



2019 Alaska Supplemental BRFSS Questionnaire

2019 Questionnaire

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Important Note: A new contractor (ICF Macro) began collecting Alaska BRFSS data in 2019. The response format was different than expected once data was received. Primarily, one-digit fields were recorded as 2-digit fields. Data had to be transformed to match previous and later years of data collection. For instance, a response set of (01 Yes, 02 No, 97 Don’t Know/Not sure, and 99 Refused) was corrected to (1 Yes, 2 No, 7 Don’t know/Not sure, and 9 Refused). The questionnaire reflects the corrected response set.

Interviewer's Script Landline

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. 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. This call may be monitored or recorded for quality control.

Is this \$N?
[CTELENM1]

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.

- 01 Yes – Continue
- 10 Callback
- 20 Refusal
- D3 Answering Machine
- B2 Busy
- DA Dead Air
- HU Hang Up
- NA No Answer
- NW Non-Working Number

INT02. Hello, I'm _____ calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of [STATE] residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [HGENDER] 18 years of age or older in the household with the next birthday to be interviewed.

May I please speak to him/her?

- 1 Selected on the line

HS1. Is this a private residence?
[PVTRES1]

READ 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
- 2 No
- 3 No, this is a business **STOP**

[ASK IF HS1=2]

COLLEGE. Do you live in college housing?

[COLGHOUS]

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.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- | | | |
|---|-----------------------|-------------|
| 1 | Yes | |
| 2 | No – Business | STOP |
| 3 | No – Group Home | STOP |
| 7 | DON'T KNOW / NOT SURE | STOP |
| 9 | REFUSED | STOP |

[ASK IF SAMPTYPE=1]

STRES. Do you currently live in [STATE]?

[STATERE1]

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

[ASK IF HS1=1 or COLLEGE=1]

HS2. Is this a cell phone?

[CELPHONE]

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

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

- | | | |
|---|-------------------------|-------------|
| 1 | Yes, it is a cell phone | STOP |
| 2 | Not a cell phone | |

[ASK IF COLLEGE=01 AND HS2=2]

ADULT. Are you 18 years of age or older?

[LADULT1]

- | | | |
|---|-----|-------------|
| 1 | Yes | |
| 2 | No | STOP |

[ASK IF COLLEGE=01 AND HS2=02 AND ADULT=1]

SEX1. Are you male or female?

[COLGSEX]

- 1 Male
- 2 Female

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

[ASK IF HS1=1 AND HS2=2]

ADULTS. I need to randomly select an 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?

[NUMADULT]

RANGE 0-18 [NUMBER BOX] **STOP IF 0**

[ASK IF ADULTS=1]

ONEADULT. Are you the adult?

- 1 Yes
- 2 No

[ASK IF ONEADULT=1]

ASKGENDR. Are you male or female?

[LANDSEX]

- 1 Male
- 2 Female

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

[ASK IF ONEADULT=2]

GETADULT. May I speak with the [IF ASKGENDR=01 INSERT "him"; IF ASKGENDR=02 INSERT "her"]?

- 1 Yes, adult coming to the phone [GO TO INT01]
- 2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1]

YOU. Then you are the person I need to speak with.

- 1 Continue

[ASK IF ADULTS > 1]

MEN. How many of these adults are men?

[NUMMEN]

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]

NWOMEN. CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]

WOMEN. So the number of women in the household is [NWOMEN].

[NUMWOMEN]

Is that correct?

- 1 Yes
- 2 No [GO BACK TO ADULTS]

[ASK IF ADULTS>=1]

RSA. System Generated Variable: Randomly Selected Adult

- 01 Oldest Female
- 02 2nd Oldest Female
- 03 3rd Oldest Female
- 04 4th Oldest Female
- 05 5th Oldest Female
- 06 6th Oldest Female
- 07 7th Oldest Female
- 08 8th Oldest Female
- 09 9th Oldest Female
- 11 Oldest Male
- 12 2nd Oldest Male
- 13 3rd Oldest Male
- 14 4th Oldest Male
- 15 5th Oldest Male
- 16 6th Oldest Male
- 17 7th Oldest Male
- 18 8th Oldest Male
- 19 9th Oldest Male
- 20 No respondent selected
- 21 Male
- 22 Female

GENDER. Is the adult a man or a woman?

- 21 Male
- 22 Female

[ASK IF ADULTS>1 AND SAMPTYPE=1]

NBIRTH. The person in your household that I need to speak with is [RSA]. Are you the [RSA] in this household?

- 1 Yes, male
- 2 Yes, female
- 3 No, adult coming to the phone
- 4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

[ASK IF (RSA=01-09 AND NBIRTH=1) OR (RSA=11-19 AND NBIRTH=2)]

NBIRTHCK. I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF NBIRTH=01 INSERT "Male"] [IF NBIRTH=02 INSERT "Female"]. I must correct this inconsistency.

- 1 Go Back [GO TO NBIRTH]

[ASK IF GETADULT=1 OR NBIRTH=3]

NEWADULT. Hello, I am calling for the [HEALTHDEPT]. My name is _____. 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. This call may be monitored or recorded for quality control.

- 1 Continue

[ASK IF SAMPTYPE=1]

YOURTHE1. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

- 1 Person Interested, Continue
- 2 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO ADULTS]

Interviewer's Script Cell Phone

[ASK IF SAMPTYPE=2]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. 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. This call may be monitored or recorded for quality control.

Is this a safe time to talk with you?

INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time

- 01 Yes – Continue
- 02 No – Not a safe time [GO TO CALL BACK SCREEN]
- 10 Callback

- 20 Refusal
- D3 Answering Machine
- B2 Busy
- DA Dead Air
- HU Hang Up
- NA No Answer
- NW Non-Working Number

[ASK IF INT01=01]

PHONE. Is this \$N?

[CTELNUM1]

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

- 1 Yes
- 2 No **STOP**
- 3 Not a safe time/driving [GO TO TERM]
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PHONE=1,7,9]

CELLFON2. Is this a cell phone?

[CELLFON5]

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

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 **STOP**
- 3 Not a safe time / driving [GO TO TERM]
- 7 DON'T KNOW / NOT SURE **STOP**
- 9 REFUSED **STOP**

[ASK IF CELLFON2=1]

CADULT. Are you 18 years of age or older?

[CADULT]

- 1 Yes
- 2 No **STOP**

[ASK IF CADULT=1]

SEX2. Are you male or female?

[CELLSEX]

- 1 Male
- 2 Female

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

[ASK IF CADULT=1]

PVTRES2. Do you live in a private residence?

[PVTRES3]

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

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

- 1 Yes
- 2 No

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

[ASK IF PVTRES2=2]

COLLEGE. Do you live in college housing?

[CCLGHOUS]

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.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 1 Yes
- 2 No – business **STOP**
- 3 No – group home **STOP**
- 4 Not a safe time / driving [GO TO CALL BACK SCREEN]

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

[ASK IF PVTRES2=1 OR COLLEGE=1]

CSTATE. Do you currently live in [STATE]?

[CSTATE1]

- 1 Yes
- 2 No **STOP**

3 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE **STOP**
9 REFUSED **STOP**

[ASK IF SAMPTYPE=2]

LANDLINE. Do you also have a landline telephone in your home that is used to make and [LANDLINE] 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 USED FOR BOTH BUSINESS AND PERSONAL USE.

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PVTRES2=1]

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

[HHADULT]

RANGE 1-18 [NUMBER BOX]

99 REFUSED

[ASK IF SAMPTYPE=2]

SVINTRO. 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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE].

1 Continue
2 Driving / not a safe time [GO TO CALL BACK SCREEN]

9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]

S1Q1. Would you say that in general your health is —

[GENHLTH]

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

Section 2: Healthy Days

[ASK ALL]

S2Q1. 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?

[PHYSHLTH]

RANGE 1-30 [NUMBER BOX]

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

[ASK IF S2Q1=1-30]

S2Q2. During the past 30 days, for about how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation?

[POORHLTHP]

RANGE 1-30 [NUMBER BOX]

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

[ASK ALL]

S2Q3. 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?

[MENTHLTH]

RANGE 1-30 [NUMBER BOX]

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

[ASK IF S2Q3=1-30]

S2Q4. During the past 30 days, for about how many days did poor mental health or **[POORHLTHM]** emotional problems keep you from doing your usual activities, such as self-care, work, or recreation?

RANGE 1-30 [NUMBER BOX]

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

Section 3: Healthcare Access

[ASK ALL]

S3Q1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, Native Health Service, or Indian Health Service? **[HLTHPLN1]**

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

[ASK ALL]

S3Q2. Do you have one person you think of as your personal doctor or healthcare provider? **[PERSDOC2]**

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

[ASK ALL]

S3Q3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? **[MEDCOST]**

- 1 Yes
- 2 No

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

[ASK ALL]

S3Q4. About how long as it been since you last visited a doctor for a routine checkup?

[CHECKUP1]

READ IF NECESSARY: A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

READ LIST 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

- 8 NEVER
- 7 DON'T KNOW
- 9 REFUSED

Section 4: Mental Health Related Questions

[ASK ALL]

S4Q1. Over the last 2 weeks, how often have you been bothered by the following problems: Little interest or pleasure in doing things?

[ADPLEASR]

INTERVIEWER NOTE: Information included in parentheses in answer category is NOT read aloud, but is used if needed.

PLEASE READ:

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

DO NOT READ:

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

[ASK ALL]

S4Q2. Over the last 2 weeks, how often have you been bothered by the following problems: Feeling down, depressed or hopeless?

[ADDOWN]

INTERVIEWER NOTE: Information included in parentheses in answer category is NOT read aloud, but is used if needed.

PLEASE READ:

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

DO NOT READ:

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

[ASK ALL]

S4Q3.

[ADNERV]

Over the last 2 weeks, how often have you been bothered by the following problems: Feeling nervous, anxious or on edge?

INTERVIEWER NOTE: Information included in parentheses in answer category is NOT read aloud, but is used if needed.

PLEASE READ:

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

DO NOT READ:

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

[ASK ALL]

S4Q4.

[ADWORRY]

Over the last 2 weeks, how often have you been bothered by the following problems: Not being able to stop or control worrying?

INTERVIEWER NOTE: Information included in parentheses in answer category is NOT read aloud, but is used if needed.

READ ONLY IF NECESSARY:

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

DO NOT READ:

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

[ASK ALL]

S4Q5.

[MHTX12]

During the past 12 months, have you received treatment, medication or counseling from a doctor or other health professional for any type of mental health condition or emotional problem?

- 1 Yes

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

[ASK IF S4Q5=1]

S4Q6. Are you currently receiving treatment, medication or counseling from a doctor or other health professional for any type of mental health condition or emotional problem?
[MHTXNW]

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

Section 5: Diabetes

[ASK ALL]

S5Q1. Have you ever been told by a doctor that you have diabetes?
[DIABETE4]

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

[ASK IF S5Q1=1]

S5Q2. How old were you when you were told you had diabetes?
[DIABAGE3]

RANGE 0-97 [NUMBER BOX]

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

[ASK IF S5Q1 NE 1]

S5Q3. Have you had a test for high blood sugar or diabetes within the past three years?
[PDIABTST]

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

Section 6: Cigarette Use

[ASK ALL]

S6Q1. Have you smoked at least 100 cigarettes in your entire life?

[SMOKE100]

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.

INTERVIEWER NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No

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

[ASK IF S6Q1=1]

S6Q2. Do you now smoke cigarettes every day, some days, or not at all?

[SMOKDAY2]

INTERVIEWER DO NOT READ:

- 1 Every day
- 2 Some days
- 3 Not at all

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

[ASK IF S6Q2=1,2]

S6Q3. During the past 30 days, on how many days did you smoke cigarettes?

[CIGS30D]

RANGE 1-30 days [NUMBER BOX]

INTERVIEWER DO NOT READ:

- 88 None
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S6Q2=1,2 AND S6Q3=01-30,97,99]

S6Q4. [IF S6Q2=02 INSERT "On the days when you smoked during the past 30 days,"]

[NUMCIG] On the average, about how many cigarettes [IF S6Q1=01 INSERT "do"] [IF S6Q2=02 INSERT "did"] you smoke a day?

RANGE 1-180 Cigarettes [NUMBER BOX]

INTERVIEWER DO NOT READ:

- 888 None

- 666 Less than one cigarette a day
- 997 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S6Q2=1,2]

S6Q5. [IF S6Q2=2 INSERT: "On the days that you smoke,"] How soon after you wake
[FRSTCIG3] up do you usually smoke your first cigarette? Would you say ...

PLEASE READ:

- 1 Within 30 minutes
- 2 31 to 60 minutes
- 3 More than 60 minutes

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

Section 7: Initiation and Duration of Smoker Status

[ASK IF S6Q2=1,2,3]

S7Q1. How old were you when you first started smoking cigarettes regularly?

[BEGSMOKE]

RANGE 1-100 years [NUMBER BOX]

- 888 Never smoked regularly (don't read)
- 997 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S6Q2=1,2,3]

S7Q2. Around this time 12 months ago, were you smoking cigarettes every day, some
[SMKYRAGO] days, or not at all?

DO NOT READ:

- 1 Every day
- 2 Some days
- 3 Not at all

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

[ASK ALL]

S7Q3AGG. About how long has it been since you last smoked cigarettes regularly? Was
[LASTSMK4] that... (Aggregated response to S7Q3A through S7Q3K)

- 01 10 years or more
- 02 at least 5 years but less than 10 years ago
- 03 at least 2 years but less than 5 years ago
- 04 more than a year ago (but less than 2 years ago)
- 05 about 1 year ago
- 06 at least 6 months but less than one year ago
- 07 at least 3 months but less than 6 months ago

- 08 at least 30 days ago but less than 3 months ago
- 09 at least 7 days ago but less than 30 days ago
- 10 at least 24 hours ago but less than 7 days ago
- 11 within the past 24 hours
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 8: Cessation

[ASK IF S6Q2 = 1,2]

S8Q1. During the past 12 months have you stopped smoking for one day or longer
[STOPSMK2] because you were trying to quit smoking?

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

[ASK IF S8Q1 = 1 OR if S7Q3GG= 03 to 10]

S8Q2. [IF S8Q1 = 1 INSERT "The last time you tried to quit smoking –"] [IF
[MEDQUIT] S7Q3GG= 03 to 10 INSERT "When you quit smoking for good –"] Did you use the
 nicotine patch, nicotine gum, or any other medication to help you quit?

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

[ASK IF S8Q1 = 1 OR if S7Q3GG= 03 to 10]

S8Q3. [IF S8Q1 = 01 INSERT "The last time you tried to quit smoking –"] [IF
[CLASSQT] S7Q3GG= 03 to 10 INSERT "When you quit smoking for good –"] Did you use any
 other assistance, such as classes or counseling?

- 01 Yes
- 02 No
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 9: Stage of Readiness

[ASK IF S6Q2 = 1,2]

S9Q1. [IF S8Q1=2,7,9 INSERT "Would you like to quit smoking?"] [IF S8Q1=1
[LIKESTOP] INSERT "Would you still like to quit smoking?"]

- 1 Yes
- 2 No

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

[ASK IF S9Q1 = 1]

S9Q2. Are you seriously considering stopping smoking within the next 6 months?

[LKSTP6MO]

- 1 Yes
- 2 No

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

[ASK IF S9Q2 = 1]

S9Q3. Are you planning to stop smoking within the next 30 days?

[LKSTP30D]

- 1 Yes
- 2 No

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

Section 10: Health Professional Ask and Advise

[ASK ALL]

S10Q1. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

[GETCARE]

- 1 Yes
- 2 No

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

[ASK IF S6Q2 = 01,2 AND S10Q101]

S10Q2. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

[QUITSMOK]

- 1 Yes
- 2 No

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

[ASK IF (S6Q1=2,7,9 AND S10Q1=1) OR (S6Q1 = 1 AND S6Q2 = 3 AND S10Q1=1) OR (S10Q2=2,7,9)]

S10Q3. During the past 12 months, did any doctor or other health professional ask if you smoke?

[DOCASK]

- 1 Yes
- 2 No

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

[ASK IF S6Q1 = 1 AND S6Q2 = 3 AND S7Q3GG = 03 to 10]

S10Q4. Now we would like to ask you some questions about the 12 months prior to when **[FDOCCARE2]** you quit smoking. Earlier you said that you quit smoking **[S7Q3AGG]**. Did you have a health visit to get any kind of care for yourself, in the 12 months prior to when you quit smoking?

- 1 Yes
- 2 No

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

[ASK IF S10Q4 = 1]

S10Q5. In the 12 months prior to your quitting, did any doctor, dentist, or other health **[FDOCTALK2]** professional talk to you about your smoking?

- 1 Yes
- 2 No

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

[ASK IF S10Q5 = 1]

S10Q6. In the 12 months prior to your quitting, did any doctor, dentist, or other health **[FDOCPRIOR]** professional advise you to quit smoking?

- 1 Yes
- 2 No

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

Section 11: Cessation Benefit question

[ASK IF S3Q1 = 1]

S11Q1. Does your health insurance coverage pay for the cost of any help to quit using **[QUITINS]** tobacco, such as a stop-smoking or stop-chewing program, or nicotine patches, pills, or other medications?

- 1 Yes
- 2 No

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

Section 12: Electronic Cigarette Use

[ASK ALL]

S12Q1. The next questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?
[ECIGARET]

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.

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

- 1 Yes
- 2 No

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

[ASK IF S12Q1 = 1]

S12Q2. Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?
[ECIGNOW]

- 1 Every day
- 2 Some days
- 3 Not at all

DO NOT READ:

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

[ASK IF S12Q2 = 1,2]

S12Q3. During the past 30 days, on how many days did you use an e-cigarette or other electronic “vaping” product?
[VAPE30D]

RANGE 1-30 days [NUMBER BOX]

DO NOT READ

- 88 None
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S12Q3 = 1-30]

S12Q4. When you used an e-cigarette, vaping pen or other vaping product in the past 30 days, what did you use it to inhale? (Note: First mention in 1st column, second mention in 2nd column, etc.)

[VAPEPRD1]
[VAPEPRD2]
[VAPEPRD3] **INTERVIEWER NOTE: READ EACH ANSWER AND PAUSE TO HEAR A YES OR NO FOR EACH ITEM. MARK ALL THAT APPLY.**

- 1 Nicotine
- 2 Flavor
- 3 Something Else (Specify)_____ [VAPEOHTHT]
- 7 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 9 REFUSED [EXCLUSIVE]

[ASK IF S12Q1 = 1]

S12Q5. How old were you when you first started using e-cigarettes or other vaping products?

[BEGVAPE]

RANGE 1-100 years [NUMBER BOX]

- 888 Never used regularly
- 997 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S6Q2 = 1,2 AND S12Q2 = 1,2]

S12Q6. Earlier you said that you also smoke regular or conventional cigarettes. Do you ever use e-cigarettes or other vaping products in situations where you can't smoke or in situations where you would prefer not to smoke conventional cigarettes?

[CIGALTEC]

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

[ASK IF S6Q2 = 1,2 AND S12Q2 = 1,2]

S12Q7. Do you currently use e- cigarettes or other vaping products because you are trying [CIGALTQTEC] to quit smoking conventional cigarettes?

[CIGALTQTEC]

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

[ASK IF S6Q2 = 3 AND (S12Q1 = 1 AND (S7Q3GG = 01 to 10))]

S12Q8. Did you use e-cigarettes because you were trying to quit smoking conventional [CIGFMREC_5] cigarettes?

[CIGFMREC_5]

- 1 Yes

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

[ASK IF S12Q2 = 1,2]

S12Q9. Would you like to quit using e-cigarettes or vaping products?

[VAPEWNTQT]

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

Section 13: Other Smoked Tobacco Products

[ASK ALL]

S13Q1. The next questions are about other types of smoked tobacco that you light and smoke. Have you EVER tried smoking even one or two puffs of any of these types of tobacco: cigars, cigarillos, or tobacco in a hookah or water pipe?

[OTHSMKEVA]

INTERVIEWER NOTE: Read If respondent is unsure what these words mean: Examples of full-sized cigars would be Dutch Master, White Owl, King Edward, Muriel. Examples of smaller-sized cigars or cigarillos would be Swisher Sweets, Cheyenne or Winchester.

A water pipe is also called a hookah.

Do not include electronic cigarettes.

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

[ASK IF S13Q1 = 1]

S13Q2. Which of these types of tobacco have you ever smoked? Full-sized cigars, cigarillos or small cigars, tobacco in a hookah or water pipe? (NOTE: First mention [OTHSMKEV1] in 1st column, second mention in 2nd column, etc.)

[OTHSMKEV2]
[OTHSMKEV3]

INTERVIEWER NOTE: Repeat list if needed.

If respondent indicates he/she is unsure what these words mean: Examples of full-sized cigars would be Dutch Master, White Owl, King Edward, Muriel. Examples of smaller-sized cigars or cigarillos would be Swisher Sweets, Cheyenne or Winchester. A water pipe is also called a hookah.

SELECT ALL THAT APPLY

- 1 Yes, full-sized cigars
- 2 Yes, cigarillos or small cigars
- 3 Yes, tobacco in a hookah or water pipe

- 8 No (none) (verify) [EXCLUSIVE] [GO BACK TO S13Q1]
- 7 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 9 REFUSED [EXCLUSIVE]

[ASK IF S13Q2 = 1]

S13Q3. In the past 30 days, did you smoke FULL SIZE cigars?

[CIGARNOW]

- 1 Yes
- 2 No

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

[ASK IF S13Q2 = 2]

S13Q4. In the past 30 days, did you smoke CIGARILLOS, or SMALL CIGARS?

[CIGRLONOW]

- 1 Yes
- 2 No

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

[ASK IF S13Q2 = 3]

S13Q5. In the past 30 days, did you smoke tobacco in a HOOKAH or a WATER PIPE?

[HOOKAHNOW]

- 1 Yes
- 2 No

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

Section 14: Smokeless Tobacco Use

[ASK ALL]

S14Q1. Do you CURRENTLY use chewing tobacco, snuff, snus, or iq'mik every day, some days, or not at all?

[USENOW3]

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.

INTERVIEWER NOTE: 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.

- 1 Every day
- 2 Some days
- 3 Not at all

DO NOT READ:

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

[ASK IF S14Q1 = 1,2]

S14Q2. Which smokeless tobacco products do you currently use? Chewing tobacco, snuff, snus, or iq'mik (also known as blackbull)? (NOTE: First mention in 1st column, second mention in 2nd column, etc.)

[USENWAK5]

[USENWAK6]

[USENWAK7]

[USENWAK8]

[USENWAK9]

INTERVIEWER NOTE: 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.

INTERVIEWER NOTE: E-cigarettes are not included in "smokeless tobacco"; if this is the only product mentioned, go back to previous question and do code 03.

Select all that apply:

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, iq'mik or blackbull
- 4 Yes, snus
- 5 Yes, other (specify)_____ [USENWAKT]

DO NOT READ:

97 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S14Q1 = 1,2]

S14Q3. How old were you when you first started using smokeless tobacco regularly?

[BEGSMKLS2]

RANGE 1-100 years [NUMBER BOX]

888 Never used smokeless tobacco regularly

997 DON'T KNOW / NOT SURE

999 REFUSED

Section 15: SLT and (Conventional) Cigarettes

[ASK IF S6Q2 = 1,2 AND S14Q1 = 1,2]

S15Q1. How long have you used both cigarettes and smokeless tobacco?

[DUALLONGA]

PLEASE READ:

- 1 For less than 1 month
- 2 For at least 1 month but less than 6 months

- 3 For at least 6 months but less than 1 year
- 4 For about a year
- 5 For more than a year but less than 5 years
- 6 For 5 years or more

DO NOT READ:

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

[ASK IF S6Q2 = 1,2 AND S14Q1 = 1,2]

S15Q2. Do you ever use smokeless tobacco in situations where smoking is not allowed or **[CIGALTSMK3]** in situations where you would prefer not to smoke conventional cigarettes?

- 1 Yes
- 2 No

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

[ASK IF S6Q2 = 1,2 AND S14Q1 = 1,2]

S15Q3. Do you currently use smokeless tobacco because you are trying to quit smoking **[CIGALTQTSMK3]** cigarettes?

- 1 Yes
- 2 No

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

Section 16: Secondhand Smoke Policies/SHS Exposure

[ASK ALL]

S16Q1. How many people, including you, who live in your household currently smoke **[NUMSMOKE]** cigarettes, cigars, or pipes?

DO NOT READ

RANGE 1-18 [NUMBER BOX]

- 88 No current smokers in household
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S16Q2. In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or **[TOBACCO]** pipes anywhere inside your home?

- 1 Yes
- 2 No

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

[ASK ALL]

S16Q3. In what type of place do you currently live? Is it ...

[**HOMETYPE**]

- 1 A single family home
- 2 An apartment, condominium, or townhouse in which you share one or more walls with other units
- 3 Room in shared house, or boarding house
- 4 Other

DO NOT READ:

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

[ASK IF S16Q3 = 2,3]

S16Q4. How often, if ever, have you experienced secondhand smoke drifting into your home or into common spaces from nearby apartments or from outside?

[**SHSRENT**]

- 1 Every day
- 2 A few times a week
- 3 A few times a month
- 4 Rarely
- 5 Never

DO NOT READ:

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

[ASK ALL]

S16Q5. While working at your job, are you indoors most of the time?

[**INDOORS**]

- 1 Yes
- 2 No
- 3 Not employed

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

[ASK IF S16Q5 = 1,2]

S16Q6. [IF S16Q5=02 INSERT "Even though most of the time you do not work indoors"], In the past 30 days, were you exposed to smoke from someone else's cigarettes, cigars, or pipes anywhere indoors at your workplace?

[**SHSINDR2**]

- 1 Yes
- 2 No
- 3 My workplace does not have any indoor area

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

[ASK IF S16Q6 = 1,2]

S16Q7. In the past 30 days, were you exposed to smoke from someone else's cigarettes, cigars, or pipes outside, but NEAR the entrances or doorways to indoor areas of your workplace?
[SHSENTR]

- 1 Yes
- 2 No
- 3 My workplace does not have any indoor area

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

[ASK IF S16Q5 = 1,2]

S16Q8. Which of the following best describes your place of work's official smoking policy **[SMKWORK3]** for work areas?

PLEASE READ:

- 1 Smoking is not allowed in any work areas
- 2 Smoking is allowed in some work areas
- 3 Smoking is allowed in all work areas

DO NOT READ:

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

Section 17: Knowledge and Attitudes about Secondhand Smoke

[ASK ALL]

S17Q1. In your community, is cigarette smoking allowed in indoor work areas?

[SHSCOMM]

- 1 Yes
- 2 No

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

[ASK ALL]

S17Q2. In the past 30 days, have you seen anyone smoking in indoor work areas in your community?
[SHSWSEEN]

- 1 Yes
- 2 No

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

[ASK ALL]

S17Q3. In the past 30 days, have you seen anyone smoking at bars in your community?

[SHSBSEEN]

- 1 Yes
- 2 No
- 3 I haven't gone to any bars in the last 30 days

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

[ASK ALL]

S17Q4. How strongly do you agree or disagree with the following statement?

[SMKPROT]

People should be protected from smoke from other people's cigarettes.

PLEASE READ:

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

DO NOT READ:

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

[ASK ALL]

S17Q5. Do you think that breathing smoke from other people's cigarettes is:

[ETSHARM}

PLEASE READ:

- 1 Very harmful to one's health
- 2 Somewhat harmful to one's health
- 3 Not very harmful to one's health
- 4 Not harmful at all to one's health

DO NOT READ:

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

[ASK ALL]

S17Q6. Would you say that breathing smoke from other people's cigarettes causes ...

[ETSLUNG]

Lung cancer in adults?

- 1 Yes
- 2 No

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

[ASK ALL]

S17Q7. Would you say that breathing smoke from other people's cigarettes causes ...

[ETSHEART]

Heart disease in adults?

- 1 Yes
- 2 No

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

[ASK ALL]

S17Q8. Would you say that breathing smoke from other people's cigarettes causes ...

[ETSRESP]

Respiratory problems in children?

- 1 Yes
- 2 No

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

[ASK ALL]

S17Q9. Would you say that breathing smoke from other people's cigarettes causes ...

[ETSSIDS]

Sudden infant death syndrome, also known as SIDS, or crib death?

- 1 Yes
- 2 No

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

Section 18: Social Norms and Secondhand Smoke

[ASK ALL]

S18Q1. In the last year, have you visited a school in your community?

[SCHLVIST]

- 1 Yes
- 2 No

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

[ASK IF S18Q1 = 1]

S18Q2. In the last year, how often have you seen people—including students, staff or
[SCHLSEEN] visitors—smoking or using tobacco outside on school grounds, during school hours?

PLEASE READ:

- 1 All the time
- 2 Sometimes
- 3 Never

DO NOT READ:

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

[ASK IF S18Q1 = 1]

S18Q3. In the last year, how often have you seen people (students, staff or visitors)
[SCHLAFTR] smoking or using tobacco outside on school grounds, but after school hours?

PLEASE READ:

- 1 All the time
- 2 Sometimes
- 3 Never

DO NOT READ:

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

[ASK IF S18Q1 = 1]

S18Q4. In the last year, how often have you seen people (students, staff or visitors)
[SCHLINAF] smoking or using tobacco inside school buildings, but after school hours?

PLEASE READ:

- 1 All the time
- 2 Sometimes
- 3 Never

DO NOT READ:

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

[ASK ALL]

S18Q5. In the last year, how often have you seen students, school staff or other people
[SCHLSOFF] smoking or using tobacco at school sponsored events held off school grounds?

PLEASE READ:

- 1 All the time
- 2 Sometimes
- 3 Never

DO NOT READ:

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S18Q6. In the last year, have you visited a hospital in your community?

[HOSPVIST]

- 1 Yes
- 2 No

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

[ASK IF S18Q6 = 1]

S18Q7. In the last year, how often have you seen people smoking or using tobacco on hospital grounds, such as walkways or outside building entrances?

[HOSPOUT]

PLEASE READ:

- 1 All the time
- 2 Sometimes
- 3 Never

DO NOT READ:

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

[ASK ALL]

S18Q8. In the last year, have you visited a health clinic in your community?

[CLNCVIST]

If needed say: "A health clinic is a medical facility where patients do not stay overnight."

- 1 Yes
- 2 No

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

[ASK IF S18Q8 = 1]

S18Q9. In the last year, how often have you seen people smoking or using tobacco on clinic grounds, such as walkways or outside building entrances?

[CLNCOUT]

PLEASE READ:

- 1 All the time
- 2 Sometimes
- 3 Never

DO NOT READ:

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

[ASK ALL]

S18Q10. Some communities have local groups that work on tobacco prevention. To your knowledge, has there been a local group doing tobacco prevention work in your community over the past few years?

[TOBPRECO]

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

Section 19: Alaska Quit Line

[ASK ALL]

S19Q1. Are you aware of Alaska's Tobacco Quit Line, which is a telephone service that can help people quit smoking or using smokeless tobacco?

[QUITLINE]

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

[ASK IF S19Q1 = 1]

S19Q2. And how did you become aware of Alaska's Tobacco Quit Line?

[QLAWARES]

- 01 TV/Commercial (e.g., an ad or public service announcement on TV)
- 02 Radio (Ad or PSA)
- 03 Health Professional
- 04 Family or Friends
- 05 Print (Ad) **Interviewer Note: includes Brochure/Newsletter/Flyer/Poster/Newspaper**
- 06 Employer
- 07 Health Insurance
- 08 Other (specify)_____ [QLAWAREO]

INTERVIEWER NOTE: for open-end, type only the first answer mentioned, if it does NOT fit one of the categories above

DO NOT READ:

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

[ASK ALL]

S19Q3. Would you like the toll-free number [IF S6Q1=02 OR S6Q2=03 INSERT "for a friend or family member that smokes"]? 1-800-QUITNOW (784-8669)

[QUITNUM]

- 1 Yes
- 2 No

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

Section 20: Demographics

[ASK ALL]

S20Q1. What is your age?

[AGE]

READ IF NECESSARY: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

RANGE 18-99 [NUMBER BOX]

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

[ASK ALL]

S20Q2. Are you Hispanic, Latino/a, or Spanish origin?

[HISPANC3]

INTERVIEWER NOTE: One or more categories may be selected.

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

[ASK ALL]

[MUL=6]

S20Q3. Which one or more of the following would you say is your race?

[MRACE1]

INTERVIEWER NOTE: Select all that apply.

- 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
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF NBR(S20Q3)>1]

[DISPLAY ONLY RESPONSES CHOSEN AT S20Q3 AND 97 & 99]

S20Q4. Which one of these groups would you say best represents your race?

[ORACE3]

INTERVIEWER NOTE: If respondent has selected multiple races in previous and refuses to select a single race, code "refused."

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian

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

- 60 OTHER
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK ALL]

S20Q5. Do you consider yourself to be transgender?

[TRNSGNDR]

If yes, ask: “Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?”

READ IF NECESSARY: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming: Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

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

[ASK ALL]

S20Q6. Are you...?

[MARITAL]

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

- 9 REFUSED

[ASK IF HGENDER=1 AND CSTATE NE 02]

S20Q7_1A. The next question is about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

[SOMALE]

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 97

PLEASE READ:

- 1 Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else

DO NOT READ:

- 7 I don't know the answer / the respondent did not understand the question
- 9 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 02]

S20Q7_1B. The next two questions are about sexual orientation and gender identity. Which **[SOFEMALE]** of the following best represents how you think of yourself?

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 97.

PLEASE READ:

- 1 Lesbian or Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else

DO NOT READ:

- 7 I don't know the answer / the respondent did not understand the question
- 9 REFUSED

[ASK ALL]

S20Q8. What is the highest grade or year of school you completed?

[EDUCA_AK]

INTERVIEWER NOTE: READ ONLY IF NECESSARY

INTERVIEWER NOTE: If respondent says Grade 12: "When you say that you completed 12th 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?"

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 7 GED (High School equivalence diploma)
- 8 Home-schooled with diploma or correspondence school

9 REFUSED

[ASK ALL]

S20Q9. Do you own or rent your home?

[RENTHOM1]

INTERVIEWER READ IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent. (includes "rent to own")

- 01 Own
- 02 Rent
- 03 Other arrangement
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S20Q10. What is the ZIP Code where you currently live?

[ZIPCODE1]

RANGE 00000-99996 [NUMBER BOX]

- 99997 DON'T KNOW / NOT SURE
- 99999 REFUSED

[ASK IF SAMPTYPE=1]

S20Q11. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

[NUMHHOL3]

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

[ASK IF S20Q11=1 AND SAMPTYPE=1]

S20Q12. How many of these telephone numbers are residential numbers?

[NUMPHON2]

RANGE 1-6 [NUMBER BOX]

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

[ASK IF SAMPTYPE =1]

S20Q13. How many cell phones do you have for personal use?

[CPDEMO1B]

INTERVIEWER NOTE: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

- 6 Six or more
- 7 DON'T KNOW / NOT SURE
- 8 NONE
- 9 REFUSED

[ASK ALL]

S20Q14. Are you currently...?

[EMPLOY1]

INTERVIEWER NOTE: If more than one, say "Select the category which best describes you".

- 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

[ASK ALL]

S20Q15A. How many children live in your household who are... less than 5 years old?

[CHLD04]

RANGE 1-7 [NUMBER BOX]

INTERVIEWER NOTE: 7 = 7 OR MORE

- 8 NONE
- 9 REFUSED

[ASK ALL]

S20Q15B. How many children live in your household who are... 5 through 12 years old?

[CHLD0512]

RANGE 1-7 [NUMBER BOX]

INTERVIEWER NOTE: 7 = 7 OR MORE

- 8 NONE
- 9 REFUSED

[ASK ALL]

S20Q15C. How many children live in your household who are... 13 through 17 years old?

[CHLD1317]

RANGE 1-7 [NUMBER BOX]

INTERVIEWER NOTE: 7 = 7 OR MORE

- 8 NONE
- 9 REFUSED

[ASK ALL]

S20Q16. Is your annual household income from all sources.....? (Aggregated response to income question)

[INCOME100]

- 01 Less than \$10,000
- 02 Less than \$15,000 (\$10,000 to less than \$15,000)
- 03 Less than \$20,000 (\$15,000 to less than \$20,000)
- 04 Less than \$25,000 (\$20,000 to less than \$25,000)
- 05 Less than \$35,000 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 (\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- 09 Less than \$85,000 (\$75,000 to less than \$85,000)
- 10 \$100,000 or more

- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

PS20Q17. About how much do you weigh without shoes?

[WEIGHT2]

INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

- 0050-0776 Pounds (range 50 to 776)
- 9023-9352 Kilograms (range 23 to 352; 9 in first column indicates metric)

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

[ASK ALL]

PS20Q18. About how tall are you without shoes?

[HEIGHT3]

INTERVIEWER NOTE: ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

- 0200-0711 __ Feet/ __ Inches
- 9090-9254 9 __ Meters/ __ Centimeters (9 in first column indicates metric)

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF HGENDER=2 AND S20Q1=18-49]

S20Q19. To your knowledge, are you now pregnant?

[PREGNANT]

- 1 Yes
- 2 No

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

Section 21: CLOSE

[ASK ALL]

S21Q1. From time to time the State of Alaska conducts other surveys to collect information that will help us improve our programs and services. May we call you in the future to collect more information on health-related topics?

[ACPERM]

- 1 Yes
- 2 No

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

[ASK IF S21Q1 = 1]

S21Q2. This means we might call you back for another phone interview, or invite you to some focus groups in your area. Of course, you can always refuse to participate in future surveys.

[ACASKNAM]

May I please have your first name, nickname, or initials, so that we know who to ask for?

[ACGETNAM] 1 Gave Response [TEXT BOX]

- 7 DON'T KNOW
- 9 REFUSED

[ASK IF S21Q1 = 1]

S21Q3. May we email you in the future to collect more information on health-related topics?

[ACPERMEML]

- 1 Yes
- 2 No

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

[ASK IF S21Q3 = 1]

S21Q4. May I please have your email address?

[ACASKEML]

1 Gave Response _____ [ACGETEML]

7 DON'T KNOW

9 REFUSED

[ASK ALL]

CLOSE.

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.

1 Continue