



**2007 Alaska
Behavioral Risk Factor Surveillance System
Questionnaire**

Behavioral Risk Factor Surveillance System 2007 Questionnaire

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Interviewer's Script

HELLO, I am calling for the Alaska Department of Health and Social Services. My name is (name). We are gathering information about the health of Alaska 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 (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**

Is this a cellular telephone?

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

If "yes,"

Thank you very much, but we are only interviewing land line telephones and 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 5.**

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" on the next 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 4

To the correct respondent:

HELLO, I am calling for the Alaska Department of Health and Social Services. My name is (name). We are gathering information about the health of Alaska 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.

Core Sections

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

(73)

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? (74–75)

– – 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? (76–77)

– – Number of days
8 8 None **[If Q2.1 and Q2.2 = 88 (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? (78-79)

– – 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, or government plans such as Medicare, Native Health Service or Indian Health Service? (80)

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

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

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

(81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

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

(82)

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

3.4 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 year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

4.1 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?

(84)

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

Section 5: Diabetes

5.1 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.

(85)

- 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

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?

(86)

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]**

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

(87)

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

Section 7: Cholesterol Awareness

7.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 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? (89)

Read only if necessary:

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

Do not read:

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

7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

Section 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."

8.1 (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

8.2 (Ever told) you had angina or coronary heart disease? (92)

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

8.3 (Ever told) you had a stroke? (93)

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

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

- 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? (95)

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

Section 10: Immunization

10.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)

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

10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (97)

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

10.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (98)

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

10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (99)

INTERVIEWER NOTE: Response is "Yes" only if respondent has received the entire series of three shots.

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

The next question is about behaviors related to Hepatitis B.

10.5 Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You have had sex with a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you?

(100)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (101)

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] |

11.2 Do you now smoke cigarettes every day, some days, or not at all? (102)

- | | | |
|---|---------------------|----------------------|
| 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] |

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

- 12.2** Are you Hispanic or Latino? (106)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 12.3** Which one or more of the following would you say is your race? (107-112)

(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 or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.

- 12.4** Which one of these groups would you say best represents your race? (113)

- 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] _____

Do not read:

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

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

(114)

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

12.6 Are you...?

(115)

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

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

(116-117)

- – Number of children
- 8 8 None
- 9 9 Refused

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

(118)

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)

Do not read:

- 9 Refused

12.9 Are you currently...?

(119)

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

12.10 Is your annual household income from all sources—

(120-121)

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

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

12.11 About how much do you weigh without shoes?

(122-125)

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

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

12.12 About how tall are you without shoes?

(126-129)

Note: If respondent answers in metrics, put “9” in column 126.

Round fractions down

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

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]*

(130-133)

Note: If respondent answers in metrics, put “9” in column 130.

Round fractions up

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

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

12.14 Was the change between your current weight and your weight a year ago intentional?

(134)

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

12.15 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. (143)

- 1 Yes
- 2 No [Go to Q12.17]
- 7 Don't know / Not sure [Go to Q12.17]
- 9 Refused [Go to Q12.17]

12.16 How many of these telephone numbers are residential numbers? (144)

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

12.17 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

12.18 Indicate sex of respondent. **Ask only if necessary.** (146)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

12.19 To your knowledge, are you now pregnant? (147)

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

Section 13: Alcohol Consumption

13.1 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? (143)

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (144-146)

- 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

13.3 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? (147-148)

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (149-150)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (151-152)

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (153)

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

14.2 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? (154)

Include occasional use or use in certain circumstances.

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

Section 15: Arthritis Burden

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (155)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]

15.2 Did your joint symptoms first begin more than 3 months ago? (156)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]

- 15.3** Have you ever seen a doctor or other health professional for these joint symptoms? (157)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 15.4** 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? (158)
- 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)

CATI Note: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section.

- 15.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (159)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER 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."

Section 16: Fruits and 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.

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (160-162)

- 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

16.2 Not counting juice, how often do you eat fruit? (163-165)

- 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

16.3 How often do you eat green salad? (166-168)

- 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

16.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (169-171)

- 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

16.5 How often do you eat carrots? (172-174)

- 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

16.6 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.) (175-177)

- 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

Section 17: Physical Activity

CATI note: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.

17.1 When you are at work, which of the following best describes what you do? Would you say— (178)

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

Do not read:

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

Please read:

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.

17.2 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? (179)

- 1 Yes
- 2 No **[Go to Q17.5]**
- 7 Don't know / Not sure **[Go to Q17.5]**
- 9 Refused **[Go to Q17.5]**

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (180-181)

- __ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **[Go to Q17.5]**
- 7 7 Don't know / Not sure **[Go to Q17.5]**
- 9 9 Refused **[Go to Q17.5]**

17.4 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? (182-184)

- _: _ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.5 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? (185)

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

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (186-187)

- __ 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]**

17.7 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? (188-190)

- _:__ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 18: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

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

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (191)

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

18.2 Not including blood donations, in what month and year was your last HIV test? (192-197)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- __ / __ __ __ Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

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

(198-199)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

CATI note: Ask Q.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.

18.4 Was it a rapid test where you could get your results within a couple of hours?

(200)

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

Section 19: Emotional Support and Life Satisfaction

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

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

INTERVIEWER NOTE: If asked, say “please include support from any source”.

(201)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

19.2 In general, how satisfied are you with your life? (202)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

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

Section 20: Gastrointestinal Disease

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea is defined as 3 or more loose stools or bowel movements in a 24-hour period.* (208)

- 1 Yes
- 2 No [Go to Core closing statement]
- 7 Don't know / Not sure [Go to Core closing statement]
- 9 Refused [Go to Core closing statement]

20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?
Note: Do not answer "Yes" if you just had telephone contact with a health professional. (209)

- 1 Yes
- 2 No [Go to Core closing statement]
- 7 Don't know / Not sure [Go to Core closing statement]
- 9 Refused [Go to Core closing statement]

20.3 When you visited your health care professional, did you provide a stool sample for testing? (210)

- 1 Yes
- 2 No [Go to Core closing statement]
- 7 Don't know / Not sure [Go to Core closing statement]
- 9 Refused [Go to Core closing statement]

Optional Modules

Module 1: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.

If Core Q12.7 = 1, Interviewer please read: “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 Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: “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 PLEASE READ:

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.”

1. What is the birth month and year of the “Xth” child? (203-208)

_ / _	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl? (209)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (210)

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

4. Which one or more of the following would you say is the race of the child? (211-216)

[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

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race? (217)

- 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

6. How are you related to the child?

(218)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (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

Module 2: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma?

(219)

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

2. Does the child still have asthma?

(220)

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

Module 3: Diabetes

To be asked following Core Q5.1; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (221-222)

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

2. Are you now taking insulin? (223)

1 Yes
 2 No
 9 Refused

3. Are you now taking diabetes pills? (224)

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. (225-227)

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.

(228-230)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 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?

(231)

- 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?

(232-233)

- _ _ 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"?

(234-235)

- _ _ 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

CATI Note: If Q5 = 555 (No feet), 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? (236-237)

— — 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. (238)

Read only if necessary:

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

Do not read:

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (239)

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? (240)

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

Module 13: Arthritis Management

CATI note: If Core Q15.2 or Q15.4 = 1 (Yes), continue. Otherwise, go to next module.

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (322)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (323)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (324)

Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (325)

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

Module 16: Mental Illness & Stigma

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(335)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(336)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?

[If necessary: all, most, some, a little, or none of the time?]

(337)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[If necessary: all, most, some, a little, or none of the time?]

(338)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**?

[If necessary: all, most, some, a little, or none of the time?]

(339)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**?

[If necessary: all, most, some, a little, or none of the time?]

(340)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities? (341-342)

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

INTERVIEWER NOTE: If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (343)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

9. Treatment can help people with mental illness lead normal lives. Do you **agree** slightly or strongly, or **disagree** slightly or strongly? (344)

Read only if necessary:

1 Agree strongly
2 Agree slightly
3 Neither agree nor disagree
4 Disagree slightly
5 Disagree strongly

Do not read:

7 Don't know / Not sure
9 Refused

10. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

(345)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

State Added Questions

Section A: Weight Control

- A.1** Are you now trying to lose weight?

- 1 Yes **[Skip to A.3]**
- 2 No
- 7 Don't Know / Not Sure
- 9 Refused

- A.2** Are you now trying to maintain your current weight, that is to keep from gaining weight?

- 1 Yes
- 2 No **[Skip to A.5]**
- 7 Don't Know / Not Sure **[Skip to A.5]**
- 9 Refused **[Skip to A.5]**
- 10**

- A.3** Are you eating either fewer calories or less fat to...

lose weight **[if “Yes” on A.1]**

keep from gaining weight **[if “Yes” on A.2]?**

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't Know/Not Sure
- 9 Refused

A.4 Are you using physical activity or exercise to...

lose weight [if “Yes” on A.1]

keep from gaining weight [if “Yes” on A.2]?

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

A.5 In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (Probe for which.)

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't Know/Not Sure
- 9 Refused

A.6 Do you now consider yourself to be overweight, underweight, obese, or at a normal weight?

- 1 Overweight
- 2 Underweight
- 3 Obese
- 4 Normal Weight
- 7 Don't Know/Not Sure
- 9 Refused

Section B: Child Health Insurance

The next questions are about children's health. I would like to ask questions about the (child selected from random child selection module) or if only one child, the child in your household

Help Screen: Medicaid refers to a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program that is administered by the state. Private health insurance refers to any type of health insurance, including health maintenance organizations (HMO) other than public programs. These plans may be provided in part or fully by the person's employer or union, or purchased directly by the individual.

B.1 Does this child have any kind of health care coverage including health insurance, prepaid plans such as HMO's or government plans such as Medicaid, military coverage, Indian Health or the Native Alaska Health Service?

- 1 Yes
- 2 No **skip to B.4**
- 7 Don't know/Not sure
- 9 Refused

- B.2** Is this child's health insurance Medicaid or Denali KidCare?
- 1 Yes **Skip to B.3**
 - 2 No **Skip to B.3**
 - 7 Don't know
 - 9 Refused
- B.3** During the past 12 months was there any time when this child was not covered by ANY health insurance?
- 1 Yes **skip to B.5**
 - 2 No **skip to B.5**
 - 7 Don't know **skip to B.5**
 - 9 Refused **skip to B.5**
- B.4** During the past 12 months was there any time when this child had health coverage?
- 1 Yes
 - 2 No
 - 7 Don't know
 - 9 Refused
- B.5** During the past 12 months did this child see a doctor, nurse, or other health care professional for any kind of medical care, including sick-child, well child check ups, physical exams or hospitalizations?
- 1 Yes
 - 2 No
 - 7 Don't know
 - 9 Refused
- B.6** During the past 12 months did this child receive all the medical care he/she needed?
- 1 Yes **next section**
 - 2 No **go to B.7**
 - 7 Don't know **next section**
 - 9 Refused **next section**

Help screen: Mark all that apply. Read responses only if necessary.

- B.7** Why did your child not get all the medical care needed?
- 1 Cost too much
 - 2 No insurance
 - 3 Health Plan problems
 - 4 Can't find doctor who accepts child's insurance.
 - 5 Not available in area/transportation problems.
 - 6 Not convenient times/couldn't get appointment.
 - 7 Doctor did not know how to treat or provide care.
 - 8 Dissatisfaction with doctor.
 - 9 Did not know where to go for treatment.
 - 10 Child refused to go.
 - 11 Treatment is ongoing.
 - 12 Vaccine shortage.
 - 13 Other (specify)
 - 77 Don't Know
 - 99 Refused

Section C: Smokeless Tobacco Use

C.1 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 next sct.**
- 7 Don't know/Not sure **Skip to next sct.**
- 9 refused **skip to next sct.**

C.2 Do you currently use 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 c.8**
- 7 Don't know/Not sure **Skip to c.8**
- 9 Refused **skip to c.8**

**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.*

C.3 On how many of the past 30 days did you use smokeless tobacco products?

- __ Days
- 88 None
- 77 DK/NS
- 99 Refused

C.4 Would you like to quit using smokeless tobacco?

- 1 Yes
- 2 No **skip to C.7**
- 7 DK/NS **skip to C.7**
- 9 Refused **skip to C.7**

C.5 Are you seriously considering quitting using smokeless tobacco products within the next 6 months?

- 1 Yes
- 2 No **skip to C.7**
- 7 DK/NS **Skip to C.7**
- 9 Refused **Skip to C.7**

C.6 Are you seriously considering quitting using smokeless tobacco products within the next 30 days?

- 1 Yes
- 2 No
- 7 DK/NS
- 9 Refused

C.7 In the past 12 months, has any doctor, dentist or other health professional advise you to stop using smokeless tobacco?

- 1 Yes **skip to next sect.**
- 2 No
- 7 DK/NS
- 9 Refused

C.8 In the past 12 months, has any doctor, dentist or other health professional ask if you use smokeless tobacco products such as chewing tobacco, snuff, Iq'mik or Blackbull?

- 1 Yes
- 2 No
- 7 DK/NS
- 9 Refused

Section D: Cardiovascular Health

D.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 DK/NS
- 9 Refused

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

- 1 Yes
- 2 No
- 7 DK/NS
- 9 Refused

D.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 DK/NS
- 9 Refused

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

- 1 Yes
- 2 No
- 7 DK/NS
- 9 Refused

Section E: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

E.1 Are any firearms now kept in or around your home?

- 1 Yes
- 2 No **[Go to closing statement]**
- 7 DK/NS **[Go to closing statement]**
- 9 Refused **[Go to closing statement]**

E.2 Are any of these firearms now loaded?

- 1 Yes
- 2 No **[Go to closing statement]**
- 7 DK/NS **[Go to closing statement]**
- 9 Refused **[Go to closing statement]**

E.3 Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or a combination to get the gun or to fire it. We don't count safety as a lock.

- 1 Yes
- 2 No
- 7 DK/NS
- 9 Refused

Closing statement

Please read:

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.