

**2004 Alaska Modified QUESTIONNAIRE
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
10/8/03**

CORE SECTIONS

- Section 1: Health Status
- Section 2: Healthy Days.....
- Section 3: Health Care Access.....
- Section 4: Tobacco.....
- Section 5: Alcohol Consumption.....
- Section 6: Demographics
- Section 7: Asthma
- Section 8: Diabetes
- Section 9: Environmental Factors.....
- Section 10: Physical Activity.....
- Section 11: Head Injury

OPTIONAL MODULE

- Module 1: Diabetes
- Module 9: Adult Asthma.....
- Module 10: Childhood Asthma.....

HELLO, I'm calling for the _____ (health department) _____ and the Centers for Disease Control and Prevention. My name is _____ (name) _____. We're gathering information on the health of _____ (state) residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this _____ (phone number) _____? **If "no"**

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

Is this a private residence? **If "no"**

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

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

___ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 woman below. (Ask gender if necessary.) Go to page 2**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 woman below. May I speak with [fill in (him/her) from previous question]? Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 2

To correct respondent: HELLO, I'm _____ (name) calling for the _____ (health) _____ (department) _____ and the Centers for Disease Control and Prevention. We're gathering information on the health of _____ (state) residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

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

Section 1: Health Status

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

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read

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

Section 2: Healthy Days – Health-related Quality of Life

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

- ___ ___ Number of days
- 8 8 None
- 7 7 Don't know / Refused
- 9 9 Refused

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

- ___ ___ Number of days
- 8 8 None **If Q2.1 and Q2.2 are none, go to next section**
- 7 7 Don't know / Not sure
- 9 9 Refused

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

- ___ ___ Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

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

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

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

- 1 Yes, only one
 - 2 More than one
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused
- If "no," ask "is there more than one or is there no person who you think of?"**

3.3. When you are sick or need advice about your health, to which one of the following places do you usually go?

Would you say? **Please read**

- 1 A doctor's office
- 2 A public health clinic or community health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 Some other kind of place
- 8 No usual place

Do not read

- 7 Don't know
- 9 Refused

3.4. Was there a time in the past 12 months when you needed medical care, but could not get it?

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know **Go to next section**
- 9 Refused **Go to next section**

- 3.5. What is the main reason you did not get medical care?
Note: if more than one instance, ask about the most recent.

Would you say: **Please read**

- 01 Cost [**Include no insurance**]
- 02 Distance
- 03 Office wasn't open when I could get there
- 04 Too long a wait for an appointment
- 05 Too long a wait in the waiting room
- 06 No child care
- 07 No transportation
- 08 No access for people with disabilities
- 09 The medical provider didn't speak my language
- 10 Other

Do not read

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

Section 4: Tobacco

Field Size	Columns	<u>Question:</u>	<u>Response</u>
Tobacco use:			
4.1		Have you smoked at least 100 cigarettes in your entire life?	1 yes 2 No Skip to Q 4.15 7 DK/NS Skip to 4.15 9 Refused Skip to Q4.15
4.2		Do you smoke cigarettes everyday, somedays or not at all?	1 Everyday 2 Somedays 3 Not at all Skip to 4.6 9 Refused Skip to 4.15
4.3		During the past 30 days, on how many days did you smoke cigarettes?	0-30= Number of days if Q4.3=0 Skip to 4.6 77 DK/NS Skip to 4.6 99 Refused Skip to 4.6
4.4		On the average, on days when you smoked, about how many cigarettes did you smoke a day?	1-180=number of cig 666=less than one cig a day 777= DK/NS 999= Refused
4.5		About how many of those ____ (number of cigarettes given in 4.4) did you buy from any source outside of Alaska, including the internet, mail or stores in other states or countries?	____ Cigarettes 1-180 ____ Packs
		How old were you when you first started smoking cigarettes	____ Code age in years 88 Never smoked regularly

4.6		regularly?	77 DK/NS 99 Refused
Ask of Former Smokers (Q4.1=1 and 4.2=3)			
4.7		About how long has it been since you last smoked cigarettes regularly?	1 Within the past month 2 Within the past 3 months 3 Within the past 6 months 4 Within the past year 5 Within the past 5 years if Q 4.7=1-5 skip to 4.9 6 Within 10 years 7 10 or more years ago 8 DK/NS 9 Refused if Q 4.7=6-9 skip to Q4.15
<u>Cessation</u>			
Q4.2= 1 everyday or 2 someday			
4.8		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 skip to 4.11 7 DK/NS skip to 4.11 9 Refused skip to 4.11
Methods of Quitting ask of Q4.8=1 (Current smoker) or Q4.7=1-5 (Former Smoker)			
4.9		(Former Smokers) When you quit smoking for good... (Current Smokers) The last time you tried to quit..... smoking... Did you use the nicotine patch, nicotine gum, or any other medication to help you quit?	1 Yes 2 No 7 DK/NS 9 refused
4.10		(Former Smokers) When you quit smoking for good... (Current Smokers) The last time you tried to quit smoking... Did you use any other assistance such as classes or counseling?	1 Yes 2 No 7 DK/NS 9 refused
Ask current smokers only (Q4.2=1 or 2) Everyone else to 4.15			
4.11		Would you like to quit smoking?	1 Yes 2 No Skip to 4.14 7 DK/NS Skip to 4.14 9 Refused Skip to 4.14

4.12		Are you seriously considering stopping smoking within the next 6 months?	1 Yes 2 No Skip to 4.14 7 DK/NS Skip to 4.14 9 Refused Skip to 4.14
4.13		Are you planning to stop smoking within the next 30 days?	1 Yes 2 No 7 DK/NS 9 refused
4.14		Imagine that there's a new type of cigarette shown to have fewer harmful health effects. Would the availability of such a product..	1 Make it more likely you'd quit smoking 2 Make it less likely you'd quit smoking 3 Have no effect on your quitting.
Health Professional Advice: Ask of all respondents			
4.15		In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?	1 Yes 2 No skip to Q 4.19 7 DK/NS skip to Q4.19 9 refused skip to Q4.19
Ask of Current Smokers (Q4.2=1 or 2)			
4.16		In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?	1 Yes skip to 4.18 2 No 7 DK/NS 9 refused
Ask of Never Smokers (Q4.1=2,7,9), Former Smokers (Q4.2=3), and Current Smokers who were not advised to Quit (Q4.16 =2,7,9)			
4.17		During the past 12 months, did any doctor or other health professional ask if you smoke?	1 Yes Skip to 4.19 2 No Skip to 4.19 7 DK/NS Skip to 4.19 9 refused Skip to 4.19
Screen Note: Mark all that apply.			
4.18		In the past 12 months, when a doctor or other health professional advised you to quit smoking, did they also do any of the following? a.) Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills such as Zyban? b.) Suggest that you set a specific date to stop smoking? c) Suggest that you use a smoking cessation class, program, quit line or counseling? d.) Provide you with booklets, videos, or other materials to help you quit smoking on your own?	1 yes, 2 No 7 DK 9 Refused 1 yes, 2 No 7 DK 9 Refused 1 yes, 2 No 7 DK 9 Refused 1 yes, 2 No 7 DK 9 Refused

Smokeless Tobacco Use			
4.19		Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik, or Blackbull? Probe for which.	1 Yes, chewing tobacco 2 Yes, snuff 3 Yes, Iq'mik or Blackbull 4 Yes, more than one 5 Yes, other (specify) _____ 6 No, None Skip to 4.26 7 DK/NS Skip to 4.26 9 Refused Skip to 4.26
4.20		Do you currently use any smokeless tobacco products such as chewing tobacco or snuff, Iq'mik, or Blackbull? Probe for which	1 Yes, chewing tobacco 2 Yes, snuff 3 Yes, Iq'mik or Blackbull 4 Yes, more than one 5 Yes, other (specify) _____ 6 No, None Skip to 4.26 7 DK/NS Skip to 4.26 9 Refused Skip to 4.26
*Include prompt: By smokeless tobacco use we also mean iq'mik (also known as blackbull). Iq'mik 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.			
4.21		On how many of the past 30 days did you use smokeless tobacco products?	__ Days 88 None 99 Refused
Ask of Current Smokeless Tobacco users (Q4.20=1-5) If Q4.20 6, 7, or 9 go to Q4.25			
4.22		Would you like to quit using smokeless tobacco?	1 Yes 2 No Skip to 4.25 7 DK/NS Skip to 4.25 9 refused Skip to 4.25
4.23		Are you seriously considering quitting using smokeless tobacco products within the next 6 months?	1 Yes 2 No Skip to 4.25 7 DK/NS Skip to 4.25 9 refused Skip to 4.25
4.24		Are you seriously considering quitting using smokeless tobacco products within the next 30 days?	1 Yes 2 No 7 DK/NS 9 refused
Ask of Current Smokeless Tobacco Users (Q4.20=1-5) If Q4.15=1			
4.25		In the past 12 months, did any doctor, dentist or other health professional advise you to stop using smokeless tobacco?	1 Yes skip to 4.27 2 No 7 DK/NS 9 refused
Ask of {Non-Smokeless Tobacco Users (Q4.20=6,7,9) or Current Users who were not advised to Quit (Q4.25=2,7,9)} and if Q4.15=1			
4.26		In the past 12 months, did any	1 Yes

		doctor, nurse, or other health professional ask if you use smokeless tobacco products such as chewing tobacco, snuff, Iq'mik or Blackbull?	2 No 7 Don't Know 9 Refused
Screen Note: Other health care professionals include: dentists, community health aids, community health practitioners, physician assistants and nurse practitioners.			
Environmental			
4.27		In the past 30 days has anyone , including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?	1 Yes 2 No 7 DK/NS 9 refused
4.28		Which statement best describes the rules about smoking inside your home?	1 Smoking is not allowed anywhere inside your home. 2 Smoking is allowed in some places or at some times. 3 Smoking is allowed anywhere inside the home. 4 There are no rules about smoking inside the home. 7 DK/NS 9 Refused
Now I am going to ask you some questions about workplace policies			
4.29		While working at your job, are you indoors most of the time?	1 Yes 2 No Skip to 4.32 3 Not employed Skip to 4.32 7 DK/NS Skip to 4.32 9 refused Skip to 4.32
4.30		In the past 30 days has anyone, including yourself, smoked cigarettes, cigars , or pipes anywhere at your workplace?	1 Yes 2 No 7 DK/NS 9 refused
4.31		Which of the following best describes your place of work's official smoking policy for work areas?	1. Not allowed in any work areas 2 Allowed in some work areas 3 Allowed in all work areas 4 no official policy 7 DK/NS 9 Refused
4.32		In indoor work areas, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?	1 All areas 2 Some areas 3 Not allowed (Don't read) 7 DK/NS 9 Refused
Exposure in Car			
4.33		In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes in a car	1 Yes 2 No 7 DK/NS

		you were in?	9 refused 4 Does not apply
4.34		What are the rules about smoking in your family's enclosed vehicles, such as cars, trucks, and boats? Would you say	1 Smoking is never allowed in any vehicle 2 Smoking is allowed sometimes or in some enclosed vehicles 3 Smoking is allowed in all enclosed vehicles 4 Family does not own an enclosed vehicle (Don't read) 7 DK/NS 9 refused
Attitudes about clean air			
4.35		In the following locations, do you think that smoking should be allowed in all areas, some areas, or not allowed at all? In restaurants, (do you think that smoking should be allowed in all areas, some areas, or not allowed at all?)	1 All areas 2 Some areas 3 Not allowed (Don't read) 7 DK/NS 9 Refused
4.36		In bars and cocktail lounges, do you think smoking should be allowed in all areas, some areas, or not at all?	1 All areas 2 Some areas 3 Not allowed (Don't read) 7 DK/NS (no opinion) 9 Refused
4.37		If smoking was not allowed in restaurants, would you eat out more, less or would it make no difference?	1 More 2 Less 3 No difference (Don't read) 7 DK/NS 9 Refused
4.38		If smoking was not allowed in bars and cocktail lounges, would you visit them more, less or would it make no difference?	1 More 2 Less 3 No difference (Don't read) 7 DK/NS 9 Refused
Risk Perception and Social Influences			
How strongly do you agree or disagree with the following statement?			
4.39		Tobacco use by adults should not be allowed on school grounds or at any school event?	1 Strongly agree 2 agree 3 disagree 4 Strongly Disagree (Don't read) 7 DK/NS

			9 Refused
4.40		How important is it that communities keep stores from selling tobacco products to teenagers. Would you say?	1 Very important 2 somewhat important 3 Not very important 4 Not at all important (Don't read) 7 DK/NS 9 Refused
Strongly agree, agree, disagree, or strongly disagree with this statement			
4.41		If a person has smoked a pack of cigarettes a day for more than 20 years, there is little benefit to quitting smoking.	1 Strongly agree 2 agree 3 disagree 4 Strongly Disagree (Don't read) 7 DK/NS 9 Refused
4.42		People should be protected from smoke from other people's cigarettes?	1 Strongly agree 2 agree 3 disagree 4 Strongly Disagree (Don't read) 7 DK/NS 9 Refused
Now I am going to ask about smoke from other people's cigarettes.			
4.43		Do you think that breathing smoke from other people's cigarettes is:	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 (Don't read) 7 DK/NS 9 Refused
4.44		Would you say that breathing smoke from other people's cigarettes causes: Randomize order: a. Lung cancer in adults b. Heart disease in adults c. Colon cancer d. Respiratory problems in children e. Sudden infant death syndrome	(Don't read) 1 yes 2 No 7 DK/NS 9 Refused 1 yes 2 No 7 DK/NS 9 Refused

4.45		Are you aware of the Alaska Quitline, which is a telephone service that can help people quit smoking or using smokeless tobacco?	1 Yes 2 No 7 DK/NS 9 Refused	
		Would you like the toll free number? 888-842-7848 (QUIT)		

Section 5: Alcohol Consumption

5.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. 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
 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 **Go to next section**

5.2. 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

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

- __ __ Number of times
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Section 6: Demographics

6.1. What is your age?

- __ __ Code age in years
 0 7 Don't know / Not sure
 0 9 Refused

6.2. Are you Hispanic or Latino?

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

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

If more than one response to Q6.3, continue. Otherwise, go to Q6.5

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

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____
- 7 Don't know / Not sure
- 9 Refused

6.5 Are you?

Please read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read

9 Refused

- 6.6 How many children live in your household who are...
- a. less than 5 years old? Code 1-7
 - b. 5 through 12 years old? 7=7 or more
 - c. 13 through 17 years old?
- 88 None
99 Refused

- 6.7 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

- 6.8. Are you currently? (124)

Please read

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired

Or

- 8 Unable to work

Do not read

- 9 Refused

- 6.9 Is your annual household income from all sources?

If respondent refuses at ANY income level, code '99 Refused'

Read as appropriate

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)

- 01 Less than \$10,000 **If “no,” code 02**
- 05 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- Do not read**
- 77 Don’t know / Not sure
- 99 Refused

6.10. About how much do you weigh?

Note: If respondent answers in metrics, put “1” in column 127.
Round fractions up

- ___ ___ ___ ___ Weight
pounds/kilograms
- 7 7 7 7 Don’t know / Not sure
- 9 9 9 9 Refused

6.11. About how tall are you without shoes?

Note: If respondent answers in metrics, put “1” in column 131.
Round fractions down

- ___ ___ / ___ ___ Height
ft / inches/meters/centimeters
- 7 7 7 7 Don’t know / Not sure
- 9 9 9 9 Refused

6.12. 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 **Go to Q6.14**
- 7 Don’t know / Not sure **Go to Q6.14**
- 9 Refused **Go to Q6.14**

6.13. How many of these phone numbers are residential numbers?
(139)

___ Residential telephone numbers [**6=6 or more**]

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

6.14. 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

6.15. Indicate sex of respondent. Ask only if necessary.

- 1 Male **Go to next section**
- 2 Female

If respondent 45 years old or older, go to next section.

6.17. To your knowledge, are you now pregnant?

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

Section 7: Asthma

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

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

7.2. Do you still have asthma?

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

Insert Adult Asthma Module (If 7.1=1)

Insert Child Asthma Module (If 6.6=>1) If 6.6=88 or 99

Section 8: Diabetes

8.1. Have you ever been told by a doctor that you have diabetes?
(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 **Skip to Diabetes Module**
- 2 Yes, but female told only during pregnancy **go to next section**
- 3 No **go to next section**
- 4 No, pre-diabetes or borderline diabetes **go to next section**
- 7 Don’t know / Not sure **go to next section**
- 9 Refused **go to next section**

Insert Diabetes Module

Section 9: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

9.1. Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building?

Read if necessary:

If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is “Yes”.

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

9.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors?

(88)

Read if necessary:

This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is “Yes”.

- 1 Yes
- 2 No
- 7 Don’t know

9 Refused

9.3 (formerly SA: 4). A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home?

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

Section 10: Physical Activity

If "employed" or "self-employed" in core Q6.8 continue, otherwise go to Q10.2.

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

If respondent has multiple jobs, include all jobs

Please read:

- 1 Mostly sitting or standing
- 3 Mostly heavy labor or physically demanding work

Do not read:

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

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.

10.2 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 Q10.5**]
- 7 Don't know / Not sure [**Go to Q10.5**]
- 9 Refused [**Go to Q10.5**]

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

- ___ ___ Days per week
- 7 7 Don't know / Not sure [**Go to Q10.5**]

8 8 Do not do any moderate physical activity for at least 10 minutes at a time
[Go to Q10.5]

9 9 Refused **[Go to Q10.5]**

10.4 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

10.5 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]**

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

__ Days per week

7 7 Don't know / Not sure **[Go to next section]**

8 8 Do not do any vigorous physical activity for at least 10 minutes at a time

GO to next section]

9 9 Refused **[Go to next section]**

10.7 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

Section 11

1.1 Have you ever had a blow to the head that was severe enough to make you lose consciousness or to cause a concussion?

1 Yes

2 No

Module 1: Diabetes

To be asked following core Q8.1 if response is “Yes”

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

__ __ Code age in years [97 = 97 and older]
9 8 Don't know / Not sure
9 9 Refused

2. Are you now taking insulin?

1 Yes
2 No
9 Refused

3. Are you now taking diabetes pills?

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

4. 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.

1 __ __ Times per day
2 __ __ 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

5. 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.

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

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

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

___ ___ Number of times [76 = 76 or more]

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

___ ___ Number of times [76 = 76 or more]

- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

If "no feet" to Q5, go to Q10

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

___ ___ Number of times [76 = 76 or more]

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know / Not sure
- 9 Refused

11. 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

12. Have you ever taken a course or class in how to manage your diabetes yourself?

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

Module 9: Adult Asthma History

If "Yes" to core Q7.1, continue...

Previously you said you were told by a doctor or other health professional that you had asthma.

1. How old were you when you were first told by a doctor or other health professional that you had asthma?

- __ __ Age in years 11 or older [96 = 96 and older]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

If "Yes" to Core Q7.2 continue...

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

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

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

- __ __ Number of visits [87 = 87 or more]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

4. [If one or more visits to Q3, fill in (Besides those emergency room visits.)] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- __ __ Number of visits [87 = 87 or more]

- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?

- ___ ___ Number of visits [**87 = 87 or more**]
- 8 8 None
 - 9 8 Don't know / Not sure
 - 9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

- ___ ___ ___ Number of days
- 8 8 8 None
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

7. 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 you have any symptoms of asthma?

Please read: Would you say?

- 8 Not at any time **Go to Q9**
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time
- Or**
- 5 Every day, all the time
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep?

Would you say? **Please read**

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten
- Or**
- 5 More than ten
- Do not read**

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

9. During the past 30 days, how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler.

Please read

Would you say?

- 8 Didn't take any
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Once every day

Or

- 5 Two or more times every day

Do not read

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

Module 10: Childhood Asthma

If response to core Q6.6=>1 continue, If Q6.6 is '88' (none) or '99' (refused) go to closing.

1. Earlier you said there were [fill in number from core Q6.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

__ __ Number of children

- 8 8 None **Go to next module**
- 7 7 Don't know / Not sure **Go to next module**
- 9 9 Refused **Go to next module**

2. [Fill in (Does this child/How many of these children) from Q1] still have asthma?

If only one child from Q1 and response is "Yes" to Q2, code '01'. If response is "No", to Q2 code '88'.

__ __ Number of children

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Closing Statement

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.