

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

If Q2.1 and Q2.2=88 (None), ⇒ Go to next section.

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: Exercise

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

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

Section 4: Tobacco

4.1. 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

Field Size	Columns	<u>Question:</u>	<u>Response</u>
<u>Tobacco use:</u>			
4.2		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
4.3		Do you smoke cigarettes every day, some days or not at all?	1 Every day 2 Some days 3 Not at all Skip to 4.8 9 Refused Skip to 4.7
4.4		During the past 30 days, on how many days did you smoke cigarettes?	0-30= Number of days if Q4.4=0 Skip to 4.8 77 DK/NS Skip to 4.8 99 Refused Skip to 4.8
4.5		On days when you smoked during the past 30 days, 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
4.6		About how many of those ____ (Note to CATI Programmer number of cigarettes calculated from 4.3 x 4.4) did you buy from any source outside of Alaska, including the internet, mail-order or store in other states or countries?	____ Cigarettes 1-180 ____ Packs
4.7		Where do you usually buy cigarettes?	1 In your community 2 In another community in Alaska 3 In a community outside Alaska 4 Using the Internet 5 Using a mail-order source or an 800-number 7 DK/NS 9 Refused

Ask of Former Smokers (Q4.2=1 and 4.3=3)			
4.8		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 4.8=1-5 skip to 4.10 6 Within 10 years 7 10 or more years ago 8 DK/NS 9 Refused if Q 4.8=6-9 skip to Q4.15
Cessation			
Q4.3= 1 everyday or 2 someday			
4.9		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 4.12 7 DK/NS skip to 4.12 9 Refused skip to 4.12
Methods of Quitting ask of Q4.9=1 (Current smoker) or Q4.8=1-5 (Former Smoker)			
4.10		(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
4.11		(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 (Q4.3=1 or 2) Everyone else to 4.15			
4.12		Would you like to quit smoking?	1 Yes 2 No Skip to 4.15 7 DK/NS Skip to 4.15 9 Refused Skip to 4.15

4.13		Are you seriously considering stopping smoking within the next 6 months?	1 Yes 2 No Skip to 4.15 7 DK/NS Skip to 4.15 9 Refused Skip to 4.15	
4.14		Are you planning to stop smoking within the next 30 days?	1 Yes 2 No 7 DK/NS 9 refused	
Health Professional Advice: Ask of all respondents				
4.15		In the past 12 months, how many times have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?	_ _ (number of times) 88 No Times 77 DK/NS 99 refused	
Smokeless Tobacco Use				
4.16		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 4.22 7 DK/NS Skip to 4.22 9 Refused Skip to 4.22	
4.17		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 4.22 7 DK/NS Skip to 4.22 9 Refused Skip to 4.22	
*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.				
4.18		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 (Q4.17=1-5) If Q4.17 6, 7, or 9 go to Q4.22				
4.19		Would you like to quit using smokeless tobacco?	1 Yes 2 No Skip to 4.22 7 DK/NS Skip to 4.22 9 refused Skip to 4.22	

4.20		Are you seriously considering quitting using smokeless tobacco products within the next 6 months?	1 Yes 2 No Skip to 4.22 7 DK/NS Skip to 4.22 9 refused Skip to 4.22	
4.21		Are you seriously considering quitting using smokeless tobacco products within the next 30 days?	1 Yes 2 No 7 DK/NS 9 refused	
Environmental				
4.22		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	
4.23		Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.	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. 7 DK/NS 9 Refused	
Now I am going to ask you some questions about workplace policies				
4.24		While working at your job, are you indoors most of the time?	1 Yes 2 No Skip to 4.27 3 Not employed Skip to 4.27 7 DK/NS Skip to 4.27 9 refused Skip to 4.27	
4.25		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	
4.26		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 7 DK/NS 9 Refused	
4.27		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			
4.28		In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes in a car you were in?	1 Yes 2 No 7 DK/NS 9 refused 4 Does not apply
4.29		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			
4.30		In restaurants, do you think that smoking should be allowed in all areas, some areas, or not at all?	1 All areas 2 Some areas 3 Not at all (Don't read) 7 DK/NS (no opinion) 9 Refused
4.31		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 at all (Don't read) 7 DK/NS (no opinion) 9 Refused
4.32		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
4.33		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

4.34		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	
4.3 5		Would you like the toll free number? 888-842-7848 (QUIT) (Note for CATI Programmer – For non-smokers add “for a friend or family member that smokes”)	1 Yes 2 No 7 DK/NS 9 Refused	

Section 5: Diabetes

5.1. 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?”*

If Q5.1 = 1 (“Yes”) go to Diabetes Module and then back to Section 6.

Section 6: Hypertension Awareness

6.1. 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
- 7 Don't know / Not sure ⇒ Go to next section
- 9 Refused ⇒ Go to next section

6.2. Are you currently taking medicine for your high blood pressure?

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

If Q6.1 = 1 (“Yes”) or 4 (“borderline high”) go to “Actions to Control High Blood Pressure” Module and then back to Section 7.

Section 7: Cholesterol Awareness

7.1. 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

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

Read 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

7.3. 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

Section 8: Cardiovascular Disease Prevalence

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

8.1 A heart attack, also called a myocardial infarction?

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

8.2. Angina or coronary heart disease?

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

8.3. A stroke?

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

If Q8.1, 8.2 OR 8.3 = 1 ("Yes") go to "Cardiovascular Health" Module and then back to Section 9.

Section 9: Asthma

9.1. Have you EVER been told by a doctor, nurse, 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

9.2. Do you still have asthma?

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

Section 10: Demographics

10.1. What is your age?

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

10.2. Are you Hispanic or Latino?

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

10.3. 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 Q5.3; continue. Otherwise, ⇒Go to Q5.5.

10.4. 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

10.5. 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

10.6. 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

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

Read 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

10.8. Are you currently?

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

10.9. Is your annual household income from all sources...?

If respondent refuses at ANY income level, code 99 (Refused).

Read if necessary:

- 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

10.10. About how much do you weigh without shoes?

Note: If respondent answers in metrics, put "9" in column 111.

[Round fractions up]

- ___ ___ ___ Weight
(pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

10.11. About how tall are you without shoes?

Note: If respondent answers in metrics, put "9" in column 115.

[Round fractions down]

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

10.13. 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 Q10.15
- 7 Don't know / Not sure ⇒Go to Q10.15
- 9 Refused ⇒Go to Q10.15

10.14. How many of these phone numbers are residential numbers?

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

10.15. 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

10.16. Indicate sex of respondent. [Ask only if necessary].

- 1 Male ⇒Go to next section
- 2 Female (If respondent is 45 years old or older, ⇒Go to next section)

10.17. To your knowledge, are you now pregnant?

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

Section 11: Obesity Knowledge

11.1. As far as you know, does being overweight or obese increase a person's risk of developing (INSERT ITEM)?

RANDOMIZE ORDER of a - e

a. Diabetes

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

b. Heart disease

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

c. High Blood Pressure

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

d. Lung Cancer

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

- e. Premature death
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 11.2. Some people say obesity is a private issue that people need to deal with on their own. Others say that it is a public health issue that society needs to help solve. Which comes closer to how you feel?
- 1 Public
 - 2 Private
 - 7 Don't know / Not sure
 - 9 Refused
- 11.3. Now we'd like to ask you some general questions about government policies. Please tell me if you would strongly support, support, oppose, or strongly oppose each of the following policies. Do you strongly support, support, oppose, or strongly oppose (INSERT ITEM)
- a. Putting a special tax on junk food-that is things like soda, chips, and candy?
- 1 Strongly support
 - 2 Support
 - 3 Oppose
 - 4 Strongly oppose
 - Do not read
 - 7 Don't know/ not sure
 - 9 Refused
- b. Making a law requiring restaurants to list nutrition information-such as calorie count-for all items on their menus?
- 1 Strongly support
 - 2 Support
 - 3 Oppose
 - 4 Strongly oppose
 - Do not read
 - 7 Don't know/ not sure
 - 9 Refused
- c. Government-funded advertising campaigns that promote eating right and exercising?
- 1 Strongly support
 - 2 Support
 - 3 Oppose
 - 4 Strongly oppose
 - Do not read
 - 7 Don't know/ not sure
 - 9 Refused

- 11.4. How much responsibility does/do (INSERT ITEM) have in addressing the problem of obesity in the United States-A lot of responsibility, some responsibility, not much responsibility, or no responsibility at all? And what about (INSERT NEXT ITEM)

RANDOMIZE ORDER of a-f

a. The government

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all

Do not read

- 7 Don't know/ not sure

- 9 Refused

b. The food industry

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all

Do not read

- 7 Don't know/ not sure

- 9 Refused

c. Doctors or other healthcare providers

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all

Do not read

- 7 Don't know/ not sure

- 9 Refused

d. Schools

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all

Do not read

- 7 Don't know/ not sure

- 9 Refused

e. Individuals themselves

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all

Do not read

- 7 Don't know/ not sure

- 9 Refused

f. Parents

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all

Do not read

- 7 Don't know/ not sure

- 9 Refused

- 11.5. Should (INSERT FIRST ITEM) be allowed in schools? What about (INSERT NEXT ITEM)?
- a. Soda machines
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - b. Vending Machines (Note to interviewer: Vending machines are those that sell snack foods)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - c. Fast food
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

If Q11.5a = 1 ("yes"); ask 11.6

- 11.6. You said that soda machines should not be allowed in schools. Would you still want to keep these machines out of schools if you heard that a school could earn \$20,000 per year in soda sales and contracts with those in the soda industry?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

If Q11.5b = 1 ("yes"); ask 11.7

- 11.7. You said that vending machines should not be allowed in schools. Would you still be opposed to these machines if you heard that schools only allowed healthy, low fat options in them?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 11.8. In your community, would you say that it is impossible, difficult, easy, or very easy to get healthy food (INSERT LOCATION)?
- a. In stores
 - 1 Impossible
 - 2 Difficult
 - 3 Easy
 - 4 Very easy
 - Do not read
 - 5 None in my community
 - 7 Don't know/ not sure
 - 9 Refused

- b. In restaurants/cafeterias
- 1 Impossible
 - 2 Difficult
 - 3 Easy
 - 4 Very easy
- Do not read
- 5 None in my community
 - 7 Don't know/ not sure
 - 9 Refused

- c. In vending machines
- 1 Impossible
 - 2 Difficult
 - 3 Easy
 - 4 Very easy
- Do not read
- 5 None in my community
 - 7 Don't know/ not sure
 - 9 Refused

Module 1: Diabetes

To be asked following Core Q7.1; if response code=1 (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 hemoglobin "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 hemoglobin "A one C"?

__ __ Number of times [76=76 or more]
 8 8 None
 9 8 Never heard of hemoglobin "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 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 2: Cardiovascular Health

"Yes" to Core question (Q8.1) 'ever told one had a heart attack or myocardial infarction'; ask Q1.

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

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

If "Yes" to Core question Q8.1 or Q8.2 ('ever told one had angina or coronary heart disease'; ask Q2)

2. Are you limited in any way in any activities because of physical, mental, or emotional problems due to heart disease?

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

If "Yes" to Core question (Q8.3) 'ever told one had a stroke'; ask Q3.

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

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

4. Are you limited in any way in any activities because of physical, mental, or emotional problems due to stroke?

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

Module 3: Actions to Control High Blood Pressure

To be asked following Core Q6.1=1 (Yes) or 4 (borderline high or pre hypertensive); continue. Otherwise, ⇒Go to next section.

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

1. Changing your eating habits?

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

2. Cutting down on salt?

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. Reducing alcohol use?

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. Exercising?

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

5. Taking medication?

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

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:

6. Change your eating habits?

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

7. Cut down on salt?
- 1 Yes
 - 2 No
 - 3 Do not use salt
 - 7 Don't know / Not sure
 - 9 Refused
8. Reduce alcohol use?
- 1 Yes
 - 2 No
 - 3 Do not drink
 - 7 Don't know / Not sure
 - 9 Refused
9. Exercise?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
10. Take medication?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
11. Were you told on **two or more different visits** to a doctor or other health professional that you had 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
 - 3 No
 - 4 Told borderline or pre-hypertensive
 - 7 Don't know / Not sure
 - 9 Refused
12. As far as you know, is your blood pressure presently normal—or under control—or is it still high?
- 1 Normal
 - 2 Under Control
 - 3 Still high
 - 7 DK/NS
 - 9 Refused

Module 4: Adult Asthma History

If "Yes" to Core Q9.1; continue. Otherwise, ⇨Go to next module.

Previously you said you were told by a doctor, nurse 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 Q9.2; continue. Otherwise, ⇨Go to next module.

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

If one or more visits to Q3, fill in (besides those emergency room visits).

4. 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

Please read

Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection.

7. During the past 30 days, how often did you have any symptoms of asthma? Would you say?

Please read

- 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 a prescription asthma medication to prevent an asthma attack from occurring?

Please read

- 1 Every day or almost every day
 2 A few times a week
 3 Less often
 4 Never
 7 Don't know / Not sure
 9 Refused

If Q2 = 2, 7, or 9 (No, Don't Know, Refused), ⇒Go to next module.

10. During the past 30 days, how often did you use a prescription asthma inhaler during an asthma attack to stop it?

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

- 8 Never (include no attack in past 30 days)
- 1 One to four times (in the past 30 days)
- 2 Five to fifteen times (in the past 30 days)
- 3 Fifteen to twenty-nine time (in the past 30 days)
- 4 Thirty to fifty-nine timess (in the past 30 days)
- 5 Sixty to ninety-nine times (in the past 30 days)
- 6 More than 100 times (in the past 30 days)
- 7 Don't know / Not sure
- 9 Refused

Please read closing statement:

That is 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.