



**2013  
Alaska  
Behavioral Risk Factor Surveillance System  
Questionnaire**

**March 7, 2014**

# Behavioral Risk Factor Surveillance System

## 2013 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?

**READ ONLY IF NECESSARY:** "By private residence, we mean someplace like a house or apartment."

Yes                    [Go to state of residence]  
No                     [Go to college housing]

No, business phone only

If "No, business phone only".

Thank you very much but we are only interviewing persons on residential phones lines at this time.

**STOP**

**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 arrangement provided by a college or university."

Yes  
No

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**

**State of Residence**

Do you reside in \_\_\_\_ (state) \_\_\_\_ ?

Yes                    [Go to Cellular Phone]  
No

**If "No"**

Thank you very much, but we are only interviewing persons who live in the state of \_\_\_\_\_ at this time. **STOP**

**Cellular Phone**

Is this a cellular telephone?

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

**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 by land line telephones and for private residences or college housing. **STOP**

**CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult**

Are you 18 years of age or older?

1        Yes, respondent is male                    [Go to Page 6]  
2        Yes, respondent is female                [Go to Page 6]  
3        No

**If "No",**

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **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 6.**

**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 6**



**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— (80)
- 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? (81–82)
- — 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? (83–84)

- – 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? (85-86)

- – 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?

- 1 Yes **[Go to Module 4, Question 1, else continue]** (87)
- 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?”** (88)

- 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? (89)

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

**CATI Note: Go to Module 4, Question 3, else continue**

**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. (90)

- 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

**CATI Note: If Q3.1 = 1 go to Module 4, Question 4a or if Q3.1 = 2, 7, or 9 go to Module 4, Question 4b**

## Section 4: Inadequate Sleep

---

I would like to ask you about your sleep pattern.

**4.1** On average, how many hours of sleep do you get in a 24-hour period?

**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.**

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

(91-92)

## Section 5: Hypertension Awareness

---

**5.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (93)

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

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

- |   |  |  |                             |
|---|--|--|-----------------------------|
|   | 1  | Yes  |                             |
|   | 2  | Yes, but female told only during pregnancy | <b>[Go to next section]</b> |
| 3 | No                                       |  | <b>[Go to next section]</b> |
| 4 | Told borderline high or pre-hypertensive |  | <b>[Go to next section]</b> |
|   | 7  | Don’t know / Not sure                      | <b>[Go to next section]</b> |
|   | 9  | Refused                                    | <b>[Go to next section]</b> |

**5.2** Are you currently taking medicine for your high blood pressure? (94)

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

## Section 6: Cholesterol Awareness

---

**6.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (95)

**Read only if necessary:**

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

**6.2** About how long has it been since you last had your blood cholesterol checked? (96)

**Read only if necessary:**

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

**Do not read:**

- |  |   |                       |
|--|---|-----------------------|
|  | 7 | Don’t know / Not sure |
|--|---|-----------------------|

9 Refused

**6.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (97)

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

## Section 7: 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."

**7.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (98)

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

**7.2** (Ever told) you had angina or coronary heart disease? (99)

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

**7.3** (Ever told) you had a stroke? (100)

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

**7.4** (Ever told) you had asthma? (101)

- 1 Yes
- 2 No [Go to Q7.6]
- 7 Don't know / Not sure [Go to Q7.6]
- 9 Refused [Go to Q7.6]

- 7.5** Do you still have asthma? (102)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.6** (Ever told) you had skin cancer? (103)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.7** (Ever told) you had any other types of cancer? (104)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (105)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 7.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (106)
- 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)

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

(107)

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

**7.11** (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.

(108)

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

**7.12** (Ever told) you have diabetes?

(109)

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 Q7.12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q7.12, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.**

## Section 8: Demographics

---

**8.1** What is your age? (110-111)

Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

**8.2** Are you Hispanic, Latino/a, or Spanish origin? (112-115)

**If yes, ask: Are you...**

**Interviewer Note: *One or more categories may be selected.***

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

- 5 No
- 7 Don't know / Not sure
- 9 Refused

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

(116-143)

**Interviewer Note: Select all that apply.**

**Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

**Please read:**

**10 White**

**20 Black or African American**

**30 American Indian or Alaska Native**

**40 Asian**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**50 Pacific Islander**

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 Other

88 No additional choices

77 Don't know / Not sure

99 Refused

**CATI note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.**

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

**Interviewer Note: If 04 (Asian) or 05 (Pacific Islander) is selected read and code subcategory underneath major heading.**

(144-145)

- 10 **White**
- 20 **Black or African American**
- 30 **American Indian or Alaska Native**
- 40 **Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 **Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**Do not read:**

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

**8.5** 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.

(146)

- 1 Yes
- 2 No

**Do not read:**

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

**8.6** Are you...?

(147)

**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

**8.7** How many children less than 18 years of age live in your household? (148-149)

– – Number of children

8 8 None

9 9 Refused

**8.8** What is the highest grade or year of school you completed? (150)

**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

**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?

7 GED (High-school equivalency diploma)

8 Home-schooled with diploma or correspondence school diploma

CATI: For CDC variable C08Q08 export out Ci3 variable vC08Q08 – if answer = 7,8 then = 4 to match BSB values

Place answer to new version at end of SAQ section – col 508

**8.9** Are you currently...? (151)

**Please read:**

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

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

**8.10** Is your annual household income from all sources—

(152-153)

**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

CATI: include Inadlt and Inchld on Cell phone survey

**Inadlt** How many members of your household, including yourself, are 18 years of age or older and are supported by that income?

-- Number of adults

77 Don't know/Not sure

99 Refused

**Inchld**

If C08Q07 = 88 then go to C08Q11

How many members of your household under the age of 18 years are supported by that income?

\_\_ Number of children  
 77 Don't know/Not sure  
 99 Refused

**8.11** About how much do you weigh without shoes? (154-157)

**NOTE: If respondent answers in metrics, put "9" in column 148.**

**Round fractions up**

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

**8.12** About how tall are you without shoes? (158-161)

**NOTE: If respondent answers in metrics, put "9" in column 152.**

**Round fractions down**

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

**8.14** What is the ZIP Code where you live? (165-169)

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

**8.15** 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. (170)

1 Yes  
 2 No [Go to Q8.17]  
 7 Don't know / Not sure [Go to Q8.17]  
 9 Refused [Go to Q8.17]

**8.16** How many of these telephone numbers are residential numbers? (171)

\_\_ Residential telephone numbers [6 = 6 or more]

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

**8.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

- 1 Yes
- 2 No **[Go to Q8.19]**
- 7 Don't know / Not sure **[Go to Q8.19]**
- 9 Refused **[Go to Q8.19]**

**8.18** 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? (173-175)

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

**8.19** Have you used the internet in the past 30 days? (176)

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

**8.20** Do you own or rent your home? (177)

- 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.**

**8.21** Indicate sex of respondent. **Ask only if necessary.** (178)

- 1 Male **[Go to Q8.23]**
- 2 Female **[If respondent is 45 years old or older, go to Q8.23]**

**8.22** To your knowledge, are you now pregnant? (179)

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

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

**8.23** Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

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

**8.24** 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? (181)

**NOTE: Include occasional use or use in certain circumstances.**

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

**8.25** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

**8.26** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

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

**8.27** Do you have serious difficulty walking or climbing stairs? (184)

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

**8.28** Do you have difficulty dressing or bathing? (185)

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

**8.29** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

- 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? (187)

**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? (188)

- 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? (189)

- 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? (190-191)

- 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
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

**9.5** Do you currently use chewing tobacco, snuff, snus, or Iq'mik 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.**

**NOTE: Iq'mik (also known as Blackbull) 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.**

(192)

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

**Do not read:**

- 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? (193-195)

- 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? (196-197)

**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? (198-199)

\_\_ \_\_ 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? (200-201)

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

## Section 11: Fruits and Vegetables

---

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

**INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"**

**11.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (202-204)

1 \_\_ \_\_ Per day  
 2 \_\_ \_\_ Per week  
 3 \_\_ \_\_ Per month  
 5 5 5 Never  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

**INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.**

**Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.**

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 11.6.**

**DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.**

- 11.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (205-207)
- 1 \_ \_ Per day
  - 2 \_ \_ Per week
  - 3 \_ \_ Per month
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

**Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”**

**INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.**

**Do not include dried fruit in ready-to-eat cereals.**

**Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.***

**Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.**

**Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).**

- 11.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (208-210)
- 1 \_ \_ Per day
  - 2 \_ \_ Per week
  - 3 \_ \_ Per month
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

**Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”**

**INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

**11.4** During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(211-213)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.**

**INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.**

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**

**11.5** During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(214-216)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”**

**FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.**

**Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).**

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

**11.6** Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(217-219)

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Read only if needed: “Do not count vegetables you have already counted and do not include fried potatoes.”

**INTERVIEWER NOTE:** Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

## Section 12: Exercise (Physical Activity)

---

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**INTERVIEWER INSTRUCTION:** If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

**12.1** 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?

(220)

- 1 Yes
- 2 No [Go to Q12.8]
- 7 Don't know / Not sure [Go to Q12.8]
- 9 Refused [Go to Q12.8]

**12.2.** What type of physical activity or exercise did you spend the most time doing during the past month?

(221-222)

- (Specify) [See Physical Activity Coding List]
- 7 7 Don't know / Not Sure [Go to Q12.8]
- 9 9 Refused [Go to Q12.8]

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as "Other ".**

**12.3** How many times per week or per month did you take part in this activity during the past month?

(223-225)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**12.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(226-228)

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

**12.5** What other type of physical activity gave you the next most exercise during the past month?

(229-230)

- (Specify) [See Physical Activity Coding List]
- 8 8 No other activity [Go to Q12.8]
- 7 7 Don't know / Not Sure [Go to Q12.8]
- 9 9 Refused [Go to Q12.8]

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other".**

**12.6** How many times per week or per month did you take part in this activity during the past month? (231-233)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 777 Don't know / Not sure
- 999 Refused

**12.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (234-236)

- \_:\_\_ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

**12.8** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (237-239)

- 1\_\_ Times per week
- 2\_\_ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

## Section 13: Arthritis Burden

---

**If Q7.9 = 1 (yes) then continue, else go to next section.**

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

**13.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (240)

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

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

**INTERVIEWER NOTE: Q13.2 should be asked of all respondents regardless of employment status.**

**13.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (241)

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

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.”**

**If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

**13.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (242)

**Please read [1-3]:**

- 1 A lot
- 2 A little
- 3 Not at all

**Do not read:**

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

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

**13.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.* (243-244)

- – Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 14: Seatbelt Use

---

**14.1** How often do you use seat belts when you drive or ride in a car? Would you say— (245)

**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

## Section 15: Immunization

---

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

**15.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (246)

**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 Q15.3]**
- 7 Don't know / Not sure **[Go to Q15.3]**
- 9 Refused **[Go to Q15.3]**

**15.2** 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? (247-252)

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

**15.3** Since 2005, have you had a tetanus shot?  
(253)

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

**15.4** 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?  
(254)

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

## Section 16: 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 don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**16.1** 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.  
(255)

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

**16.2** Not including blood donations, in what month and year was your last HIV test?  
(256-261)

**NOTE: If response is before January 1985, code "Don't know."**  
**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

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

**CATI NOTE: If Core Q16.2 = within last 12 months continue, else go to optional module transition.**

- 16.3**                      Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (262-263)
- 0 1      Private doctor or HMO office
  - 0 2      Counseling and testing site
  - 0 9      Emergency room
  - 0 3      Hospital inpatient
  - 0 4      Clinic
  - 0 5      Jail or prison (or other correctional facility)
  - 0 6      Drug treatment facility
  - 0 7      At home
  - 0 8      Somewhere else
  - 7 7      Don't know / Not sure
  - 9 9      Refused

## **Closing Statement or Transition to Modules and/or State-Added Questions**

### **Closing Statement or Transition to Modules and/or State-Added Questions**

#### **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.

**Or**

#### **Transition to modules and/or state-added questions**

##### **Please read:**

Finally, I have just a few questions left about some other health topics.

## Optional Modules

### Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q7.12 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years? (270)

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

**CATI note: If Core Q7.12 = 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?”**

(271)

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

### Module 2: Diabetes

---

**To be asked following Core Q7.12; if response is "Yes" (code = 1)**

1. How old were you when you were told you have diabetes? ( 272-273)

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

2. Are you now taking insulin? (274)

- 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. (275-277)

- 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. (278-280)

- 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? (281-282)

- \_ \_ 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"?

( 283-284)

- — 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?

(285-286)

- — 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.

(287)

**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?

(288)

- 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? (289)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 4: Health Care Access

---

- 1 Do you have Medicare? (298)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

**Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.**

- 2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (299-312)

(Select all that apply)

**Please Read:**

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [or substitute state program name]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None
- 77 Don't know/Not sure
- 99 Refused

**CATI Note: If PPHF State go to core 3.2**

- 3 Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (313)

**Please read**

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.

- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

**Do not read:**

- 6 Other \_\_\_\_\_ (314-338)  
specify
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

**CATI Note: If PPHF State, go to core 3.4**

**CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b**

**4a** In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (339)

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

**CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)**

**4b** About how long has it been since you last had health care coverage? (340)

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

**5** How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (341-342)

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

**6** Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (343)

- 1 Yes
- 2 No

**Do not read:**

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

7 In general, how satisfied are you with the health care you received? Would you say—

(344)

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

**Do not read**

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

8 Do you currently have any medical bills that are being paid off over time?

(345)

**INTERVIEWER NOTE:**

**This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.**

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

**CATI Note: If PPHF state, Go to core section 4.**

## Module 5: Sugar Drinks

---

Now I would like to ask you some questions about sugary beverages.

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

**Please read:**

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.  
(346-348)

1 \_\_ Times per day

- 2 \_\_ Times per week
- 3 \_\_ Times per month

**Do not read:**

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

2. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

**Please read:** You can answer times per day, week, or month: for example, twice a day, once a week, and so forth. (349-351)

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month

**Do not read:**

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

## Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

**Code Description (Physical Activity, Questions 12.2 and 12.5 above)**

- |   |                                 |
|---|---------------------------------|
| 0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)               | 4 1 Rugby                       |
| 0 2 Aerobics video or class   | 4 2 Scuba diving                |
| 0 3 Backpacking   | 4 3 Skateboarding               |
| 0 4 Badminton   | 4 4 Skating – ice or roller     |
| 0 5 Basketball  | 4 5 Sledding, tobogganing       |
| 0 6 Bicycling machine exercise  | 4 6 Snorkeling                  |
| 0 7 Bicycling   | 4 7 Snow blowing                |
| 0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping) | 4 8 Snow shoveling by hand      |
| 0 9 Bowling   | 4 9 Snow skiing                 |
| 1 0 Boxing  | 5 0 Snowshoeing                 |
| 1 1 Calisthenics  | 5 1 Soccer                      |
| 1 2 Canoeing/rowing in competition  | 5 2 Softball/Baseball           |
| 1 3 Carpentry   | 5 3 Squash                      |
| 1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc                  | 5 4 Stair climbing/Stair master |
| 1 5 Elliptical/EFX machine exercise                                       | 5 5 Stream fishing in waders    |
|   | 5 6 Surfing                     |
|   | 5 7 Swimming                    |

- 1 6 Fishing from river bank or boat
- 1 7 Frisbee
- 1 8 Gardening (spading, weeding, digging, filling)
- 1 9 Golf (with motorized cart)
- 2 0 Golf (without motorized cart)
- 2 1 Handball
- 2 2 Hiking – cross-country
- 2 3 Hockey
- 2 4 Horseback riding
- 2 5 Hunting large game – deer, elk
- 2 6 Hunting small game – quail
- 2 7 Inline Skating
- 2 8 Jogging
- 2 9 Lacrosse
- 3 0 Mountain climbing
- 3 1 Mowing lawn
- 3 2 Paddleball
- 3 3 Painting/papering house
- 3 4 Pilates
- 3 5 Racquetball
- 3 6 Raking lawn
- 3 7 Running
- 3 8 Rock Climbing
- 3 9 Rope skipping
- 4 0 Rowing machine exercise

- 5 8 Swimming in laps
- 5 9 Table tennis
- 6 0 Tai Chi
- 6 1 Tennis
- 6 2 Touch football
- 6 3 Volleyball
- 6 4 Walking
- 6 6 Waterskiing
- 6 7 Weight lifting
- 6 8 Wrestling
- 6 9 Yoga
- 7 1 Childcare
- 7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 7 3 Household Activities (vacuuming, dusting, home repair, etc.)
- 7 4 Karate/Martial Arts
- 7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
- 7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
- 97 Don't know
- 9 8 Other\_\_\_\_\_
- 9 9 Refused

## State added questions

### Tobacco

#### AK1.1

Asked if CDCQ9.5 = 1,2

Which smokeless tobacco products do you currently use? Chewing tobacco, snuff, Snus, or Iq'mik\* (also known as Blackbull)? [ Probe for which.]

- 1. Yes, chewing tobacco
- 2. Yes, snuff
- 3. Yes. Iq'mik or blackbull
- 4. Yes, snus
- 5. Yes other (specify) (20 characters)
- 7. DK/NS 9. Refused

Answers mark all that apply

NOTE: Place Question AK1.1 right after CDCQ9.5 in CATI coding

#### AK1.2

CATI note: If CDCQ9.2 = 3 (Not at all) and CDCQ9.4<05 continue. Otherwise, go to next section.

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

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

- 09. At least 5 years ago

- 08. More than a year ago (but less than 5 years ago)
- 07. About a year ago (if needed - that is roughly 12 months)
- 06. At least 6 months ago but less than one year ago
- 05. At least 3 months ago but less than 6 months ago
- 04. At least 30 days ago but less than 3 months ago
- 03. At least 7 days ago but less than 30 days ago
- 02. At least 24 hours ago but less than 7 days ago
- 01. Within the past 25 hours
- 77. DK/NS
- 99. Refused

INTERVIEWER NOTE: Pause between each response category to allow respondent to answer “Yes” or “No” to each category; INTERVIEWER NOTE: If respondent refuses at any level, code 99

## Screen Time

### AK2.1

How many hours a day, on average, do you spend watching TV, videos, DVDs or using the computer outside of work?

- 01 – 24 hours (specify)
- 55. Less than one hour
- 66. Less than daily
- 77 DK/NS
- 88. Do not watch TV, videos or use the computer outside of work
- 99. Refused

## Sexual Orientation

### AK3.1

Now I'm going to ask you a question about sexual orientation. Do you think of yourself as: A. Gay or lesbian, B. Straight, that is, not lesbian or gay, C. Bisexual, or D. something else?

- 2. Gay or Lesbian
- 1. Straight, that is, not lesbian or gay
- 3. Bisexual
- 4. Something else (specify)
- 7. DK/NS
- 9. Refused

## Cognitive Impairment

### AK4.1

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

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

CATI NOTE: If 1 adult in household and AK4.1 = 1 (Yes), go to AK4.4; otherwise, go to next module.;

CATI NOTE: If number of adults > 1, go to AK4.2.

#### **AK4.2**

[If AK4.1 = 1) Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

\_ Number of people (6 = 6 or more)

8. None
7. DK/NS
9. Refused

CATI NOTE: If AK4.1 = 1 and AK4.2 > 7, go to AK4.4.; CATI NOTE: If number of adults > 1 and AK4.2 < 7; continue. Otherwise, go to next module.

#### **AK4.3**

[Of these people, please select the person who had the most recent birthday (if AK4.2 < 7)] How old is this person?

01. Age 18-29
02. Age 30-39
03. Age 40-49
04. Age 50-59
05. Age 60-69
06. Age 70-79
07. Age 80-89
08. Age 90+
77. DK/NS
99. Refused

#### **AK4.4**

During the past 12 months, how often [If AK4.1 = 1 (Yes): insert "have you;" otherwise, insert "has this person"] given up household activities or chores [If AK4.1 = 1 (Yes): insert "you;" otherwise, insert "they"] used to do, because of confusion or memory loss that is happening more often or is getting worse?

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
7. DK/NS
9. Refused

#### **AK4.5**

As a result of [If AK4.1 = 1 (Yes): insert "your;" otherwise, insert "this person's"] confusion or memory loss, in which of the following four areas [If AK4.1 = 1 (Yes): insert "do you;" otherwise, insert "does this person"] need the MOST assistance?

1. Safety [read only if necessary: such as forgetting to turn off the stove or falling]
2. Transportation [read only if necessary: such as getting to doctor's appointments]

3. Household activities [read only if necessary: such as managing money or housekeeping]
4. Personal care [read only if necessary: such as eating or bathing]
5. Needs assistance but not in these areas
6. Doesn't need assistance in any area
7. DK/NS
9. Refused

**AK4.6**

During the past 12 months, how often has confusion or memory loss interfered with [If AK4.1 = 1 (Yes): insert "your;" otherwise, insert "this person's"] ability to work, volunteer, or engage in social activities?

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
7. DK/NS
9. Refused

**AK4.7**

During the past 30 days, how often [If AK4.1 = 1 (Yes): insert "has;" otherwise, insert "have you,"] a family member or friend provided any care or assistance for [If AK4.1 = 1 (Yes): "you;" otherwise, insert "this person"] because of confusion or memory loss?

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
7. DK/NS
9. Refused

**AK4.8**

Has anyone discussed with a health care professional, increases in [If AK4.1 = 1 (Yes): insert "your;" otherwise, insert "this person's"] confusion or memory loss?

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

If AK4.8 = 2,7,9 Go to next module

**AK4.9**

[If AK4.1 = 1 (Yes): insert "Have you;" otherwise, insert "Has this person"] received treatment such as therapy or medications for confusion or memory loss?

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

**AK4.10**

Has a health care professional ever said that [If AK4.1 = 1 (Yes): insert "you have;" otherwise, insert "this person has"] Alzheimer's disease or some other form of dementia?

1. Yes, Alzheimer's Disease
2. Yes, some other form of dementia but not Alzheimer's Disease
3. No diagnosis has been given
7. DK/NS
9. refused

## Food Security

### AK5.1

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether everyone in your household had enough food to eat.

1. I'm going to read you several statements that people have made about their food situation. Think about all your household's food, including food that was purchased, grown, harvested, or received from other sources. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/you household) in the last 12 months—that is, since last (name of current month).

The first statement is, "The food that (I/we) had just didn't last, and (I/we) could not get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

1. Often true
2. Sometimes true
3. Never true
7. DK/NS
9. Refused

### AK5.2

"(I/we) didn't have the food to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

1. Often true
2. Sometimes true
3. Never true
7. DK/NS
9. Refused

### AK5.3

In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because (I/we) could not get the food that was needed?

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

If AK5.1 = 3,7,9 AND AK5.2 = 3,7,9 AND AK5.3 = 2,7,9 go to Q7

If AK5.3 = 1 then go to AK5.4; if AK5.3 = 2,7 or 9 AND AK5.1 or AK5.2 = 1,2 then go to AK5.5

### AK5.4

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1. Almost every month
2. Some months but not every month

- 3. Only 1 or 2 months
- 7. DK/NS
- 9. Refused

**AK5.5**

In the last 12 months, did you ever eat less than you felt you should because (I/we) could not get the food that was needed?

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

**AK5.6**

In the last 12 months, were you every hungry but didn't eat because there wasn't enough food?

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

**AK5.7**

In the last 12 months, have you received food assistance from a government program, such as Food Stamps (also known as Quest or SNAP), WIC (Women, Infants and Children Program), Free or Reduced School Lunch or Breakfast Program, Commodity Foods or TANF (Temporary Aid for Needy Families)?

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

AK5.7 = 2, 7, 9 go to AK5.9

**AK5.8**

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- 1. Almost every month
- 2. Some months but not every month
- 3. Only 1 or 2 months
- 7. DK/NS
- 9. Refused

**AK5.9**

In the last 12 months, have you received food assistance from community programs, such as a food bank or food pantry, a church, Meals on Wheels, or Senior Center Meals?

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

AK5.9 = 2,7,9 go to Next Module

**AK5.10**

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months
7. DK/NS
9. Refused

## Adverse Childhood Experiences

### **AK6.1**

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

Did you live with anyone who was depressed, mentally ill, or suicidal?

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

### **AK6.2**

Did you live with anyone who was a problem drinker or alcoholic?

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

### **AK6.3**

Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

### **AK6.4**

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

### **AK6.5**

Were your parents separated or divorced?

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

**AK6.6**

How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?

1. Never
2. Once
3. More than once
7. DK/NS
9. Refused

**AK6.7**

Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---

1. Never
2. Once
3. More than once
7. DK/NS
9. Refused

**AK6.8**

How often did a parent or adult in your home ever swear at you, insult you, or put you down?

1. Never
2. Once
3. More than once
7. DK/NS
9. Refused

**AK6.9**

How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

1. Never
2. Once
3. More than once
7. DK/NS
9. Refused

**AK6.10**

How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?

1. Never
2. Once
3. More than once
7. DK/NS
9. Refused

**AK6.11**

How often did anyone at least 5 years older than you or an adult force you to have sex?

1. Never
2. Once

- 3. More than once
- 7. DK/NS
- 9. Refused

**This wording at end of survey:**

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?