4 Told borderline high or pre-hypertensive [GO TO NEXT SECTION]
- 7 Don’t know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

**4.2 Are you currently taking medicine for your high blood pressure?** (102)

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

## Section 5: Cholesterol Awareness

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

(103)

Read only if necessary:

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don’t know / Not sure
- 9 Refused [GO TO NEXT SECTION]

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

(104)

- 1 Yes



- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

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

(105)

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

**Section 6: Chronic Health Conditions**

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

**6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (106)**

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

**6.2 (Ever told) you had angina or coronary heart disease? (107)**

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

**6.3 (Ever told) you had a stroke? (108)**

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

**6.4 (Ever told) you had asthma? (109)**

- 1 Yes
- 2 No [GO TO Q6.6]
- 7 Don't know / Not sure [GO TO Q6.6]
- 9 Refused [GO TO Q6.6]

**6.5 Do you still have asthma?** (110)

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

**6.6 (Ever told) you had skin cancer?** (111)

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

**6.7 (Ever told) you had any other types of cancer?** (112)

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

**6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?** (113)

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

**6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?** (114)

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

**INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:**

- **RHEUMATISM, POLYMYALGIA RHEUMATICA**
- **OSTEOARTHRITIS (NOT OSTEOPOROSIS)**
- **TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW**
- **CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME**
- **JOINT INFECTION, REITER'S SYNDROME**
- **ANKYLOSING SPONDYLITIS; SPONDYLOSIS**
- **ROTATOR CUFF SYNDROME**

- **CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD’S SYNDROME**
- **VASCULITIS (GIANT CELL ARTERITIS, HENOCHE-SCHONLEIN PURPURA, WEGENER’S GRANULOMATOSIS,**
- **POLYARTERITIS NODOSA)**

**6.10 (Ever told) you have a depressive disorder, (including depression, major depression, dysthymia), or minor depression? (115)**

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

**6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)**

**INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.**

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

**6.12 (Ever told) you have diabetes? (117)**

**[INTERVIEWER NOTE: IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?”]**

**[INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.]**

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don’t know / Not sure
- 9 Refused

**[CATI NOTE: IF Q6.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]**

**6.13 How old were you when you were told you have diabetes?** (118-119)

- Code age in years [97 = 97 and older]
- 98 Don't know / Not sure
- 99 Refused

**[CATI NOTE: GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]**

### Section 7: Arthritis Burden

**[CATI NOTE: IF Q6.9 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT SECTION.]**

**Next, I will ask you about your arthritis.**

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

**7.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?** (120)

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

**INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."**

**INTERVIEWER NOTE: Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT. STATUS.**

**7.2 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?**

(121)

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

**INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS “YES” MARK THE OVERALL RESPONSE AS “YES.”**  
**IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: “PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT.”**

**7.3 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?**

(122)

Please read [1-3]:

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

Do not read:

- 7      Don't know / Not sure**
- 9      Refused**

**INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: “PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT.”**

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

- —      Enter number [00-10]      (123-124)**
- 77      Don't know / Not sure**
- 99      Refused**

## Section 8: Demographics

**8.1 Are you ...** (125)

- 1 Male
- 2 Female
- 9 Refused

**INTERVIEWER NOTE: ASK THIS QUESTION EVEN IF RESPONDENT'S SEX HAD BEEN IDENTIFIED DURING LANDLINE HOUSEHOLD ENUMERATION OR CELL PHONE SCREENING QUESTIONS**

**8.2 What is your age?** (126-127)

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

**8.3 Are you Hispanic, Latino/a, or Spanish origin?** (128-131)

**If yes, ask: Are you...**

**INTERVIEWER NOTE: *One Or More Categories May Be Selected.***

- 1 Mexican, Mexican American, Chicano/a**
- 2 Puerto Rican**
- 3 Cuban**
- 4 Another Hispanic, Latino/a, or Spanish origin**

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

**8.4 Which one or more of the following would you say is your race?** (132-159)

**INTERVIEWER NOTE: SELECT ALL THAT APPLY.**

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

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 50 Pacific Islander**
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

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

**[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q8.4; CONTINUE. OTHERWISE, GO TO Q8.6.]**

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

**INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."**

(160-161)

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 50 Pacific Islander**
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

**8.6 Are you...?** (162)

Please read:

- 1 Married**
- 2 Divorced**
- 3 Widowed**
- 4 Separated**
- 5 Never married, or**
- 6 A member of an unmarried couple**

Do not read:

- 9 Refused

**8.7 What is the highest grade or year of school you completed?** (163)



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 (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

Probe if answer was = 4 (“Grade 12”), or if respondent did not select other answer:

Interviewer probe: If respondent says Grade 12: “When you say that you completed 12<sup>th</sup> grade, does that mean you graduated with a diploma from your high school or a correspondence school or home-school, or did you receive a GED?”

- 7 GED (High School equivalence diploma)
- 8 Home-schooled with diploma or correspondence school

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

### 8.8 Do you own or rent your home?

(164)

Read only if necessary:

- 1 Own
- 2 Rent
- 3 Other arrangement

Do not read:

- 7 Don't know / Not sure
- 9 Refused

**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.**

**INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.**

**8.10 What is the ZIP Code where you currently live? (168-172)**

_____	ZIP Code
77777	Don't know / Not sure
99999	Refused

**[CATI NOTE: IF CELL TELEPHONE INTERVIEW SKIP TO 8.14 (QSTVER GE 20)]**

**8.11 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. (173)**

1	Yes	
2	No	[GO TO Q8.13]
7	Don't know / Not sure	[GO TO Q8.13]
9	Refused	[GO TO Q8.13]

**8.12 How many of these telephone numbers are residential numbers? (174)**

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

**8.13 Including phones for business and personal use, do you have a cell phone for personal use? (175)**

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

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

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

1	Yes	(176)
---	-----	-------

- 2 No
- Do not read:
- 7 Don't know / Not sure
- 9 Refused

**8.15 Are you currently...?**

**INTERVIEWER NOTE: IF MORE THAN ONE, SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".**

Please read: (177)

- 1 **Employed for wages**
- 2 **Self-employed**
- 3 **Out of work for 1 year or more**
- 4 **Out of work for less than 1 year**
- 5 **A Homemaker**
- 6 **A Student**
- 7 **Retired, or**
- 8 **Unable to work**
- Do not read:
- 9 Refused

**INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION.**

**8.16 How many children less than 18 years of age live in your household? (178-179)**

- Number of children
- 88 None
- 99 Refused

**8.17 Is your annual household income from all sources—**

**INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED) (180-181)**

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)

- 03 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If “no,” code 02**
- 05 Less than \$35,000 **If “no,” ask 06**  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If “no,” ask 07**  
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If “no,” code 08**  
(\$50,000 to less than \$75,000)
- 08 Less than \$85,000 **If “no,” code 09**  
(\$75,000 to less than \$85,000)
- 09 Less than \$100,000 **If “no,” code 10**  
(\$85,000 to less than \$100,000)
- 10 \$100,000 or more

**Do not read:**

- 77 Don’t know / Not sure
- 99 Refused

**8.18 Have you used the internet in the past 30 days?** (182)

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

**8.19 About how much do you weigh without shoes?**

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 183. ROUND FRACTIONS UP**

(183-186)

- — — — Weight  
(pounds/kilograms)
- 7777 Don’t know / Not sure
- 9999 Refused

**8.20 About how tall are you without shoes?**

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 187. ROUND FRACTIONS DOWN** (187-190)

-- / --      Height  
(*f t / inches/meters/centimeters*)  
77/ 77      Don't know / Not sure  
99/ 99      Refused

**[CATI NOTE: IF MALE, GO TO 8.22, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.22]**

**8.21 To your knowledge, are you now pregnant?** (191)

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

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

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

**8.22 Are you deaf or do you have serious difficulty hearing?** (192)

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

**8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses?** (193)

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

**8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?** (194)

1      Yes  
2      No

- 7 Don't know / Not sure
- 9 Refused

**8.25 Do you have serious difficulty walking or climbing stairs?** (195)

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

**8.26 Do you have difficulty dressing or bathing?** (196)

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

**8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?** (197)

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

## Section 9: Tobacco Use

**9.1 Have you smoked at least 100 cigarettes in your entire life?** (198)

**INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES**

- 1 Yes
- 2 No [GO TO Q9.5]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

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

**9.2 Do you now smoke cigarettes every day, some days, or not at all?** (199)

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all [GO TO Q9.4]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

**9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?** (200)

- 1 Yes [GO TO Q9.5]
- 2 No [GO TO Q9.5]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

**9.4 How long has it been since you last smoked a cigarette, even one or two puffs?** (201-202)

Read only if necessary:

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

Do not read:

- 77 Don't know / Not sure
- 99 Refused

**9.5 Do you currently use chewing tobacco, snuff, snus, or Iq'mik every day, some days, or not at all?** (203)

**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. IQ'MIK (ALSO KNOWN AS BLACKBULL) IS A FORM OF SMOKELESS TOBACCO THAT IS CHEWED. IT IS MADE BY MIXING**

**FIRE-CURED TOBACCO LEAVES AND “PUNK ASH”, WHICH IS THE ASH GENERATED BY BURNING A FUNGUS THAT GROWS ON BIRCH TREES.**

Do not read:

- 1 Every day [CATI: GO TO AKC.1]
- 2 Some days [CATI: GO TO AKC.1]
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

### Section 10: E-Cigarettes

“The next 2 questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.”

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

**10.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (204)**

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

1 Yes

7 Don't know / Not Sure [GO TO NEXT SECTION]

**10.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (205)**



- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not
- 9 Refused

**Section 11: Alcohol Consumption**

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

(206-208)

- 1 \_ \_ Days per week
- 2 \_ \_ Days in past 30 days
- 888 No drinks in past 30 days [GO TO NEXT SECTION]
- 777 Don't know / Not sure [GO TO NEXT SECTION]
- 999 Refused [GO TO NEXT SECTION]

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

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

(209-210)

- \_ \_ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

**11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN] or more drinks on an occasion?**

(211-212)

- \_ \_ Number of times
- 88 None
- 77 Don't know / Not sure
- 99 Refused

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

(213-214)

- \_ \_ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

## Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

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

**12.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.** (215-217)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS ‘I DON’T KNOW’: INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.**

1__	Day
2__	Week
3__	Month
300	Less than once a month
555	Never
777	Don’t Know
999	Refused

**12.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?** (218-220)

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

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: “DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS.”

- 1\_\_ Day
- 2\_\_ Week
- 3\_\_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

**12.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?**  
(221-223)

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

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

READ IF RESPONDENT ASKS ABOUT SPINACH: “INCLUDE SPINACH SALADS.”

- 1\_\_ Day
- 2\_\_ Week
- 3\_\_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

**12.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns? ?**  
(224-226)

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

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “DO NOT INCLUDE POTATO CHIPS.”

- 1\_ \_ Day
- 2\_ \_ Week
- 3\_ \_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

**12.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?** (227-229)

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

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES.”**

- 1\_ \_ Day
- 2\_ \_ Week
- 3\_ \_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

**12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?** (230-232)

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

**INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: “INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND**

**BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE.”**

- 1\_\_ Day
- 2\_\_ Week
- 3\_\_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

**Section 13: Exercise (Physical Activity)**

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

**INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.**

**13.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?** (233)

- 1 Yes
- 2 No [GO TO Q13.8]
- 7 Don't know / Not sure [GO TO Q13.8]
- 9 Refused [GO TO Q13.8]

**13.2 What type of physical activity or exercise did you spend the most time doing during the past month?** (234-235)

- \_\_ (Specify) [See Physical Activity Coding List]
- 77 Don't know / Not Sure [GO TO Q13.8]
- 99 Refused [GO TO Q13.8]

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

**13.3 How many times per week or per month did you take part in this activity during the past month?** (236-238)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 777 Don't know / Not sure
- 999 Refused

**13.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?** (239-241)

- \_:\_\_ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

**13.5 What other type of physical activity gave you the next most exercise during the past month?** (242-243)

- \_\_ (Specify) [See Physical Activity Coding List]
- 88 No other activity [GO TO Q13.8]
- 77 Don't know / Not Sure [GO TO Q13.8]
- 99 Refused [GO TO Q13.8]

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

**13.6 How many times per week or per month did you take part in this activity during the past month?** (244-246)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 777 Don't know / Not sure
- 999 Refused

**13.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?** (247-249)

- \_:\_\_ Hours and minutes
- 777 Don't know / Not sure

999 Refused

**13.8 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.**

(250-252)

1\_\_ Times per week  
2\_\_ Times per month  
888 Never  
777 Don't know / Not sure  
999 Refused

### Section 14: Seatbelt Use

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

(253)

Please read: **1 Always**  
**2 Nearly always**  
**3 Sometimes**  
**4 Seldom**  
**5 Never**

Do not read:  
7 Don't know / Not sure  
8 Never drive or ride in a car  
9 Refused

### Section 15: Immunization

**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™.**

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

(254)

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

- 1 Yes
- 2 No [GO TO Q15.3]
- 7 Don't know / Not sure [GO TO Q15.3]
- 9 Refused [GO TO Q15.3]

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

(255-260)

- \_\_ / \_\_\_\_ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

**15.3 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?**

(261)

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

**[CATI NOTE: IF RESPONDENT IS LESS THAN 50 YEARS OF AGE, GO TO NEXT SECTION.]**

**15.4. Have you ever had the shingles or zoster vaccine?**

(262)

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

**INTERVIEWER NOTE (READ IF NECESSARY): SHINGLES IS CAUSED BY THE CHICKEN POX VIRUS. IT IS AN OUTBREAK OF RASH OR BLISTERS ON THE SKIN THAT MAY BE ASSOCIATED WITH SEVERE PAIN. A VACCINE FOR SHINGLES HAS BEEN AVAILABLE SINCE MAY 2006; IT IS CALLED ZOSTAVAX®, THE ZOSTER VACCINE, OR THE SHINGLES VACCINE.**

## Section 16: HIV/AIDS



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

**16.1 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.** (263)

- 1 Yes
- 2 No [GO TO Q16.3]
- 7 Don't know /Not sure [GO TO Q16.3]
- 9 Refused [GO TO Q16.3]

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

**INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." 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.**

(264-269)

- / ---- Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

**16.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.**

(270)

**You have injected any drug other than those prescribed for you in the past year.  
 You have been treated for a sexually transmitted disease or STD in the past year.  
 You have given or received money or drugs in exchange for sex in the past year.  
 You had anal sex without a condom in the past year.  
 You had four or more sex partners in the past year.  
 Do any of these situations apply to you?**

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

## Closing Statement

**INTERVIEWER NOTE: IF THERE ARE NO MODULES/STATE ADDED QUESTIONS OR THIS IS AN OUT-OF-STATE CELL PHONE INTERVIEW, PLEASE READ:**

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

Or

Continue to module(s) and/or state-added questions

## Optional Modules

### Module 1: Pre-Diabetes

**[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING “YES” (CODE = 1) TO CORE Q6.12 (DIABETES AWARENESS QUESTION).]**

**1. Have you had a test for high blood sugar or diabetes within the past three years? (290)**

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

**[CATI NOTE: IF CORE Q6.12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER Q2 “YES” (CODE = 1).]**

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

**INTERVIEWER INSTRUCTIONS: IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?” (291)**

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

### Module 2: Diabetes

**[CATI NOTE: TO BE ASKED FOLLOWING CORE Q6.13; IF RESPONSE TO Q6.12 IS “YES” (CODE = 1).]**

**1. Are you now taking insulin? (292)**

- 1 Yes

- 2 No
- 9 Refused

**2. 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.** (293-295)

**INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH**

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

**INTERVIEWER NOTE: IF THE RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (A SENSOR INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN '98 TIMES PER DAY.'**

**3. 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.**

(296-298)

**INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH**

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

**4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?** (299-300)

- \_\_ \_\_ Number of times [76 = 76 or more]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**5. 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"?** (301-302)

- \_\_ \_\_ 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

**[CATI NOTE: IF Q3 = 555 (NO FEET), GO TO Q7.]**

**6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?** (303-304)

- \_\_ \_\_ Number of times [76 = 76 or more]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**7. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.** (305)

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

**8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?** (306)

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

**9. Have you ever taken a course or class in how to manage your diabetes yourself?** (307)

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

## Module 11: Alcohol Screening & Brief Intervention (ASBI)

**CATI NOTE: IF CORE Q3.4 = 1, OR 2 (HAD A CHECKUP WITHIN THE PAST 2 YEARS) CONTINUE, ELSE GO TO NEXT MODULE.**

**Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.**

**1. You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?** (403)

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

**2. Did the health care provider ask you in person or on a form how much you drink?** (404)

- 1 Yes

- 2. No
- 7 Don't know / Not sure
- 9 Refused

**3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion? (405)**

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

**4. Were you offered advice about what level of drinking is harmful or risky for your health? (406)**

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

**[CATI NOTE: IF QUESTION 1, 2, OR 3 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]**

**5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? (407)**

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

## Module 13: Sugar Sweetened Beverages

**1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (424-426)**

Please read: **You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

**2. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.**

(427-429)

Please read: **You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

## Module 15: Marijuana

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

(432-433)

- \_\_ (1-30) Number of Days
- 88 None (0 days) [GO TO NEXT MODULE]
- 77 Don't know/not sure [GO TO NEXT MODULE]
- 99 Refused [GO TO NEXT MODULE]

**2. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]. During the past 30 days, what was the primary mode you used marijuana? Please select one. Did you...**

(434)

Please read:

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).**
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)**
- 3 Drink it (for example, in tea, cola, or alcohol)**
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)**
- 5 Dab it (for example, using waxes or concentrates).**



6 Use it some other way.  
Do not read:

- 7 Don't know/not sure
- 9 Refused

**3. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]. When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to “fit in” with a group, increased awareness, to forget worries, for fun at a social gathering).** (435)

Read if necessary:

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

Do not read:

- 7 Don't know/Not sure
- 9 Refused

## Module 16: Preconception Health/Family Planning

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]**

**The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.**

**1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant?** (436)

- 1 Yes
- 2 No [GO TO Q3]
- 3 No partner/not sexually active [GO TO NEXT MODULE]
- 4 Same sex partner [GO TO NEXT MODULE]
- 5 Has had a Hysterectomy [GO TO NEXT MODULE]
- 7 Don't know/Not sure [GO TO Q3]
- 9 Refused [GO TO Q3].

**2. What did you or your partner do the last time you had sex to keep you from getting pregnant?**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING “CONDOMS,” PROBE TO DETERMINE IF “FEMALE CONDOMS” OR MALE CONDOMS.”**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE BE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

Read only if necessary:

(437-438)

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
- 02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
- 03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
- 05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
- 06 IUD, type unknown [GO TO NEXT MODULE]
- 07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
- 08 Birth control pills, any kind [GO TO NEXT MODULE]
- 09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
- 10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
- 11 Male condoms [GO TO NEXT MODULE]
- 12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
- 13 Female condoms [GO TO NEXT MODULE]
- 14 Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
- 15 Withdrawal (or pulling out) [GO TO NEXT MODULE]
- 16 Foam, jelly, film, or cream [GO TO NEXT MODULE]
- 17 Emergency contraception (morning after pill) [GO TO NEXT MODULE]
- 18 Other method [GO TO NEXT MODULE]

Do not read:

- 77 Don't know/Not sure
- 99 Refused

**Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.**

**3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?** (439-440)

**INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons
  
- 77 Don't know/Not sure
- 99 Refused

## Module 21: Caregiving

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

- 1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?** (457)

**INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say “I’m so sorry to hear of your loss.” and code 8.**

- |  |                     |
|--|---------------------|
| 1. Yes                                       |                     |
| 2. No  | [GO TO QUESTION 9]  |
| 7. Don’t know/Not sure                       | [GO TO QUESTION 9]  |
| 8. Caregiving recipient died in past 30 days | [GO TO NEXT MODULE] |
| 9. Refused                                   | [GO TO QUESTION 9]  |

**2. What is his or her relationship to you? For example is he or she your mother or daughter or father or son?** (458-459)

**INTERVIEWER NOTE: IF MORE THAN ONE PERSON, SAY: “PLEASE REFER TO THE PERSON TO WHOM YOU ARE GIVING THE MOST CARE.”**

**INTERVIEWER INSTRUCTION: DO NOT READ; CODE RESPONSE USING THESE CATEGORIES.**

- |    |                            |
|----|----------------------------|
| 01 | Mother                     |
| 02 | Father                     |
| 03 | Mother-in-law              |
| 04 | Father-in-law              |
| 05 | Child                      |
| 06 | Husband                    |
| 07 | Wife                       |
| 08 | Same-sex partner           |
| 09 | Brother or brother-in-law  |
| 10 | Sister or sister-in-law    |
| 11 | Grandmother                |
| 12 | Grandfather                |
| 13 | Grandchild                 |
| 14 | Other relative             |
| 15 | Non-relative/Family friend |
| 16 | Unmarried partner          |
| 77 | Don’t know/Not sure        |
| 99 | Refused                    |

**3. For how long have you provided care for that person? Would you say...** (460)

Please read:

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 5 years or more

Do not read:

- 7 Don't Know/ Not Sure
- 9 Refused

- 4. In an average week, how many hours do you provide care or assistance? Would you say...** (461)

Please read:

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

Do not read:

- 7 Don't know/Not sure
- 9 Refused

- 5. What is the main health problem, long-term illness, or disability that the person you care for has?** (462-463)

Read if necessary: **Please tell me which one of these conditions would you say is the major problem?**

**[DO NOT READ: RECORD ONE RESPONSE]**

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders such as Alzheimer's disease
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes

- 8 Heart Disease, Hypertension
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

Do not read:

- 77 Don't know/Not sure
- 99 Refused

**6. In the past 30 days, did you provide care for this person by...**

**Managing personal care such as giving medications, feeding, dressing, or bathing?**  
(464)

- 1 Yes
- 2 No
- 7 Don't Know /Not Sure
- 9 Refused

**7. In the past 30 days, did you provide care for this person by...**

**Managing household tasks such as cleaning, managing money, or preparing meals?**  
(465)

- 1 Yes
- 2 No
- 7 Don't Know /Not Sure
- 9 Refused

**8. Of the following support services, which one do you most need, that you are not currently getting?**  
(466)

**[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]:  
Respite care means short-term breaks for people who provide care.**

Please read options 1 – 6:

- 1. Classes about giving care, such as giving medications**

2. **Help in getting access to services**
3. **Support groups**
4. **Individual counseling to help cope with giving care**
5. **Respite care**
6. **You don't need any of these support services**

Do not read:

- 7 Don't Know /Not Sure
- 9 Refused

**[If Q1 = 1 or 8, GO TO NEXT MODULE]**

- 9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? (467)**

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

# State-Added Questions

## Screen Time

### **AKA.1**

**How many hours a day, on average, do you spend watching TV, videos, DVDs or using the computer outside of work?**

- 01 - 24 hours (specify)
- 55 Less than one hour
- 66 Less than daily
- 77 Don't know/Not sure
- 88 Do not watch TV, videos or use the computer outside of work
- 99 Refused

## Actions to Control High Blood Pressure

**[CATI: ASK IF CDCQ4.1 = 1]**

**Earlier you told us you have been told by a doctor, nurse, or other health professional that you have high blood pressure.**

### **AKB.1**

**Has a doctor or other health professional EVER advised you to take medication to help lower or control your high blood pressure?**

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

**[CATI: ASK IF CDCQ4.1 = 1]**

### **AKB.2**

**About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?**



- 1 Within the past 6 months
- 2 Within the past year
- 3 Within the past 2 years
- 4 Within the past 5 years
- 5 5 or more years ago
- 7 Don't know/Not sure
- 8 Never
- 9 Refused

## Tobacco Use

**[CATI: ASK IF CDCQ9.5 = 1, 2]**

**[CATI: Place Question AKC.1 right after CDCQ9.5 in CATI coding.]**

### **AKC.1**

**Which smokeless tobacco products do you currently use? Chewing tobacco, snuff, Snus, or Iq'mik\* (also known as Blackbull)? [ Probe for which.]**

- 1 Yes, chewing tobacco
  - 2 Yes, snuff
  - 3 Yes, Iq'mik or blackbull
  - 4 Yes, snus
  - 5 Yes other (specify) (20 characters)
- Don't ask:
- 7 Don't Know/Not Sure
  - 9 Refused

Answers mark all that apply

**[CATI: IF CDCQ9.2 = 3 (NOT AT ALL) AND CDCQ9.4<05 CONTINUE. OTHERWISE, GO TO NEXT SECTION.]**

[Note: Addition of option 9 (“More than 2 years ago (but less than 5 years ago)”)].

### **AKC.2**

**Earlier we asked about when you last smoked a cigarette, EVEN one or two PUFFS. Now we are asking...**

**About how long has it been since you last smoked cigarettes regularly? Was that...:**

- 10 At least 5 years ago
- 09 More than 2 years ago (but less than 5 years ago)
- 08 More than a year ago (but less than 2 years ago)
- 07 About a year ago [Interviewer note if needed: that is, roughly 12 months]
- 06 At least 6 months ago but less than one year ago
- 05 At least 3 months ago but less than 6 months ago
- 04 At least 30 days ago but less than 3 months ago
- 03 At least 7 days ago but less than 30 days ago
- 02 At least 24 hours ago but less than 7 days ago
- 01 Within the past 25 hours
- 77 Don't Know/Not Sure
- 99 Refused

[INTERVIEWER NOTE: Pause between each response category to allow respondent to answer “Yes” or “No” to each category; if respondent refuses at any level, code 99. If respondent answers “Don’t know” or “Not sure” at any level, ask about the next level. If respondent answers “Don’t know” or “Not sure” to two levels in a row, code 77 (Don’t know/Not sure).]

## E-Cigarettes

[CATI: ASK IF CDCQ10.2 = 1,2]

### **AKD.1**

**Previously, you told us you currently use e-cigarettes or other electronic vaping products. During the past 30 days, on how many days did you use an e-cigarette or other electronic vapor product?**

- 0-30 Number of Days
- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

## Sexual Orientation

### **AKE.1**

**Now I'm going to ask you a question about sexual orientation. Do you think of yourself as: A. Gay or lesbian, B. Straight, that is, not lesbian or gay, C. Bisexual, or D. Something else?**

[INTERVIEWER NOTE: Please read the letters with the answer categories, so that respondent may use either the letter or words to give their answer. You may use the descriptions below if respondent asks for clarification.]

[INTERVIEWER NOTE, IF NEEDED SAY:

“Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Alaska. You don't have to answer any question if you don't want.”]

[INTERVIEWER NOTE, IF NEEDED SAY:

“Gay or Lesbian– A person who is gay or lesbian is primarily attracted to people of the same sex.

Straight– A person who is “straight” is primarily attracted to people of the opposite sex.

Bisexual– A person who is bisexual attracted to people of either sex.”]

[INTERVIEWER CODING NOTE: If respondent replies that they are “homosexual,” please code with “gay or lesbian”. If respondent replies that they are “heterosexual,” please code with “straight”.]

- 2 Gay or Lesbian
- 1 Straight, that is, not lesbian or gay
- 3 Bisexual
- 4 Something else (specify)
- 7 Don't Know/Not Sure
- 9 Refused

## Exposure to Domestic Violence and/or Sexual Assault

I'd like to ask you some questions about events that can happen during a person's lifetime. This information will allow us to better understand certain problems, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you the contact information for an organization that can provide information for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

**AKF.1**

**As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner?**

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

**AKF.2**

**Has anyone ever made you take part in any sexual activity when you really did not want to- including touch that made you uncomfortable?**

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

**AKF.3**

**In your lifetime, has an intimate partner ever hit, slapped, punched, shoved, kicked, choked, hurt, or threatened you?**

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

**AKF.4**

**In the past 5 years, have you ever feared for your safety or been hit, slapped, kicked, choked, or otherwise physically hurt by a current or former intimate partner?**

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



## CLOSING STATEMENT

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

## Activity List for Common Leisure Activities

**(To be used for Section 13: Physical Activity)**

---

### Code Description (Physical Activity, Questions 13.2 and 13.5 above)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)</li> <li>02 Aerobics video or class</li> <li>03 Backpacking</li> <li>04 Badminton</li> <li>05 Basketball</li> <li>06 Bicycling machine exercise</li> <li>07 Bicycling</li> <li>08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)</li> <li>09 Bowling</li> <li>10 Boxing</li> <li>11 Calisthenics</li> <li>12 Canoeing/rowing in competition</li> <li>13 Carpentry</li> <li>14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.</li> <li>15 Elliptical/EFX machine exercise</li> <li>16 Fishing from river bank or boat</li> <li>17 Frisbee</li> <li>18 Gardening (spading, weeding, digging, filling)</li> <li>19 Golf (with motorized cart)</li> <li>20 Golf (without motorized cart)</li> <li>21 Handball</li> <li>22 Hiking – cross-country</li> <li>23 Hockey</li> <li>24 Horseback riding</li> <li>25 Hunting large game – deer, elk</li> <li>26 Hunting small game – quail</li> <li>27 Inline Skating</li> <li>28 Jogging</li> <li>29 Lacrosse</li> <li>30 Mountain climbing</li> <li>31 Mowing lawn</li> <li>32 Paddleball</li> <li>33 Painting/papering house</li> <li>34 Pilates</li> <li>35 Racquetball</li> <li>36 Raking lawn/trimming hedges</li> <li>37 Running</li> <li>38 Rock climbing</li> <li>39 Rope skipping</li> </ul> | <ul style="list-style-type: none"> <li>40 Rowing machine exercises</li> <li>41 Rugby</li> <li>42 Scuba diving</li> <li>43 Skateboarding</li> <li>44 Skating - ice or roller</li> <li>45 Sledding, tobogganing</li> <li>46 Snorkeling</li> <li>47 Snow blowing</li> <li>48 Snow shoveling by hand</li> <li>49 Snow skiing</li> <li>50 Snowshoeing</li> <li>51 Soccer</li> <li>52 Softball/Baseball</li> <li>53 Squash</li> <li>54 Stair climbing/Stair master</li> <li>55 Stream fishing in waders</li> <li>56 Surfing</li> <li>57 Swimming</li> <li>58 Swimming in laps</li> <li>59 Table tennis</li> <li>60 Tai Chi</li> <li>61 Tennis</li> <li>62 Touch football</li> <li>63 Volleyball</li> <li>64 Walking</li> <li>66 Waterskiing</li> <li>67 Weight lifting</li> <li>68 Wrestling</li> <li>69 Yoga</li> <li>71 Childcare</li> <li>72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)</li> <li>73 Household Activities (vacuuming, dusting, home repair, etc.)</li> <li>74 Karate/Martial Arts</li> <li>75 Upper Body Cycle (wheelchair sports, ergometer)</li> <li>76 Yard work (cutting/gathering wood, trimming, etc.)</li> <li>98 Other_____</li> <li>99 Refused</li> </ul> |
|---|--|