



**2013 Alaska Supplemental BRFSS Survey  
vJanuary 25, 2013**

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Interviewer's Script

CATI NOTE: Intro script for cell phone needed for cell phone version – be sure to check intro text so does not reference CDC

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. 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. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

## Survey 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 1-877-655-2793

### Section 1: Health Status

---

1.1 Would you say that in general your health is—

**Please read:**

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

**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?

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

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

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

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

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

### Section 3: Health Care Access

---

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

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

**3.2** Do you have one person you think of as your personal doctor or health care provider?

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

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

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

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

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

- 1 Within 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 5: CVD Prevalence

---

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

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

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

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

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

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

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

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

## Section 6: Tobacco

### Cigarette Use

**6.1** Have you smoked at least 100 cigarettes in your entire life?  
[SMOKE100]

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No **[Skip to 6.22]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.22]**
- 9 Refused **[Skip to 6.22]**

**6.2** Do you now smoke cigarettes every day, some days, or not at all?  
[SMOKDAY2]

- 1 Every day
- 2 Some days
- 3 Not at all **[Skip to 6.11]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.11]**
- 9 Refused **[Skip to 6.11]**

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

**Do not read**

\_\_ 0-30 Number of Days **[If 6.3 = 0, probe for a number; if answer is still "0", then Skip to 6.6]**

- 77 Don't Know / Not Sure
- 99 Refused

[Note different wording depending on whether respondent is daily or some days smoker.]

**6.4** [if 6.2=2 add: "On the days when you smoked during the past 30 days" ] On the average, about how many cigarettes did you smoke a day?

[NUMCIG]

**Do not read**

- 0-180 Number of Cigarettes
- 666 Less than one cigarette a day

777 Don't Know / Not Sure  
 999 Refused

**[Note different wording depending on whether respondent is daily or some days smoker.]**

**6.5** **[if 6.2=2 add: "On the days that you smoke",]** How soon after you wake up do you usually smoke your first cigarette? Would you say

**[FRSTCIG3]**

- 1 Within 30 minutes
- 2 31 to 60 minutes
- 3 More than 60 minutes

**Do not read**

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

**6.6** Where do you usually buy cigarettes?

**[BUYCIGS]**

- 1 In your community
- 2 In another community in Alaska
- 3 In a community outside Alaska **[Skip to 6.8]**
- 4 Using the Internet **[Skip to 6.10]**
- 5 Using a mail-order source or an 800 number **[Skip to 6.10]**

**Do not read**

- 7 Don't Know / Not Sure **[Skip to 6.9]**
- 9 Refused **[Skip to 6.9]**

**Ask of those who usually buy in Alaska (6.6 = 1 or 2)**

**6.7** In what type of store do you usually buy cigarettes?

**[STORECIG]**

- 1 Convenience stores/gas stations **[Skip to 6.9]**
- 2 Supermarkets **[Skip to 6.9]**
- 3 Liquor or drug stores (pharmacies) **[Skip to 6.9]**
- 4 Tobacco discount stores **[Skip to 6.9]**
- 5 Other discount stores, such as Wal-Mart **[Skip to 6.9]**
- 6 Military commissaries **[Skip to 6.9]**
- 7 Other type of store (**specify**) **[Skip to 6.9]**

**[STORCIGT]**

- 77 Don't know **[Skip to 6.9]**
- 99 Refused **[Skip to 6.9]**

**Ask of those who usually buy outside Alaska (6.6=3)**

**6.8** From which state do you usually buy them? (**open-ended answer**)

**[STATECIG]**

**Ask of those who usually buy in Alaska or outside Alaska (Ask if 6.6 = 1, 2, 3, 7 or 9 [exclude those who reported that they usually purchase by mail-order or Internet])**

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

[MAILCIG]

- 1 Yes
- 2 No **[Skip to 6.11]**

**Do not read**

- 7 Don't Know / Not Sure **[Skip to 6.11]**
- 9 Refused **[Skip to 6.11]**

**Ask of those who usually buy over the Internet/mail order [6.6 = 4 or 5] or have done so in the last year [6.9 = 1]**

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

[MAILNUM]

\_\_\_ \_\_\_ \_\_\_ number of (1 = packs, 2 = cartons)

**Do not read**

- 7777 Don't Know / Not Sure
- 8888 None
- 9999 Refused

**Ask of Current and Former Smokers (6.1=1 and/or 6.2=1,2,3)**

**6.11** How old were you when you first started smoking cigarettes regularly?

[BEGSMOKE]

\_\_\_ \_\_\_ **Code age in years (1-100)**

- 888 Never smoked regularly (*don't read*)
- 777 Don't Know / Not Sure
- 999 Refused

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

[SMKYRAGO]

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

**Do not read**

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

**Ask of Former Smokers (6.1 = 1 and 6.2 = 3) else skip to 6.14: REVISED ANSWER CATEGORIES**

**6.13** (Note: This is also the wording for State-added Q. (2012). [LASTSMK3?])

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

**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 (Refused). If respondent answers “Don’t know” or “Not sure” at any level, ask about the next level. If respondent answers “Don’t know” or “Not sure” to two levels in a row, code 77 (Don’t know/Not sure).**

**Please read:**

- 1 0 10 years or more (If “No,” ask 09; if “Yes,” code 10)
- 0 9 At least 5 years but less than 10 years ago (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)
- 0 7 About 1 year ago
- [Interviewer note: Can add, “That is, roughly 12 months” if needed]** (If “No,” ask 06; if “Yes,” code 07)
- 0 6 At least 6 months but less than one year ago (If “No,” ask 05; if “Yes,” code 06)
- 0 5 At least 3 months but less than 6 months ago (If “No,” ask 04; if “Yes,” code 05)
- 0 4 At least 30 days ago but less than 3 months ago (If “No,” ask 03; if “Yes,” code 04)
- 0 3 At least 7 days ago but less than 30 days ago (If “No,” ask 02; if “Yes,” code 03)
- 0 2 At least 24 hours ago but less than 7 days ago (If “No,” ask 01; if “Yes,” code 02)
- 0 1 Within the past 24 hours

**Do not read:**

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

**Cessation - Ask of Current Smokers (6.2 = 1 or 2)**

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

[STOPSMK2 – BOTH]

- 1 Yes
- 2 No **[Skip to 6.19]**
- Do not read**
- 7 Don’t know / Not sure **[Skip to 6.19]**
- 9 Refused **[Skip to 6.19]**

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

[TIMESSM]

**Interviewer note: If R says “none” go back and ask previous question C06Q14.**

- 1 -400 times
- 777 Don’t know/Not sure
- 999 Refused

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

[LENGTHSM]

**Do not read**

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

**Methods of Quitting - Ask of Current Smokers who have tried to quit during past 12 months (6.14 = 1) or Former Smokers who quit within past 5 years (6.13 = 01-08)**

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

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

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

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

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

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

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

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

**[Former Smokers (6.1 = 1 and 6.2 = 3) skip to 6.22]**

**Stages of Readiness (for Quitting Smoking) - Ask of Current Smokers (6.2 = 1 or 2)**

**6.19** Would you like to quit smoking?

[LIKESTOP]

- 1 Yes
- 2 No **[Skip to 6.22]**

- Do not read**
- 7 Don't know / Not sure **[Skip to 6.22]**
- 9 Refused **[Skip to 6.22]**

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

- 1 Yes
- 2 No **[Skip to 6.22]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.22]**
- 9 Refused **[Skip to 6.22]**

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

- 1 Yes
- 2 No

**Do not read**

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

**Health Professional Care - Ask of All Respondents**

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

- 1 Yes
- 2 No **[skip to 6.25]**

**Do not read**

- 7 Don't know / Not sure **[skip to 6.25]**
- 9 Refused **[skip to 6.25]**

**Health Professional Advice - Ask of Current Smokers (6.2 = 1 or 2)**

**6.23** In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?  
[QUITSMOK]

- 1 Yes **[Skip to 6.29]**
- 2 No

**Do not read**

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

**Health Professional Assessment**

**Ask of Never Smokers (6.1 = 2, 7, or 9), Former Smokers (6.1 = 1 and 6.2 = 3), and Current Smokers who were not advised to quit (6.23 = 2, 7, or 9)**

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

[DOCASK]

- 1 Yes
- 2 No

**Do not read**

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

**Ask of Former Past Year Smokers (6.1 = 1 and 6.2 = 3 and 6.13 < 08)**

**6.25** Now we would like to ask you some questions about the 12 months prior to when you quit smoking. In the 12 months prior to your quitting, did any doctor, dentist, or other health professional talk to you about your smoking?

[FDOCTALK]

- 1 Yes **[go to 6.27]**
- 2 No

**Do not read**

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

**6.26** **[Ask if If 6.25=2 or 6.25=7]**

Did you have a health visit to get any kind of care for yourself, in the 12 months prior to when you quit smoking?

[FDOCCARE]

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

**Ask of Former Past Year Smokers who talked to provider about smoking (6.25 = 1)**

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

[FDOCPRIOR]

- 1 Yes
- 2 No **[skip to 6.30]**

**Do not read**

- 7 Don't Know/Not Sure **[skip to 6.30]**
- 9 Refused **[skip to 6.30]**

**6.28** In the 12 months prior to your quitting, when a doctor or other health professional advised you to quit smoking, did they also do any of the following?

[FDOCDRUG]

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

- 1 Yes
- 2 No

**Do not read**

- 7 Don't know / Not sure

9 Refused

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

- 1 Yes
- 2 No

**Do not read**

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

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

- 1 Yes
- 2 No

**Do not read**

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

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

- 1 Yes
- 2 No

**Do not read**

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

[FDOCFOLLOW] (e) Follow up with you to discuss your quit attempt or your smoking?

- 1 Yes
- 2 No

**Do not read**

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

Additional Interviewer Notes for 6.28e: probe if needed: "By 'follow up' I mean did the provider schedule another appointment or phone call to talk about how you were doing with your quit attempt or to talk about getting ready to quit?"

**Ask of Current Smokers advised to quit (6.23 = 1)**

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

[DOCDRUG]

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

- 1 Yes
- 2 No

**Do not read**

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

[DOCDATE]

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

- 1 Yes
- 2 No

**Do not read**

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

[DOCCLASS]

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

- 1 Yes
- 2 No

**Do not read**

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

[DOCBOOK]

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

- 1 Yes
- 2 No

**Do not read**

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

[DOCFOLLOW]

(e) Follow up with you to discuss your smoking or quit attempt?

- 1 Yes
- 2 No

**Do not read**

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

Additional Interviewer Notes for 6.29e: probe if needed: "By 'follow up' I mean did the provider schedule another appointment or phone call to talk about how you were doing with your quit attempt or to talk about getting ready to quit?"

**Cessation Benefit question –**

**Ask of respondents who have some health insurance coverage (3.1=1) skip if 3.1 = 2,7,9**

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

[QUITINS]

- 1 Yes
- 2 No

**Do not read**

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

**Smokeless Tobacco Use – all respondents**

**Current SLT use (REVISED QUESTION FROM CORE—NEW)**

**6.31** Do you CURRENTLY use chewing tobacco, snuff, Snus, or Iq'mik (also known as Blackbull) every day, some days, or not at all?

[USENOW3]

- 1 Every day
- 2 Some days
- 3 Not at all **[Skip to 6.33a]**

**Do not read:**

- 7 Don't know / Not sure **[Skip to 6.33a]**
- 9 Refused **[Skip to 6.33a]**

Additional Interviewer Notes: 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 ALSO: 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.**

**Current SLT use Type (REVISED QUESTION)**

**Ask if 6.32<3**

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

**Interviewer note: If R says "none" go back and ask previous question C06Q31.**

**[USENWAK5, USENWAK6, USENWAK7, USENWAK8, USENWAK9 - BOTH]**

Check all that apply

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) \_\_\_\_\_

**Do not read**

- 7 Don't know / Not sure **to 6.34**
- 9 Refused **to 6.34**

**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.**

**Lifetime (former) SLT use Type (REVISED QUESTION)**

Ask of all respondents

**6.33 A – Asked of non-current smokeless users 6.31 = 3,7,9**

**6.33 B - CATI NOTE: AUTOFILL SMOKELESS TYPES FROM 6.32=1-5? If so, then revise question for current users this way:**

**Besides [types filled from 6.32]...? DO NOT MARK OUT "OTHER"**

**6.33A** Have you EVER used or tried any smokeless tobacco products such as chewing tobacco, snuff, , Snus, or Iq'mik\* (also known as Blackbull)? **Probe for which.**

**[USEEVAK5, USEEVAK6, USEEVAK7, USEEVAK8]**

Check all that apply

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) \_\_\_\_\_ [USEEVAKT]
- 6 No, None **[Skip to 6.44]**

**Do not read**

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

**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 ALSO: 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.**

**6.33 B - Besides [fill smokeless types named in 6.32], have you ever used or tried any other smokeless tobacco products? [Probe for which.]**

**[USEEVAKA, USEEVAKB, USEEVAKC, USEEVAKD]**

Check all that apply

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) \_\_\_\_\_ [USEEVAKO]

- 6 No, None
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

**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 ALSO: 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.**

**Current SLT use –measure of Addiction Ask if 6.31<3**

**6.34** On the days that you use smokeless tobacco, how soon after you wake up do you usually use smokeless tobacco for the first time? Would you say .....

[FRSTSMKL3]

- 1 Within 30 minutes**
- 2 31 to 60 minutes**
- 3 More than 60 minutes**

**Do not read**

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

**Age at Initiation – ask of Current and Former SLT users (Ask if 6.31<3 OR 6.32 <= 5, or 6.33a <=5)**

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

[BEGSMKLS]

\_\_ \_\_ Code age in years (1 – 100)

- 888 Never used smokeless tobacco regularly
- 777 Don't know/not sure
- 999 Refused

**Smokeless Tobacco Cessation - Ask of Current ST Users (6.31 < 3)**

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

[SMKLSSTP]

- 1 Yes
- 2 No **[Skip to 6.39]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.39]**
- 9 Refused **[Skip to 6.39]**

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

[TIMESST]

**Interviewer note: If R says "none" go back and ask previous question C06Q36.**

\_\_ \_\_ 1 -400 times  
 777 Don't know/Not sure  
 999 Refused

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

[LENGTHST]

**Do not read**

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

**6.39** Would you like to quit using smokeless tobacco?

[SMKLSQT – BOTH]

1 Yes  
 2 No **[Skip to 6.43]**

**Do not read**

7 Don't know / Not sure **[Skip to 6.43]**  
 9 Refused **[Skip to 6.43]**

**6.40** Are you seriously considering quitting smokeless tobacco products within the next 6 months?

[SMKLS6MO – BOTH]

1 Yes  
 2 No **[Skip to 6.43]**

**Do not read**

7 Don't know / Not sure **[Skip to 6.43]**  
 9 Refused **[Skip to 6.43]**

**6.41** Are you seriously considering quitting smokeless tobacco products within the next 30 days?

[SMKLS30D]

1 Yes  
 2 No

**Do not read**

7 Don't know / Not sure  
 9 Refused

**If 6.35 = 888 go to 6.43**

**Ask of Former Smokeless Tobacco Users (6.31 >= 3 and 6.33a <= 5)**

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

[LASTSMKL]

1 Never regularly used smokeless tobacco  
 2 Within the past month  
 3 Within the past 3 months  
 4 Within the past 6 months

- 5 Within the past year
- 6 Within the past 5 years
  
- 7 Within 10 years
- 8 10 or more years ago

**Do not read**

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

**Ask of Current ST Users (6.31<3)**

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

[SMKLADV – BOTH]

- 1 Yes **[Skip to 6.45]**
- 2 No

**Do not read**

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

**Ask of Never ST users (6.31 = 3, 7, or 9 and 6.33a=6), Former ST users (6.33a<=5), and Current ST users NOT advised to quit (6.43 = 2, 7, or 9)**

**6.44** In the past 12 months, has any doctor, dentist or other health professional asked if you use smokeless tobacco products such as chewing tobacco, snuff, Snus, or Iq'mik?

[SMKLSASK – BOTH]

- 1 Yes
- 2 No

**Do not read**

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

**Interviewer note: Can add that Blackbull is a form of Iq'mik, if needed**

## New Tobacco Products

**Ask of All Respondents EXCEPT if 6.32=4 (Respondent already said they use Snus)**

**6.45a** Do you currently use any of the new tobacco products, such as e-cigarettes, lozenges, orbs, Snus, or anything else?

[NEWTOB1-5]

**Interviewer note: (If needed) New tobacco products include products such as e-cigarettes, lozenges, orbs, or snus. Another example is Camel strips or sticks.**

**CHECK ALL THAT APPLY**

- 1 Yes, E-cigarettes
- 2 Yes, lozenges
- 3 Yes, Orbs

- 4 Yes, Snus
- 6 Yes, other: \_\_\_\_\_ [NEWTOBO]
- 8 No (none)

**Do not read**

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

**Ask if 6.32=4 (Respondent already said they use Snus)  
CATI autofill 6.32=4, in addition to any other answers given**

**6.45b** Do you currently use any of the new tobacco products, such as e-cigarettes, lozenges, orbs, or anything else?

**Interviewer note: (If needed) New tobacco products include products such as e-cigarettes, lozenges, orbs, or snus. Another example is Camel strips or sticks.**

[NEWTOB1-4]0

- 1 Yes, E-cigarettes
- 2 Yes, lozenges
- 3 Yes, Orbs
- 6 Yes, other: \_\_\_\_\_ [ NEWTOBO]
- 8 None

**Do not read**

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

**Ask only if respondent is a current smoker who also currently uses smokeless (6.2 = 1-2 AND (6.31 <3)**

**6.46a** How long have you used both cigarettes and smokeless tobacco?

[DUALLONGA]

- 1 For less than 1 month
- 2 For at least 1 month but less than 6 months
- 3 For at least 6 months but less than 1 year
- 4 For about a year
- 5 For more than a year but less than 5 years
- 6 For 5 years or more

**Do not read**

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

**Ask only if respondent is a current smoker who also currently uses new tobacco products (6.2 = 1-2 AND (6.45a or 6.45b =1-6))**

**6.46b.** How long have you used both cigarettes and new tobacco products?

[DUALLONGB]

**Interviewer note: (If needed) New tobacco products include products such as e-cigarettes, lozenges, orbs, or snus. Another example is Camel strips or sticks.**

- 1 For less than 1 month
- 2 For at least 1 month but less than 6 months

- 3 For at least 6 months but less than 1 year
- 4 For about a year
- 5 For more than a year but less than 5 years
- 6 For 5 years or more

**Do not read**

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

**Ask only if respondent is a current smoker who also currently uses either smokeless or new tobacco products (6.2 = 1-2 AND (6.31 <3 and/or (6.45a or 6.45b =1-6))**

**6.47** Do you ever use smokeless tobacco or the new tobacco products instead of smoking cigarettes?

**Interviewer note: (If needed) New tobacco products include products such as e-cigarettes, lozenges, orbs, or snus. Another example is Camel strips or sticks.**

[CIGALT]

**Probe for which. DO NOT READ RESPONSES.**

- 1 Yes, smokeless
- 2 Yes, new tobacco products
- 3 Yes both smokeless and new products
- 4 No [skip to 6.49]
  
- 7 Don't know/Note sure [skip to 6.49]
- 9 Refused [skip to 6.49]

**Ask IF respondent is a dual user who said yes to 6.47 (IF 6.47<=3).**

**6.48** Here are some reasons people might give for using smokeless tobacco or new tobacco products. Please tell me whether each of these reasons is true for you.

a. I use smokeless or new tobacco in situations where smoking is not allowed.

[CIGALTSMK]

- 1 Yes
- 2 No

**Do not read**

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

b. I use smokeless or new tobacco products because I am trying to quit smoking cigarettes.

[CIGALTQTSMK]

- 1 Yes
- 2 No

**Do not read**

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

**Ask IF respondent is a dual user who answered 6.47 = 2,3**

c. I use new tobacco products because I am trying to quit both smoking and smokeless tobacco.

[CIGALTQTT0B]

- 1 Yes
- 2 No

**Do not read**

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

<b>Secondhand Smoke Exposure and Policies – Ask of All Respondents</b>
--

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

[NUMSMOKE]

**Do not read**

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

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

[TOBACCO]

- 1 Yes
- 2 No

**Do not read**

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

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

[HOUSSMK1]

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

**Do not read**

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

**6.52** Do you own or rent your home?

[RENTHOM1]

- 1 Own
- 2 Rent
- 3 Other arrangement \_\_\_\_\_ [HOMET]

- 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.**

**6.53** In what type of place do you currently live? Is it ...

[HOMETYPE]

- 1 A single family home **[SKIP TO 6.56]**
- 2 An apartment, condominium, or townhouse in which you share one or more walls with other units
- 3 Room in shared house, or boarding house
- 4 Other

**Do not read**

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

**6.54** Has your landlord, property manager, or board of directors set any rules regarding tobacco smoking on the property where you live?

[PROPRULE]

- 1 Yes
- 2 No

**Do not read**

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

**[Ask of all who live in an apartment, condominium, or townhouse in which they share one or more walls with other units or shared housing (Q6.53=2 or 3), else skip to 6.56.]**

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

[SHSRENT]

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

**Do not read**

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

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

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

[INDOORS]

- 1 Yes
- 2 No
- 3 Not employed **[Skip to 6.60]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.59]**
- 9 Refused **[Skip to 6.59]**

**6.57** (If 6.56 = 2 add: Even though most of the time you do not work indoors),  
In the past 30 days, were you exposed to smoke from someone else's cigarettes, cigars,  
or pipes anywhere indoors at your workplace?

[SHSINDR2]

- 1 Yes
- 2 No
- 3 My workplace does not have any indoor area **[skip to 6.59]**

**Do not read**

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

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

[SHSEINTR]

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

**Do not read**

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

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

[SMKWORK2]

- 1 Smoking is not allowed in any work areas
- 2 Smoking is allowed in some work areas
- 3 Smoking is allowed in all work areas

**Do not read**

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

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

[SMKINDOR]

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

**Do not read**

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

## Exposure in Cars – Ask of All Respondents

**Now I am going to ask you some questions about general smoking policies...**

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

[SMKCAR30]

- 1 Yes
- 2 No

**Do not read**

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

**Attitudes about Secondhand Smoke – Ask of All Respondents**

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

[SMKREST]

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

**Do not read**

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

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

[SMBARNOW]

- 1 Yes
- 2 No **[Skip to 6.65]**
- 3 No bars in community **[Skip to 6.66]**

**Do not read**

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

**Ask of those who either (a) do not have an ordinance banning smoking in bars, or (b) do not know if they do or not, or (c) refused. (6.63 = 1, 7, or 9)**

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

[BARDIFF]

- 1 More **[Skip to 6.66]**
- 2 Less **[Skip to 6.66]**
- 3 No Difference **[Skip to 6.66]**

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.66]**
- 9 Refused **[Skip to 6.66]**

**Ask of those who do have an ordinance banning smoking in bars (6.63= 2)**

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

[BARSINCE]

- 1 More
- 2 Less
- 3 No Difference

**Do not read**

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

**Ask of All Respondents**

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

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

[SMKPROT]

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

**Do not read**

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

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

[ETSHARM]

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

**Do not read**

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

**Knowledge/Perceptions about Secondhand Smoke – Ask of All Respondents**

6.68-6.71 Would you say that breathing smoke from other people's cigarettes causes:

**[Randomize order]**

a. Lung cancer in adults

[ETSLUNG]

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

9 Refused

b. Heart disease in adults  
[ETSHEART]

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

c. Respiratory problems in children  
[ETSRESP]

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

d. Sudden infant death syndrome, also known as SIDS, or crib death?  
[ETSSIDS]

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

## Social Norms and Secondhand Smoke – Ask of All Respondents

**6.72** In the last year, have you visited a school in your community?  
[SCHLVIST]

- 1 Yes
- 2 No **[Skip to 6.76]**

**Do not read**

- 7 Don't know / Not sure **skip to 6.76**
- 9 Refused **Skip to 6.76**

**6.73** In the last year, how often have you seen people (students, staff or visitors) smoking or using tobacco outside on school grounds, during school hours?  
[SCHLSEEN]

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

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

**6.74** In the last year, how often have you seen people (students, staff or visitors) smoking or using tobacco outside on school grounds, but after school hours?  
[SCHLAFTR]

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

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

**6.75** In the last year, how often have you seen people (students, staff or visitors) smoking or using tobacco inside school buildings, but after school hours?

[SCHLINAF]

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

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

**6.76** In the last year, how often have you seen people (students, staff or others) smoking or using tobacco at school sponsored events held off school grounds?

[SCHLSOFF]

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

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

**6.77** In the last year, have you visited a hospital in your community?

[HOSPVIST]

- 1 Yes
- 2 No **[Skip to 6.79]**

**Do not read**

- 7 Don't know / Not sure **[skip to 6.79]**
- 9 Refused **[skip to 6.79]**

**6.78** In the last year, how often have you seen people smoking or using tobacco on hospital grounds, such as walkways or outside building entrances?

[HOSPOUT]

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

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

**6.79** In the last year, have you visited a health clinic in your community? *(If needed say, a health clinic is a medical facility where patients do not stay overnight)*

[CLNCVIST]

- 1 Yes
- 2 No **[Skip to 6.81]**

**Do not read**

- 7 Don't know / Not sure **skip to 6.81**
- 9 Refused **skip to 6.81**

**6.80** In the last year, how often have you seen people smoking or using tobacco on clinic grounds, such as walkways or outside building entrances?

[CLNCOUT]

- 1 All the time
- 2 Sometimes
- 3 Never

**Do not read**

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

**Ask of All Respondents—ATTITUDES ABOUT SMOKING IN AND AROUND SCHOOLS, HOSPITALS AND CLINICS, AND ESTIMATION OF COMMUNITY SMOKING**

Please tell me whether you strongly agree, agree, disagree, strongly disagree with the following statements:

**6.81** Tobacco use should not be allowed on school grounds during school hours?

[TOBSCDUR]

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

**Do not read**

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

**6.82** Tobacco use should not be allowed on school grounds after school hours, including evening or weekend events?

[TOBSCAFT]

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

**Do not read**

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

**6.83** Tobacco use should not be allowed at any school sponsored event, even those held off school grounds?

[TOBSCOFF]

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

**Do not read**

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

**6.84** Tobacco use should not be allowed on hospital grounds?

[TOBHOSP]

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

**Do not read**

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

**6.85** Tobacco use should not be allowed on health clinic grounds?

[TOBCLNC]

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

**Do not read**

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

**6.86** Do you agree or disagree with the following statement:  
I prefer to spend time where people are not smoking.

[NOSMOKE]

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

**Do not read**

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

**6.87** Some communities have local groups that work on tobacco prevention. To your knowledge, has there been a local group doing tobacco prevention work in your community over the past few years?

[TOBPRECO]

- 1 Yes
- 2 No

**Do not read**

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

**6.88** About how many adults in your community are smokers? Would you say...

[ADTSMOKE]

- 1 More than half **[Skip to 6.90]**
- 2 About half **[Skip to 6.91]**
- 3 Less than half

**Do not read**

- 7 Don't know / Not sure **[Skip to 6.91]**
- 9 Refused **[Skip to 6.91]**

**[ask if 6.88=3]**

**6.89** Would you say the number who smoke is...

[SMOKLOW]

- 1 1 in 10, or about 10%
- 2 2 in 10, or about 20%
- 3 3 in 10, or about 30%
- 4 4 in 10, or about 40%
- 5 Other (specify) \_\_\_\_\_ [SMOKLOWT]

**Do not read**

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

**[ask if 6.88=1]**

**6.90** Would you say the number who smoke is...

[SMOKHI]

**[Interviewer note: If respondent says "50%", please go back to 6.88 and revise to 6.88= "2"]**

- 1 6 in 10, or about 60%
- 2 7 in 10, or about 70%
- 3 8 in 10, or about 80%
- 4 9 in 10, or about 90%
- 5 Other (specify) \_\_\_\_\_ [SMOKHIT]

**Do not read**

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

## Alaska Quit Line – Ask of All Respondents

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

[QUITLINE]

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

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

[QUITNUM]

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

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

## Section 7: Diabetes

**7.1** Have you ever been told by a doctor that you have diabetes?

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

If “No” and respondent is female, ask: “Have you ever been told that you had gestational diabetes or diabetes during your pregnancy?”

[DIABETE2 – BOTH]

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

If yes (1) – go to Diabetes Module (Module 2) and back to Section 8.

If not yes (2-9) – go to Prediabetes Module (Module 1) and back to Section 8.

## Module 1: Pre-Diabetes

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**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?

- 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?”**

- 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?

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

2. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

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

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

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

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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

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

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

— — Number of times [76 = 76 or more]  
8 8 None  
9 8 Never heard of "A one C" test  
7 7 Don't know / Not sure  
9 9 Refused

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

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

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

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

**Read only if necessary:**

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

**Do not read:**

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

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

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

10. Have you ever taken a course or class in how to manage your diabetes yourself?

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

## Section 8: Demographics

8.1 What is your age?  
[AGE]

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

8.2 Are you Hispanic, Latino/a, or Spanish origin?

- 1 No, not of Hispanic, Latino/a, or Spanish origin

If yes, ask: Are you...

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

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

**Do not read:**

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

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

**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.**

**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  
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.*

[VETERAN2]

1 Yes  
2 No

**Do not read:**

7 Don't know / Not sure  
9 Refused

**8.6** Are you...?

[MARITAL]

**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

**CATI Note: 8.6c – CP survey only**

**8.6c** How many members of your household, including yourself, are 18 years of age or older?  
\_\_ Number of adults  
77 DK/NS  
99 Refused

**8.7** 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?  
[SXORIENT]

**[Interviewer Notes:** Please read the letters with the answer categories, so that respondent may use either the letter or words to give their answer. You may use the descriptions below if respondent asks for clarification.

**IF NEEDED:**

Gay or Lesbian—A person who is gay or lesbian is primarily attracted to people of the same sex.

Straight—A person who is “straight” is primarily attracted to people of the opposite sex.

Bisexual—A person who is bisexual attracted to people of either sex.]

**[Interviewer Coding Note:**

If respondent replies that they are “homosexual,” please code with “gay or lesbian”.

If respondent replies that they are “heterosexual,” please code with “straight”.]

2 Gay or Lesbian  
1 Straight, that is, not lesbian or gay

- 3 Bisexual
- 4 Something else? (specify?) \_\_\_\_\_ [SEXORTXT – BOTH]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF NEEDED: "Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Alaska. You don't have to answer any question if you don't want."

**8.8** How many children live in your household who are...

- [CHLD04]** a. less than 5 years old? **Code 1-7 (7 = 7 or more)**
- [CHLD0512]** b. 5 through 12 years old? **Code 1-7 (7 = 7 or more)**
- [CHLD13 17]** c. 13 through 17 years old? **Code 1-7 (7 = 7 or more)**
- 8 None
- 9 Refused

**Note to CATI Programmer: Keep children question for cell phone survey**

**8.9** What is the highest grade or year of school you completed?  
**Read only if necessary:**

**[EDUCA\_N]**

- 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 (High school graduate) **Go to 8.9b**
- 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

**8.9b** When you say that you completed the 12<sup>th</sup> 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?

**[DIPLGED]**

- 1 High School Graduate
- 2 GED (High school equivalency Diploma)
- 3 Home-schooled with diploma or correspondence school diploma

**Do not read:**

- 9 Refused

**8.10** Do you follow a subsistence lifestyle?

**[SUBSIST]**

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

**8.11** Are you currently...?  
[EMPLOY]

**Please read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more **[Skip to 8.14]**
- 4 Out of work for less than 1 year
- 5 A Homemaker **[Skip to 8.14]**
- 6 A Student **[Skip to 8.14]**
- 7 Retired **[Skip to 8.14]**
- 8 Unable to work **[Skip to 8.14]**

**Do not read:**

- 9 Refused

**If Q8.11 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Out of work for less than 1 year), continue else go to next module.**

Now I am going to ask you about your work.

**8.12 What kind of work do you do?** (for example, registered nurse, janitor, cashier, auto mechanic)

**INTERVIEWER NOTE: If respondent is unclear, ask “What is your job title?”**

**INTERVIEWER NOTE: If respondent has more than one job then ask, “What is your main job?”**

[Record answer] \_\_\_\_\_  
99 Refused

**8.13. What kind of business or industry do you work in?** (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] \_\_\_\_\_  
99 Refused

Additional Interviewer Instructions for Industry and Occupation questions:

**Interviewer Note:** If respondent says that they don't have a job right now follow-up with “If you are not currently working please answer based on the work you usually do or the work you did most recently.”

## Section 8: Demographics (continued)

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**8.14** Is your annual household income from all sources—  
[INCOME2]

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

**Read only if necessary:**

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

**Do not read:**

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

CATI: include 8.15adlt and 8.16chld on both LL and CP surveys

**8.15adlt** 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

Check screen if 8.15adlt > num adult from HH roster: Let me check that there are \_\_ household members that are supported by that income?

**Skip 8.16 when 8.8 a-c all = 8,9 (no children in HH)**

**8.16chld** 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

**8.17** About how much do you weigh without shoes?  
[WEIGHT2]

**Round fractions up**

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

**8.18** About how tall are you without shoes?  
[HEIGHT3]

**Round fractions down**

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

**CATI Note: 8.19 - 8.22 – LL survey only**

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

[NUMHHOL2]

- 1 Yes
- 2 No **[Go to Q8.21]**
- 7 Don't know / Not sure **[Go to Q8.21]**
- 9 Refused **[Go to Q8.21]**

**8.20** How many of these telephone numbers are residential numbers?

[NUMPHON2]

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

**8.21** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

[CPDEMO1]

- 1 Yes **[Go to Q8.22]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**8.22** 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?  
**[CPDEMO4]**

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

**8.23** What is your ZIP Code where you live?  
**[ZIPCODE – BOTH]**

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

**8.24** Indicate sex of respondent. Ask only if necessary.  
**[SEX - BOTH]**

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

**8.25** To your knowledge, are you now pregnant?  
**[PREGNANT – BOTH]**

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

## Section 9: Knowledge of Health Risks Related to Obesity

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CATI Note: Randomize 9.1 A – E

9.1 As far as you know, does being overweight or obese increase a person's risk of developing:

- A. Diabetes
  - 1="Yes"
  - 2="No"
  - 7="Don't know/Not sure"
  - 9="Refused"
- B. Heart disease
  - 1="Yes"
  - 2="No"
  - 7="Don't know/Not sure"
  - 9="Refused"
- C. High blood pressure
  - 1="Yes"
  - 2="No"

7="Don't know/Not sure"  
9="Refused"

- D. Lung cancer  
1="Yes"  
2="No"  
7="Don't know/Not sure"  
9="Refused"

- E. Premature death  
1="Yes"  
2="No"  
7="Don't know/Not sure"  
9="Refused"

## Section 10: Suicide Ideation

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*“The next section will address issues that may bring forth personal and sensitive concerns regarding your family, friends, colleagues, neighbors or you personally. If these questions create a need for additional information, resources, or referral to services for mental health issues and/or concerns about suicide please call the statewide Careline Crisis Intervention phone line at 1-877-266-4357. Please keep in mind that you can ask me to skip any question you do not want to answer.”*

10.1 During the past 12 months, have you had thoughts about suicide or hurting yourself?

- 1 Yes (**go to 10.2**) - all else go to next section  
2 No  
7 Don't know / Not sure  
9 Refused

10.2 During the past 12 months, did you ever make a serious plan about how you would attempt suicide?

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

10.3 During the past 12 months, how many times did you actually attempt suicide?

- 1-76 Number of times  
77 Don't know/Not sure  
88 Or none  
99 Refused

**If 10.4 is NOT 88 or none, go to 10.4**

**If 10.4 is = 88, go to 10.5**

10.4 Did any suicide attempt in the past 12 months result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

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

10.5 During the past 30 days, for about how many days did you have thoughts about suicide or hurting yourself?

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

## Closing Section

**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?**

**[ACPERM]**

**This means we might call you back for another phone interview, 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?**

**[ACASKNAM]**

**[ACGETNAM]**

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

**[ACASKEML]**

**May I please have your email address?**

**[ACGETEML]**