



**2005**

**Behavioral Risk Factor Surveillance System**

**BRFSS Questionnaire**

**December 2004**

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention

**National Center for Chronic Disease Prevention and Health Promotion**

**Division of Adult and Community Health**

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**INTROQ****CTELENUM**

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.

Is this XXX-XXX-XXXX?

1. Correct Number (Proceed to next question)
2. Number is not the same – **SKIP TO WRONGNUM**

**PRIVRES****PVTRESID**

Is this a private residence?

1. Yes, continue.
2. No, non-residential – **SKIP TO NONRES**

**CELFON****CELLFON**

Is this a **cellular telephone**?

If **“Yes”**, thank you very much, but we are only interviewing land line telephones and private residents.

**NONRES – ONLY GET THIS IF PRIVRES = 2 (NON-RESIDENTIAL)**

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

\*\*\*\*\*<F3>\*\*\*\*\*

**WRONGNUM – ONLY GET THIS IF INTROQ = 2 (NUMBER IS NOT THE SAME)**

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

\*\*\*\*<F3>\*\*\*\*

**ADULTS****NUMADULT**

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

      ENTER THE NUMBER OF ADULTS

**IF ANS = 1 SKIP TO ONEADULT**

**MEN**

**NUMMEN**

How many of these adults are men?

0. None
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Nine

**IF ANS = ADULTS SKIP TO SELECTED**

**WOMEN**

**NUMWOMEN**

How many of these adults are women?

0. None
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Nine

**IF ANS + MEN = ADULTS SKIP TO SELECTED**

**WRONGTOT – ONLY GET IF MEN + WOMEN <> ADULTS**

I'm sorry, something is not right.

Number of Men -

Number of Women -

-----

Number of Adults -

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

**SELECTED - ONLY GET IF MORE THAN ONE ADULT IN HOUSEHOLD**

The person in your household I need to speak with is the

Are you the ?

1. YES – SKIP TO YOURTHE1
2. NO – SKIP TO GETNEWAD

**ONEADULT – ONLY GET THIS IF ONE ADULT IN HOUSEHOLD**

Are you the adult?

1. YES AND THE RESPONDENT IS A MALE – SKIP TO YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE – SKIP TO YOURTHE1
3. NO – SKIP TO ASKGENDR

**ASKGENDER – ONLY GET IF ONEADULT = 3**

Is the Adult a man or a woman?

1. Male
2. Female

**GETADULT - ONLY GET IF ONEADULT = 3**

May I speak with him or her?

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

**\*\*\*DO NOT USE <F3> ON THIS SCREEN\*\*\***

**YOURTHE1 - ONLY GET IF ONEADULT = 1 (YES) OR IF SELECTED = 1 (YES)**

Then you are the person I need to speak with.

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

**GETNEWAD - ONLY GET IF SELECTED = 2 (NO)**

May I speak with the \_\_\_\_\_ ?

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

**\*\*\*DO NOT USE F3 ON THIS SCREEN\*\*\***

**GETNEWAD - ONLY GET IF SELECTED = 2 (NO)**

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

1. PERSON INTERESTED, CONTINUE – **SKIP TO INTROSCR**
2. GO BACK TO ADULTS QUESTIONS. WARNING: A NEW RESPONDENT MAY BE SELECTED

**INTROSCR – ONLY GET IF NEWADULT = 1 or Yourthe1 = 1**

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give to me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

1. Person interested, continue
2. Go Back to Adults Question. Warning: A New Respondent may be selected

**NONQAL - ONLY GET IF CATI THINKS THE QUOTACELL IS FULL**

INTERVIEWER:

PLEASE ALERT YOUR SUPERVISOR IMMEDIATELY!!!!  
THE QUOTAS SET FOR THIS STUDY ARE INCORRECT.

AFTER NOTIFYING YOUR SUPERVISOR, RETURN THE RECORD

## Core 1: Health Status

**C01Q01**

**GENHLTH**

Would you say that in general your health is excellent, very good, good, fair, or poor?

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

## Core 2: Healthy Days

**C02Q01**

**PHYSHLTH**

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

\_\_ \_\_ Number of days

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

**C02Q02**

**MENTHLTH**

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

\_\_ \_\_ Number of days

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

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

\_\_ \_\_ Number of days

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

### Core 3: Health Care Access

C03Q01

HLTHPLAN

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

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

C03Q02

PERSDOC2

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?")**

- 1. Yes, only one
- 2. More than one
- 3. No
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

C03Q03

MEDCOST

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

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



**C03Q04**

**CHECKUP**

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within past yr (1-12 months ago)
- 2 Within past 2 yrs (1-2 yrs ago)
- 3 Within past 5 yrs (2-5 yrs ago)
- 4 5 or more years ago
- 7 DON'T KNOW / NOT SURE
- 8 Never
- 9 REFUSED

## Core 4: Exercise

**C04Q01**

**EXERANY2**

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

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

## Core 5: Diabetes

**C05Q01**

**DIABETE2**

Have you EVER been told by a doctor that you have diabetes?

**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

**If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**

## Module 1: Diabetes

**M01Q01- only get if C05Q01 = 1**

**DIABAGE2**

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

\_\_Code age in years [97=97 and older]

98. DON'T KNOW

99. REFUSED

**M01Q02 only get if C05Q01 = 1**

**INSULIN**

Are you now taking insulin? (203)

- 1. Yes
- 9 REFUSED

**M01Q03 only get if C05Q01 = 1**

**DIABPILL**

Are you now taking diabetes pills? (204)

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

**M01Q04 only get if C05Q01 = 1**

**BLDSUGAR**

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (205-207)

- 12 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 8 8 8 Never
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**M01Q05 only get if C05Q01 = 1****FEETCHK2**

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (208-210)

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 8 8 8 Never
- 5 5 5 NO FEET
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**M01Q06 only get if C05Q01 = 1****FEETSORE**

Have you EVER had any sores or irritations on your feet that took more than four weeks to heal? (211)

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

**M01Q07 only get if C05Q01 = 1****DOCTDIAB**

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (212-213)

- \_ \_ Number of times [**76=76 or more**]
- 8 8 None
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

**M01Q08 only get if C05Q01 = 1****CHKHEMO3**

A test for "**A one C**" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "**A one C**"? (214-215)

- \_ \_ Number of times [**76=76 or more**]
- 8 8 None
- 9 8 NEVER HEARD OF "**A ONE C**" TEST
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

**M01Q09 only get if M01Q05 <> 555**

**FEETCHK**

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (216-217)

- Number of times [**76=76 or more**]  
8 8 None  
7 7 DON'T KNOW / NOT SURE  
9 9 REFUSED

**M01Q10 only get if C05Q01 = 1**

**EYEEXAM**

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. (218)

**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  
8 Never  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

**M01Q11 only get if C05Q01 = 1**

**DIABEYE**

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

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

**M01Q12 only get if C05Q01 = 1**

**DIABEDU**

Have you EVER taken a course or class in how to manage your diabetes yourself? (220)

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

## Core 6: Hypertension Awareness

**C06Q01**

**BPHIGH3**

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

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

**C06Q02 Only get if C06Q01=1**

**BPMEDS**

Are you currently taking medicine for your high blood pressure?

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

## Core 7: Cholesterol Awareness

**C07Q01**

**BLOODCHO**

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

- 1 Yes
- 2 No ⇒Go to next section
7. DON'T KNOW / NOT SURE ⇒Go to next section
9. REFUSED ⇒Go to next section

**C07Q02 only get if C07Q01=1**

**CHOLCHK**

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

**Read only if necessary:**

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

**C07Q03 only get if C07Q01=1**

**TOLDHI2**

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

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

## Core 8: Cardiovascular Disease Prevalence

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

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

For each, tell me **"Yes"**, **"No"**, or you're **"Not sure"**:

**C08Q01**

**CVDIRFR3**

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

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

**C08Q02**

**CVDCRHD3**

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

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

**C08Q03**

**CVDSTRK3**

(Ever told) you had a stroke?

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

## Core 9: Asthma

**C09Q01**

**ASTHMA2**

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

1. Yes
2. No – **SKIP TO C10Q01**
7. DON'T KNOW / NOT SURE – **SKIP TO C10Q01**
9. REFUSED – **SKIP TO C10Q01**

**C09Q02 – ONLY GET IF C09Q01=1**

**ASTHNOW**

Do you still have asthma?

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

## Core 10: Immunization

**C10Q01**

**FLUSHOT3**

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

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

**C10Q02**

**FLUSPRY2**

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

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

C10Q03

PNEUVAC3

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

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

## Core 11: Tobacco Use

C11Q01

SMOKE100

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

**Note:** 5 packs = 100 cigarettes

- 1 Yes
- 2 No ⇒Go to next section
- 7 DON'T KNOW / NOT SURE ⇒Go to next section
- 9 REFUSED ⇒Go to next section

C11Q02 only get if C11Q01=1

SMOKEDAY

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

- 1 Every day
- 2 Some days
- 3 Not at all ⇒Go to next section
- 7 DON'T KNOW / NOT SURE ⇒Go to next section
- 9 REFUSED ⇒Go to next section

C11Q03 only get if C11Q02<3

STOPSMK2

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

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

## Core 12: Alcohol Consumption



**C12Q01**

**DRNKANY4**

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

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 DON'T KNOW / NOT SURE ⇒ **Go to next section**
- 9 REFUSED ⇒ **Go to next section**

**C12Q02 only get if C12Q01 = 1**

**ALCDAY4**

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1 \_ \_ Days per week
- 2 \_ \_ Days in past 30 days
- 8 8 8 No drinks in past 30 days ⇒ **Go to next section**
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**C12Q03 only get if C12Q02 < > 888**

**AVEDRNK2**

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

- \_ \_ Number of drinks
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

**C12Q04 only get if C12Q02 < > 888**

**DRNK2GE5**

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?

- \_ \_ Number of times
- 8 8 None
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

**C12Q05 only get if C12Q02 < > 888**

**MAXDRNKS**

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

- \_ \_ Number of drinks
- 7 7 DON'T KNOW / NOT SURE
- 9 9 REFUSED

## Core 13: Demographics

C13Q01

AGE

What is your age?

\_\_ \_\_ Code age in years

07. DON'T KNOW / NOT SURE

09. REFUSED

C13Q02

HISPANC2

Are you Hispanic or Latino?

1. Yes

1. No

7. DON'T KNOW / NOT SURE

9. REFUSED

C13Q03

MRACE

Which one or more of the following would you say is your race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or Other?

**(Check all that apply)**

1. White

2. Black or African American

3. Asian

4. Native Hawaiian or Other Pacific Islander

5. American Indian , Alaska Native or

6. Other **[specify]**\_\_\_\_\_

8. NO ADDITIONAL CHOICES

7. DON'T KNOW / NOT SURE

8. REFUSED

9.

**C13Q04 – ONLY GET IF MORE THAN ONE RESPONSE FOR C13Q03**

**ORACE2**

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

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

**C13Q05**

**MARITAL**

Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

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

**C13Q06**

**CHILDREN**

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

\_\_ \_\_ Number of children

88. NONE
99. REFUSED

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

**Read only if necessary:**

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

Are you currently: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

**Read only if necessary:**

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

Is your annual household income from all sources?

1. Less than \$10,000
2. Less than \$15,000 (\$10,000 to less than \$15,000)
3. Less than \$20,000 (\$15,000 to less than \$20,000)
4. Less than \$25,000 (\$20,000 to less than \$25,000)
5. Less than \$35,000 (\$25,000 to less than \$35,000)
6. Less than \$50,000 (\$35,000 to less than \$50,000)
7. Less than \$75,000 (\$50,000 to less than \$75,000)
8. \$75,000 or more
  
77. DON'T KNOW / NOT SURE
99. REFUSED

**C13Q10**

**WEIGHT2**

About how much do you weigh without shoes?

**Round fractions up**

\_\_ \_\_ \_\_ Weight (*pounds*)  
9\_\_ \_\_ \_\_ Weight (kilograms)

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

**C13Q11**

**HEIGHT2**

About how tall are you without shoes?

**Round fractions down**

\_\_ \_\_ \_\_ Height ft/inches (Ex. 5 feet 9 inches = 509)  
9\_\_ \_\_ \_\_ Height meters/centimeters

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

**C13Q12**

**CTYCODE**

What county do you live in?

\_\_ \_\_ \_\_ FIPS county code

777. DON'T KNOW / NOT SURE  
999. REFUSED

**C13Q13**

**ZIPCODE**

What is your ZIP Code where you live?

\_\_ \_\_ \_\_ \_\_ \_\_ ZIP Code  
7 7 7 7 7 DON'T KNOW / NOT SURE  
9 9 9 9 9 REFUSED

**C13Q14**

**NUMHHOL2**

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

1. Yes
2. No – **SKIP TO C13Q16**
  
7. DON'T KNOW / NOT SURE – **SKIP TO C13Q16**
9. REFUSED – **SKIP TO C13Q16**

**C13Q15 – ONLY GET IF C13Q14=1**

**NUMPHON2**

How many of these phone numbers are residential numbers?

\_\_\_ Residential telephone numbers [**6=6 or more**]

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

**C13Q16**

**TELSERV2**

During the past 12 months, has your household been without telephone service for 1 week or more?

**Note: Do not include interruptions of phone service due to weather or natural disasters.**

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

**C13Q17**

**SEX**

Indicate sex of respondent. Ask only if necessary.

1. Male
2. Female

**C13Q18 – ONLY GET IF C13Q17=2 AND C13Q01<45**

**PREGNANT**

To your knowledge, are you now pregnant?

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

## Core 14: Veteran's Status

C14Q01

VETERAN

The next question relates to military service.

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?

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

## Core 15: Disability

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

C15Q01

QLACTLM2

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

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

C15Q02

USEEQUIP

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

**Note:** Include occasional use or use in certain circumstances.

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

## Core 16: Arthritis Burden

**C16Q01**

**PAIN30DY**

During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

- 1 Yes
- 2 No ⇒Go to Q16.4
- 7 DON'T KNOW / NOT SURE ⇒Go to Q16.4
- 9 REFUSED ⇒Go to Q16.4

**C16Q02 – only get if C16Q01 = 1**

**JOINTSYM**

Did your joint symptoms FIRST begin more than 3 months ago?

- 1 Yes
- 2 No ⇒Go to Q16.4
- 7 DON'T KNOW / NOT SURE ⇒Go to Q16.4
- 9 REFUSED ⇒Go to Q16.4

**C16Q03 – only get if C16Q02 = 1**

**JOINTRT2**

Have you EVER seen a doctor or other health professional for these joint symptoms?

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

**C16Q04**

**HAVARTH2**

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

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



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

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

**Note:** If a respondent question arises about medication, then the interviewer should reply: *"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."*

## Core 17: Fruits & Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods *you* eat. Include all foods *you* eat, both at home and away from home.

C17Q01

FRUITJUI

How often do you drink fruit juices such as orange, grapefruit, or tomato?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 4 \_ \_ Per year
- 5 5 5 Never
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

C17Q02

FRUIT

Not counting juice, how often do you eat fruit?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 4 \_ \_ Per year
- 5 5 5 Never
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**C17Q03**

**GREENSAL**

How often do you eat green salad?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 4 \_ \_ Per year
- 5 5 5 Never
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**C17Q04**

**POTATOES**

How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 4 \_ \_ Per year
- 5 5 5 Never
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**C17Q05**

**CARROTS**

How often do you eat carrots?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 4 \_ \_ Per year
- 5 5 5 Never
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**C17Q06**

**VEGETABL**

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 4 \_ \_ Per year
- 5 5 5 Never
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

## Core 18: Physical Activity

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

**C18Q01 – only get if C13Q08<3**

**JOBACTIV**

When you are at work, which of the following best describes what you do? Would you say?

**Note:** If respondent has multiple jobs, include all jobs.

**Please read**

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**C18Q02**

**MODPACT**

Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1 Yes
- 2 No ⇒Go to Q18.5
- 7 DON'T KNOW / NOT SURE ⇒Go to Q18.5
- 9 REFUSED ⇒Go to Q18.5

**C18Q03 – only get if C18Q02 = 1**

**MODPADAY**

How many days per week do you do these moderate activities for at least 10 minutes at a time?

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time ⇒Go to Q18.5
- 7 7 DON'T KNOW / NOT SURE ⇒Go to Q18.5
- 9 9 REFUSED ⇒Go to Q18.5

**C18Q04 – only get if C18Q03 <77**

**MODPATIM**

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- \_: \_ Hours and minutes per day
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

**C18Q05****VIGPACT**

Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1 Yes
- 2 No ⇒Go to next section
- 7 DON'T KNOW / NOT SURE ⇒Go to next section
- 9 REFUSED ⇒Go to next section

**C18Q06 – only get if C18Q05 = 1****VIGPADAY**

How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time ⇒Go to next section
- 7 7 DON'T KNOW / NOT SURE ⇒Go to next section
- 9 9 REFUSED ⇒Go to next section

**C18Q07 – only get if C18Q06 <77****VIGPATIM**

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- .\_:.\_ Hours and minutes per day
- 7 7 7 DON'T KNOW / NOT SURE
- 9 9 9 REFUSED

## Core 19: 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 do not 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.

**C19Q01 – ONLY GET IF C13Q01 <65****HIVTST5**

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

**Include test-using fluid from your mouth.**

- 1. Yes
- 2. No – **SKIP TO C19Q04**
- 7. DON'T KNOW/ NOT SURE – **SKIP TO C19Q04**
- 9. REFUSED – **SKIP TO C19Q01**

28

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

**(Include saliva tests)**

**NOTE: If response is before January 1985, code '777777' = DON'T KNOW/NOT SURE.**

\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Code month and year

77 7777. DON'T KNOW / NOT SURE

99 9999. REFUSED

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

\_\_ \_\_ Facility code

- 01. Private doctor or HMO office–
- 02. Counseling and testing site –
- 03. Hospital –
- 04. Clinic
- 05. Jail or prison –
- 06. At home
- 07. Somewhere else
- 08. Drug treatment facility

77. DON'T KNOW / NOT SURE –

99. REFUSED –

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

- You have used intravenous drugs in the past year
- You have been treated for a sexually transmitted or venereal disease in the past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

Do any of these situations apply to you?

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

## Core 20: Emotional Support & Life Satisfaction

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

C20Q01

EMTSUPRT

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

**Please read**

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

C20Q02

LSATISFY

In general, how satisfied are you with your life?

**Please read**

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

## Module 5: Cardiovascular Health

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

M05Q01- ONLY GET IF C08Q01 = 1

HAREHAB

After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (249)

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

After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (250)

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

Do you take aspirin daily or every other day? (251)

- 1 Yes ⇒ **Go to next module**
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Do you have a health problem or condition that makes taking aspirin unsafe for you? (252)

**If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.**

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## **Module 6: Actions to Control High Blood Pressure**

Are you now doing any of the following to help lower or control your high blood pressure:

(Are you) changing your eating habits (to help lower or control your high blood pressure)? (253)

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

**M06Q02 ONLY GET IF C06Q01 = 1****BPSALT**

(Are you) cutting down on salt (to help lower or control your high blood pressure)? (254)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M06Q03 ONLY GET IF C06Q01 = 1****BPALCHOL**

(Are you) reducing alcohol use (to help lower or control your high blood pressure)? (255)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M06Q04 ONLY GET IF C06Q01 = 1****BPEXER**

(Are you) exercising (to help lower or control your high blood pressure)? (256)

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

**M06Q05 ONLY GET IF C06Q01 = 1****BPEATADV**

Has a doctor or other health professional EVER advised you to do any of the following to help lower or control your high blood pressure:

(Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (257)

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



**M06Q06 ONLY GET IF C06Q01 = 1****BPSLTADV**

(Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?  
(258)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M06Q07 ONLY GET IF C06Q01 = 1****BPALCADV**

(Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?  
(259)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**M06Q08 ONLY GET IF C06Q01 = 1****BPEXRADV**

(Ever advised you to) exercise (to help lower or control your high blood pressure)? (260)

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

**M06Q09 ONLY GET IF C06Q01 = 1****BPMEDADV**

(Ever advised you to) take medication (to help lower or control your high blood pressure)? (261)

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

Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (262)

If "Yes" and respondent is *female*, ask: "Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 TOLD BORDERLINE OR PRE-HYPERTENSIVE
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Module 10: Random Child Selection

If Core Q13.6= 1; **INTERVIEWER:** "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." ⇒Go to Q1.

If Core 13.6 is >1 and Core Q13.6 does not equal to 88 or 99; **INTERVIEWER:** "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.**

**INTERVIEWER:** "I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in] child."

What is the birth month and year of the "Xth" child? (294-299)

- \_\_ / \_\_ \_\_ Code month and year
- 7 7 / 7 7 7 7 DON'T KNOW / NOT SURE
- 9 9 / 9 9 9 9 REFUSED

Is the child a boy or a girl? (300)

- 1 Boy
- 2 Girl
- 9 REFUSED

Is the child Hispanic or Latino? (301)

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

Which one or more of the following would you say is the race of the child? (302-307)

**[Check all that apply]**

**Please read**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- or
- 6 Other [specify] \_\_\_\_\_

**DO NOT READ**

- 8 No additional choices
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Which one of these groups would you say best represents the child's race? (308)

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

How are you related to the child?

(309)

**Please read**

- 1 Parent (mother or father) include biologic, step or adoptive parent
- 2 Grandparent
- 3 Foster parent or guardian [other than parent or grandparent]
- 4 Sibling (brother or sister) include biologic, step and adoptive sibling
- 5 Other relative
- 6 Not related in any way

**DO NOT READ**

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

**State Added Section 1: Occupation**

ND01Q01 – C13Q08=1,2,6,7

OCCHOURS

Previously, you indicated you were [insert response from C13Q08]. On the average, how many hours per week, if any, do you work at a job or business?

- \_\_\_ Number of hours (76 = 76 or more hours)
- 88 Do not work/None [GO TO NEXT MODULE]
- 77 DON'T KNOW / NOT SURE [GO TO NEXT MODULE]
- 99 REFUSED [GO TO NEXT MODULE]

ND01Q02 – ND01Q01 &lt;&gt;77,88,99

OCCWORK

**PROBE FOR SPECIFIC OCCUPATION AND INDUSTRY – THIS WILL BE AT LEAST TWO WORDS IN MOST CASES. FOR EXAMPLE: MECHANIC IS NOT SUFFICIENT BUT DIESEL ENGINE MECHANIC WOULD BE SUFFICIENT. TEACHER WOULD NOT BE SUFFICIENT BUT HIGH SCHOOL SCIENCE TEACHER OR 1<sup>ST</sup> GRADE TEACHER WOULD BE SUFFICIENT. MANUFACTURING IS NOT SUFFICIENT, MANUFACTURING WIDGETS WOULD BE SUFFICIENT.**

**What kind of work do you do now? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)**

Specify: \_\_\_\_\_

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

What kind of business or industry is this? (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)

Specify: \_\_\_\_\_

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

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

- 10 State government employee
- 11 Other government employee
- 12 Farmer or rancher
- 13 Other farm or ranch worker
- 14 Manufacturing
- 15 Health Care
- 16 Food or drink server (waiter, waitress, bartender)
- 17 Wholesale or retail sales
- 18 Financial services
- 19 Other
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

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

- \_\_\_\_ Number of days
- 888 None
  
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

## State Added Section 2: Child Asthma

These next questions relate to the **[randomly selected child]**. Has a doctor or other health professional ever told you that **[randomly selected child]** has asthma?

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

Does **[randomly selected child in household]** still have asthma?

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

During the past 12 months, did **[randomly selected child in household]** take Prednisone or another steroid such as a pill, capsule, or injection to help control his or her asthma?

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

Does **[randomly selected child in household]** currently take the preventive kind of asthma medication used everyday to protect his/her lungs and keep him/her from having an attack? Include both pills and inhalers. This is different from inhalers used for quick relief.

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

Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness, and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did **[randomly selected child in household]** have any symptoms of asthma? Would you say two days a week or less, three to six days a week, daily but not all the time, continually, or none?

- 1 Two days a week or less
- 2 Three to six days a week
- 3 Daily but not all the time
- 4 Continually
- 8 None
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

During the past 30 days, how many days did symptoms of asthma make it difficult for **[randomly selected child in household]** to stay asleep? Would you say two nights a month or less, three or four nights a month, more than one night per week, every night or almost every night, or none?

- 1 Two nights a month or less
- 2 Three or four nights a month
- 3 More than one night per week
- 4 Every night or almost every night
- 8 None
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

During the past 30 days, how many days of **[daycare or preschool/school/school or work]** did **[randomly selected child in household]** miss because of his/her asthma?

- Days missed
- 66 Home schooled
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**ND02Q08 – ND02Q02=1**

**DIFACTV**

During the past 30 days, how many days was **[randomly selected child in household]** unable to do his/her usual activities because of asthma symptoms?

- Number of days
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**ND02Q09 – ND02Q02=1**

**ANIMAL**

Is there a bird, cat, dog or other pet with fur that spends some or all the time in the house?

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

**ND02Q10 – ND02Q02=1**

**INSMOKE**

Does anyone, including household members or guests, smoke inside the home?

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

**ND02Q11 – ND02Q02=1**

**HEAT**

What type of home heating do you use?

- 1 Burn coal
- 2 Burn wood
- 3 Burn natural gas or bottled gas
- 4 Burn oil
- 5 Electricity
- 6 Other
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED



During the cold months, about how often do you light a fire in the fireplace to burn wood or other solid fuel? Do not include gas fireplaces only. Would you say less than once per month, more than once per month but not every week, more than once per week but not every day, daily or never?

- 1 Less than once per month
- 2 More than once per month but not every week
- 3 More than once per week but not every day
- 4 Daily
- 5 Never or no fireplace
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### State Added Section 3: Lead

Does the **[randomly selected child in household]** live in a house built before 1970?

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

Has the **[randomly selected child in household]** ever been tested for lead *[pronounced "led"]* poisoning?

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

Did the result indicate that the **[randomly selected child in household]** had lead poisoning or high lead *[pronounced "led"]*?

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

## State Added Section 4: Oral Tobacco

**ND04Q01**

**USEEVER2**

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

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

**ND04Q02 – ND04Q01 = 1**

**USENOW2**

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

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

## State Added Section 5: Mental Health

**ND05Q01**

**DRGTREAT**

During the past 12 months was there any time when you needed treatment for a drug or alcohol problem but didn't get it because you couldn't afford it?

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

**ND05Q02**

**MNTTREAT**

During the past 12 months was there any time when you needed mental health care or counseling but didn't get it because you couldn't afford it?

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

**ND05Q03**

**SUICIDE**

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

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

### **State Added Section 6: Indian Health**

**ND06Q01**

**RESERVE**

Do you live on a reservation or Indian Service Area?

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

**ND06Q02**

**MEMTRIBE**

Are you currently an enrolled tribal member?

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

Which tribe?

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

**DO NOT READ**

- 10 Mandan
- 11 Arikara
- 12 Hidatsu
- 13 Three Affiliated Tribes
- 14 Sioux
- 15 Chippewa
- 16 Other
  
- 77 Don't know
- 99 REFUSED

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

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

**State Added Section 7: West Nile**

During the summer do you take any of the following measures to try to protect yourself from mosquito bites? Avoid outdoor areas where you know there are mosquitoes? Would you say...

**PLEASE READ**

- 1 Always
- 2 Almost always
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Avoid outdoor activities? Would you say...

**PLEASE READ**

- 1 Always
- 2 Almost always
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Wear long sleeved shirts and long pants? Would you say...

**PLEASE READ**

- 1 Always
- 2 Almost always
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Use insect repellent with DEET on your skin or clothes? Would you say...

**PLEASE READ**

- 1 Always
- 2 Almost always
- 3 Sometimes
- 4 Rarely
- 5 Never
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**ND07Q05**

**WNVWATER**

Have you done any of the following to keep mosquitoes away from your home? Have you...Removed standing water from your home?

- 1 Yes
- 2 No
- 3 Do not have standing water around my home
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**ND07Q06**

**WNVHOLES**

Made sure there were no holes in your screens?

- 1 Yes
- 2 No
- 3 Do not have screens
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**ND07Q07**

**WNVRAIN**

Checked and cleaned your rain gutters?

- 1 Yes
- 2 No
- 3 Do not have rain gutters
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**ND07Q08**

**WNVWORRY**

How worried are you about getting West Nile virus? Would you say...

**PLEASE READ**

- 1 Very worried
- 2 A little worried
- 3 Not worried at all
- 4 Never heard of West Nile virus
  
- 7 DON'T KNOW / NOT SURE / NOT SURE
- 9 REFUSED

**State Added Section 8: Sexual Orientation**

Do you consider yourself to be:

**PLEASE READ**

- 1 Heterosexual or straight
- 2 Homosexual or "gay" [if male] "lesbian" [if female]
- 3 Bisexual
- 4 Other
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**CLOSING**

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