



2008

Behavioral Risk Factor Surveillance System

Modified Questionnaire

November 7, 2007

[ANNOTATED – 20090121]



Interviewer's Script

HELLO, I am calling for the _____. My name is _____ **(name)** _____. We are gathering information about the health of _____ residents. This project is conducted by the health department. 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 Alaska?

If "no,"

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

Is this a cellular telephone? By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

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 [NUMADULT – BOTH]

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 4.**

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 [NUMMEN – BOTH]

_____ Number of women [NUMWOMEN – BOTH]

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. 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, 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—
[GENHLTH – BOTH]

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?

[PHYSHLTH – BOTH]

- – 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?

[MENTHLTH – BOTH]

- – 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?

[POORHLTH – BOTH]

- – 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?

[HLTHPLAN – BOTH]

- 1 Yes
- 2 No **Skip to 3.3**
- 7 Don't know / Not sure **Skip to 3.3**
- 9 Refused **Skip to 3.4**

3.2 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?"]

[TYPICOVR1]

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 Native Health Service or Indian Health Service
- Or
- 08 Some other source (Specify)

DO NOT READ

- 88 None
- 77 Don't Know/ Not

3.3. 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?"]
[TYPCOVR2]

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 Native Health Service or Indian Health Service
- Or
- 08 Some other source (Specify)

DO NOT READ

- 88 None
- 77 Don't Know/ Not

3.4 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?"

[PERSDOC2 – BOTH]

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

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

[MEDCOST – BOTH]

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

[EXERANY2 – BOTH]

- 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 no, ask: “Have you been told you have prediabetes or borderline diabetes?”

[DIABETE2 – BOTH]

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

If yes – go to Diabetes Module (Module 1) and back to Section .

Section 6: Cardiovascular Disease Prevalence

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

a. A heart attack, also called a myocardial infarction?

[CVDINFR4 – BOTH]

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

b. Angina or coronary heart disease?

[CVDCRHD4 – BOTH]

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

c. A stroke?

[CVDSTRK3 – BOTH]

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

Section 7: Asthma

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

[ASTHMA2 – BOTH]

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

7.2 Do you still have asthma?

[ASTHNOW – BOTH]

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

Section 8: Disability

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

[QLACTLM2 – BOTH]

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

Section 9: Tobacco

Cigarette Use

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

[SMOKE100 – BOTH]

NOTE: 5 packs = 100 cigarettes

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | |
| 2 | No | [Skip to 9.18] |
| 7 | Don't know / Not sure | [Skip to 9.18] |
| 9 | Refused | [Skip to 9.18] |

9.2 Do you now smoke cigarettes every day, some days, or not at all?
[SMOKDAY2 – BOTH]

- 1 Every day
- 2 Some days
- 3 Not at all **[Skip to 9.10]**
- 7 Don't know / Not sure **[Skip to 9.10]**
- 9 Refused **[Skip to 9.10]**

9.3 During the past 30 days, on how many days did you smoke cigarettes?
[CIGS30D]

- 0-30 Number of Days **[If .3 = 0 Skip to 9.10]**
- 77 Don't Know / Not Sure **[Skip to 9.10]**
- 99 Refused **[Skip to 9.10]**

9.4 On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?
[NUMCIG]

- 0-180 Number of Cigarettes
- 666 Less than one cigarette a day
- 777 Don't Know / Not Sure
- 999 Refused

9.5 Where do you usually buy cigarettes?
[BUYCIGS]

- 1 In your community
- 2 In another community in Alaska
- 3 In a community outside Alaska **[Skip to 9.7]**
- 4 Using the Internet **[Skip to 9.9]**
- 5 Using mail-order source or and 800 number **[Skip to 9.9]**
- 7 Don't Know / Not Sure **[Skip to 9.8]**
- 9 Refused **[Skip to 9.8]**

Ask of those who usually buy in Alaska

9.6 In what type of store do you usually buy cigarettes?
[STORECIG]

- 1 Convenience stores/gas stations
 - 2 Supermarkets
 - 3 Liquor or drug stores (pharmacies)
 - 4 Tobacco discount stores
 - 5 Other discount stores, such as Wal-Mart
 - 6 Military commissaries
 - 7 Other type of store (**specify**) _____
- [STORCIGT]**

[Skip to 9.8]

Ask of those who usually buy outside Alaska

9.7 From which state do you usually buy them? **(open-ended answer)**
 [STATECIG]

Ask of those who usually buy in Alaska or outside Alaska (all smokers except if 9.5 = 4 or 5)

9.8 In the last year, have you bought cigarettes over the Internet, or using a mail-order source?

[MAILCIG]

- 1 Yes
- 2 No **[Skip to 9.10]**
- 7 Don't Know / Not Sure **[Skip to 9.10]**
- 9 Refused **[Skip to 9.10]**

Ask of those who usually buy over the Internet/mail order [9.5 = 4 or 5] or have done so in the last year [9.8 = 1]

9.9 In the last three months, about how many cartons or packs of cigarettes have you bought through the Internet or using a mail-order source?

[MAILNUM]

___ ___ number of (1 = packs, 2 = cartons)

- 7777 Don't Know / Not Sure
- 9999 Refused

9.10 How old were you when you first started smoking cigarettes regularly?

[BEGSMOKE]

___ ___ Code age in years

- 88 Never smoked regularly (*don't read*)
- 77 Don't Know / Not Sure
- 99 Refused

Ask of Former Smokers (9.1 = 1 and 9.2 = 3)

9.11 About how long has it been since you last smoked cigarettes regularly?
[LASTSMK]

- 1 Within the past month
- 2 Within the past 3 months
- 3 Within the past 6 months
- 4 Within the past year
- 5 Within the past 5 years

[If 1-5 Skip to 9.13]

- 6 Within 10 years
- 7 10 or more years ago
- 8 Don't Know / Not Sure
- 9 Refused

[If 6-9 Skip to Health Professional Care (9.18)]

Cessation - Ask of Current Smokers (9.2 = 1 or 2)

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

[STOPSMK2 - BOTH]

- 1 Yes
- 2 No **[Skip to 9.15]**
- 7 Don't know / Not sure **[Skip to 9.15]**
- 9 Refused **[Skip to 9.15]**

Methods of Quitting - Ask of Current Smokers who have tried to quit during past 12 months (9.12 = 1) or Former Smokers who quit within past 5 years (9.11 = 1-5)

9.13 **Former Smokers:**
When you quit smoking for good...

Current Smokers:
The last time you tried to quit smoking...

Did you use the nicotine patch, nicotine gum, or any other medication to help you quit?
[MEDQUIT]

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

9.14 Former Smokers:
When you quit smoking for good...

Current Smokers:
The last time you tried to quit smoking...

Did you use any other assistance, such as classes or counseling?
[CLASSQT]

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

[Former Smokers (9.1 = 1 and 9.2 = 3) skip to 9.18]

Stages of Readiness (for Quitting Smoking) - Ask of Current Smokers (9.2 = 1 or 2)

9.15 Would you like to quit smoking?
[LIKESTOP]

1	Yes	
2	No	[Skip to 9.18]
7	Don't know / Not sure	[Skip to 9.18]
9	Refused	[Skip to 9.18]

9.16 Are you seriously considering stopping smoking within the next 6 months?
[LKSTP6MO]

1	Yes	
2	No	[Skip to 9.18]
7	Don't know / Not sure	[Skip to 9.18]
9	Refused	[Skip to 9.18]

9.17 Are you planning to stop smoking within the next 30 days?
[LKSTP30D]

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

Health Professional Care - Ask of All Respondents

9.18 the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?
[GETCARE]

1	Yes	
2	No	[Skip to 9.22]
7	Don't know / Not sure	[Skip to 9.22]
9	Refused	[Skip to 9.22]

Health Professional Advice - Ask of Current Smokers (9.2 = 1 or 2)

9.19 In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

[QUITSMOK]

- | | | |
|---|-----------------------|-----------------------|
| 1 | Yes | [Skip to 9.21] |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

Health Professional Assessment

Ask of Never Smokers (9.1 = 2, 7, or 9), Former Smokers (9.1 = 1 and 9.2 = 3), Current Smokers who were not advised to quit (9.19 = 2, 7, or 9)

9.20 During the past 12 months, did any doctor or other health professional ask if you smoke?

[DOCASK]

- | | | |
|---|-----------------------|-----------------------|
| 1 | Yes | [Skip to 9.22] |
| 2 | No | [Skip to 9.22] |
| 7 | Don't know / Not sure | [Skip to 9.22] |
| 9 | Refused | [Skip to 9.22] |

Ask of Current Smokers advised to quit (9.19 = 1)

9.21 In the past 12 months, when a doctor or other health professional advised you to quit smoking, did they also do any of the following?

[DOCDRUG]

(a) Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?

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

[DOCDATE]

(b) Suggest that you set a specific date to stop smoking?

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

[DOCCLASS]

(c) Suggest that you use a smoking cessation class, program, quit line, or counseling?

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

(d) Provide you with booklets, videos, or other materials to help you quit smoking on your own?

[DOCBOOK]

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

Other Smoked Tobacco Product Use

9.22 In the past month, have you smoked a cigar, even just a puff?:

[CIGAR30D]

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

9.23 In the past month, have you smoked tobacco in a pipe?:

[PIPE30D]

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

9.24 In the past month, have you smoked clove cigarettes?:

[CLOVE30D]

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

9.25 In the past month, have you smoked bidis?:

[BIDI30D]

[if needed: BEE-DEES, flavored cigarettes with brown wrappers from India.]

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

Smokeless Tobacco Use

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

[USEEVAK1, USEEVAK2, USEEVAK3, USEEVAK4 - BOTH]

Check all that apply

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, other (specify) _____ [USEEVAKT – BOTH]
- 5 No, None **[Skip to 9.]**
- 7 Don't know / Not sure **[Skip to 9.35]**
- 9 Refused **[Skip to 9.35]**

*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.

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

[USENWAK1, USENWAK2, USENWAK3, USENWAK4 - BOTH]

Check all that apply

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, other (specify) _____ [USENWAKT – BOTH]
- 5 No, None **[Skip to 9.29]**
- 7 Don't know / Not sure **[Skip to 9.29]**
- 9 Refused **[Skip to 9.29]**

9.28 In how many of the past 30 days did you use smokeless tobacco products?

[SMKLSDAY - BOTH]

- __ __ Days
- 88 None
- 99 Refused

9.29 How old were you when you first started using smokeless tobacco regularly?

[BEGSMKLS]

- __ _ Code age in years
- 88 Never used smokeless tobacco regularly (don't read)
- 77 Don't know/not sure
- 99 Refused

Smokeless Tobacco Cessation - Ask of Current ST Users (9.27 = 1 - 5).

9.30 Would you like to quit using smokeless tobacco?

[SMKLSQT - BOTH]

- 1 Yes
- 2 No **[Skip to 9.34]**
- 7 Don't know / Not sure **[Skip to 9.34]**
- 9 Refused **[Skip to 9.34]**

9.31 Are you seriously considering quitting using smokeless tobacco products within the next 6 months?

[SMKLS6MO - BOTH]

- 1 Yes
- 2 No **[Skip to 9.34]**
- 7 Don't know / Not sure **[Skip to 9.34]**
- 9 Refused **[Skip to 9.34]**

9.32 Are you seriously considering quitting using smokeless tobacco products within the next 30 days?

[SMKLS30D - BOTH]

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

Ask of Former Smokeless Tobacco Users (9.26 = 1-5, 9.27 = 6)

9.33 About how long has it been since you last used smokeless tobacco regularly?

[LASTSMKL]

- 1 Never regularly used smokeless tobacco
- 2 Within the past month
- 3 Within the past 3 months
- 4 Within the past 6 months
- 5 Within the past year
- 6 Within the past 5 years
- 7 Within 10 years
- 8 10 or more years ago
- 77 Don't know/Not sure
- 99 Refused

Ask of Current ST Users (9.27 = 1 - 5).

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

[SMKLSADV - BOTH]

- 1 Yes **[Skip to 9.36]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Ask of Never ST users (9.26 = 6, 7, or 9), Former ST users (9.27 = 6, 7, or 9), and Current ST users NOT advised to quit (9.32 = 2, 7, or 9)

- 9.35** 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?
[SMKLSASK - BOTH]
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Secondhand Smoke – Ask of All Respondents

- 9.36** How many people, including you, who live in your household currently smoke cigarettes, cigars, or pipes?
[NUMSMOKE]
- Number of current smokers in household
 - 88 No current smokers in household
 - 77 Don't know/not sure
 - 99 Refused

- 9.37** In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?
[TOBACCO]
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 9.38** Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.
[HOUSSMK2]
- 1 Smoking is not allowed anywhere inside your home
 - 2 Smoking is allowed in some places or at some times
 - 3 Smoking is allowed anywhere inside the home
(Don't read)
 - 7 Don't know / Not sure
 - 9 Refused

Now I am going to ask you some questions about workplace policies

- 9.39** While working at your job, are you indoors most of the time?
[INDOORS]
- 1 Yes
 - 2 No **[Skip to 9.41]**
 - 3 Not employed **[Skip to 9.42]**
 - 7 Don't know / Not sure **[Skip to 9.41]**
 - 9 Refused **[Skip to 9.41]**

9.40 In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere at your workplace?

[SMKWK30D]

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

9.41 9 Refused

[SMKWRK1 SMKWRK2 SMKWRK3]

9.42 Which statement best describes your place of work's official smoking policy for work areas?

[SMKWORK2]

- 1 Smoking is not allowed in any work areas
- 2 Smoking is allowed in some work areas
- 3 Smoking is allowed in all work areas
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

Exposure in Cars – Ask of All Respondents

9.43 In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes in a car you were in?

[SMKCAR30]

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

Attitudes about Secondhand Smoke – Ask of All Respondents

9.44 In indoor work areas, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

[SMKINDOR]

- 1 All areas
- 2 Some areas
- 3 Not allowed at all
(Don't read)
- 7 Don't know / Not sure (no opinion)
- 9 Refused

9.45 In restaurants, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

[SMKREST]

- 1 All areas
- 2 Some areas
- 3 Not allowed at all
(Don't read)

- 7 Don't know / Not sure (no opinion)
- 9 Refused

9.46 Is smoking currently allowed inside bars and cocktail lounges in your community?
[SMBARNOW]

- 1 Yes
- 2 No **[Skip to 9.47]**
- 3 No bars in community
- 7 Don't know / Not sure
- 9 Refused

Ask of those who either (a) do not have an ordinance banning smoking in bars, or (b) do not know if they do or not. (9.45 = 1, 7, or 9)

9.47 If smoking was not allowed in bars and cocktail lounges, would you visit them more, less, or would it make no difference?

[BARDIFF]

- 1 More **[Skip to 9.48]**
- 2 Less **[Skip to 9.48]**
- 3 No Difference **[Skip to 9.48]**
(Don't read)
- 7 Don't know / Not sure **[Skip to 9.48]**
- 9 Refused **[Skip to 9.48]**

Ask of those who do have an ordinance banning smoking in bars (9.45 = 2)

9.48 Since smoking has been not allowed in bars and cocktail lounges, have you visited them more, less, or has it not made any difference?

[BARSINCE]

- 1 More
- 2 Less
- 3 No Difference
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

Ask of All Respondents

9.49 How strongly do you agree or disagree with the following statement?

People should be protected from smoke from other people's cigarettes.

[SMKPROT]

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

9.50 Do you think that breathing smoke from other people's cigarettes is:

[ETSHARM]

- 1 Very harmful to one's health
- 2 Somewhat harmful to one's health
- 3 Not very harmful to one's health
- 4 Not harmful at all to one's health
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

9.51 Would you say that breathing smoke from other people's cigarettes causes:

[Randomize order]

a. Lung cancer in adults

[ETSLUNG]

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

b. Heart disease in adults

[ETSHEART]

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

c. Colon cancer

[ETSCOLON]

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

d. Respiratory problems in children

[ETSRESP]

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

e. Sudden infant death syndrome (SIDS)
[ETSSIDS]

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

Alaska Quit Line – Ask of All Respondents
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9.52 Are you aware of the Alaska Quit Line, which is a telephone service that can help people quit smoking or using smokeless tobacco?

[QUITLINS]

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

9.53 Would you like the toll free number? 888-842-7848 (QUIT)

[Note for CATI Programmer – For non-smokers add “for a friend or family member that smokes”]

[QUITNUM]

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

9.53 Now I am going to read a list of health topics. For each one, please tell me if you support school children receiving age-appropriate education about it in school.

[Randomize Order]

a. Dental and oral health

[EDUORAL]

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

b. Nutrition and dietary behavior

[EDUDIET]

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

c. Sexually transmitted disease or STD prevention

[EDUSTD]

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

d. Suicide Prevention
 [EDUSUIC]
 1 Yes
 2 No
 7 Don't Know/Not Sure
 9 Refused

e. Tobacco use prevention
 [EDUTOBAC]
 1 Yes
 2 No
 7 Don't Know/Not Sure
 9 Refused

f. Alcohol or other drug use prevention
 [EDUETOH]
 1 Yes
 2 No
 7 Don't Know/Not Sure
 9 Refused

g. Violence prevention, such as bullying, fighting, and homicide
 [EDUHURT]
 1 Yes
 2 No
 7 Don't Know/Not Sure
 9 Refused

Section 10: Demographics

10.1 What is your age?
 [AGE - BOTH]
 — — Code age in years
 0 7 Don't know / Not sure
 0 9 Refused

10.2 Are you Hispanic or Latino?
 [HISPANC2 - BOTH]
 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

10.3 Which one or more of the following would you say is your race?

(Check all that apply)

Please read:

[MRACE7 - BOTH]

- 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] _____ [MRACET – BOTH]

Do not read:

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

CATI note: If more than one response to Q10.3; continue. Otherwise, go to Q10.5

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

[ORACE2 - BOTH]

- 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

10.5 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.*

[VETERAN1 - BOTH]

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

10.6 Are you...?
[MARITAL - BOTH]

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

10.7 How many children live in your household who are...

- [CHLD04] a. less than 5 years old? **Code 1-7 (7 = 7 or more)**
- [CHLD0512] b. 5 through 12 years old? **Code 1-7 (7 = 7 or more)**
- [CHLD1317] c. 13 through 17 years old? **Code 1-7 (7 = 7 or more)**
- 8 8 None
- 9 9 Refused

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

Read only if necessary:

[EDUCA - BOTH]

- 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

10.9 Are you currently...?

Please read:

[EMPLOY - BOTH]

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

10.10 What kind of business or industry do you work in?
[INDUSTRY]

10.11 Is your annual household income from all sources—

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

Read only if necessary:

[INCOME2 - BOTH]

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If "no," code 02
- 05 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

10.12 Do you own or rent your home?

[HOME]

- 1 Own
- 2 Rent
- 3 Other (specify) [HOMET]
- 7 Don't know/Not sure
- 9 Refused

10.13 About how much do you weigh without shoes?

[WEIGHT2 - BOTH]

Round fractions up

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

10.14 About how tall are you without shoes?
[HEIGHT3 - BOTH]

Round fractions down

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

10.15 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 <410.**
[WTYRAGO - BOTH]

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 Q10.16

10.16 Was the change between your current weight and your weight a year ago intentional?
[WTCHGINT - BOTH]

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

10.17 What is your ZIP Code where you live?
[ZIPCODE - BOTH]

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

10.18 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.

[NUMHHOL2 - BOTH]

1	Yes	
2	No	[Go to Q10.20]
7	Don't know / Not sure	[Go to Q10.20]
9	Refused	[Go to Q10.20]

10.19 How many of these telephone numbers are residential numbers?
[NUMPHON2 - BOTH]

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

10.20 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.

[TELSERV2 - BOTH]

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

10.21 Indicate sex of respondent. Ask only if necessary.

[SEX - BOTH]

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

10.22 To your knowledge, are you now pregnant?

[PREGNANT - BOTH]

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

Section 11: Alcohol Consumption

11.1 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?

[DRNKANY4 - BOTH]

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

[ALCDAY4 - BOTH]

- 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

11.3 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?

[AVEDRINK2 - BOTH]

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

11.4 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?

[DRNK3GE5 - BOTH]

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

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

[MAXDRNKS - BOTH]

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

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q5.1 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?

[PDIBTST - BOTH]

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

CATI note: If Core Q5.1 = 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?

[PREDIAB - BOTH]

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

Module 2: Diabetes

To be asked following core Q4.1 if response is "Yes." (code=1)

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

[DIABAGE2 - BOTH]

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

2. Are you now taking insulin?

[INSULIN - BOTH]

- 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.

[BLDSUGAR - BOTH]

- 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.
[FEETCHK2 - BOTH]

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- Error! Bookmark not defined.**4 ___ ___ Times per year
- Error! Bookmark not defined.**8 8 8 Never
- 5 5 5 No feet
- 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?
[DOCTDIAB - BOTH]

- ___ ___ 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"?
[CHKHEMO3 - BOTH]

- ___ ___ 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 Q6 = 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?
[FEETCHK - BOTH]

- ___ ___ 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:

[EYEEEXAM - BOTH]

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never

Do not read:

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

[DIABEYE - BOTH]

- 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?

[DIABEDU - BOTH]

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

Module 3: Cardiovascular Health Module

Ask Q1 if response to Core Q6.1 ("Ever told had a heart attack or myocardial infarction") is "Yes." (code=1)

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

[HAREHAB - BOTH]

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

Ask Q2 if response to either Core Q6.1 (“Ever told had a heart attack or myocardial infarction”) OR Core Q6.2 (“Ever told had angina or coronary heart disease”) is "Yes." (code=1)

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

[INFACTLM - BOTH]

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

Ask Q3 if response to Core Q6.3 (“Ever told had a stroke”) is "Yes." (code=1)

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

[STREHAB - BOTH]

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

Ask Q4 if response to Core Q6.3 (“Ever told had a stroke”) is "Yes." (code=1)

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

[STKACTLM - BOTH]

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