



2008

Behavioral Risk Factor Surveillance System

Questionnaire

Behavioral Risk Factor Surveillance System 2008 AK 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 in (state) ?

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 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 about this survey, please call **1-877-655-2793**.

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
- 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 **[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?

- — 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?

- 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?"

- 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?

- 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.

- 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: Sleep

The next question is about getting enough rest or sleep.

- 4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

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

Section 5: Exercise

- 5.1** 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 6: Diabetes

- 6.1** 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
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 7: Oral Health

- 7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

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
- 8 Never
- 9 Refused

- 7.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.

- 7.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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
- 8 Never
- 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?

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

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

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

8.3 (Ever told) you had a stroke?

- 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?

- 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: Disability

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

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

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

10.2 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?

Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 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?

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?

- 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?

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

Section 12: Demographics

12.1 What is your age?

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

12.2 Are you Hispanic or Latino?

- 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?

(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
- 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?

- 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.*

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

12.6 Are you...?

Please read:

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

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

12.8 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)

Do not read:

- 9 Refused

12.9 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

12.10 Is your annual household income from all sources—

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?

NOTE: If respondent answers in metrics, put “9” in column 119.

Round fractions up

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

CATI note: If Q12.11 = 7777 (Don't know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14).

12.12 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put “9” in column 123.

Round fractions down

— — / — —	Height
(f t / 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?]* **CATI: If female respondent and age <46.**

NOTE: If respondent answers in metrics, put “9” in column 127.

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?

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

12.15 What is your ZIP Code where you live?

— — — —	ZIP Code
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

12.16 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 Q12.19]**
- 7 Don't know / Not sure **[Go to Q12.19]**
- 9 Refused **[Go to Q12.19]**

12.17 How many of these telephone numbers are residential numbers?

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

12.18 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.

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

12.19 **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]**

12.20 To your knowledge, are you now pregnant?

- 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?

- 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?

- 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?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- _ _ 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?

- _ _ 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?

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

Section 14: Immunization

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

- 1 Yes
- 2 No **[Go to Q14.3]**
- 7 Don't know / Not sure **[Go to Q14.3]**
- 9 Refused **[Go to Q14.3]**

14.2 During what month and year did you receive your most recent flu shot?

- _ _ / _ _ _ _ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

14.3 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™.

- 1 Yes
- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]

14.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

- __ / __ __ __ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

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

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

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

15.1 In the past 3 months, how many times have you fallen?

- __ __ Number of times [76 = 76 or more]
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

15.2 [Fill in "Did this fall (from Q15.1) cause an injury?"]. If only one fall from Q15.1 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- __ __ Number of falls [76 = 76 or more]
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say—

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go to next section.

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

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

Section 18: Women's Health

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1 Yes
- 2 No **[Go to Q18.3]**
- 7 Don't know / Not sure **[Go to Q18.3]**
- 9 Refused **[Go to Q18.3]**

18.2 How long has it been since you had your last mammogram?

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- 1 Yes
- 2 No **[Go to Q18.5]**
- 7 Don't know / Not sure **[Go to Q18.5]**
- 9 Refused **[Go to Q18.5]**

18.4 How long has it been since your last breast exam?

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No **[Go to Q18.7]**
- 7 Don't know / Not sure **[Go to Q18.7]**
- 9 Refused **[Go to Q18.7]**

18.6 How long has it been since you had your last Pap test?

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

CATI note: If response to Core Q12.21 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy?

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Section 19: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- 1 Yes
- 2 No **[Go to Q19.3]**
- 7 Don't Know / Not sure **[Go to Q19.3]**
- 9 Refused **[Go to Q19.3]**

19.2 How long has it been since you had your last PSA test?

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.4 How long has it been since your last digital rectal exam?

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

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

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

Section 20: Colorectal Cancer Screening

CATI note: If respondent is \leq 49 years of age, go to next section.

20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

20.2 How long has it been since you had your last blood stool test using a home kit?

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

20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

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

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy?

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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

Section 21: 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.

21.1 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.

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

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

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
- 77/7777 Don't know / Not sure
- 99/9999 Refused

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at 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?

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.

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

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

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

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

Do any of these situations apply to you?

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

Section 22: Emotional Support and Life Satisfaction

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

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

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

(204)

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life?

(205)

Please read:

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

Do not read:

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

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.1 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 2: Diabetes

To be asked following Core Q6.1; if response is "Yes" (code = 1)

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. 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

4. 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
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5. 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

6. 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

CATI note: If Q4 = 555 (No feet), go to Q8.

7. 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

8. 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

Do not read:

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

9. 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

10. 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 6: Binge Drinking

Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are **about the most recent occasion** when this happened. For these questions, **one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor**. So, a 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

INTERVIEWER NOTE: If asked, "occasion" means in a row or within a few hours.

1. During the **most** recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about **how many beers**, including malt liquor, did you drink?

(268-269)

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

2. During the same occasion, about **how many glasses of wine** did you drink?

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

3. During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

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

4. During the same occasion, about **how many other pre-mixed, flavored** drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.

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

5. During this most recent occasion, **where were you** when you did **most** of your drinking?

Read only if necessary:

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event

Do not read:

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

6. Did you drive a motor vehicle such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion?

INTERVIEWER NOTE: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.

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

CATI note: Ask Q7 only if response to Q5 = 3 (At a restaurant or banquet hall) or 4 (At a bar or club). Otherwise, go to next module.

7. During this most recent occasion, approximately how much did **you pay** for the alcohol which **you drank**?

INTERVIEWER NOTE: If anyone asks, they do not need to include the amount spent on tips.

- — — Total amount
- 8 8 8 Paid nothing – all drinks free or paid for by others
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

State Added Questions

Section A: Health care insurance and access

- If Q3.1 = 1**
- A.1** Earlier you said you have health care coverage. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

[NOTE: IF MORE THAN ONE, ASK "Which type do you use to pay for most of your medical care?"]

Please read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS or TriCare, or the VA
- 07 Alaska Native Health Service or Indian Health Service
- 08 Some other source (Specify)

Do not read:

- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

If Q3.1 = 2 or 7

A.2 Earlier you said you do not have health care coverage or weren't sure you had health care coverage. There are some types of coverage you may not have considered. Please tell me if you have any of the following: Coverage through:

[NOTE: IF MORE THAN ONE, ASK "Which type do you use to pay for most of your medical care?"]

Please read:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS or TriCare, or the VA
- 07 Alaska Native Health Service or Indian Health Service
- 08 Some other source (Specify)

Do not read:

- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

Asked of all:

A.3 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
- 7 Don't know
- 9 Refused

Section B: PHQ-8/Mental Illness Stigma

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

B.1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

- — 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

B.2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

- — 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

B.3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

– – 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

B.4 Over the last 2 weeks, how many days have you felt tired or had little energy?

– – 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

B.5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

– – 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

B.6 Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

– – 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

B.7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

– – 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

B.8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

– – 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

B.9 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...

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

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

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

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

Section C: Hepatitis B vaccination

C.1 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is complete after the third shot is given.

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

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

C.2 The next question is about behaviors related to Hepatitis B.

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?

- 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 D: Pap Test Reason

If 12.20 = 2 AND (18.5 = 2 OR 18.6 = 5)

D.1 Previously you told us that you have never had a pap test or that your last pap test was 5 or more years ago.

What is the main reason you have never had a Pap test or for waiting so long since the last one?

- 1 No regular doctor
- 2 Don't trust/feel comfortable with doctors
- 3 No health insurance/too expensive
- 4 Nothing wrong with me/no problems/
- 5 No cervical cancer in my family
- 6 My doctor has not recommended one
- 7 Afraid of finding a problem
- 8 Not a priority for me/too busy/put off
- 9 Didn't know I should
- 10 Too embarrassing
- 11 No transportation/services not available or convenient
- 12 Goes against my faith/religion
- 13 Goes against my culture
- 14 Too young/old to have the test
- 15 Other (specify)
- 77 Don't know
- 99 Refused to answer

Section E: Child Health Insurance

E.1 My next questions are about children's health. I would like to ask questions about the child in your household who had the most recent birthday and is under 18 years old

What is this (CHILD)'s age?

01-17	Code age in years
77	Don't Know
88	Less than one year old
99	Refused

E.2 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?

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.

1	Yes
2	No skip to E.5
7	DK/NS
9	Refused

E.3 Is this child's health insurance Medicaid or Denali KidCare?

1	Yes
2	No
7	DK/NS
9	Refused

E.4 During the past 12 months was there any time when this child was not covered by ANY health insurance?

1	Yes skip to E.6
2	No skip to E.6
7	DK/NS skip to E.6
9	Refused skip to E.6

E.5 During the past 12 months was there any time when this child had health coverage?

1	Yes
2	No
7	DK/NS
9	Refused

E.6 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 DK/NS
- 9 Refused

E.7 During the past 12 months did this child receive all the medical care he/she needed?

- 1 Yes **go to Section F**
- 2 No **go to E.8**
- 7 Don't know **go to Section F**
- 9 Refused **go to Section F**

E.8 Why did your child not get all the medical care needed?

Mark all that apply. Read responses only if necessary.

- 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 F: Smokeless Tobacco Use

F.1 Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik, or Blackbull? Probe for which.

***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.**

Mark all that apply.

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'mik or Blackbull
- 4 Yes, other (specify) _____
- 5 No, None **skip to Section G**
- 7 DK/NS **skip to Section G**
- 9 Refused **skip to Section G**

F.2 Do you currently use any smokeless tobacco products such as chewing tobacco, snuff, Iq'mik, or Blackbull? Probe for which.

***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.**

Mark all that apply.

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'mik or Blackbull
- 4 Yes, other (specify) _____
- 5 No, None **skip to Section G**
- 7 DK/NS **skip to Section G**
- 9 Refused **skip to Section G**

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

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

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

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

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

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

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

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

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

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

F.8 In the past 12 months, has any doctor, dentist or other health professional asked 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 G: Fish Consumption

G.1 The next few questions are about eating fish. First, I'd like you to think about fish caught by you, a friend, or a relative from Alaska waters. Do not include fish purchased at a store or restaurant. Do not include shellfish such as crab, clams or shrimp. In the past 30 days, how often did you eat fish from Alaska waters that were caught by you or given to you by a friend or relative?

[Do not read response categories unless needed]

- 1 ___ Times per Day
- 2 ___ Times per Week
- 3 ___ Times per Month
- 55 I don't eat fish → **Skip to G.3**
- 88 None
- 77 Don't know
- 99 Refused

G.2 Now I'd like you to think about fish bought at a grocery store, fish market, or restaurant. This includes fresh or frozen fish, smoked fish, canned or pouched fish, fish sticks or patties, sushi, and any other fish types. Do not include shellfish such as crab, clams or shrimp. In the past 30 days, how often did you eat fish bought at a grocery store, fish market or restaurant?

[Do not read response categories unless needed]

- 1 ___ Times per Day
- 2 ___ Times per Week
- 3 ___ Times per Month
- 55 I don't eat fish → **Skip to G.3**
- 88 None
- 77 Don't know
- 99 Refused

G.3 The State of Alaska recently issued health guidelines for eating locally caught fish from Alaska waters, discussing both the health benefits and the mercury risks. Now thinking only about wild Alaska salmon, which of the following three statements best fits your understanding of the State's advice for eating wild Alaska salmon?

[Read response choices 1-3 only]

- 1 There are no restrictions on eating wild Alaska salmon for anyone.
- 2 There are some restrictions on eating wild Alaska salmon for certain people.
- 3 There are some restrictions on eating wild Alaska salmon for everyone.
- 4 I don't remember what the State's guidelines said about eating wild Alaska salmon.
- 5 I haven't heard about the State's guidelines.
- 7 Don't know
- 9 Refused

G.4 How concerned are you about the mercury risks in some Alaska fish when it comes to your personal health? Are you...

[Read response choices 1-4 only]

- 1 Not at all concerned
- 2 A little concerned
- 3 Somewhat concerned
- 4 Very concerned
- 5 I don't eat fish.
- 7 Don't know
- 9 Refused

G.5 Now thinking about all fish and not just Alaska fish, have you changed how much fish you eat after hearing about the health benefits and mercury risks of eating fish? Do you eat...

[Read response choices 1-5 only]

- 1 More fish
- 2 The same amount of fish
- 3 More of some fish and less of others
- 4 Less fish OR
- 5 You've stopped eating fish altogether
- 6 I haven't heard about the health benefits and mercury risks of eating fish
- 7 Don't know
- 8 I don't eat fish.
- 9 Refused

Section H: Alzheimer's Awareness

H.1 These questions concern your beliefs about ways to prevent Alzheimer's Disease and Related Disorders.

Do you think that (Fill A – D, random order) could lower a person's risk of developing Alzheimer's?

a. Healthy Eating

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

b. Regular Physical Activity

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

c. Mental challenges like puzzles and games

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

d. Socializing with family and friends

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

Section I: Oral Cancer exams

I.1 In the past year, have you had a doctor, dentist, or dental hygienist check for oral cancer by pulling on your tongue, sometimes with gauze wrapped around it, and feeling under the tongue and inside the cheeks?

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



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

This means we might call you back within the next year, or invite you to some focus groups in your area. Of course, you can always refuse to participate in future surveys.

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

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.