



2012

**Alaska Behavioral Risk Factor Surveillance System
Questionnaire**

January 31, 2012

Behavioral Risk Factor Surveillance System 2012 Questionnaire

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Interviewer's Script

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) 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 "Yes" [Go to cellular phone question]

If "No" [Go to college housing]

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

College Housing

Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

If "No,"

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) 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 or college housing. **STOP**

Adult Random Selection



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 5

To the correct respondent:

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

1.1 Would you say that in general your health is— (73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

- | | | | |
|---|---|-----------------------|-----------------------------------------------------------|
| – | – | Number of days | |
| 8 | 8 | None | [If Q2.1 and Q2.2 = 88 (None), go to next section] |
| 7 | 7 | Don't know / Not sure | |
| 9 | 9 | Refused | |

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, Native Health Service or Indian Health Service? (80)

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

3.2 Do you have one person you think of as your personal doctor or health care provider?
If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” (81)

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

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

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

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

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

Section 5: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

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."

5.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (85)

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

5.2 (Ever told) you had angina or coronary heart disease? (86)

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

5.3 (Ever told) you had a stroke? (87)

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

5.4 (Ever told) you had asthma? (88)

- 1 Yes
- 2 No [Go to Q5.6]
- 7 Don't know / Not sure [Go to Q5.6]
- 9 Refused [Go to Q5.6]

5.5 Do you still have asthma? (89)

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

5.6 (Ever told) you had skin cancer? (90)

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

5.7 (Ever told) you had any other types of cancer? (91)

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

5.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (92)

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

5.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(93)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,
- polyarteritis nodosa)

5.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

(94)

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

5.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

(95)

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

- 5.12** Do you have any trouble seeing, even when wearing glasses or contact lenses? (96)
- 1 Yes
 - 2 No
 - 3 Not applicable (blind)
 - 7 Don't know / Not sure
 - 9 Refused

- 5.13** (Ever told) you have diabetes? (97)
- 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

CATI note: If Q5.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q5.13, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Section 6: Oral Health

- 6.1** 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. (98)
- 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

6.2 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.

(99)

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

Section 7: Demographics

7.1 What is your age? (100-101)

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

7.2 Are you Hispanic or Latino? (102)

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

7.3 Which one or more of the following would you say is your race? (103 -108)

(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 Q7.3; continue. Otherwise, go to Q7.5.

7.4 Which one of these groups would you say best represents your race? (109)

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:

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

7.5 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. (110)

- 1 Yes
- 2 No

Do not read:

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

7.6 Are you...? (111)

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

7.7 How many children less than 18 years of age live in your household? (112-113)

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

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

(114)

Read if necessary, probe if answer was = 4 (“Grade 12”), or respondent did not select other answer: Interviewer probe: If respondent says “12th Grade”: When you say that you completed the 12th grade, does that mean you graduated with a diploma from your high school or a correspondence school or home-school, or did you receive a GED?

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)
- 7 GED (High school equivalency Diploma)
- 8 Home-schooled with diploma or correspondence school diploma

Do not read:

- 9 Refused

7.9 Are you currently...?

(115)

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
- 8 Unable to work

Do not read:

- 9 Refused

7.10 Is your annual household income from all sources—

(116-117)

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

7.11 About how much do you weigh without shoes?

(118-121)

NOTE: If respondent answers in metrics, put "9" in column 118.

Round fractions up

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

7.12 About how tall are you without shoes?

(122-125)

NOTE: If respondent answers in metrics, put "9" in column 122.

Round fractions down

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

7.14 What is the ZIP Code where you live?

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

7.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (134)

1	Yes	
2	No	[Go to Q7.17]
7	Don't know / Not sure	[Go to Q7.17]
9	Refused	[Go to Q7.17]

7.16 How many of these telephone numbers are residential numbers? (135)

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

7.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (136)

1	Yes
2	No go to Q7.19
7	Don't know / Not sure go to Q7.19
9	Refused go to Q7.19

7.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (137-139)

— — —	Enter percent (1 to 100)
8 8 8	Zero
7 7 7	Don't know / Not sure
9 9 9	Refused

7.19 Do you own or rent your home? (140)

1	Own
2	Rent
3	Other arrangement
7	Don't know / Not sure
9	Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

7.20 **Indicate sex of respondent. Ask only if necessary.** (141)

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

7.22 To your knowledge, are you now pregnant? (142)

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

Section 8: Disability

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

8.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (143)

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

8.2 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? (144)

Include occasional use or use in certain circumstances.

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

Section 9: Tobacco Use

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

(145)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

(146)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

(147)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

(148-149)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 7 7 Don't know / Not sure
- 9 9 Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (150)

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

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

F.1 Which smokeless tobacco products do you currently use? Chewing tobacco, snuff, Snus, or Iq'mik (also known as Blackbull)?

Probe for which

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 leave and "punk ask", which is the ask 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, Snus
- 5 Yes, other _____
- 7 Don't know/Not sure
- 9 Refused

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (151-153)

- 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 **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

10.2 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?

(154-155)

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

10.3 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?

(156-157)

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

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

(158-159)

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

Section 11: Immunization

11.1 Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

(160)

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes
 2 No **[Go to Q11.4]**
 7 Don't know / Not sure **[Go to Q11.4]**
 9 Refused **[Go to Q11.4]**

11.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (161-166)

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

11.3 At what kind of place did you get your last flu shot/vaccine? (167-168)

0 1 A doctor's office or health maintenance organization (HMO)
 0 2 A health department
 0 3 Another type of clinic or health center (Example: a community health center)
 0 4 A senior, recreation, or community center
 0 5 A store (Examples: supermarket, drug store)
 0 6 A hospital (Example: inpatient)
 0 7 An emergency room
 0 8 Workplace
 0 9 Some other kind of place
 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
 1 1 A school
 7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

Do not read:
9 9 Refused

11.4 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? (169)

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

Section 12: Falls

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

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

12.1 In the past 12 months, how many times have you fallen? (170-171)

-- 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]**

12.2 [Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 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.

(172-173)

–	–	Number of falls	[76 = 76 or more]
8	8	None	
7	7	Don’t know / Not sure	
9	9	Refused	

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say— (174)

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 Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

14.1 During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink? (175-176)

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

Section 15: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

- 1 Yes
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

15.2 How long has it been since you had your last mammogram? (178)

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

15.3 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? (179)

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

15.4 How long has it been since your last breast exam? (180)

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

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

15.6 How long has it been since you had your last Pap test? (182)

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 Q7.21 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (183)

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 16: 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.

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (184)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (185)

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (186)

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

16.4 Have you EVER HAD a PSA test? (187)

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

16.5 How long has it been since you had your last PSA test? (188)

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

16.6 What was the MAIN reason you had this PSA test – was it ...? (189)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do Not Read:

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

Section 17: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

17.1 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? (190)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2 How long has it been since you had your last blood stool test using a home kit? (191)

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

17.3 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? (192)

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

17.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (193)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (194)

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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 18: HIV/AIDS

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 do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (195)

- 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 Not including blood donations, in what month and year was your last HIV test? (196-201)

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 / Not sure

18.3 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?

(202)

- 1 Yes
- 2 No
- 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 Q5.13 (Diabetes awareness question).

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

(210)

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

CATI note: If Core Q5.13 = 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?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

(211)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes

To be asked following Core Q5.13; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (212-213)

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

2. Are you now taking insulin? (214)

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. (215-217)

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. (218-220)

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? (221-222)
- — 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"? (223-224)
- — 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? (225-226)
- — 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. (227)
- 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? (228)
- 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? (229)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 7: Inadequate Sleep

I would like to ask you a few questions about your sleep patterns.

1. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (257-258)
- Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

2. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

- INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.** (259-260)
- Number of hours [01-24]
 - 7 7 Don't know / Not sure
 - 9 9 Refused

3. Do you snore?

- INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.** (261)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

4. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day? (262-263)
- Number of days [01-30]
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

5. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? (264)
- 1 Yes
 - 2 No
 - 3 Don't drive
 - 4 Don't have license
 - 7 Don't know / Not sure
 - 9 Refused

Module 15: Cancer Survivorship

CATI note: If Core Q5.6 or Q5.7 = 1 (Yes) or Q16.6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

1. How many different types of cancer have you had? (316)
- 1 Only one
 - 2 Two
 - 3 Three or more
 - 7 Don't know / Not sure **[Go to next module]**
 - 9 Refused **[Go to next module]**
2. At what age were you told that you had cancer? (317-318)
- -- Code age in years **[97 = 97 and older]**
 - 9 8 Don't know / Not sure
 - 9 9 Refused

CATI note: If Q1= 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

CATI note: If Core Q5.6 = 1 (Yes) and Q1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code 21 if "Melanoma" or 22 if "other skin cancer"

CATI note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

3. What type of cancer was it?

(319-320)

If Q1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx

Gastrointestinal

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 6 Hodgkin's Lymphoma (Hodgkin's disease)

1 7 Leukemia (blood) cancer

1 8 Non-Hodgkin's Lymphoma

Male reproductive

1 9 Prostate cancer

2 0 Testicular cancer

Skin

2 1 Melanoma

2 2 Other skin cancer

Thoracic

2 3 Heart

2 4 Lung

Urinary cancer:

2 5 Bladder cancer

2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Do not read:

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

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (321)
- 1 Yes [Go to next module]
 - 2 No, I've completed treatment
 - 3 No, I've refused treatment [Go to next module]
 - 4 No, I haven't started treatment [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]

5. What type of doctor provides the majority of your health care? (322-323)

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Please read [1-10]:

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 General Practitioner, Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

Do not read:

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

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (324)

Read only if necessary: “By ‘other healthcare professional’, we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.”

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

7. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer? (325)

- 1 Yes
- 2 No [Go to Q9]
- 7 Don’t know / Not sure [Go to Q9]
- 9 Refused [Go to Q9]

8. Were these instructions written down or printed on paper for you? (326)

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

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (327)

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

INTERVIEWER NOTE: “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.

10. Were you EVER denied health insurance or life insurance coverage because of your cancer? (328)

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

11. Did you participate in a clinical trial as part of your cancer treatment? (329)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
12. Do you currently have physical pain caused by your cancer or cancer treatment? (330)
- 1 Yes
 - 2 No [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]
13. Is your pain currently under control? (331)
- Please read:**
- 1 Yes, with medication (or treatment)
 - 2 Yes, without medication (or treatment)
 - 3 No, with medication (or treatment)
 - 4 No, without medication (or treatment)
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

Section A: Sexual Orientation

- A.1 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 Or something else? Specify _____
 - 7 Don't know / Not sure
 - 9 Refused

Section B: Oral Cancer Exam

B.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 Don't know / Not sure
- 9 Refused

Section C: MI Signs and Symptoms

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack. Which of the following do you think is a symptom of a heart attack? For each tell me "yes", "no", or you're "not sure."

C.1 (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)

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

C.2 (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)

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

C.3 (Do you think) chest pain or discomfort (are symptoms of a heart attack?)

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

C.4 (Do you think) sudden trouble seeing in one of both eyes (are symptoms of a heart attack?)

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

C.5 (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

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

C.6 (Do you think) shortness of breath (is a symptom of a heart attack?)

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

C.7 If you thought someone was having a heart attack, what is the first thing you would do?

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member
- 5 Do something else
- 7 Don't know / Not sure
- 9 Refused

Section D: Obesity Policy Opinions

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

D.1 Do you strongly support, support, oppose, or strongly oppose a tax on sugar-sweetened beverages, that is soda pop?

- 1 Strongly support
- 2 Support
- 3 Oppose
- 4 Strongly oppose
- 7 Don't know/Not sure
- 9 Refused

D.2 Would you strongly support, support, oppose, or strongly oppose this tax if you knew that income generated from this tax would go towards efforts to address childhood obesity?

- 1 Strongly support
- 2 Support
- 3 Oppose
- 4 Strongly oppose
- 7 Don't know/Not sure
- 9 Refused

D.3 Do you strongly support, support, oppose, or strongly oppose putting a special tax on junk food - - that is things like chips and candy?

- 1 Strongly support
- 2 Support
- 3 Oppose
- 4 Strongly oppose
- 7 Don't know/Not sure
- 9 Refused

D.4 Would you strongly support, support, oppose, or strongly oppose this tax if you knew that income generated from this tax would go towards efforts to address childhood obesity?

- 1 Strongly support
- 2 Support
- 3 Oppose
- 4 Strongly oppose
- 7 Don't know/Not sure
- 9 Refused

D.5 Do you strongly support, support, oppose, or strongly oppose making a law requiring restaurants to list nutrition information - - such as calorie count - - for all items on their menus?

- 1 Strongly support
- 2 Support
- 3 Oppose
- 4 Strongly oppose
- 7 Don't know/Not sure
- 9 Refused

D.6 Do you strongly support, support, oppose, or strongly oppose government-funded advertising campaigns that promote eating right and exercising?

- 1 Strongly support
- 2 Support
- 3 Oppose
- 4 Strongly oppose
- 7 Don't know/Not sure
- 9 Refused

Section E: PHQ-8

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

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

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

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

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

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

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

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

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

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

E.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?

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

E.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?

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

E.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?

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

Section F: Tobacco Use

Earlier we asked about when you last smoked a cigarette, EVEN one or two PUFFS. Now we are asking...

F.2 About how long had it been since you last smoked cigarettes regularly? Was that...:

INTERVIEWER NOTE: Pause between each response category to allow respondents to answer "Yes" or "No" to each category.

INTERVIEWER NOTE:

- 0 9 At least 5 years ago or more
(If "No," ask 08; if "Yes," code 09)
- 0 8 More than a year ago (but less than 5 years ago)
(If "No," ask 07; if "Yes," code 08)
- 07 About 1 year ago **[Interviewer note: Can add, "That is, roughly 12 months" if needed]** (If "No," ask 06; if "yes," code 07)
- 06 At least 6 months ago but less than one year ago (If "No," ask 05; if "yes," code 06)
- 05 At least 3 months ago but less than 6 months ago (If "No," ask 04; if "yes," code 05)
- 04 At least 30 days ago but less than 3 months ago (If "No," ask 03; if "yes," code 04)
- 03 At least 7 days ago but less than 30 days ago (If "No," ask 02; if "yes," code 03)

02 At least 24 hours ago but less than 7 days ago (If "No," ask 01; if "yes," code 02)
01 Within the past 24 hours

Do not read:

77 Don't know/Not sure
99 Refused

Section G: SV/IPV

Many families experience violence in their households. Now I'd like to ask you some questions about violence you may have experienced. This is a sensitive topic and some people may feel uncomfortable with these questions. But remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you believe it would not be safe for you to talk about this now, you may tell me to skip to the next module.

G.1 ask only if female

G.1 During any of your health care visits in the past year, did a doctor, nurse or other health care worker talk with you about physical violence or threats by an intimate partner in a relationship?

1 Yes
2 No
7 Don't know / Not sure
8 I did not have any health care visits in the past year
9 Refused

G.2 As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner?

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

G.3 Has anyone ever made you take part in any sexual activity when you really did not want to? (including touch that made you uncomfortable).

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

G.4 In your lifetime, has an intimate partner ever hit, slapped, punched, shoved, kicked, choked, hurt or threatened you?

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

9 Refused

G.5 In the past 5 years, have you ever feared for your safety or been hit, slapped, kicked, choked, or otherwise physically hurt by a current or former intimate partner?

- 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.