



D R A F T

**for
2010**

Behavioral Risk Factor Surveillance System

Modified Questionnaire



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. 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? 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

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

___ 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. 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—

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

Do not read

- 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?

Do not read

- – 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?

Do not read

- – 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 **Skip to 3.3**

Do not read

- 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?"]

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

- 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?"]

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

- 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?"

- 1 Yes, only one
- 2 More than one
- 3 No

Do not read

- 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?

- 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?

- 1 Yes
- 2 No

Do not read

- 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?”

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes

Do not read

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

If yes (1) – go to Diabetes Module (Module 2) and back to Section 6.

If not yes (2-9) – go to Prediabetes Module (Module 1) and back to Section 6.

Section 6: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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?

- 1 Yes
- 2 No

Do not read

- 7 Don't Know / Not Sure
- 9 Refused

b. Angina or coronary heart disease?

- 1 Yes
- 2 No
- Do not read**
- 7 Don't Know / Not Sure
- 9 Refused

c. A stroke?

- 1 Yes
- 2 No
- Do not read**
- 7 Don't Know / Not Sure
- 9 Refused

Section 7: Preventive-Counseling Services

7.1 The next two questions are about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

Has a doctor or other health professional ever talked with you about your diet or eating habits?

- 1 Yes, within the past 12 months
- 2 Yes, within the past 3 years
- 3 Yes, 3 or more years ago
- 4 No
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

7.2 Has a doctor or other health professional ever talked with you about physical activity or exercise?

- 1 Yes, within the past 12 months
- 2 Yes, within the past 3 years
- 3 Yes, 3 or more years ago
- 4 No
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

Section 8: Health Problem Perceptions

8.1 What do you think is the most important health problem facing Alaska’s children and youth today?

(Do Not Read – interviewer codes directly)

- 1 Cancer
- 2 Cardiovascular disease (heart disease or stroke)
- 3 Diabetes
- 4 Asthma / respiratory conditions / lung disease
- 5 Flu / influenza (seasonal or H1N1)
- 6 Tuberculosis
- 7 Smallpox
- 8 HIV/AIDS
- 9 Sexually transmitted diseases
- 10 Mental health / depression
- 11 Suicide
- 12 Injuries
- 13 Violence
- 14 Cost of health care / services / drugs
- 15 Lack of health insurance
- 16 Lack of health care services available
- 17 Obesity / being overweight
- 18 Tobacco / smoking
- 19 Alcohol
- 20 Drug abuse
- 21 Stress
- 22 Lack of exercise / physical activity
- 23 Poor nutrition
- 24 Pollution
- 25 Bullying
- 26 Internet Safety
- 27 Child abuse and neglect
- 28 Teen pregnancy
- 29 Other (Specify) _ _ _ _ _
- 77 Don’t know / not sure
- 99 Refused

Section 9: Tobacco

Cigarette Use

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

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Skip to 9.23]**

Do not read

- 7 Don’t know / Not sure **[Skip to 9.23]**
- 9 Refused **[Skip to 9.23]**

9.2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all **[Skip to 9.11]**

Do not read

- 7 Don't know / Not sure **[Skip to 9.11]**
- 9 Refused **[Skip to 9.11]**

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

Do not read

- 0-30 Number of Days **[If 9.3 = 0 Skip to 9.11]**
- 77 Don't Know / Not Sure **[Skip to 9.11]**
- 99 Refused **[Skip to 9.11]**

9.4 [Note different wording depending on whether respondent is daily or some days smoker.]
[if 9.2=2, On the days when you smoked during the past 30 days] On the average, about how many cigarettes did you smoke a day? [NUMCIG]

Do not read

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

9.5 [Note different wording depending on whether respondent is daily or some days smoker.]
[if 9.2=2:On the days that you smoke,] How soon after you wake up do you smoke your first cigarette? Would you say

- 1 Within 15 minutes
- 2 15 to 30 minutes
- 3 31 to 60 minutes
- 4 1 to 2 hours
- 5 2 hours or more

Do not read

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

9.6 Where do you usually buy cigarettes?

- 1 In your community
- 2 In another community in Alaska
- 3 In a community outside Alaska **[Skip to 9.8]**
- 4 Using the Internet **[Skip to 9.10]**
- 5 Using mail-order source or and 800 number **[Skip to 9.10]**

Do not read

- 7 Don't Know / Not Sure **[Skip to 9.9]**
- 9 Refused **[Skip to 9.9]**

Ask of those who usually buy in Alaska (9.6 = 1 or 2)

- 9.7 In what type of store do you usually buy cigarettes?
- 1 Convenience stores/gas stations [Skip to 9.9]
 - 2 Supermarkets [Skip to 9.9]
 - 3 Liquor or drug stores (pharmacies) [Skip to 9.9]
 - 4 Tobacco discount stores [Skip to 9.9]
 - 5 Other discount stores, such as Wal-Mart [Skip to 9.9]
 - 6 Military commissaries [Skip to 9.9]
 - 7 Other type of store (specify) _____ [Skip to 9.9]

Ask of those who usually buy outside Alaska (9.6=3)

- 9.8 From which state do you usually buy them? (open-ended answer)
- _____

Ask of those who usually buy in Alaska or outside Alaska (all smokers except if 9.6 = 4 or 5)

- 9.9 In the last year, have you bought cigarettes over the Internet, or using a mail-order source?
- 1 Yes
 - 2 No [Skip to 9.11]
- Do not read**
- 7 Don't Know / Not Sure [Skip to 9.11]
 - 9 Refused [Skip to 9.11]

Ask of those who usually buy over the Internet/mail order [9.6 = 4 or 5] or have done so in the last year [9.9 = 1]

- 9.10 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?
- ___ ___ ___ number of (1 = packs, 2 = cartons)
- Do not read**
- 7777 Don't Know / Not Sure
 - 9999 Refused

- 9.11 How old were you when you first started smoking cigarettes regularly?
- Do not read**
- ___ ___ Code age in years
- 88 Never smoked regularly (*don't read*)
 - 77 Don't Know / Not Sure
 - 99 Refused

9.12 Around this time 12 months ago, were you smoking cigarettes every day, some days, or not at all?

- 1 Every Day
- 2 Some Days
- 3 Not at all

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

Ask of Former Smokers (9.1 = 1 and 9.2 = 3) else skip to 9.15

9.13 About how long has it been since you last smoked cigarettes regularly?

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

[If 1-5 continue to 9.14]

- 6 Within 10 years
- 7 10 or more years ago

Do not read

- 8 Don't Know / Not Sure
- 9 Refused

[If 6-9 Skip to Health Professional Care (9.23)]

9.14 In the 12 months prior to your quitting, did any doctor, dentist, or other health professional advise you to stop smoking?

- 1 Yes
- 2 No

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

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

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

- 1 Yes
- 2 No **[Skip to 9.20]**

Do not read

- 7 Don't know / Not sure **[Skip to 9.20]**
- 9 Refused **[Skip to 9.20]**

9.16 How many times during the past 12 months have you stopped smoking because you were trying to quit smoking?

Do not read

- 1 -776 times
- 777 Don't know/Not sure **[Skip to 9.18]**
- 888 None
- 999 Refused

9.17 During the past 12 months, what is the longest length of time you stopped smoking because you were trying to quit smoking?

Do not read

- 1__ days
- 2__ weeks
- 3__ months
- 777 Don't know/Not sure
- 999 Refused

Methods of Quitting - Ask of Current Smokers who have tried to quit during past 12 months (9.15 = 1) or Former Smokers who quit within past 5 years (9.13 = 1-5)

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

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

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

- 1 Yes
- 2 No

Do not read

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

9.19

Former Smokers:

When you quit smoking for good...

Current Smokers:

The last time you tried to quit smoking...

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

- 1 Yes
- 2 No

Do not read

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

[Former Smokers (9.1 = 1 and 9.2 = 3) skip to 9.23]

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

9.20

Would you like to quit smoking?

- 1 Yes
- 2 No **[Skip to 9.23]**

Do not read

- 7 Don't know / Not sure **[Skip to 9.23]**
- 9 Refused **[Skip to 9.23]**

9.21

Are you seriously considering stopping smoking within the next 6 months?

- 1 Yes
- 2 No **[Skip to 9.23]**

Do not read

- 7 Don't know / Not sure **[Skip to 9.23]**
- 9 Refused **[Skip to 9.23]**

9.22

Are you planning to stop smoking within the next 30 days?

- 1 Yes
- 2 No

Do not read

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

Health Professional Care - Ask of All Respondents

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

- 1 Yes
2 No [Skip to 9.27]

Do not read

- 7 Don't know / Not sure [Skip to 9.27]
9 Refused [Skip to 9.27]

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

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

- 1 Yes [Skip to 9.26]
2 No

Do not read

- 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), and Current Smokers who were not advised to quit (9.24 = 2, 7, or 9)**

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

- 1 Yes [Skip to 9.27]
2 No [Skip to 9.27]

Do not read

- 7 Don't know / Not sure [Skip to 9.27]
9 Refused [Skip to 9.27]

Ask of Current Smokers advised to quit (9.24 = 1)

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

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

- 1 Yes
2 No

Do not read

- 7 Don't know / Not sure
9 Refused

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

- 1 Yes
- 2 No

Do not read

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

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

- 1 Yes
- 2 No

Do not read

- 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?

- 1 Yes
- 2 No

Do not read

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

Cessation Benefit question –

Ask of respondents who have some health insurance coverage (3.1=1 or 3.3=1-8)

9.27

Does your health insurance coverage pay for the cost of any help to quit using tobacco, such as a stop-smoking or stop-chewing program, or nicotine patches, pills, or other medications?

- 1 Yes
- 2 No

Do not read

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

Smokeless Tobacco Use

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

Check all that apply

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) _____
- 6 No, None **[Skip to 9.40]**

Do not read

- 7 Don't know / Not sure **[Skip to 9.40]**
- 9 Refused **[Skip to 9.40]**

*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.

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

Check all that apply

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) _____
- 6 No, None **[Skip to 9.31]**

Do not read

- 7 Don't know / Not sure **[Skip to 9.31]**
- 9 Refused **[Skip to 9.31]**

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

Do not read

__ __ Days

- 88 None
- 99 Refused

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

Do not read

__ __ Code age in years

- 88 Never used smokeless tobacco regularly
- 77 Don't know/not sure
- 99 Refused

Smokeless Tobacco Cessation - Ask of Current ST Users (9.29 = 1 - 5)

9.32 During the past 12 months have you stopped using smokeless tobacco for one day or longer because you were trying to quit?

- 1 Yes
2 No [Skip to 9.35]

Do not read

- 7 Don't know / Not sure [Skip to 9.35]
9 Refused [Skip to 9.35]

9.33 How many times during the past 12 months have you stopped using smokeless tobacco because you were trying to quit?

Do not read

- 1 -776 times
777 Don't know/Not sure [Skip to 9.35]
888 None
999 Refused

9.34 During the past 12 months, what is the longest length of time you stopped using smokeless tobacco because you were trying to quit?

Do not read

- 1__ days
2__ weeks
3__ months
777 Don't know/Not sure
999 Refused

9.35 Would you like to quit using smokeless tobacco?

- 1 Yes
2 No [Skip to 9.39]

Do not read

- 7 Don't know / Not sure [Skip to 9.39]
9 Refused [Skip to 9.39]

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

- 1 Yes
2 No [Skip to 9.39]

Do not read

- 7 Don't know / Not sure [Skip to 9.39]
9 Refused [Skip to 9.39]

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

- 1 Yes
- 2 No

Do not read

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

Ask of Former Smokeless Tobacco Users (9.28 = 1 - 5 and 9.29 = 6)

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

- 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

Do not read

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

Ask of Current ST Users (9.29 = 1 - 5)

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

- 1 Yes **[Skip to 9.41]**
- 2 No

Do not read

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

Ask of Never ST users (9.28 = 6, 7, or 9), Former ST users (9.29 = 6), and Current ST users NOT advised to quit (9.39 = 2, 7, or 9)

9.40 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

Do not read

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

New Tobacco Products – Ask of All Respondents

9.41 Do you currently use any of the new tobacco products, such as e-cigarettes, lozenges, Camel orbs, Camel Snus, or anything else? **CHECK ALL THAT APPLY**

- 1 Yes, E-cigarettes
- 2 Yes, lozenges
- 3 Yes, Camel Orbs
- 4 Yes, Camel Snus
- 5 Yes, other: _____
- 7 None

Do not read

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

Ask only if respondent is current smoker who also currently uses either smokeless or new tobacco product (9.2 = 1-2 AND (9.29 = 1-5 and/or 9.41 =1-5))

9.42 Have you ever used smokeless tobacco or the new tobacco products [**include new tobacco products on screen for interviewer to refer to—WILL NOT BE READ**] to replace cigarettes?

Probe for which. DO NOT READ RESPONSES. CHECK ALL THAT APPLY.

- 1 Yes, smokeless
- 2 Yes, new tobacco products
- 3 Yes both smokeless and new products
- 4 No
- 7 Don't know/Note sure
- 9 Refused

Secondhand Smoke – Ask of All Respondents

9.43 How many people, including you, who live in your household currently smoke cigarettes, cigars, or pipes?

Do not read

- Number of current smokers in household
- 88 No current smokers in household
- 77 Don't know/not sure
- 99 Refused

9.44 In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

- 1 Yes
- 2 No

Do not read

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

9.45 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home

Do not read

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

9.46 Do you own or rent your home?

- 1 Rent
- 2 Own

Do not read

- 3 Other (Specify: _____)

Interviewer note: Adult children who live at home qualify for the "other" category whether they pay rent or not"

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

9.47 In what type of place do you currently live? Is it ...
[HOMETYPE]

- 1 A single family home **[SKIP TO 9.50]**
- 2 An apartment, condominium, or townhouse in which you share one or more walls with other units
- 3 Room in shared house, or boarding house
- 4 Other

Do not read

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

9.48 Has your landlord, property manager, or board of directors set any rules regarding tobacco smoking on the property where you live? [PROPRULE]

- 1 Yes
- 2 No

Do not read

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

[Ask of all who live in an apartment, condominium, or townhouse in which they share one or more walls with other units or shared housing (Q9.47=2-3), else skip to 9.50.]

9.49 How often, if ever, have you experienced secondhand smoke drifting into your home or into common spaces from nearby apartments or from outside? SHSRENT

- 1 Every day
- 2 A few times a week
- 3 A few times a month
- 4 Rarely
- 5 Never

Do not read

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

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

9.50 While working at your job, are you indoors most of the time?

- 1 Yes
- 2 No
- 3 Not employed **[Skip to 9.54]**

Do not read

- 7 Don't know / Not sure **[Skip to 9.53]**
- 9 Refused **[Skip to 9.53]**

9.51 In the past 30 days, were you exposed to smoke from someone else's cigarettes, cigars, or pipes anywhere indoors at your workplace?

- 1 Yes
- 2 No
- 3 My workplace does not have any indoor area

Do not read

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

9.52 In the past 30 days, were you exposed to smoke from someone else's cigarettes, cigars, or pipes outside near the entrances or doorways to indoor areas of your workplace?

- 1 Yes
- 2 No
- 3 My workplace does not have any indoor area

Do not read

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

9.53 Which of the following best describes your place of work's official smoking policy for work areas?

- 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

Do not read

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

Exposure in Cars – Ask of All Respondents

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

- 1 Yes
- 2 No

Do not read

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

Attitudes about Secondhand Smoke – Ask of All Respondents

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

- 1 All areas
- 2 Some areas
- 3 Not allowed at all

Do not read

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

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

- 1 All areas
- 2 Some areas
- 3 Not allowed at all

Do not read

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

9.57 Is smoking currently allowed inside bars and cocktail lounges in your community?

- 1 Yes
- 2 No [Skip to 9.59]
- 3 No bars in community [Skip to 9.60]

Do not read

- 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. (9.57 = 1, 7, or 9)

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

- 1 More [Skip to 9.60]
- 2 Less [Skip to 9.60]
- 3 No Difference [Skip to 9.60]

Do not read

- 7 Don't know / Not sure [Skip to 9.60]
- 9 Refused [Skip to 9.60]

Ask of those who do have an ordinance banning smoking in bars (9.57 = 2)

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

- 1 More
- 2 Less
- 3 No Difference

Do not read

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

Ask of All Respondents

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

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

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

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

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

- 1 Very harmful to one's health
- 2 Somewhat harmful to one's health
- 3 Not very harmful to one's health
- 4 Not harmful at all to one's health

Do not read

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

Alaska Quit Line – Ask of All Respondents
--

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

- 1 Yes
- 2 No

Do not read

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

9.63 Would you like the toll free number? 1-800-QUITNOW (784-8669)

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

- 1 Yes
- 2 No

Do not read

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

Section 10: Demographics

10.1 What is your age?

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

10.2 Are you Hispanic or Latino?

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

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

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian 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 Q10.3; continue. Otherwise, go to Q10.5

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

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

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.*

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 7 Don't know / Not sure
- 9 Refused

10.6 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

10.7 Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be ...

- 1 Heterosexual or straight **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.**
- 2 Homosexual, gay, or lesbian **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.**
- 3 Bisexual **IF NEEDED: A person who has sex with and/or is attracted to people of either sex.**
- 4 Other (specify) _____

Do Not Read

- 7 Don't Know/Not Sure
- 9 Refused

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

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

10.9 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

10.10 Do you follow a subsistence lifestyle?

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

10.11 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 **[Skip to 10.14]**
- 6 A Student **[Skip to 10.14]**
- 7 Retired **[Skip to 10.14]**
- 8 Unable to work **[Skip to 10.14]**

Do not read:

- 9 Refused

10.12 Which best describes the industry that you work in?

Please read:

- 1 Agriculture, Fishing
- 2 Mining, Oil, Logging, Construction and Manufacturing
- 3 Retail/Wholesale trade, Transportation, Utilities
- 4 Financial Activities
- 5 Information
- 6 Professional and Business Services
- 7 Education and Health Services
- 8 Leisure and Hospitality
- 9 Government
- 10 Other

Do not read:

- 11 Refused

10.13 Which best describes your job title?

Please read:

- 1 Officials, Managers, Business owners
- 2 Professionals
- 3 Technicians
- 4 Sales Workers
- 5 Administrative Support Workers
- 6 Craft Workers (skilled)
- 7 Machine Operators (Transport and Manufacturing) (semi-skilled)
- 8 Laborers and Helpers (unskilled)
- 9 Service Workers
- 10 Other

Do not read:

- 11 Refused

10.14 Is your annual household income from all sources—

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

Read only if necessary:

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

Do not read:

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

10.15 About how much do you weigh without shoes?

Round fractions up

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

10.16 About how tall are you without shoes?

Round fractions down

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

10.17 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 xxx.

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 Q10.18

10.18 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

10.19 What is your ZIP Code where you live?

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

10.20 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1 Yes
- 2 No **[Go to Q10.22]**
- 7 Don't know / Not sure **[Go to Q10.22]**
- 9 Refused **[Go to Q10.22]**

10.21 How many of these telephone numbers are residential numbers?

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

10.22 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

10.23 **Indicate sex of respondent. Ask only if necessary.**

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

10.24 To your knowledge, are you now pregnant?

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

Section 11: Opinions on Obesity-Related Policy

11.1 Now we'd like to ask you some general questions about government policies.

- a. Do you support or oppose putting a special tax on sugar-sweetened beverages, that is, soda pop? Would that be somewhat or strongly?

1 Strongly support
2 Support
3 Oppose
4 Strongly oppose

Do not read

7 Don't know/ not sure
9 Refused

- b. How much would you support or oppose this tax if you knew that income generated from the tax would go towards efforts to address childhood obesity? Would that be somewhat or strongly?

1 Strongly support
2 Support
3 Oppose
4 Strongly oppose

Do not read

7 Don't know/ not sure
9 Refused

- c. Do you support or oppose putting a special tax on junk food-that is things like chips and candy? Would that be somewhat or strongly?

1 Strongly support
2 Support
3 Oppose
4 Strongly oppose

Do not read

7 Don't know/ not sure
9 Refused

- d. How much would you support or oppose this tax if you knew that income generated from the tax would go towards efforts to address childhood obesity? Would that be somewhat or strongly?

1 Strongly support
2 Support
3 Oppose
4 Strongly oppose

Do not read

7 Don't know/ not sure
9 Refused

- e. Do you support or oppose making a law requiring restaurants to list nutrition information-such as calorie count-for all items on their menus? Would that be somewhat or strongly?
- 1 Strongly support
 - 2 Support
 - 3 Oppose
 - 4 Strongly oppose
- Do not read**
- 7 Don't know/ not sure
 - 9 Refused
- f. Do you support or oppose government-funded advertising campaigns that promote eating right and exercising? Would that be somewhat or strongly?
- 1 Strongly support
 - 2 Support
 - 3 Oppose
 - 4 Strongly oppose
- Do not read**
- 7 Don't know/ not sure
 - 9 Refused

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” to Core Q5.1 (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 Q5.1 = 4 (No, prediabetes or borderline diabetes); answer Q2 “Yes” (code = 1) [did not occur in 2009]

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 Q5.1 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. Are you now taking diabetes pills?

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

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
2 ___ Times per week
3 ___ Times per month
4 ___ Times per year
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
2 ___ Times per week
3 ___ Times per month
4 ___ Times per year
8 8 8 Never
5 5 5 No feet
7 7 7 Don't know / Not sure
9 9 9 Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
- ____ Number of times [76 = 76 or more]
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
- ____ Number of times [76 = 76 or more]
- 8 8 None
 - 9 8 Never heard of "A one C" test
 - 7 7 Don't know / Not sure
 - 9 9 Refused

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?
- ____ Number of times [76 = 76 or more]
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- Read only if necessary:**

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

Do not read:

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

12. Have you ever taken a course or class in how to manage your diabetes yourself?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

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?

May we email you in the future to collect more information on health-related topics?

May I please have your email address?

Closing statement

Please read:

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.