



D R A F T

2009

**Behavioral Risk Factor Surveillance System**

**Modified Questionnaire**

**November 13, 2008**



## Interviewer's Script

HELLO, I am calling for the Alaska Department of Health and Social Services. My name is (name). We are gathering information about the health of Alaska residents. This project is conducted by the health department. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

**If "no,"**

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

**If "no,"**

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

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

**If "yes,"**

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Number of adults

**If "1,"**

Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 4.**

**If "no,"**

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

\_\_\_ Number of men

\_\_\_ Number of women

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," go to page 4**



**To the correct respondent:**

HELLO, I am calling for the **Alaska Department of Health and Social Services**. My name is **(name)**. We are gathering information about the health of **Alaska** residents. This project is conducted by the health department. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

## Core Sections

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

### Section 1: Health Status

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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

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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

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

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

**3.2** What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

[NOTE: IF MORE THAN ONE, ASK "Which type do you use to pay for most of your medical care?"]

PLEASE READ

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS or TriCare, or the VA
- 07 Alaska Native Health Service or Indian Health Service
- Or
- 08 Some other source (Specify)

DO NOT READ

- 88 None
- 77 Don't Know/ Not Sure
- 99 Refused

**3.3.** There are some types of coverage you may not have considered. Please tell me if you have any of the following: Coverage through:

[NOTE: IF MORE THAN ONE, ASK "Which type do you use to pay for most of your medical care?"]

PLEASE READ

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS or TriCare, or the VA
- 07 Alaska Native Health Service or Indian Health Service
- Or
- 08 Some other source (Specify)

DO NOT READ

- 88 None
- 77 Don't Know/ Not Sure
- 99 Refused

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

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

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

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

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

## Section 4: Exercise

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

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

## Section 5: Diabetes

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

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

**If respondent says no, ask: “Have you been told you have prediabetes or borderline diabetes?”**

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

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

## Section 6: Cardiovascular Disease Prevalence

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

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

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

b. Angina or coronary heart disease?

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

c. A stroke?

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

## Section 7: Asthma

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

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

7.2 Do you still have asthma?

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

## Section 8: Disability

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

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

8.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

(150)

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

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

## Section 9: Tobacco

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### Cigarette Use

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

**NOTE: 5 packs = 100 cigarettes**

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

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

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

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

- 0-30 Number of Days **[If 9.3 = 0 Skip to 9.10]**
- 77 Don't Know / Not Sure **[Skip to 9.10]**
- 99 Refused **[Skip to 9.10]**

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

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

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

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

**Ask of those who usually buy in Alaska (9.5 = 1 or 2)**

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

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

**[Skip to 9.8]**

**Ask of those who usually buy outside Alaska (9.5=3)**

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

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

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

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

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

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

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

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

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

\_\_\_ \_\_\_ Code age in years

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

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

- 1 Every Day
- 2 Some Days
- 3 Not at all
  
- 7 Don't Know/Not Sure
- 9 Refused

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

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

- 1 Within the past month
- 2 Within the past 3 months

- 3 Within the past 6 months
- 4 Within the past year
- 5 Within the past 5 years

**[If 1-5 continue to 9.13]**

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

**[If 6-9 Skip to Health Professional Care (9.22)]**

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

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

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

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

- 1 Yes
- 2 No **[Skip to 9.19]**
- 7 Don't know / Not sure **[Skip to 9.19]**
- 9 Refused **[Skip to 9.19]**

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

- \_\_\_ 1 -776 times
- 777 Don't know/Not sure
- 888 None **[Skip to 9.17]**
- 999 Refused

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

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

**Methods of Quitting - Ask of Current Smokers who have tried to quit during past 12 months (9.14 = 1) or Former Smokers who quit within past 5 years (9.12 = 1-5)**

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

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

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

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

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

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

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

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

**[Former Smokers (9.1 = 1 and 9.2 = 3) skip to 9.22]**

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

9.19 Would you like to quit smoking?

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

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

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

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

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

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

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

- 1 Yes
- 2 No [Skip to 9.26]
- 7 Don't know / Not sure [Skip to 9.26]
- 9 Refused [Skip to 9.26]

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

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

- 1 Yes [Skip to 9.25]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**Health Professional Assessment**

**Ask of Never Smokers (9.1 = 2, 7, or 9), Former Smokers (9.1 = 1 and 9.2 = 3), Current Smokers who were not advised to quit (9.23 = 2, 7, or 9)**

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

- 1 Yes [Skip to 9.26]
- 2 No [Skip to 9.26]
- 7 Don't know / Not sure [Skip to 9.26]
- 9 Refused [Skip to 9.26]

**Ask of Current Smokers advised to quit (9.23 = 1)**

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

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

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

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

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

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

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

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

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

### Other Smoked Tobacco Product Use

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

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

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

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

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

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

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

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

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

### Smokeless Tobacco Use

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

**Check all that apply**

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) \_\_\_\_\_
- 6 No, None **[Skip to 9.42]**
- 7 Don't know / Not sure **[Skip to 9.42]**
- 9 Refused **[Skip to 9.42]**

\*Include prompt: By smokeless tobacco use we also mean Iq'mik (also known as blackbull). Iq'mik is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.

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

**Check all that apply**

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) \_\_\_\_\_
- 6 No, None **[Skip to 9.33]**
- 7 Don't know / Not sure **[Skip to 9.33]**
- 9 Refused **[Skip to 9.33]**

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

- \_\_\_ Days
- 88 None
- 99 Refused

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

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

**Smokeless Tobacco Cessation - Ask of Current ST Users (9.31 = 1 - 5).**

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

- 1 Yes
- 2 No **[Skip to 9.37]**
- 7 Don't know / Not sure **[Skip to 9.37]**
- 9 Refused **[Skip to 9.37]**

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

- \_\_\_\_\_ 1 -776 times
- 777 Don't know/Not sure
- 888 None **[Skip to 9.37]**
- 999 Refused

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

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

9.37 Would you like to quit using smokeless tobacco?

- 1 Yes
- 2 No **[Skip to 9.41]**
- 7 Don't know / Not sure **[Skip to 9.41]**
- 9 Refused **[Skip to 9.41]**

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

- 1 Yes
- 2 No **[Skip to 9.41]**
- 7 Don't know / Not sure **[Skip to 9.41]**
- 9 Refused **[Skip to 9.41]**

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

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

**Ask of Former Smokeless Tobacco Users (9.30 = 1-5 and 9.31 = 6)**

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

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

- 4 Within the past 6 months
- 5 Within the past year
- 6 Within the past 5 years
  
- 7 Within 10 years
- 8 10 or more years ago
- 77 Don't know/Not sure
- 99 Refused

**Ask of Current ST Users (9.31 = 1 - 5).**

- 9.41 In the past 12 months, has any doctor, dentist or other health professional advised you to stop using smokeless tobacco?
- 1 Yes **[Skip to 9.43]**
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**Ask of Never ST users (9.30 = 6, 7, or 9), Former ST users (9.31 = 6), and Current ST users NOT advised to quit (9.41 = 2, 7, or 9)**

- 9.42 In the past 12 months, has any doctor, dentist or other health professional asked if you use smokeless tobacco products such as chewing tobacco, snuff, Iq'mik or Blackbull?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**Secondhand Smoke – Ask of All Respondents**

- 9.43 How many people, including you, who live in your household currently smoke cigarettes, cigars, or pipes?
- \_\_ Number of current smokers in household
  - 88 No current smokers in household
  - 77 Don't know/not sure
  - 99 Refused
- 9.44 In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 9.45 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home  
(Don't read)
- 7 Don't know / Not sure
- 9 Refused

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

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

- 1 Yes
- 2 No [Skip to 9.49]
- 3 Not employed [Skip to 9.50]
- 7 Don't know / Not sure [Skip to 9.49]
- 9 Refused [Skip to 9.49]

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

- 1 Yes
- 2 No [Skip to 9.49]
- 7 Don't know / Not sure [Skip to 9.49]
- 9 Refused [Skip to 9.49]

9.48 Did the smoking occur in (Check all that apply)

- 1 An indoor work area
- 2 An indoor public space
- 3 An outdoor area
- 7 Don't know/Not sure
- 9 Refused

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

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

**Exposure in Cars – Ask of All Respondents**

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

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

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

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

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

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

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

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

- 1 Yes
- 2 No **[Skip to 9.55]**
- 3 No bars in community **[Skip to 9.56]**
- 7 Don't know / Not sure
- 9 Refused

**Ask of those who either (a) do not have an ordinance banning smoking in bars, or (b) do not know if they do or not. (9.53 = 1, 7, or 9)**

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

- 1 More **[Skip to 9.56]**
- 2 Less **[Skip to 9.56]**
- 3 No Difference **[Skip to 9.56]**  
(Don't read)
- 7 Don't know / Not sure **[Skip to 9.56]**
- 9 Refused **[Skip to 9.56]**

**Ask of those who do have an ordinance banning smoking in bars (9.53 = 2)**

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

- 1 More

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

<b>Ask of All Respondents</b>
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9.56 How strongly do you agree or disagree with the following statement?

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

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

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

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

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

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

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

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

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

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

[Randomize Order]

a. Dental and oral health

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

b. Nutrition and dietary behavior

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

c. Sexually transmitted disease or STD prevention

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

d. Suicide Prevention

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

e. Tobacco use prevention

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

f. Alcohol or other drug use prevention

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

g. Violence prevention, such as bullying, fighting, and homicide

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

## Section 10: Demographics

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**10.1** What is your age?

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

**10.2** Are you Hispanic or Latino?

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

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

**(Check all that apply)**

**Please read:**

1 White  
2 Black or African American  
3 Asian  
4 Native Hawaiian or Other Pacific Islander  
5 American Indian or Alaska Native

**Or**

6 Other [specify] \_\_\_\_\_

**Do not read:**

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

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

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

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

**Do not read:**

7 Don't know / Not sure  
9 Refused

**10.5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

1 Yes

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

10.6 Are you...?

**Please read:**

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

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

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

- 1 Heterosexual or straight **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.**
  - 2 Homosexual, gay, or lesbian **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.**
  - 3 Bisexual **IF NEEDED: A person who has sex with and/or is attracted to people of either sex.**
  - 4 Other (specify) \_\_\_\_\_
- Do Not Read
- 7 Don't Know/Not Sure
  - 9 Refused

Note to Interviewers: Read Numbers with choices (ie 1-Heterosexual or straight, 2-Homosexual, gay or lesbian, etc.)

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

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

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

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read:**

- 9 Refused

**10.10** Are you currently...?

**Please read:**

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

**Or**

- 8 Unable to work

**Do not read:**

- 9 Refused

**10.11** What kind of business or industry do you work in?

1. Management, Professional
2. Service
3. Sales & Office
4. Farming, Fishing & Forestry
5. Construction, Extraction & Maintenance
6. Production, Transportation & Material Moving
7. Military
8. Other (Specify) \_\_\_\_\_
77. Don't Know/Not Sure
99. Refused

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

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

**Read only if necessary:**

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**

(\$15,000 to less than \$20,000)

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

**Do not read:**

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

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

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

**10.14** About how much do you weigh without shoes?

**Round fractions up**

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

**10.15** About how tall are you without shoes?

**Round fractions down**

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

**10.16** How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <410.**

**NOTE: If respondent answers in metrics, put “9” in column 127.**

**Round fractions up**

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

**CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q10.16**

**10.17** Was the change between your current weight and your weight a year ago intentional?

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

**10.18** What is your ZIP Code where you live?

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

**10.19** 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.

1	Yes	
2	No	<b>[Go to Q10.21]</b>
7	Don't know / Not sure	<b>[Go to Q10.21]</b>
9	Refused	<b>[Go to Q10.21]</b>

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

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

**10.21** During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

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

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

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

**10.23 To your knowledge, are you now pregnant?**

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

## Section 11: Obesity

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**11.1** On an average day, how many cans, bottles, or glasses each of the following beverages do you drink?

**Note to interviewer: that would be a large glass or a 12 oz. can or bottle**

a. Regular soda or other sweetened carbonated beverages

\_\_\_ Number of cans or glasses

- 77. Don't know / not sure
- 99. Refused

b. Sweetened non-carbonated beverages, including those made from a powdered mix

\_\_\_ Number of cans or glasses

- 78. Don't know / not sure
- 99. Refused

**11.2.** How much responsibility does/do (INSERT ITEM) have in addressing the problem of obesity in the United States-A lot of responsibility, some responsibility, not much responsibility, or no responsibility at all? And what about (INSERT NEXT ITEM)

RANDOMIZE ORDER of a-f

a. The government

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all
- Do not read
- 7 Don't know/ not sure
- 9 Refused

b. Food Industry

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all
- Do not read
- 7 Don't know/ not sure
- 9 Refused

c. Doctors and other healthcare providers

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all
- Do not read
- 7 Don't know/ not sure
- 9 Refused

d. Schools

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all
- Do not read
- 7 Don't know/ not sure
- 9 Refused

e. Individuals

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all
- Do not read
- 7 Don't know/ not sure
- 9 Refused

f. Parents

- 1 A lot of responsibility
- 2 Some responsibility
- 3 Not much responsibility
- 4 No responsibility at all
- Do not read
- 7 Don't know/ not sure
- 9 Refused

## Module 1: Pre-Diabetes

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**NOTE: Only asked of those not responding “No” to Core Q5.1 (Diabetes awareness question).**

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

(226)

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

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

(227)

- 1 Yes
- 2 No

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

## Module 2: Diabetes

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### To be asked following core Q5.1 if response is "Yes." (code=1)

1. How old were you when you were told you have diabetes?  
 \_\_\_ \_\_\_ Code age in years [97 = 97 and older]  
 9 8 Don't know / Not sure  
 9 9 Refused
  
2. Are you now taking insulin?  
 1 Yes  
 2 No  
 9 Refused
  
3. Are you now taking diabetes pills?  
 1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused
  
4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.  
 1 \_\_\_ \_\_\_ Times per day  
 2 \_\_\_ \_\_\_ Times per week  
 3 \_\_\_ \_\_\_ Times per month  
 4 \_\_\_ \_\_\_ Times per year  
 8 8 8 Never  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused
  
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.  
 1 \_\_\_ \_\_\_ Times per day  
 2 \_\_\_ \_\_\_ Times per week  
 3 \_\_\_ \_\_\_ Times per month  
**Error! Bookmark not defined.** 4 \_\_\_ \_\_\_ Times per year  
**Error! Bookmark not defined.** 8 8 8 Never  
 5 5 5 No feet  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
- \_\_\_ \_\_\_ Number of times [76 = 76 or more]
- 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused
8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
- \_\_\_ \_\_\_ Number of times [76 = 76 or more]
- 8 8 None
  - 9 8 Never heard of "A one C" test
  - 7 7 Don't know / Not sure
  - 9 9 Refused

**CATI note: If Q5 = 555 (no feet), go to Q10.**

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- \_\_\_ \_\_\_ Number of times [76 = 76 or more]
- 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused
10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- Read only if necessary:**
- 1 Within the past month (anytime less than 1 month ago)
  - 2 Within the past year (1 month but less than 12 months ago)
  - 3 Within the past 2 years (1 year but less than 2 years ago)
  - 4 2 or more years ago
  - 8 Never
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
12. Have you ever taken a course or class in how to manage your diabetes yourself?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

### Module 3: Cardiovascular Health Module

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

1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called “rehab”. (HAREHAB)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

2. Are you limited in any activities because of physical, mental, or emotional problems due to heart disease? (INFACTLM)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**Ask Q3 if response to Q.6.1c. (“Ever told had a stroke”) is “Yes.” (code=1)**

3. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called “rehab”. (STREHAB)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

4. Are you limited in any activities because of physical, mental, or emotional problems due to stroke? (STKACTLM)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure

10 Refused

**[asked of all respondents.]**

5. Do you take aspirin daily or every other day?

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

6. Do you have a health problem or condition that makes taking aspirin unsafe for you?

**If "Yes," ask "*Is this a stomach condition?*" Code upset stomach as stomach problems.**

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused