



2003

**Behavioral Risk Factor Surveillance System
North Dakota State Questionnaire**

December 2002

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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INTROQ

HELLO, I'm calling for the North Dakota Department of Health and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of North Dakota residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this XXX-XXX-XXXX?

1. Correct Number (Proceed to next question)
2. Number is not the same – **SKIP TO WRONGNUM**

PRIVRES

Is this a private residence?

1. Yes, continue.
2. No, non-residential – **SKIP TO NONRES**

NONRES – ONLY GET THIS IF PRIVRES = 2 (NON-RESIDENTIAL)

Thank you very much, but we are only interviewing private homes.

*****<F3>*****

WRONGNUM – ONLY GET THIS IF INTROQ = 2 (NUMBER IS NOT THE SAME)

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

****<F3>****

ADULTS

We 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?

 ENTER THE NUMBER OF ADULTS

IF ANS = 1 SKIP TO ONEADULT

MEN

How many of these adults are men?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

IF ANS = ADULTS SKIP TO SELECTED

WOMEN

How many of these adults are women?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

IF ANS + MEN = ADULTS SKIP TO SELECTED

WRONGTOT – ONLY GET IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men -
Number of Women -

Number of Adults -

- 1. CORRECT THE NUMBER OF MEN
- 2. CORRECT THE NUMBER OF WOMEN
- 3. CORRECT THE NUMBER OF ADULTS

SELECTED - ONLY GET IF MORE THAN ONE ADULT IN HOUSEHOLD

The person in your household I need to speak with is the _____ .

Are you the _____ ?

1. YES – SKIP TO YOURTHE1
2. NO – SKIP TO GETNEWAD

ONEADULT – ONLY GET THIS IF ONE ADULT IN HOUSEHOLD

Are you the adult?

1. YES AND THE RESPONDENT IS A MALE – SKIP TO YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE – SKIP TO YOURTHE1
3. NO – SKIP TO ASKGENDR

ASKGENDER – ONLY GET IF ONEADULT = 3

Is the Adult a man or a woman?

1. Male
2. Female

GETADULT - ONLY GET IF ONEADULT = 3

May I speak with him or her?

1. YES, ADULT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 AND SCHEDULE A CALL-BACK

*****DO NOT USE <F3> ON THIS SCREEN*****

YOURTHE1 - ONLY GET IF ONEADULT = 1 (YES) OR IF SELECTED = 1 (YES)

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE – **SKIP TO FIRSTSCR**
2. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED

GETNEWAD - ONLY GET IF SELECTED = 2 (NO)

May I speak with the ?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 AND SCHEDULE A CALL-BACK
3. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED

*****DO NOT USE F3 ON THIS SCREEN*****

GETNEWAD - ONLY GET IF SELECTED = 2 (NO)

HELLO, I'm calling for the North Dakota Department of Health and the Centers for Disease Control and Prevention. My name is _____. We are gathering information on the health of North Dakota residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

1. PERSON INTERESTED, CONTINUE – **SKIP TO INTROSCR**
2. GO BACK TO ADULTS QUESTIONS. WARNING: A NEW RESPONDENT MAY BE SELECTED

INTROSCR – ONLY GET IF NEWADULT = 1 or Yourthe1 = 1

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you provide will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

1. Person interested, continue
2. Go Back to Adults Question. Warning: A New Respondent may be selected

NONQAL - ONLY GET IF CATI THINKS THE QUOTACELL IS FULL

INTERVIEWER:

PLEASE ALERT YOUR SUPERVISOR IMMEDIATELY!!!!
THE QUOTAS SET FOR THIS STUDY ARE INCORRECT.

AFTER NOTIFYING YOUR SUPERVISOR, RETURN THE RECORD

Core 1: Health Status

C01Q01

Would you say that in general your health is excellent, very good, good, fair, or poor?

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

7. DON'T KNOW/NOT SURE
9. REFUSED

C01Q02

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

88. None
77. DON'T KNOW/NOT SURE
99. REFUSED

C01Q03

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

(76-77)

__ __ Number of days

88. None
77. DON'T KNOW/NOT SURE
99. REFUSED

C01Q03 – ONLY GET IF C01Q02<>88 OR C01Q03<>88

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

(78-79)

___ Number of days

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Core 2: Health Care Access

C02Q01

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

(80)

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C02Q02

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?")

(81)

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

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C02Q03

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

(82)

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 3: Exercise

C03Q01

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?

(83)

1. Yes
2. No

7. DON'T KNOW / NOT SURE
9. REFUSED

Core 4: Diabetes

C04Q01

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?")

(84)

1. Yes
2. Yes, but female told only during pregnancy
3. No

7. DON'T KNOW / NOT SURE
9. REFUSED

State Added 1: Diabetes

ND01Q01 – ONLY GET IF C04Q01=1

About how long has it been since you were first told by a doctor that you have diabetes?

1. Within the past year
2. 1-5 years ago
3. Over 5 years ago

7. DON'T KNOW/ NOT SURE
9. REFUSED

Module 1: Diabetes

M01Q01 – ONLY GET IF C04Q01=1

How old were you when you were told you have diabetes?

(205-206)

___ ___ Code age in years [97 = 97 and older]

98. DON'T KNOW/ NOT SURE
99. REFUSED

M01Q02 – ONLY GET IF C04Q01=1

Are you now taking insulin?

(207)

1. Yes
2. No

9. REFUSED

M01Q03 – ONLY GET IF C04Q01=1

Are you now taking diabetes pills?

(208)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M01Q04 – ONLY GET IF C04Q01=1

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.

(209-211)

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- 4 ___ ___ Times per year

888. NEVER
777. DON'T KNOW / NOT SURE
999. REFUSED

M01Q05 – ONLY GET IF C04Q01=1

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.

(212-214)

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- 4 ___ ___ Times per year

888. NEVER
555. NO FEET
777. DON'T KNOW / NOT SURE
999. REFUSED

M01Q06 – ONLY GET IF C04Q01=1

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(215)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M01Q07 – ONLY GET IF C04Q01=1

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

(216-217)

___ Number of times [**76 = 76 or more**]

88. NONE
77. DON'T KNOW / NOT SURE
99. REFUSED

M01Q08 – ONLY GET IF C04Q01=1

A test for hemoglobin "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 hemoglobin "A one C"?

(218-219)

___ Number of times [**76 = 76 or more**]

88. NONE
98. NEVER HEARD OF HEMOGLOBIN "A ONE C" TEST
77. DON'T KNOW / NOT SURE
99. REFUSED

M01Q09 – ONLY GET IF C04Q01=1 AND M01Q05<>555

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

(220-221)

___ Number of times [**76 = 76 or more**]

88. NONE
77. DON'T KNOW / NOT SURE
99. REFUSED

M01Q10 – ONLY GET IF C04Q01=1

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.

(222)

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
7. DON'T KNOW / NOT SURE
9. REFUSED

M01Q11 – ONLY GET IF C04Q01=1

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

(223)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M01Q12 – ONLY GET IF C04Q01=1

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

(224)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 5: Hypertension Awareness

C05Q01

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

(If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*) (85)

1. Yes
2. Yes, but female told only during pregnancy – **SKIP TO C06Q01**
4. No – **SKIP TO C06Q01**

7. DON'T KNOW / NOT SURE – **SKIP TO C06Q01**
9. REFUSED – **SKIP TO C06Q01**

C05Q02

Are you currently taking medicine for your high blood pressure? (86)

1. Yes
2. No

7. DON'T KNOW / NOT SURE
9. REFUSED

Core 6: Cholesterol Awareness

C06Q01

Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (87)

1. Yes
2. No – **SKIP TO C07Q01**

7. DON'T KNOW / NOT SURE – **SKIP TO C07Q01**
9. REFUSED – **SKIP TO C07Q01**

C06Q02 - ONLY GET IF C06Q01=1

About how long has it been since you last had your blood cholesterol checked? (88)

Read only if necessary:

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

7. DON'T KNOW / NOT SURE
9. REFUSED

C06Q03 - ONLY GET IF C06Q01=1

Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (89)

1. Yes
2. No

7. DON'T KNOW / NOT SURE
9. REFUSED

Core 7: Fruits and Vegetables

C07Q01

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods **you** eat, both at home and away from home.

How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year

555. NEVER
777. DON'T KNOW / NOT SURE
999. REFUSED

C07Q02

Not counting juice, how often do you eat fruit?

(93-95)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year

- 555. NEVER
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

C07Q03

How often do you eat green salad?

(96-98)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year

- 555. NEVER
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

C07Q04

How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

(99-101)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year

- 555. NEVER
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

C07Q05

How often do you eat carrots?

(102-104)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year

- 555. NEVER
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

C07Q06

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

(Example: A serving of vegetables at both lunch and dinner would be two servings.)

(105-107)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year

- 555. NEVER
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

Core 8: Weight Control

C08Q01

Are you now trying to lose weight?

(108)

- 1. Yes – **SKIP TO C08Q03**
- 2. No

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

C08Q02

Are you now trying to maintain your current weight that is to keep from gaining weight?

(109)

1. Yes
3. No – **SKIP TO C08Q05**

7. DON'T KNOW / NOT SURE – **SKIP TO C08Q05**
9. REFUSED – **SKIP TO C08Q05**

C08Q03– ONLY GET IF C08Q01=1 OR C08Q02=1

Are you eating either fewer calories or less fat to...

(110)

lose weight? [if "Yes" TO C08Q01]
keep from gaining weight? [If "Yes", to C08Q02]

Probe for which:

1. Yes, fewer calories
2. Yes, less fat
3. Yes, fewer calories and less fat
4. No

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

C08Q04– ONLY GET IF C08Q01=1 OR C08Q02=1

Are you using physical activity or exercise to....

(111)

lose weight? [If "Yes" to C08Q01]
keep from gaining weight? [If "Yes" to C08Q02]

1. Yes
2. No

7. DON'T KNOW / NOT SURE
9. REFUSED

C08Q05

In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (112)

Probe for which:

1. Yes, lose weight
2. Yes, gain weight
3. Yes, maintain current weight
4. No

7. DON'T KNOW / NOT SURE
9. REFUSED

Core 9: Asthma

C09Q01

Have you ever been told by a doctor, nurse or other health professional that you had asthma? (113)

1. Yes
2. No – **SKIP TO C10Q01**

7. DON'T KNOW / NOT SURE – **SKIP TO C10Q01**
9. REFUSED – **SKIP TO C10Q01**

C09Q02 – ONLY GET IF C09Q01=1

Do you still have asthma? (114)

1. Yes
2. No

7. DON'T KNOW / NOT SURE
9. REFUSED

Core 10: Immunization

C10Q01

During the past 12 months, have you had a flu shot? (115)

1. Yes
2. No

7. DON'T KNOW / NOT SURE
9. REFUSED

C10Q02

Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (116)

1. Yes
2. No

7. DON'T KNOW / NOT SURE
9. REFUSED

Core 11: Tobacco Use

C11Q01

Have you smoked at least 100 cigarettes in your entire life? (117)

NOTE: 5 packs = 100 cigarettes

1. Yes
2. No – **SKIP TO C12Q01**

7. DON'T KNOW / NOT SURE – **SKIP TO C12Q01**
9. REFUSED – **SKIP TO C12Q01**

C11Q02 – ONLY GET IF C11Q01=1

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

(118)

1. Everyday
2. Some days
3. Not at all – **SKIP TO C12Q01**

9. REFUSED – **SKIP TO C12Q01**

C11Q03 – ONLY GET IF C11Q01=1 AND C11Q02<3

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

(119)

1. Yes
2. No

7. DON'T KNOW / NOT SURE
9. REFUSED

Core 12: Alcohol Consumption

C12Q01

A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(120-122)

- 1__ __ Days per week
- 2__ __ Days in past 30

888. No drinks in past 30 days – **SKIP TO C13Q01**
777. Don't know / Not sure
999. Refused – **SKIP TO C13Q01**

C12Q02 – ONLY GET IF C12Q01<>888 AND C12Q01<>999

On the days when you drank, about how many drinks did you drink on the average?

(123-124)

- __ __ Number of drinks

77. DON'T KNOW / NOT SURE
99. REFUSED

C12Q03 – ONLY GET IF C12Q01<>888 AND C12Q01<>999

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

(125-126)

___ ___ Number of times

- 88. NONE
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Core 13: Sun Exposure

C13Q01

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

(127)

Have you had a sunburn within the past 12 months?

- 1. Yes
- 2. No - **SKIP TO C14Q01**

- 7. DON'T KNOW / NOT SURE - **SKIP TO C14Q01**
- 9. REFUSED - **SKIP TO C14Q01**

C13Q02 – ONLY GET IF C12Q01=1

Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

(128)

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six or more

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

Core 14: Demographics

C14Q01

What is your age?

(129-130)

__ __ Code age in years

- 07. DON'T KNOW / NOT SURE
- 09. REFUSED

C14Q02

Are you Hispanic or Latino?

(131)

- 1. Yes
- 2. No

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

C14Q03

Which one or more of the following would you say is your race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or Other?

(132-137)

(Check all that apply)

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian, Alaska Native or
- 6. Other **[specify]** _____
- 8. NO ADDITIONAL CHOICES
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

C14Q04 – ONLY GET IF MORE THAN ONE RESPONSE FOR C14Q03

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

(138)

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

7. DON'T KNOW / NOT SURE
9. REFUSED

C14Q05

Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

(139)

Please read:

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple

9. REFUSED

C14Q06

How many children less than 18 years of age live in your household?

(140-141)

__ __ Number of children

88. NONE
99. REFUSED

C14Q07

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

(142)

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)

9. REFUSED

C14Q08

Are you currently: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

(143)

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

9. REFUSED

C14Q09

Is your annual household income from all sources?

(144-145)

1. Less than \$10,000
2. Less than \$15,000 (\$10,000 to less than \$15,000)
3. Less than \$20,000 (\$15,000 to less than \$20,000)
4. Less than \$25,000 (\$20,000 to less than \$25,000)
5. Less than \$35,000 (\$25,000 to less than \$35,000)
6. Less than \$50,000 (\$35,000 to less than \$50,000)
7. Less than \$75,000 (\$50,000 to less than \$75,000)
8. \$75,000 or more

77. DON'T KNOW/NOT SURE
99. REFUSED

C14Q10

About how much do you weigh without shoes?

(146-148)

Round fractions up

__ __ __ Weight (*pounds*)

777. DON'T KNOW / NOT SURE

999. REFUSED

C14Q11

How much would you like to weigh?

(149-151)

__ __ __ Weight (*pounds*)

777. DON'T KNOW / NOT SURE

999. REFUSED

C14Q12

About how tall are you without shoes?

(152-154)

Round fractions down

__ __ __ Height ft/inches (Ex. 5 feet 9 inches = 509)

777. DON'T KNOW / NOT SURE

999. REFUSED

C14Q13

What county do you live in?

(155-157)

__ __ __ FIPS county code

777. DON'T KNOW / NOT SURE

999. REFUSED

C14Q14

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.

(158)

1. Yes
2. No – **SKIP TO C14Q16**

7. DON'T KNOW / NOT SURE – **SKIP TO C14Q16**
9. REFUSED – **SKIP TO C14Q16**

C14Q15 – ONLY GET IF C14Q14=1

How many of these phone numbers are residential numbers?

(159)

- ___ Residential telephone numbers [**6=6 or more**]
7. DON'T KNOW / NOT SURE
 9. REFUSED

C14Q16

During the past 12 months, has your household been without telephone service for 1 week or more?

Note: Do not include interruptions of phone service due to weather or natural disasters.

(160)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

C14Q17

Indicate sex of respondent. Ask only if necessary.

(161)

1. Male - **SKIP TO C15Q01**
2. Female

C14Q18 – ONLY GET IF C14Q17=2 AND C14Q01<45

To your knowledge, are you now pregnant?

(162)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 15: Arthritis

C15Q01

The next questions refer to your joints. Please do **NOT** include the back or neck.

DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

(163)

1. Yes
2. No – **SKIP TO C15Q04**

7. DON'T KNOW/ NOT SURE – **SKIP TO C15Q04**
9. REFUSED – **SKIP TO C15Q04**

C15Q02 – ONLY GET IF C15Q01=1

Did your joint symptoms **FIRST** begin more than 3 months ago?

(164)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

C15Q03– ONLY GET IF C15Q01=1 AND C15Q02=1

Have you **EVER** seen a doctor or other health professional for these joint symptoms?

(165)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

C15Q04

Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(166)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Interviewer note: Arthritis diagnoses include:

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

C15Q05 – ONLY GET IF C15Q02=1 OR C15Q04=1

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(167)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

NOTE: If a respondent question arises about medication, then the interviewer should reply:

"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

C15Q06 – ONLY GET IF (C15Q02=1 OR C15Q04=1) AND C14Q01<65

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

(168)

NOTE: If respondent says he\she is retired or out-of-work, reply: "Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 16: Falls

C16Q01 – ONLY GET IF C14Q01>45 OR C14Q01=07 OR C14Q01=09

The next question asks about a recent fall. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 3 months, have you had a fall?

(169)

1. Yes
2. No – **SKIP TO C17Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO C17Q01**
9. REFUSED – **SKIP TO C17Q01**

C16Q02 – ONLY GET IF C16Q01=1

Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(170)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 17: Disability

C17Q01

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

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

(171)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

C17Q02

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?

(172)

Include occasional use or use in certain circumstances

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 18: Physical Activity

C18Q01 – ONLY GET IF C14Q08<3

When you are at work, which of the following best describes what you do?

(173)

If respondent has multiple jobs, include all jobs

Would you say...

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labor or physically demanding work

7. DON'T KNOW/ NOT SURE
9. REFUSED

C18Q02

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate physical activities you do [fill in (when you are not working,) if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increase in breathing or heart rate?

(174)

1. Yes
2. No – **SKIP TO C18Q05**

7. DON'T KNOW/ NOT SURE – **SKIP TO C18Q05**
9. REFUSED – **SKIP TO C18Q05**

C18Q03 – ONLY GET IF C18Q02=1

How many days per week do you do these moderate activities for at least 10 minutes at a time?

(175-176)

__ __ Days per week

77. DON'T KNOW / NOT SURE - **SKIP TO C18Q05**
88. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME – **SKIP TO C18Q05**
99. REFUSED - **SKIP TO C18Q05**

C18Q04 – ONLY GET IF C18Q03<77

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(177-179)

__:__ Hours and minutes per day

777. DON'T KNOW / NOT SURE
999. REFUSED

C18Q05

Now, thinking about the vigorous physical activities you do [fill in (when you are not working) if "employed" or "self-employed"] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (180)

- 1. Yes
- 2. No – **SKIP TO C19Q01**

- 7. DON'T KNOW/ NOT SURE – **SKIP TO C19Q01**
- 9. REFUSED – **SKIP TO C19Q01**

C18Q06 – ONLY GET IF C18Q05=1

How many days per week do you do these vigorous activities for at least 10 minutes at a time? (181-182)

__ __ Days per week

- 77. DON'T KNOW / NOT SURE - **SKIP TO C19Q01**
- 89. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME – **SKIP TO C19Q01**
- 99. REFUSED - **SKIP TO C19Q01**

C18Q07 – ONLY GET IF C18Q05=1 AND C18Q06=1

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (183-185)

__:__ Hours and minutes per day

- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

Core 19: Veteran's Status

C19Q01

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

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?

(186)

1. Yes
2. No – **SKIP TO C20Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO C20Q01**
9. REFUSED – **SKIP TO C20Q01**

C19Q02 – ONLY GET IF C19Q01=1

Which of the following best describes your service in the United States military?

(187)

Please read:

1. Currently on active duty – **SKIP TO C20Q01**
2. Currently in a National Guard or Reserve unit – **SKIP TO C20Q01**
3. Retired from military service
4. Medically discharged from military service
5. Discharged from military service

7. DON'T KNOW/ NOT SURE – **SKIP TO C20Q01**
9. REFUSED – **SKIP TO C20Q01**

C19Q03 – ONLY GET IF C19Q02>2 AND C19Q02<7

In the last 12 months have you received some or all of your health care from VA facilities?

(188)

If "yes" probe for "all" or "some" of the health care.

1. Yes, all of my health care
2. Yes, some of my health care
3. No, no VA health care received

7. DON'T KNOW/ NOT SURE
9. REFUSED

Core 20: HIV/AIDS

C20Q01 – ONLY GET IF C14Q01 < 65

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

(189)

1. True
2. False

7. DON'T KNOW/ NOT SURE
9. REFUSED

C20Q02 – ONLY GET IF C14Q01 < 65

There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

(190)

1. True
2. False

7. DON'T KNOW/ NOT SURE
9. REFUSED

C20Q03 – ONLY GET IF C14Q01 < 65

How important do you think it is for people to know their HIV status by getting tested?

(191)

Would you say...

1. Very important
2. Somewhat important
3. Not at all important

7. DON'T KNOW / NOT SURE
8. DEPENDS ON RISK
9. REFUSED

C20Q04 – ONLY GET IF C14Q01 < 65

Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

(192)

[Include saliva tests]

1. Yes
2. No – **SKIP TO C20Q08**

7. DON'T KNOW/ NOT SURE – **SKIP TO C20Q08**
9. REFUSED – **SKIP TO C20Q08**

C20Q05 – ONLY GET C20Q04=1

Not including blood donations, in what month and year was your last HIV test?

[include saliva tests]

(193-198)

NOTE: If response is before January 1985, code "Don't know".

___ / ___ Code month and year

- 77 7777. DON'T KNOW / NOT SURE
99 9999. REFUSED

C20Q06 – ONLY GET C20Q04=1

I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

(199-200)

Please read:

___ Reason code

01. It was required
02. Someone suggested you should be tested
03. You thought you may have gotten HIV through sex or drug use
04. You just wanted to find out whether you had HIV
05. You were worried that you could give HIV to someone
06. **IF FEMALE:** You were pregnant
07. It was done as a part of a routine medical check-up
08. Or you were tested for some other reason

77. DON'T KNOW / NOT SURE
99. REFUSED

C20Q07 – ONLY GET C20Q04=1

Where did you have your last HIV test at, a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?

(201-202)

___ Facility code

01. Private doctor or HMO
02. Counseling and testing site
03. Hospital
04. Clinic
05. In a jail or prison (or other correctional facility)
06. Home
07. Somewhere else

77. DON'T KNOW / NOT SURE
99. REFUSED

C20Q08 – ONLY GET C14Q01<65

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

(203)

- You have used intravenous drugs in the past year
- You have been treated for a sexually transmitted or venereal disease in the past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

Do any of these situations apply to you?

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

C20Q09 – ONLY GET C14Q01 < 65

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?

(204)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Module 8: Heart Attack and Stroke

M08Q01A

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

Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?

(263)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q01B

Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?

(264)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q01C

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

(265)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q01D

(Do you think) sudden trouble seeing in one or both eyes **(is a symptom of a heart attack?)**

(266)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q01E

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

(267)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q01F

(Do you think) shortness of breath **(is a symptom of a heart attack?)**

(268)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q02A

Which of the following do you think is a symptom of a stroke? For each, tell me yes, no, or you're not sure.

Do you think sudden confusion or trouble speaking are symptoms of a stroke?

(269)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q02B

Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

(270)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q02C

(Do you think) sudden trouble seeing in one or both eyes **(is a symptom of a stroke?)**

(271)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q02D

(Do you think) sudden chest pain or discomfort **(are symptoms of a stroke?)**

(272)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q02E

(Do you think) sudden trouble walking, dizziness, or loss of balance **(are symptoms of a stroke?)**

(273)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q02F

(Do you think) severe headache with no known cause **(is a symptom of a stroke?)**

(274)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M08Q03

If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

(275)

Would you...

1. Take them to the hospital
2. Tell them to call their doctor
3. Call 911
4. Call their spouse or a family member
5. Do something else

7. DON'T KNOW/ NOT SURE
9. REFUSED

Module 9: Cardiovascular Disease

M09Q01A

To lower your risk of developing heart disease or stroke, are you....

(276)

Eating fewer high fat or high cholesterol foods?

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q01B

(To lower your risk of developing heart disease or stroke, are you....)

Eating more fruits and vegetables?

(277)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q01C

(To lower your risk of developing heart disease or stroke, are you....)

More physically active?

(278)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q02A

Within the past 12 months, has a doctor, nurse, or other health professional told you to...

(279)

Eat fewer high fat or high cholesterol foods?

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q02B

(Within the past 12 months, has a doctor, nurse, or other health professional told you to...)

Eat more fruits and vegetables?

(280)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q02C

(Within the past 12 months, has a doctor, nurse, or other health professional told you to...)

be more physically active?

(281)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q03A

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

(282)

A heart attack, also called a myocardial infarction

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q03B

(Has a doctor, nurse or other health professional ever told you that you had any of the following?)

Angina or coronary heart disease

(283)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q03C

(Has a doctor, nurse or other health professional ever told you that you had any of the following?)

A stroke

(284)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q04 – ONLY GET IF M09Q03A=1

At what age did you have your first heart attack?

(285-286)

-- Code age in years [10=AGE 10 OR LESS]

07. DON'T KNOW/ NOT SURE
09. REFUSED

M09Q05 – ONLY GET IF M09Q03C=1

At what age did you have your first stroke?

(287-288)

-- Code age in years [10=AGE 10 OR LESS]

- 07. DON'T KNOW/ NOT SURE
- 09. REFUSED

M09Q06 – ONLY GET IF M09Q03A=1 OR M09Q03C=1

After you left the hospital following your [fill in (heart attack) if "yes" to M09Q03a or to M09Q03a and M09Q03c; fill in (stroke) if "Yes" to M09Q3c and "No" to M09Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

(289)

- 1. Yes
- 2. No

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

M09Q07 – ONLY GET IF C14Q01>34

Do you take aspirin daily or every other day?

(290)

- 1. Yes – **SKIP TO M09Q09A**
- 2. No

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

M09Q08 – ONLY GET IF M09Q06>1

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

(291)

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

- 1. Yes, not stomach related – **SKIP TO M10Q01**
- 2. Yes, stomach problems – **SKIP TO M10Q01**
- 3. No – **SKIP TO M10Q01**

- 7. DON'T KNOW/ NOT SURE – **SKIP TO M10Q01**
- 9. REFUSED– **SKIP TO M10Q01**

M09Q09A – ONLY GET IF M09Q07=1

Why do you take aspirin...

To relieve pain?

(292)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q09B – ONLY GET IF M09Q07=1

(Why do you take aspirin...)

To reduce the chance of a heart attack?

(293)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M09Q09C – ONLY GET IF M09Q07=1

(Why do you take aspirin...)

To reduce the chance of a stroke?

(294)

1. Yes
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

Module 10: Folic Acid

M10Q01

Do you currently take any vitamin pills or supplements?

(295)

Include liquid supplements

1. Yes
2. No – **SKIP TO M10Q05**

7. DON'T KNOW/ NOT SURE – **SKIP TO M10Q05**
9. REFUSED – **SKIP TO M10Q05**

M10Q02 – ONLY GET IF M10Q01=1

Are any of these a multivitamin?

(296)

1. Yes – **SKIP TO M10Q04**
2. No

7. DON'T KNOW/ NOT SURE
9. REFUSED

M10Q03 – ONLY GET IF M10Q02>1

Do any of the vitamin pills or supplements you take contain folic acid?

(297)

1. Yes
2. No – **SKIP TO M10Q05**

7. DON'T KNOW/ NOT SURE – **SKIP TO M10Q05**
9. REFUSED – **SKIP TO M10Q05**

M10Q04 – ONLY GET IF M10Q03=1

How often do you take this vitamin pill or supplement?

(298-300)

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month

777. DON'T KNOW / NOT SURE
999. REFUSED

M10Q05 – ONLY GET IF C14Q01<45

Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (301)

1. To make strong bones
2. To prevent birth defects
3. To prevent high blood pressure
4. Some other reason

7. DON'T KNOW/ NOT SURE
9. REFUSED

Module 12: Other Tobacco Products

M12Q01

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (314)

1. Yes
2. No – **SKIP TO M12Q03**

7. DON'T KNOW/ NOT SURE – **SKIP TO M12Q03**
9. REFUSED – **SKIP TO M12Q03**

M12Q02 – ONLY GET IF M12Q01=1

Do you currently use chewing tobacco or snuff every day, some days, or not at all? (315)

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

7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q03

Have you ever smoked a cigar, even one or two puffs? (316)

1. Yes
2. No – **SKIP TO M12Q05**

7. DON'T KNOW/ NOT SURE – **SKIP TO M12Q05**
9. REFUSED – **SKIP TO M12Q05**

M12Q04 – ONLY GET IF M12Q03=1

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

(317)

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

7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q05

Have you ever smoked tobacco in a pipe, even one or two puffs?

(318)

1. Yes
2. No – **SKIP TO M12Q07**

7. DON'T KNOW/ NOT SURE – **SKIP TO M12Q07**
9. REFUSED – **SKIP TO M12Q07**

M12Q06 – ONLY GET IF M12Q05=1

Do you now smoke a pipe every day, some days, or not at all?

(319)

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

7. DON'T KNOW/ NOT SURE
9. REFUSED

M12Q07

A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?

(320)

1. Yes
2. No – **SKIP TO ND02Q01**

7. DON'T KNOW/ NOT SURE – **SKIP TO ND02Q01**
9. REFUSED – **SKIP TO ND02Q01**

M12Q08 – ONLY GET IF M12Q07=1

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

(321)

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

7. DON'T KNOW/ NOT SURE
9. REFUSED

State Added 2: Violence

ND02Q01

Looking back on your childhood, did you ever have injuries (such as bruises, cuts, a black eye, broken bones, etc.) as a result of being spanked, hit, slapped, punched, shoved, kicked, or otherwise physically hurt by your parents or guardians, their spouse, partner, boyfriend or girlfriend?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

ND02Q02

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

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

ND02Q03

Were you ever forced to have sex before your eighteenth birthday?

1. Yes
2. No – **SKIP TO ND02Q06**

7. DON'T KNOW/NOT SURE
9. REFUSED

ND02Q04 – ONLY GET IF ND02Q04=1

Was the person who most recently forced you to have sex before your 18th birthday five or more years older than you?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

ND02Q05 – ONLY GET IF ND02Q04=1

What was your relationship to the last person who forced you to have sex before your 18th birthday?

INTERVIEWER: DO NOT READ

11. SPOUSE OR LIVE IN PARTNER
12. FORMER SPOUSE OR LIVE IN PARTNER (INCLUDING SEPARATED AND DIVORCED SPOUSES)
13. BOYFRIEND/GIRLFRIEND
14. FORMER BOYFRIEND/GIRLFRIEND
15. DATE
16. PARENT/STEP-PARENT/GUARDIAN/PARENT'S PARTNER
17. SIBLING (BROTHER OR SISTER, INCLUDING STEP)
18. OTHER RELATIVE
19. SUPERVISOR OR SUPERIOR AT WORK
20. CO-WORKER
21. FRIEND
22. ACQUAINTANCE
23. STRANGER
24. OTHER [SPECIFY]

77. DON'T KNOW/NOT SURE
99. REFUSED

ND02Q06

Have you ever been threatened, coerced, or physically forced to engage in any unwanted sexual acts that did not result in intercourse or penetration?

This can include unwanted attempted penetration / intercourse or unwanted touching.

1. Yes
2. No – **SKIP (IF ND02Q01 = 1 OR ND02Q03=1 THEN GO TO ND02Q09 ELSE GO TO CLOSING)**
7. DON'T KNOW/NOT SURE
9. REFUSED

ND02Q07 - ONLY GET IF ND02Q06=1

Did this occur before or after your 18th birthday?

1. Before
2. After
3. Both
7. DON'T KNOW/NOT SURE
9. REFUSED

ND02Q08 - ONLY GET IF ND02Q06=1

What was your relationship to the last person who threatened, coerced, or physically forced you to engage in unwanted sexual acts that did not result in intercourse or penetration?

This can include unwanted attempted penetration/ intercourse or unwanted touching.

INTERVIEWER: DO NOT READ

11. Spouse or live in partner
 12. Former spouse or live in partner (including separated and divorced spouses)
 13. Boyfriend/girlfriend
 14. Former boyfriend/girlfriend
 15. Date
 16. Parent/Step-Parent/Guardian/Parent's partner
 17. Sibling (brother or sister, including step)
 18. Other Relative
 19. Supervisor or superior at work
 20. Co-worker
 21. Friend
 22. Acquaintance
 23. Stranger
 24. Other [specify]
-
77. DON'T KNOW/NOT SURE
 99. REFUSED

ND02Q09 - ONLY GET IF ND02Q03=1 OR ND02Q06=1

What type of help have you sought following any experience of unwanted sexual activity or forced sex you have told me about today?

INTERVIEWER: DO NOT READ

INTERVIEWER: MARK ALL THAT APPLY

11. TALKED INFORMALLY TO FAMILY OR FRIENDS
12. TALKED TO CLERGY
13. MEDICAL CARE (E.G. PRIVATE PHYSICIAN, PUBLIC HEALTH CLINIC, COLLEGE CLINIC, ETC.)
14. LEGAL ACTION (FILE A COMPLAINT WITH THE POLICE, PRESS CHARGES, CONSULT A LAWYER, GET A RETRAINING ORDER)
15. COUNSELING OR OTHER MENTAL HEALTH SUPPORT SERVICE (E.G. RAPE CRISIS CENTER, RAPE HOTLINE, PRIVATE COUNSELOR OR MENTAL HEALTH WORKER)
16. DOMESTIC VIOLENCE SHELTER/DOMESTIC VIOLENCE HOTLINE
17. OTHER

77. DON'T KNOW/NOT SURE
88. NONE/ NO OTHERS
99. REFUSED

CLOSING

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation. If you or anyone you know is ever in immediate danger, they can call 911 or any local police. We are giving all respondents the phone number and name of an organization that can provide information on sexual assault issues. If you have a paper and pencil I'll give that number to you now. (If the respondent indicates that they want the number, please read it slowly so the respondent can get it down.) The number is 1-800-656-HOPE (4673). This is the RAINN Hotline (Rape, Abuse and Incest National Network).