
Appendix B: BRFSS Questionnaire

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
5 Poor
Don't know / Not sure
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
None
Don't know / Not sure
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
None [If Q2.1 and Q2.2 = None, go to next section]
Don't know / Not sure
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
None
Don't know / Not sure
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, or Indian Health Service?
Yes
No
Don't know / Not sure
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
 - Don't know / Not sure
 - 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
 - Don't know / Not sure
 - 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
 - Don't know / Not sure
 - Never
 - Refused

Section 4: Hypertension Awareness

- 4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?
Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.
If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”
- 1 Yes
 - 2 Yes, but female told only during pregnancy [Go to next section]
 - 3 No [Go to next section]
 - 4 Told borderline high or pre-hypertensive [Go to next section]
 - Don't know / Not sure [Go to next section]
 - Refused [Go to next section]
- 4.2 Are you currently taking medicine for your high blood pressure?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

Section 5: Cholesterol Awareness

- 5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?
- 1 Yes
 - 2 No [Go to next section]
 - Don't know / Not sure [Go to next section]
 - Refused [Go to next section]
- 5.2 About how long has it been since you last had your blood cholesterol checked?
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
 - Don't know / Not sure
 - Refused
- 5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

Section 6: Chronic Health Conditions

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

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

- 6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- 6.2 (Ever told) you had angina or coronary heart disease?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- 6.3 (Ever told) you had a stroke?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

6.4 (Ever told) you had asthma?
1 Yes
2 No [Go to Q6.6]
Don't know / Not sure [Go to Q6.6]
Refused [Go to Q6.6]

6.5 Do you still have asthma?
1 Yes
2 No
Don't know / Not sure
Refused

6.6 (Ever told) you had skin cancer?
1 Yes
2 No
Don't know / Not sure
Refused

6.7 (Ever told) you had any other types of cancer?
1 Yes
2 No
Don't know / Not sure
Refused

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?
1 Yes
2 No
Don't know / Not sure
Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
1 Yes
2 No
Don't know / Not sure
Refused

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)

- 6.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. NOTE: Incontinence is not being able to control urine flow.
 1 Yes
 2 No
 Don't know / Not sure
 Refused
- 6.12 (Ever told) you have diabetes?
 If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"
 If respondent says pre-diabetes or borderline diabetes, use response code 4.
 1 Yes
 2 Yes, but female told only during pregnancy
 3 No
 4 No, pre-diabetes or borderline diabetes
 Don't know / Not sure
 Refused
- NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.
- 6.13 How old were you when you were told you have diabetes?
 _ _ Code age in years [97 = 97 and older]
 Don't know / Not sure
 Refused
 NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Demographics

- 7.1 Indicate sex of respondent. Ask only if necessary.
 1 Male
 2 Female
- 7.2 What is your age?
 _ _ Code age in years
 Don't know / Not sure
 Refused
- 7.3 Are you Hispanic, Latino/a, or Spanish origin?
 If yes, ask: Are you... NOTE: One or more categories may be selected.
 1 Mexican, Mexican American, Chicano/a
 2 Puerto Rican
 3 Cuban
 4 Another Hispanic, Latino/a, or Spanish origin
 5 No
 Don't know / Not sure
 Refused

7.4

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

NOTE: Select all that apply.

IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 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
- Don't know / Not sure
- Refused

NOTE: If more than one response to Q7.4; continue. Otherwise, go to Q7.6.

7.5

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

If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

- 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
- Don't know / Not sure
- Refused

- 7.6 Are you...?
Please read:
1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
6 A member of an unmarried couple
Refused

- 7.7 What is the highest grade or year of school you completed?
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)
Refused

- 7.8 Do you own or rent your home?
1 Own
2 Rent
3 Other arrangement
Don't know / Not sure
Refused

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.

NOTE: We ask this question in order to compare health indicators among people with different housing situations.

- 7.9 What county do you live in?
_ _ _ ANSI County Code (formerly FIPS county code)
Don't know / Not sure
Refused

- 7.10 What is the ZIP Code where you live?
_ _ _ _ _ ZIP Code
Don't know / Not sure
Refused

NOTE: If cellular telephone interview skip to 7.14

- 7.11 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 [Go to Q7.13]
Don't know / Not sure [Go to Q7.13]
Refused [Go to Q7.13]

- 7.12 How many of these telephone numbers are residential numbers?
_ Residential telephone numbers [6 = 6 or more]
Don't know / Not sure
Refused
- 7.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.
1 Yes
2 No
Don't know / Not sure
Refused
- 7.14 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? NOTE: 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
Don't know / Not sure
Refused
- 7.15 Are you currently...?
1 Employed for wages
2 Self-employed
3 Out of work for 1 year or more
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired
8 Unable to work
Refused
- 7.16 How many children less than 18 years of age live in your household?
_ _ Number of children
None
Refused

7.17 Is your annual household income from all sources—(If respondent refuses at ANY income level, code 'Refused')

0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)

0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 If "no," code 02

0 5 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Don't know / Not sure

Refused

7.18 Have you used the internet in the past 30 days?

1 Yes

2 No

Don't know/Not sure

Refused

7.19 About how much do you weigh without shoes?
NOTE: If respondent answers in metrics, put "9" in column 178.
Round fractions up

__ __ __ __ Weight
(pounds/kilograms)

Don't know / Not sure

Refused

7.20 About how tall are you without shoes?
NOTE: If respondent answers in metrics, put "9" in column 182. Round fractions down

__ / __ Height
(f t / inches/meters/centimeters)

Don't know / Not sure

Refused

If male, go to 7.22, If female respondent is 45 years old or older, go to Q7.22

7.21 To your knowledge, are you now pregnant?

1 Yes

2 No

Don't know / Not sure

Refused

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

- 7.22 Are you limited in any way in any activities because of physical, mental, or emotional problems?
1 Yes
2 No
Don't know / Not Sure
Refused
- 7.23 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?
NOTE: Include occasional use or use in certain circumstances.
1 Yes
2 No
Don't know / Not Sure
Refused
- 7.24 Are you blind or do you have serious difficulty seeing, even when wearing glasses?
1 Yes
2 No
Don't know / Not Sure
Refused
- 7.25 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
1 Yes
2 No
Don't know / Not sure
Refused
- 7.26 Do you have serious difficulty walking or climbing stairs?
1 Yes
2 No
Don't know / Not sure
Refused
- 7.27 Do you have difficulty dressing or bathing?
1 Yes
2 No
Don't know / Not sure
Refused
- 7.28 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
1 Yes
2 No
Don't know / Not sure
Refused

Section 8: Tobacco Use

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

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q8.5]
- Don't know / Not sure [Go to Q8.5]
- Refused [Go to Q8.5]

NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."

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

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q8.4]
- Don't know / Not sure [Go to Q8.5]
- Refused [Go to Q8.5]

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

- 1 Yes [Go to Q8.5]
- 2 No [Go to Q8.5]
- Don't know / Not sure [Go to Q8.5]
- Refused [Go to Q8.5]

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

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- Don't know / Not sure
- Refused

8.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? Snus (rhymes with 'goose')

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

- 1 Every day
- 2 Some days
- 3 Not at all
- Don't know / Not sure
- Refused

Section 9: Alcohol Consumption

- 9.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
1 __ Days per week
2 __ Days in past 30 days
No drinks in past 30 days [Go to next section]
Don't know / Not sure [Go to next section]
Refused [Go to next section]
- 9.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.
__ Number of drinks
Don't know / Not sure
Refused
- 9.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 for men, X = 4 for women] or more drinks on an occasion?
__ Number of times
None
Don't know / Not sure
Refused
- 9.4 During the past 30 days, what is the largest number of drinks you had on any occasion?
__ Number of drinks
Don't know / Not sure
Refused

Section 10: Fruits and Vegetables

These next questions are about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I will be asking how often you ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.
NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

- 10.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.
1 __ Per day
2 __ Per week
3 __ Per month
Never
Don't know / Not sure
Refused

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

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

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 10.6.

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

10.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

1 __ Per day

2 __ Per week

3 __ Per month

Never

Don't know / Not sure

Refused

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

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

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

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

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

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

10.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

1 __ Per day

2 __ Per week

3 __ Per month

Never

Don't know / Not sure

Refused

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

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

Include falafel and tempeh.

- 10.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?
- 1 __ Per day
 - 2 __ Per week
 - 3 __ Per month
 - Never
 - Don't know / Not sure
 - Refused

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

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

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

- 10.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?
- 1 __ Per day
 - 2 __ Per week
 - 3 __ Per month
 - Never
 - Don't know / Not sure
 - Refused

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

Include all forms of carrots including long or baby-cut.

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

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

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

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

- 10.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.
- 1 __ Per day
 - 2 __ Per week
 - 3 __ Per month
 - 5 5 5 Never
 - Don't know / Not sure
 - Refused

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

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

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

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

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

Do not include rice or other grains.

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

Section 11: Exercise (Physical Activity)

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

If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

- 11.1 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 [Go to Q11.8]
- Don't know / Not sure [Go to Q11.8]
- Refused [Go to Q11.8]

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

- __ (Specify) [See Physical Activity Coding List]
- Don't know / Not Sure [Go to Q11.8]
- 9 9 Refused [Go to Q11.8]

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

- 11.3 How many times per week or per month did you take part in this activity during the past month?
 1__ Times per week
 2__ Times per month
 Don't know / Not sure
 Refused
- 11.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?
 _:__ Hours and minutes
 Don't know / Not sure
 Refused
- 11.5 What other type of physical activity gave you the next most exercise during the past month?
 __ (Specify) [See Physical Activity Coding List]
 8 8 No other activity [Go to Q11.8]
 Don't know / Not Sure [Go to Q11.8]
 Refused [Go to Q11.8]

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

- 11.6 How many times per week or per month did you take part in this activity during the past month?
 1__ Times per week
 2__ Times per month
 Don't know / Not sure
 Refused
- 11.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?
 _:__ Hours and minutes
 Don't know / Not sure
 Refused
- 11.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.
 1__ Times per week
 2__ Times per month
 8 8 8 Never
 Don't know / Not sure
 Refused

Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

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

- 12.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
1 Yes
2 No
Don't know / Not sure
Refused

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

NOTE: Q12.2 should be asked of all respondents regardless of employment status.

- 12.2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?
1 Yes
2 No
Don't know / Not sure
Refused

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

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

- 12.3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? Please read:
1 A lot
2 A little
3 Not at all
Don't know / Not sure
Refused

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

- 12.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.
_ _ Enter number [00-10]
Don't know / Not sure
Refused

Section 13: Seatbelt Use

- 13.1 How often do you use seat belts when you drive or ride in a car? Would you say—
Please read:
1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never
Don't know / Not sure
Never drive or ride in a car
Refused

Section 14: Immunization

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

- 14.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?
READ IF NECESSARY:
A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.
1 Yes
2 No [Go to Q14.4]
Don't know / Not sure [Go to Q14.4]
Refused [Go to Q14.4]
- 14.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
__ / ____ Month / Year
Don't know / Not sure
Refused
- 14.3 At what kind of place did you get your last flu shot/vaccine?
0 1 A doctor's office or health maintenance organization (HMO)
0 2 A health department
0 3 Another type of clinic or health center (Example: a community health center)
0 4 A senior, recreation, or community center
0 5 A store (Examples: supermarket, drug store)
0 6 A hospital (Example: inpatient)
0 7 An emergency room
0 8 Workplace
0 9 Some other kind of place
1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
1 1 A school
Don't know / Not sure (Probe: "How would you describe the place where you went to get your most recent flu vaccine?")
Refused

- 14.4 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

Section 15: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 15.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.
- 1 Yes
 - 2 No [Go to optional module transition]
 - Don't know / Not sure [Go to optional module transition]
 - Refused [Go to optional module transition]
- 15.2 Not including blood donations, in what month and year was your last HIV test?
NOTE: If response is before January 1985, code "Don't know."
If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.
__/_ ____ Code month and year
- Don't know / Not sure
 - Refused / Not sure
- 15.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?
- 0 1 Private doctor or HMO office
 - 0 2 Counseling and testing site
 - 0 9 Emergency room
 - 0 3 Hospital inpatient
 - 0 4 Clinic
 - 0 5 Jail or prison (or other correctional facility)
 - 0 6 Drug treatment facility
 - 0 7 At home
 - 0 8 Somewhere else
 - Don't know / Not sure
 - Refused

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years?
 - 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

NOTE: If Core Q6.12 = 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
 - Don't know / Not sure
 - Refused

Module 6: Cognitive Decline

NOTE: If respondent is 45 years of age or older continue, else go to next module

Introduction: The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?
 - 1 Yes
 - 2 No [Go to next module]
 - Don't know [Go to Q2]
 - Refused [Go to next module]
2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?
 - 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - Don't know
 - Refused

2. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely [Go to Q5]
 - 5 Never [Go to Q5]
 - Don't know [Go to Q5]
 - Refused [Go to Q5]

NOTE: If Q3 = 1, 2, or 3, continue. If Q3 = 4, 5, 7, or 9 go to Q5.

3. When you need help with these day-to-day activities, how often are you able to get the help that you need?
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - Don't know
 - Refused

4. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - Don't know
 - Refused

6. Have you or anyone else discussed your confusion or memory loss with a health care professional?
- 1 Yes
 - 2 No
 - Don't know
 - Refused

Module 22: Random Child Selection

NOTE: If Core Q7.16 = 'Don't Know/Not Sure', or 'Refused' (No children under age 18 in the household, or Refused), go to next module.

If Core Q7.16 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Q1]

If Core Q7.16 is >1 and Core Q7.16 does not equal 'Don't Know/Not Sure', or 'Refused', Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [please fill in correct number] child in your household. All following questions about children will be about the "Xth" [please fill in] child.

1. What is the birth month and year of the "Xth" child?
__/_/____ Code month and year
Don't know / Not sure
Refused

INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is > 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?
1 Boy
2 Girl
Refused
3. Is the child Hispanic, Latino/a, or Spanish origin?
If yes, ask: Are they...
NOTE: One or more categories may be selected
1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Another Hispanic, Latino/a, or Spanish origin
5 No
Don't know / Not sure
Refused

4. Which one or more of the following would you say is the race of the child?
(Select all that apply)
NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.
- 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
 - 60 Other
 - 88 No additional choices
 - Don't know / Not sure
 - Refused

5. Which one of these groups would you say best represents the child's race?
NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.
- 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
 - 60 Other
 - Don't know / Not sure
 - Refused

6. How are you related to the child?
- 1 Parent (include biologic, step, or adoptive parent)
 - 2 Grandparent
 - 3 Foster parent or guardian
 - 4 Sibling (include biologic, step, and adoptive sibling)
 - 5 Other relative
 - 6 Not related in any way
- Don't know / Not sure
Refused

**Activity List for Common Leisure Activities (To be used for Section 11: Physical Activity)
Code Description (Physical Activity, Questions 11.2 and 11.5 above)**

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair)
3 4 Pilates	
3 5 Racquetball sports, ergometer, etc.)	7 6 Yard work (cutting/gathering lawn wood, trimming hedges, etc.)
3 6 Raking	Other_____
3 7 Running	Refused
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	

SOUTH DAKOTA'S 2015 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "1" to Q. 3.1, continue. Otherwise go to SD01Q02.

- SD01Q01. Earlier you were asked some questions about your health care coverage. We'd now like to ask you what type of health care coverage you use to pay for most of your medical care? Is it coverage through:
- 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, TriCare, or the VA
 - 07 The Indian Health Service
 - 08 Some other source
 - 88 None
 - Don't know/Not sure
 - Refused

Go to Q. SD02Q01.

If "2" to Q. 3.1, continue. Otherwise go to SD02Q01.

- SD01Q02. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:
- Coverage through:
- 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, TriCare, or the VA
 - 07 The Indian Health Service
 - 08 Some other source
 - 88 None
 - Don't know/Not sure
 - Refused

TOBACCO

If "1" to Q. 3.4, And If ("1" or "2" to Q. 8.2) or ("1" or "2" to Q. 8.5), continue. Otherwise, go to SD03Q01.

- SD02Q01. In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?
- 1 Yes
 - 2 No
 - Don't Know/Not Sure
 - Refused

If "1" or "2" to Q. 7.15, continue. Otherwise, go to SD03Q04.

- SD03Q01. While working at your job, are you indoors most of the time?
 1 Yes
 2 No Go to SD03Q04
 Don't Know/Not Sure Go to SD03Q04
 Refused Go to SD03Q04
- SD03Q02. Which of the following best describes your place of work's official smoking policy for work areas?
 1 Not allowed in any work areas Go to SD03Q04
 2 Allowed in some work areas
 3 Allowed in all work areas
 4 No official policy
 Don't know/Not sure
 Refused
- SD03Q03. On how many of the past 7 days did someone smoke in your indoor workplace while you were there?
 _ _ Number of days
 5 5 Did not work in the past 7 days
 8 8 None
 Don't know / Not sure
 Refused
- SD03Q04. 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
 Go to SD03Q06
 2 Smoking is allowed in some places or at some times
 3 Smoking is allowed anywhere inside your home
 4 There are no rules about smoking inside your home
 Don't know / Not sure
 Refused
- SD03Q05. On how many of the past 7 days did someone smoke in your home while you were there?
 _ _ Number of days
 5 5 Not at home in the past 7 days
 8 8 None
 Don't know / Not sure
 Refused
- SD03Q06. Have you ever tried smoking an electronic cigarette or E-cigarette even one or two puffs?
 1 Yes
 2 No Go to SD04Q01
 Don't Know/Not Sure Go to SD04Q01
 Refused Go to SD04Q01
- SD03Q07. During the past 30 days on how many days did you use electronic cigarettes or E-cigarettes?
 _ _ Number of Days [Range 1-30]
 8 8 None
 Don't know/Not sure
 Refused

SOUTH DAKOTA QUITLINE NAME RECOGNITION

- SD04Q01. Have you heard about the South Dakota Department of Health program called the “South Dakota Quitline” that offers free services designed to help a person quit tobacco?
- 1 Yes
 - 2 No
 - 7 Don't Know/Not Sure
 - 9 Refused

SIGNS AND SYMPTOMS OF A HEART ATTACK

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

- SD05Q01. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- SD05Q02. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- SD05Q03. (Do you think) chest pain or discomfort (are symptoms of a heart attack?)
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- SD05Q04. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- SD05Q05. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused
- SD05Q06. (Do you think) shortness of breath (is a symptom of a heart attack?)
- 1 Yes
 - 2 No
 - Don't know / Not sure
 - Refused

- SD05Q07. If you thought someone was having a heart attack, what is the first thing you would do?
- 1 Take them to the hospital
 - 2 Tell them to call their doctor
 - 3 Call 911
 - 4 Call their spouse or a family member
 - 5 Do something else
 - Don't know / Not sure
 - Refused

CANCER SURVIVORSHIP

If Q6.6 or Q6.7 = 1 (Yes) continue, else go to SD07Q01.

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

- SD06Q01. How many different types of cancer have you had?
- 1 Only one
 - 2 Two
 - 3 Three or more
 - Don't know / Not sure Go to SD07Q01
 - Refused Go to SD07Q01

- SD06Q02. At what age were you told that you had cancer?
- _ _ Code age in years [97 = 97 and older]
- Don't know / Not sure
 - Refused

If SD06Q01= 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"
NOTE: This question refers to the first time they were told about their first cancer.

If Q6.6 = 1 (Yes) and SD06Q01 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code 21 if "Melanoma" or 22 if "other skin cancer"

- SD06Q03. What type of cancer was it? If SD06Q01 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnosis of cancer, what type of cancer was it?"

Breast

- 0 1 Breast cancer

Female reproductive (Gynecologic)

- 0 2 Cervical cancer (cancer of the cervix)
- 0 3 Endometrial cancer (cancer of the uterus)
- 0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

- 0 5 Head and neck cancer
- 0 6 Oral cancer
- 0 7 Pharyngeal (throat) cancer
- 0 8 Thyroid
- 0 9 Larynx

Gastrointestinal

- 1 0 Colon (intestine) cancer
- 1 1 Esophageal (esophagus)

- 1 2 Liver cancer
- 1 3 Pancreatic (pancreas) cancer
- 1 4 Rectal (rectum) cancer
- 1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 6 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 7 Leukemia (blood) cancer
- 1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer:

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

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

Don't know / Not sure

Refused

SD06Q04. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

1 Yes

2 No

Don't know / Not sure

Refused

SD06Q05. Have you EVER received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

1 Yes

2 No Go to SD06Q07

Don't know / Not sure Go to SD06Q07

Refused Go to SD06Q07

SD06Q06. Were these instructions written down or printed on paper for you?
1 Yes
2 No
Don't know / Not sure
Refused

SD06Q07. Did you participate in a clinical trial as part of your cancer treatment?
1 Yes
2 No
Don't know / Not sure
Refused

ADVANCE DIRECTIVE

SD07Q01. An advance directive is a document that states what kind of health care treatment you would want to receive, or not want to receive, if you could not speak for yourself. Have you completed an advance directive?
1 Yes
2 No
Don't know / Not sure
Refused

PHYSICAL ACTIVITY

SD08Q01. How many trips per week do you walk or ride a bicycle to a destination such as to work or to the grocery store?
_ _ Trips
Don't know / Not sure
Refused

SD08Q02. How many hours per day, on average, do you sit? Including in the car, at work, and at home? Note: Include any time awake and off of your feet - either sitting or lying down, but do not include times when asleep.
_ _ Hours
Don't know / Not sure
Refused

CHILDREN'S HEALTH INSURANCE

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 7.16, continue. Otherwise, go to Closing Statement.

I'm now going to ask you some more questions about the child in the household that we talked about earlier.

SD09Q01. Does this child have health coverage?
1 Yes
2 No Go to SD09Q03
Don't Know/Not Sure Go to SD10Q01
Refused Go to SD10Q01

- SD09Q02. What type of health coverage do you use to pay for most of this child's medical care?
Is it coverage through:
- 01 Your employer
 - 02 Someone else's employer
 - 03 A plan that you or someone else buys on your own
 - 04 Medicare
 - 05 Medicaid, CHIP, or Medical Assistance
 - 06 The military, CHAMPUS, TriCare, or the VA
 - 07 The Indian Health Service (IHS)
 - 09 Community Health Services
 - 08 Some other source
 - 88 None
- Don't know/Not sure
Refused

Go to SD10Q01

- SD09Q03. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following.
Coverage through:
- 01 Your employer
 - 02 Someone else's employer
 - 03 A plan that you or someone else buys on your own
 - 04 Medicare
 - 05 Medicaid, CHIP, or Medical Assistance
 - 06 The military, CHAMPUS, TriCare, or the VA
 - 07 The Indian Health Service
 - 09 Community Health Services
 - 08 Some other source
 - 88 None
- Don't know/Not sure
Refused

CHILDREN'S ORAL HEALTH

If child's age is greater than or equal to 1 continue. Otherwise go to Closing Statement.

- SD10Q01. How long has it been since this child last visited the dentist or a dental clinic?
- 1 Within the past year (1 to 12 months ago) Go to SD10Q03
 - 2 Within the past 2 years (1 to 2 years ago)
 - 3 Within the past 5 years (2 to 5 years ago)
 - 4 5 or more years ago
 - 7 Don't Know/Not Sure Go to SD10Q03
- Never
Refused Go to SD10Q03

- SD10Q02. What is the main reason this child has not visited the dentist in the last year?
- 01 Fear, apprehension, nervousness, pain, dislike going
 - 02 Cost
 - 03 Do not have/know a dentist
 - 04 Cannot get to the office/clinic (too far away, no transportation, no appointments available)

- 05 No reason to go (no problems, no teeth)
- 06 Other priorities
- 07 Have not thought of it
- 08 Other
- Don't Know/Not Sure
- Refused

SD10Q03. Do you have any kind of insurance coverage that pays for some or all of this child's routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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

SD10Q04. During the past 6 months, did this child have a toothache more than once, when biting or chewing?

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

SD10Q05. During the past 12 months, how many times has this child missed school because of problems with their teeth or mouth?

__ = Number of times [76 = 76+ times]

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

SD10Q06. During the past 12 months, how many times has this child visited a hospital emergency room because of dental problems.

__ = Number of times [76 = 76+ times]

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

Closing Statement
Please read:

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.