

Massachusetts

2007

**Behavioral Risk Factor Surveillance System
Questionnaire**

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Introduction & Selection

HELLO, I am calling for the Massachusetts Department of Public Health. My name is (name). We are gathering information about the health of Massachusetts residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

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

Is this a private residence?

If "no,"

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

Is this a cellular telephone?

Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

If "yes,"

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

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

If "no,"

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

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

___ Number of men

___ Number of women

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

If "you," go to confidentiality statement

To the correct respondent:

HELLO, I am calling for the Massachusetts Department of Public Health. My name is (name). We are gathering information about the health of Massachusetts residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement

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

[Zi Zhang (pronounced Chang) 617-624-5623]

The interview takes approximately 20 minutes to complete.

Core Sections

This call may be monitored for quality assurance.

Section 1: Health Status

- 1.1 Would you say that in general your health is— (73)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- — Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)
- — Number of days
 - 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

State-Added 3a: MA Health Care Access [Splits 1,2,3]

[Splits 1,2,3]

{CATI: If Q3.1=1, continue; Else go to MA3.3}

MA3.1. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

- 1 Yes {Go to Q3.2}
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA3.2 What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Please read

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, MassHealth, CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health
- 06 The military, CHAMPUS, TriCare or the VA [or **CHAMP-VA**]
- 07 The Indian Health Service [or the **Alaska Native Health Service**]
- or
- 08 Some other source

Do not read

- 88 None
- 77 Don't know/Not Sure

pre-MA3.3 - {All from MA3.2 go to Core Q3.2}

MA3.3. There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

[Please read]

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, MassHealth, CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health
- 06 The military, CHAMPUS, TriCare or the VA **[or CHAMP-VA]**
- 07 The Indian Health Service **[or the Alaska Native Health Service]**
- or**
- 08 Some other source

Do not read

- 88 None
- 77 Don't know/Not Sure
- 99 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?"

(81)

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

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

(82)

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

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

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

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

(84)

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

Section 5: Diabetes

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

[If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"]

[If respondent says pre-diabetes or borderline diabetes, use response code 4.]

(85)

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

State-Added 5a: Diabetes [Split 1]

{If Split = 1, continue; If Split = 2 or 3 then go to next section}

Pre-MA 5.1:

{If Split = 1 and Q5.1 = 3,4,7,9, continue; else if Split = 1 and Q5.1 = 1 or 2, go to MA5.6}

- MA5.1.** Have you ever been tested for high blood sugar or diabetes?

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

MA5.2 Have you ever been told by a doctor that you have high blood sugar or glucose?

**[If yes, Was this once or more than once?]
[If female, Was this only during pregnancy?]**

- 1 Yes
- 2 Yes, more than once
- 3 Yes, but female told only during pregnancy
- 4 No
- 7 Don't know / Not sure
- 9 Refused

{CATI: If core Q5.1=3,7,9, continue; else if core Q5.1=4, go to pre-MA5.4}

MA5.3. Have you ever been told by a doctor that you have pre-diabetes or borderline diabetes?

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

{IF MA5.2 = 1,2 or MA5.3 = 1, then continue.}

{Else if MA5.2 = 3,4,7,9 and MA5.3 = 2,7,9 go to MA5.6}

MA5.4 Was it within the past 12 months that you were told for the first time that you have pre-diabetes, borderline diabetes, or high blood sugar or glucose?

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

MA5.5 How old were you when you were first told you had pre-diabetes, borderline diabetes, or high blood glucose?

//[Note: We are interested in age when FIRST diagnosed with pre-diabetes, borderline diabetes, or high blood glucose, NOT current age]

- Code Age in Years (97 = 97 years and older)
- 9 8 Don't know
- 9 9 Refused

MA5.6. To your knowledge have any of your first degree blood relatives such as parents, brothers, or sisters had diabetes?

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

Section 6: Hypertension Awareness

6.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

[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] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

6.2 Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

7.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

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

7.2 About how long has it been since you last had your blood cholesterol checked? (89)

Read only if necessary:

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

Do not read:

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

7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

Section 8: Cardiovascular Disease Prevalence

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

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

8.1 Ever told you had a heart attack, also called a myocardial infarction? (91)

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

8.2 (Ever told) you had angina or coronary heart disease? (92)

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

8.3 (Ever told) you had a stroke? (93)

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

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

9.2 Do you still have asthma? (95)

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

Section 10: Immunization

10.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)

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

10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (97)

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

10.3 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? (98)

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

10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

[NOTE: Response is “Yes” only if respondent has received the entire series of three shots.]

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

The next question is about behaviors related to Hepatitis B.

10.5 Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You have had sex with a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you?

(100)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

State-added 10a: Immunization [Split 1]

{If Split = 1 then continue to Pre MA10.1}

{If Split = 2 or 3, go to next section}

{Pre-MA10.1: If Q10.1 in (2, 7, 9) and Q10.2 in (2, 7, 9) then go to MA10.2, else continue}

MA10.1 At what kind of place did you get your last **{if Q10.1=1 then read “flu shot”, if Q10.2=1 then read “flu vaccine that was sprayed in your nose”?}**

[READ ONLY IF NECESSARY]

- 01 A doctor's office or health maintenance organization **[Go to MA10.3]**
- 02 A health department **[Go to MA10.3]**
- 03 Another type of clinic or health center **[Go to MA10.3]**
- 04 A senior, recreation, or community center **[Go to MA10.3]**

- 05 A store **[Examples: supermarket, drug store] [Go to MA10.3]**
- 06 A hospital as an inpatient **[Go to MA10.3]**
- 07 Emergency room **[Go to MA10.3]**
- 08 Workplace **[Go to MA10.3]**
- Or**
- 09 Some other kind of place **[specify]: _____[Go to MA10.3]**
- 77 Don't know **[Go to MA10.3]**
- 99 Refused **[Go to MA10.3]**

MA10.2 What is the main reason you didn't get a flu shot or a flu spray in the nose?

[READ ONLY IF NECESSARY]

Would you say:

- 01 Didn't know I needed it
- 02 Doctor didn't recommend it
- 03 Didn't think of it/forgot/missed it
- 04 Tried to get a flu shot, but no flu shots were available
- 05 Tried to get a flu shot, but my doctor said I didn't need it
- 06 Didn't think it would work
- 08 Don't need a flu shot/not at risk/flu not serious
- 10 Shot could give me the flu/allergic reaction/other health problem
- 11 Doctor recommended against getting the shot/allergic to shot/medical reasons
- 12 Don't like shots or needles / don't want it
- Or**
- 13 Other **[specify]_____**
- 77 Don't Know/Not Sure
- 99 Refused

MA10.3 Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

[Note: If necessary say: This includes part-time and volunteer work.]

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

Section 11: Tobacco Use

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

(101)

[NOTE: 5 packs = 100 cigarettes]

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

11.2 Do you now smoke cigarettes every day, some days, or not at all? (102)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to next section]
- 7 Don't know/Not sure [Go to next section]
- 9 Refused [Go to next section]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

(Check all that apply)

Please read:

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

Or

6 Other [specify: _____]

Do not read:

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

{CATI: If more than one response to Q12.3; continue. Otherwise, go to pre-MA12.1.}

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

(113)

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

Do not read:

7 Don't know / Not sure
9 Refused

State-Added 12a: Race/Ethnicity [Splits 1,2,3]

[Splits 1,2,3]

pre-MA12.1: {If Q12.2 = 1 or Q12.3 = 3 then Go to MA12.1; else go to Q12.5}

MA12.1. Which best describes your ancestry or heritage? Would you say ...**{If Q12.2 = 1, please read 1,2,3,4,6,12,13; Else if Q12.3 = 3, please read 5,6,8,10,11,14; Else if Q12.2=1 AND Q12.3=3, please read 1-14}**

Please read

01 Puerto Rican
02 Dominican
03 Mexican
04 Salvadorian
05 Chinese
06 Filipino
08 Cambodian
10 Vietnamese
11 Japanese

Or

12 Other Central American [specify: _____]
13 Other South American [specify: _____]
14 Other Asian [specify: _____]

Do not read

77 Don't Know/Not Sure
99 Refused

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active Duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.* (114)

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

12.6 Are you...? (115)

Please read:

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

Do not read:

9 Refused

12.7 How many children less than 18 years of age live in your household? (116-117)

Number of children
8 8 None
9 9 Refused

12.8 What is the highest grade or year of school you completed? (118)

Read only if necessary:

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

Do not read:

9 Refused

12.9 Are you currently...?

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

12.10 Is your annual household income from all sources—

(120-121)

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

Read only if necessary:

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

Do not read:

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

12.11 About how much do you weigh without shoes?

(122-125)

Note: If respondent answers in metrics, put "9" in column 122.

Round fractions up

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

12.12 About how tall are you without shoes? (126-129)

Note: If respondent answers in metrics, put "9" in column 126.

Round fractions down

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

{CATI: If core Q12.11 = 7 or 9, go to MA12.2}

12.13 How much did you weigh a year ago? *[If Female respondent and Q12.1 < 46, read: "If you were pregnant a year ago, how much did you weigh before your pregnancy?"]* (130-133)

[Note: If respondent answers in metrics, put "9" in column 130.]

Round fractions up

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

{CATI: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.}

12.14 Was the change between your current weight and your weight a year ago intentional? (134)

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

State-Added 12b: City/Town [Splits 1,2,3]

[Splits 1,2,3]

MA12.2. What city or town do you live in?

- ~~__~~ ~~__~~ ~~__~~ Town code [001-351]
- 8 8 8 OTHER: [SPECIFY: _____]
- 7 7 7 Don't Know/Not Sure
- 9 9 9 Refused

[Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON]

~~12.15~~ ~~_____~~ What county do you live in?

~~(130-132)~~

- ~~_____~~ FIPS county code
- ~~__~~ ~~__~~ ~~__~~ Don't know / Not sure
- ~~__~~ ~~__~~ ~~__~~ Refused

12.16 What is your ZIP Code where you live?

(138-142)

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

12.17 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.

(143)

- 1 Yes
- 2 No {Go to Q12.19}
- 7 Don't know / Not sure {Go to Q12.19}
- 9 Refused {Go to Q12.19}

12.18 How many of these telephone numbers are residential numbers?

(144)

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

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

(145)

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

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

(146)

- 1 Male {Go to next section}
- 2 Female {If respondent is 45 years old or older, go to next section}

{If q12.1 < 45 and q12.20 = 2, continue; else go to next section}

12.21 To your knowledge, are you now pregnant? (147)

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

State Added 12c: Sexual Orientation [Splits 1,2,3]

[Split 1,2,3]

pre-MA12.3 – {If Q12.1=7,9,18-64, continue; If Q12.1>64, go to Next section}

MA12.3. Do you consider yourself to be:

Please read

- 1 Heterosexual or straight
 - 2 Homosexual or [if respondent is male read “gay”; else if female, read “lesbian”]
 - 3 Bisexual
- or**
- 4 other

Do not read

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

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (143)

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (144-146)

1___ Days per week

- 2__ Days in past 30 days
 - 8 8 8 No drinks in past 30 days
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused
- [Go to next section]**

13.3 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? (147-148)

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

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (149-150)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (151-152)

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

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (153)

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

14.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (154)

[Note: Include occasional use or use in certain circumstances.]

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

Section 15: Arthritis Burden

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

- 15.1** During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (155)
- 1 Yes
 - 2 No [Go to Q15.4]
 - 7 Don't know / Not sure [Go to Q15.4]
 - 9 Refused [Go to Q15.4]

- 15.2** Did your joint symptoms first begin more than 3 months ago? (156)
- 1 Yes
 - 2 No [Go to Q15.4]
 - 7 Don't know / Not sure [Go to Q15.4]
 - 9 Refused [Go to Q15.4]

- 15.3** Have you ever seen a doctor or other health professional for these joint symptoms? (157)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 15.4** 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? (158)

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)**

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

{CATI: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section.}

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (159)

[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."]

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

Section 16: Fruits and Vegetables

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.

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (160-162)

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

16.2 Not counting juice, how often do you eat fruit? (163-165)

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

16.3 How often do you eat green salad? (166-168)

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

16.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (169-171)

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

16.5 How often do you eat carrots? (172-174)

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

16.6 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.) (175-177)

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

Section 17: Physical Activity

{CATI: If Q12.9 = 1 or 2 ('employed for wages' or 'self-employed') continue. Else Go to Q17.2int.}

17.1 When you are at work, which of the following best describes what you do? Would you say—

(178)

If respondent has multiple jobs, include all jobs.

Please read:

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

Do not read:

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

S17q2t:

Please read: 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.

17.2 Now, thinking about the moderate 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 some increase in breathing or heart rate?

(179)

- 1 Yes
- 2 No **[Go to Q17.5]**
- 7 Don't know / Not sure **[Go to Q17.5]**
- 9 Refused **[Go to Q17.5]**

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

(180-181)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **[Go to Q17.5]**
- 7 7 Don't know / Not sure **[Go to Q17.5]**
- 9 9 Refused **[Go to Q17.5]**

17.4 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?

(182-184)

- : Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.5 Now, thinking about the vigorous 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? (185)

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

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (186-187)

- __ Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

17.7 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? (188-190)

- ._ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 18: HIV/AIDS

{CATI: If respondent is 65 years old or older (core Q12.1 > 64), go to next section.}

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 do not 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.

18.1 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. (191)

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

18.2 Not including blood donations, in what month and year was your last HIV test? (192-197)

[NOTE: If response is before January 1985, code “Don’t know.”]

[Note: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.]

— / — — —	Code month and year
7 7 / 7 7 7 7	Don’t know / Not sure
9 9 / 9 9 9 9	Refused

18.3 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 a drug treatment facility, at home, or somewhere else? (198-199)

01	Private doctor or HMO office
02	Counseling and testing site
03	Hospital
04	Clinic
05	Jail or prison (or other correctional facility)
06	Drug treatment facility
07	At home
08	Somewhere else
77	Don’t know/Not sure
99	Refused

{CATI: Ask Q18.4; if Q18.2 = within last 12 months. Otherwise, go to next section.}

18.4 Was it a rapid test where you could get your results within a couple of hours? (200)

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

Section 19: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

19.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source”. (201)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

19.2 In general, how satisfied are you with your life? (202)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

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

Section 20: Gastrointestinal Disease

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea is defined as 3 or more loose stools or bowel movements in a 24-hour period.* (208)

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

20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?

[Note: Do not answer "Yes" if you just had telephone contact with a health professional.]

(209)

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

- 20.3** When you visited your health care professional, did you provide a stool sample for testing? (210)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

State-Added Sections and Modules

Section 20: Massachusetts Tobacco [Split 1]

{If split = 1, continue to pre-MA20.1; If Split = 2 or 3 go to Next Section}

Pre-MA20.1:

If split = [1] then do:
 If Q11.2 = 1 then go to MA20.1;
 Else if Q11.2 = 2 then go to MA20.2;
 Else if Q11.2 = 3 then go to MA20.5;
 Else if Q11.1 = [2,7,9] or Q11.2 = [7,9] then go to MA20.6Int

Now I would like to ask you some more questions about smoking.

MA20.1. [DAILY SMOKERS] On the average, about how many cigarettes a day do you now smoke?

[1 pack = 20 cigarettes]

__ Number of cigarettes [76 =76 or more] [Go to MA20.4]
 77 Don't know / Not sure [Go to MA20.4]
 99 Refused [Go to MA20.4]

MA20.2. [SOME DAYS SMOKERS] During the past 30 days, on how many days did you smoke cigarettes?

__ Number of days [1-30]
 88 None [Go to MA20.5]
 77 Don't know / Not sure [Go to MA20.6Int]
 99 Refused [Go to MA20.6Int]

MA20.3. [SOME DAYS SMOKERS] On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

[1 pack = 20 cigarettes]

__ Number of cigarettes [76 =76 or more]
 77 Don't know / Not sure
 99 Refused

MA20.4. [CURRENT SMOKERS] Are you planning to stop smoking within the next 30 days?

- 1 Yes [Go to MA20.6Int]
- 2 No [Go to MA20.6Int]
- 7 Don't know / Not sure [Go to MA20.6Int]
- 9 Refused [Go to MA20.6Int]

MA20.5. [FORMER SMOKERS] About how long has it been since you last smoked cigarettes regularly?

Read only if necessary

- 01 Within the past month (anytime less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 3 years (1 to 3 years ago)
- 06 Within the past 5 years (more than 3 years but less than 5 years ago)
- 07 Within the past 10 years (5 years but less than 10 years ago)
- 08 10 or more years ago

Do not read

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

{Ask MA20.6 of All}

The next questions are about rules for smoking in your home and your exposure to other people's tobacco smoke.

MA20.6 [ALL]: Which statement best describes the rules about smoking in your home ...

Please read:

- 1 no one is allowed to smoke anywhere
- 2 smoking is allowed in some places or at some times
- or
- 3 smoking is permitted anywhere

Do not read:

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

{If Q12.9 = [1,2] then go to MA20.7; else if Q12.9 = [3,4,5,6,7,8,9] then go to MA20.8}

MA20.7 Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **at work**?

- __ Number of hours per week [76 = 76 or more]
- 01 An hour or less per week, but more than none
- 88 None
- 77 Don't Know
- 99 Refused

MA20.8 Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **at home**?

- __ Number of hours per week **[76 = 76 or more]**
01 An hour or less per week, but more than none
88 None
77 Don't Know
99 Refused

MA20.9 Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were **in other places**?

- __ Number of hours per week **[76 = 76 or more]**
01 An hour or less per week, but more than none
88 None
77 Don't Know
99 Refused

MA20.10 Do you think second hand smoke can drift from one apartment to another in an apartment building, or from the outside into an apartment?

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

MA20.11 Do you currently live in a single family home, in a duplex, in a condo or townhouse, or in an apartment?

- 1 Single family home
2 Duplex **[Go to MA20.13]**
3 Condo or Townhouse **[Go to MA20.13]**
4 Apartment **[Go to MA20.13]**
5 Other **[specify]: _____ [Go to MA20.13]**
7 Don't know/Not sure
9 Refused

MA20.12 Have you ever lived in an apartment building, duplex, condo, or townhouse?

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

MA20.13 Have you ever experienced second hand smoke drifting into your **unit** from a smoker in another unit or from a smoker outside?

- 1 Yes
2 No

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

Section 21: Anti-microbial Resistance [Split 2]

{If Split = 2 continue}

{If split = 1 or 3 then go to next section}

Now, we'd like to ask you a few questions about hand-washing and food preparation.

MA21.1 If soap and water are available, are there ever times when you choose to use an antibacterial gel over washing your hands with soap and water?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

MA21.2 Please tell me whether you agree or disagree with the following statement: If I wash with antibacterial soap, it is not necessary for me to wash my hands as frequently.

- 1 Agree
- 2 Disagree
- 3 Neither Agree nor Disagree
- 7 don't know
- 9 refused

MA21.3 If you are preparing a meal in which you have to cut up both raw meat and ready to eat products, such as fruits or vegetables, which of the following do you usually do?

Please Read

- 1 Use separate cutting boards, one for meats and one for other food products
- 2 Wash the cutting board with soap and water in between meat and other foods
- 3 Rinse the cutting board with water between meat and other foods
- 4 Don't do anything in between
- 5 Other (**specify**_____)

Do not read

- 7 don't know
- 9 refused

Section 22: Module 16 - Mental Illness & Stigma [Split 2]

{If split = 2, continue}

{If Split = 1 or 3 then go to next section}

{Processing Note: Data from this section to be stored in locations reserved in the core and modules layout for matching Module 16 questions}

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

Mod16_1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (335)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (336)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_3. During the past 30 days, about how often did you feel **restless** or **fidgety**?
[IF NECESSARY: all, most, some, a little, or none of the time?] (337)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?
[IF NECESSARY: all, most, some, a little, or none of the time?] (338)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_5. During the past 30 days, about how often did you feel that **everything was an effort**?

[IF NECESSARY: all, most, some, a little, or none of the time?]

(339)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

Mod16_6. During the past 30 days, about how often did you feel **worthless**?

[IF NECESSARY: all, most, some, a little, or none of the time?]

(340)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

Mod16_7. During the past 30 days, for about how many days did your emotions or feelings **keep you from doing** your work or other usual activities?

(341-342)

[INTERVIEWER NOTE: If asked, "usual activities" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation]

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

Mod16_8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(343)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much **do** you **agree** or **disagree** with these statements about people with mental illness.

Mod16_9. Treatment can help people with mental illness lead normal lives. Do you –**agree** slightly or strongly, or **disagree** slightly or strongly? (344)

[INTERVIEWER NOTE: If asked for the purpose of this question: Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs].

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither Agree nor Disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

Mod16_10. People are generally caring and sympathetic to people with mental illness. Do you –**agree** slightly or strongly, or **disagree** slightly strongly? (345)

[INTERVIEWER NOTE: If asked for the purpose of this question: Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs].

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither Agree nor Disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

Section 23: Disability and Quality Of Life [Splits 1,2]

{Splits 1 and 2 continue; Split 3 go to next section}

{CATI: Randomly select 50% of the split 1 and 2 respondents to continue}

{If randomly selected respondent from split 1 or 2, continue. Else, go to next section}

Now I would like to ask you some questions about your health and problems you may have.

MA23.1 During the past 30 days, for about how many days have you felt sad, blue, or depressed?

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

MA23.2. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

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

{If core Q14.2 = 1 then go to MA23.3. Else go to MA23.4.}

MA23.3 What is the farthest distance you can walk by yourself, without any special equipment or help from others?

PLEASE READ

- 1 Not any distance
2 Across a small room
3 About the length of a typical house
4 About one or two city blocks
5 About one mile
-or-
6 More than one mile

Do not read:

- 7 Don't know / Not sure
9 Refused

MA23.4 Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

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

{If core Q14.1 = 1 or Q14.2 = 1 or MA23.4 = 1 then go to MA23.6. Else, go to MA23.5.}

MA23.5. A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

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

MA23.6 What is the major impairment or health problem that limits your activities or causes your disability?

[Note: If respondent says, "I'm not limited," say, "I'm referring to the impairment you indicated in an earlier question."]

Read Only if Necessary:

- 0 1 Arthritis/rheumatism

- 0 2 Back or neck problem
- 0 3 Fractures, bone/joint injury
- 0 4 Walking problem
- 0 5 Lung/breathing problem
- 0 6 Hearing problem
- 0 7 Eye/vision problem
- 0 8 Heart problem
- 0 9 Stroke problem
- 1 0 Hypertension/high blood pressure
- 1 1 Diabetes
- 1 2 Cancer
- 1 3 Depression/anxiety/emotional problem
- 1 4 Other impairment/problem [specify: _____]

Do not read:

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

MA23.7. For how long have your activities been limited because of your major impairment, health problem or disability?

- 1 ___ Days
- 2 ___ Weeks
- 3 ___ Months
- 4 ___ Years
- 7 7 7 Don't know/Not Sure
- 9 9 9 Refused

MA23.8. Because of any impairment, health problem or disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

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

MA23.9. Because of any impairment, health problem or disability, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

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

Section 24: Module 3 - Diabetes [Split 1]

{Split = 1, continue; Else if Split = 2 or 3, go to next section}

{If split = 1 and core Q5.1 = 1 then continue; else go to next section}

{Processing Note: Data from the Module 3 questions in this section to be stored in locations reserved in the core and modules layout for CDC Module 3 questions. MA24.1 and MA24.2 to be reported in the location designated in the state data layout}

MA24.1 What type of diabetes do you have?

Please read:

- 1 Type 1
- 2 Type 2
- or
- 3 Other [specify_____]

Do not read:

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

Mod3_1. How old were you when you were told you have diabetes?

(221-222)

[Note: We are interested in age when FIRST diagnosed, NOT current age]

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

{CATI: if (mod3_1 = 01-97 and core Q12.1 = 18-99) AND (mod3_1 > core Q12.1), continue; else go to Mod3_2}

Mod3_1qc I'm sorry, you indicated you were {cati: fill-in response from Q12.1} years old, and were first diagnosed with Diabetes at age {cati: fill-in response from Mod3_1}. What was your age when you were FIRST diagnosed with diabetes?

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

Mod3_2. Are you now taking insulin?

(223)

- 1 Yes
- 2 No
- 9 Refused

Mod3_3. Are you now taking diabetes pills?

(224)

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

Mod3_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (225-227)

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

Mod3_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (228-230)

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

Mod3_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (231)

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

Mod3_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (232-233)

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

Mod3_8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (234-235)

- _ _ Number of times [76 = 76 or more]

- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

{CATI Note: If Mod3_5 = 555 (No feet), go to Mod3_10.}

Mod3_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (236-237)

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

{CATI Note: If Mod3_5 = 555 (No feet), go to Mod3_10.}

MA24_2. When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot.

Read only if necessary:

- 1 Within the past month (any time less than 1 month ago)
- 2 Within the past year (1 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 2 or more years ago
- 8 Never

Do not read:

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

Mod3_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (238)

Read only if necessary:

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

Do not read:

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

Mod3_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (239)

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

- Mod3_12.** Have you ever taken a course or class in how to manage your diabetes yourself? (240)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 25: Mammography [Split 1]

{If split = 1, continue; else if split = 2 or 3, go to next section}

{If Split = 1 and core Q12.20 = 2 (female) continue; else go to next section}

MA25.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

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

MA25.2. How long has it been since you had your last mammogram?

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read

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

Section 26: Module 11 - Colorectal Cancer Screening [Split 1]

{If split = 1, continue; if split = 2 or 3, go to next section}

{CATI: If core Q12.1 < 50 (less than 50 years old), go to next section.}

{Processing Note: Data from this section to be stored in locations reserved in the core and modules layout for CDC Module 11 questions}

Mod11_1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (301)

- 1 Yes
- 2 No **[Go to Mod11_3]**
- 7 Don't know / Not sure **[Go to Mod11_3]**

9 Refused [Go to Mod11_3]

Mod11_2. How long has it been since you had your last blood stool test using a home kit? (302)

Read only if necessary:

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

Do not read:

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

Mod11_3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (303)

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

Mod11_4. For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT examination called a sigmoidoscopy or a colonoscopy? (304)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 3 Something else
- 7 Don't know / Not sure
- 9 Refused

Mod11_5. How long has it been since you had your last sigmoidoscopy or colonoscopy? (305)

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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

Section 27: **Module 10** - Prostate Cancer Screening [Split 1]

{If split = 1, continue; if split = 2 or 3, go to next section}

{CATI: If core Q12.1 < 40 (less than 40 years of age) or core Q12.20 = 2 (female), go to next section.}

{Processing Note: Data from this section to be stored in locations reserved in the core and modules layout for CDC Module 10 questions}

Now, I will ask you some questions about prostate cancer screening.

Mod10_1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (296)

- 1 Yes
- 2 No [Go to Mod10_3]
- 7 Don't Know / Not Sure [Go to Mod10_3]
- 9 Refused [Go to Mod10_3]

Mod10_2. How long has it been since you had your last PSA test? (297)

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know
- 9 Refused

Mod10_3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (298)

- 1 Yes
- 2 No [Go to Mod10_5]
- 7 Don't know / Not sure [Go to Mod10_5]
- 9 Refused [Go to Mod10_5]

Mod10_4. How long has it been since your last digital rectal exam? (299)

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

Mod10_5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

(300)

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

Section 28: Cancer Control [Split 1]

{If split = 1, continue; if split = 2 or 3, go to next section}

MA28.1 Have you ever been diagnosed with any type of cancer?

- 1 Yes
- 2 No [Go to pre-MA28.1qc]
- 7 Don't Know/Not Sure[Go to pre-MA28.1qc]
- 9 Refused [Go to pre-MA28.1qc]

Pre-MA28.1qc:{CATI: if Mod10_5=2,7,9 and MA28.1=2,7,9, go to Pre-MA28.4;
Else if Mod10_5=1 and MA28_1=2,7,9, go to MA28.1qc;
Else if MA28.1=1, continue to pre-MA28.2}

MA28.1qc I'm sorry, you said you have never been diagnosed with any type of cancer, but earlier I recorded that you were previously diagnosed with prostate cancer. I need to confirm this response. Have you EVER been diagnosed with ANY type of cancer, including prostate cancer?

- 1 Yes
- 2 No [Go to pre-MA28. 4]
- 7 Don't Know/Not Sure[Go to pre-MA28. 4]
- 9 Refused [Go to pre-MA28. 4]

{DATA PROCESSOR: if Mod10_5=1 AND MA28.1=2,7,9 AND MA28.1qc=2,7,9, please code MA28.2=03}

//Pre-MA28.2 {CATI: If MA28.1=1 or MA28.1qc=1, continue;
Else If core Q12.20=1 AND (MA28.1=2,7,9 or MA28.1qc=2,7,9) go to pre-MA28.4;
Else if core Q12.20=1 and Mod10_5=2,7,9 and (MA28.1=2,7,9 or MA28.1qc=2,7,9) go to pre-MA28.4}

MA28.2 What type or types of cancer were you diagnosed as having? [Code up to 3]

- 01 lung
- 02 colorectal
- 03 prostate
- 04 breast
- 05 cervical, ovarian, or uterine
- 06 pancreatic
- 07 stomach or esophageal
- 08 liver/bile duct
- 09 urinary/bladder
- 10 non-Hodgkin lymphoma
- 11 leukemia
- 12 thyroid
- 13 oral cavity/pharynx
- 14 melanoma
- 15 other **[specify: _____]**
- 77 Don't Know/Not Sure
- 99 Refused

MA28.3 In what month and year were you last diagnosed with cancer?

__ __ / __ __ __ __ (month/year)

77/7777 Don't know/don't recall
99/9999 Refused

Pre-MA28.4: {If [core Q12.20 = 1 (male) and core Q12.1 < 40] or if [core Q12.20 = 2 (female)], go to MA28.6; Else if core Q12.20 = 1 and Q12.1 >39 (male and age 40 or older), continue.}

MA28.4 Have you ever discussed prostate cancer early detection or screening with your health care provider?

- 1 Yes
- 2 No **[Go to MA28.6]**
- 7 Don't Know/Not Sure **[Go to MA28.6]**
- 9 Refused **[Go to MA28.6]**

MA28.5 When did you last discuss prostate cancer early detection or screening with your health care provider? Was it. . .

Please read

- 1 Within the past year
- 2 More than a year ago, but within the past two years
- 3 More than two years ago, but within the past three years
- 4 More than three years ago

Do not read

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

MA28.6 Have you ever told your health care provider about the history of cancer in your family?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't Know/Not Sure **[Go to next section]**
- 9 Refused **[Go to next section]**

MA28.7 When you told your health care provider about the history of cancer in your family, did you include your grandparents and your great aunts and uncles?

[Note: Record a "yes" as long as they included any of the grandparents, great aunts, or great uncles.]

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

Section 29: Varicella/Shingles **[Split 1]**

{If split = 1, continue; if split = 2 or 3, go to next section}

I would like to ask a few questions about the health of everyone living in the household, including children.

MA29.1. Going from youngest to oldest, what are the ages of each person currently living in your household?

Code ages:

- 0 = < 1 year**
- 97 = 97 and older** a. Person #1 --
- 98 = DK/NS** b. Person #2 --
- 99 = Refused** c. Etc.

MA29.2. Have you or anyone else currently living in your household had chickenpox in the past 12 months?

- 1 Yes
- 2 No **[Go to MA29.4]**
- 7 Don't know/Not sure **[Go to MA29.4]**
- 9 Refused **[Go to MA29.4]**

MA29.3. What are the current ages of all those who had chickenpox in the past 12 months?

Code ages:

- 0 = <1 year** a. Person #1____
- 97 = 97 and older** b. Person #2____
- 98 = Dk/NS** c. [Etc.]
- 99 = Ref**

MA29.4. Have you or anyone else currently living in your household ever had shingles?

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

MA29.5. What are the current ages of all those who ever had shingles?

Code ages:

- 0 = <1 year**
 - 97 = 97 and older**
 - 98 = Dk/Ns**
 - 99 = Ref**
- a. Person #1 _____
 - b. Person #2 _____
 - c. [Etc.]

MA29.6. **{CATI : Ask for each person listed in MA29.5, in the same order as MA29.5}** How old was the _____ year old when they had shingles?

Code ages:

- 0 = <1 year**
 - 97 = 97 and older**
 - 98 = Dk/Ns**
 - 99 = Ref**
- a. Person #1 _____
 - b. Person #2 _____
 - c. Etc.]

Pre-MA29.7

{If MA29.5a minus MA29.6a = [0,1] or MA29.5b minus MA29.6b = [0,1] etc. then go to MA29.7; Else go to next section}

MA29.7 **{CATI: Ask for each person for whom MA29.5 – MA29.6 = [0,1], in same order as MA29.5}**: Did the _____ year old have shingles in the last 12 months, that is since **{INSERT CURRENT MONTH}** of last year?

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

Section 30: Transgender Identity **[Split 2]**

{If split = 2, continue; if split = 1 or 3, go to next section}

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman.

MA30.1 Do you consider yourself to be transgender?

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

[NOTE: Additional information for interviewer if asked about definition of transgender:
Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.]

Section 31: **Module 1** - Random Child Selection **[Split 2]**

{If split = 2, continue; if split = 1 or 3, go to next section}

If [mod1_1y#1989] and [mod1_1m] = [currmth] -- ask module 1

if [mod1_1y#1989] and [mod1_1m] > [currmth] -- do not ask module 1 older than 17

CATI note: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next section.

{Processing Note: Data from this section to be stored in locations reserved in the core and modules layout for CDC Module 1 questions}

If Core Q12.7 = 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 Mod1_1]**

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, 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.

CATI 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” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

Mod1_1. What is the birth month and year of the “Xth” child?

(203-208)

$\frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$	Code month and year
$\frac{_}{9} \frac{_}{9} \frac{_}{9} \frac{_}{9} \frac{_}{9}$	Don't know / Not sure
	Refused

CATI 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 \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

Mod1_2. Is the child a boy or a girl? (209)

- 1 Boy
- 2 Girl
- 9 Refused

Mod1_3. Is the child Hispanic or Latino? (210)

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

Mod1_4. Which one or more of the following would you say is the race of the child? (211-216)

[Check all that apply]

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

{CATI note: If more than one response to Mod1_4, continue. Otherwise, go to Mod1_6.}

Mod1_5. Which one of these groups would you say best represents the child's race? (217)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

Mod1_6. How are you related to the child? (218)

Please read:

- 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

Do not read:

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

Section 32a: Module 2 - Childhood Asthma Prevalence [Split 2]

{If split = 2, continue; if split = 1 or 3, go to next section}

{CATI: If Core Q12.7 = 88 (None) or 99 (Refused), go to next section.}

{Processing Note: Data from this section to be stored in locations reserved in the core and modules layout for CDC Module 2 questions}

Mod2_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (219)

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

Mod2_2. Does the child still have asthma? (220)

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

Section 32b: Childhood Health [Split 2]

{If split = 2, continue; if split = 1 or 3, go to next section}

{CATI: If Core Q12.7 = 88 (None) or 99 (Refused), go to next section.}

MA32.1. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

- 1 Yes **[Go to MA32.3]**
- 2 No
- 7 Don't know/Not sure **[Go to MA32.3]**
- 9 Refused **[Go to MA32.3]**

MA32.2. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

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

MA32.3. About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?

Please read:

- 1 Within 1 month
- 2 Within the past 3 months (1-3 months)
- 3 Within the past 6 months (3-6 months)
- 4 Within the past year (6-12 months)
- 5 More than one year

Do Not Read:

- 7 Don't know
- 9 Refused

MA32.4. Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

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

[Pre-MA32.5]: {IF CHILDAge2 < 3 years old OR IF CHILDAge2 = DK/REF then GO TO Pre-MA32.6; ELSE continue}

MA32.5. **[Children age 3-17]** Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

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

Pre-MA32.6: {If CHILDDAGE2 < 6 then GO to MA32.8}

MA32.6. [Children age 6-17] A dental sealant is a clear or white plastic-like material that is painted on a child's back teeth by a dentist or hygienist to prevent tooth decay. Has this child ever received dental sealants on their permanent teeth?

[NOTE: Permanent teeth come in after primary teeth and include molars]

- 1 Yes
- 2 No [Go to MA32.8]
- 7 Don't Know/Not Sure [Go to MA32.8]
- 9 Refused [Go to MA32.8]

MA32.7. On how many of this child's permanent teeth are there dental sealants?

Please Read:

- 1 1-4 teeth
- 2 5-8 teeth
- 3 None

Do Not Read:

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

MA32.8. [All Children] Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child?

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

Section 33: Module 6 - Cardiovascular Health [Split 1]

{If split = 1, continue; if split = 2 or 3, go to next section}

{Processing Note: Data from this section to be stored in locations reserved in the core and modules layout for CDC Module 6 questions}

I would like to ask you a few more questions about your cardiovascular or heart health.

{CATI: If Core Q8.1 = 1 (Yes), ask Mod6_1. If Core Q8.1 = 2, 7, or 9, Go to pre- Mod6_2.}

Mod6_1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

(262)

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

Pre- Mod6_2: {CATI: If Core Q8.3 = 1 (Yes), ask Mod6_2. If Core Q8.3 = 2, 7, or 9 go to Mod6_3.}

Mod6_2 After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (263)

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

[Mod6_3 is asked of all respondents.]

Mod6_3. Do you take aspirin daily or every other day? (264)

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

Mod6_4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (265)

[Note: If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.]

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

Section 34: **Module 8** - Heart Attack & Stroke - Signs & Symptoms **[Split 1]**

{If split = 1, continue; if split = 2 or 3, go to next section}

{Processing Note: Data from this section to be stored in locations reserved in the core and modules layout for CDC Module 8 questions}

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."

Mod8_1. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (276)

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

Mod8_2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (277)

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

Mod8_3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (278)

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

Mod8_4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (279)

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

Mod8_5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (280)

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

Mod8_6. (Do you think) shortness of breath (is a symptom of a heart attack?) (281)

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

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

Mod8_7. Do you think sudden confusion or trouble speaking are symptoms of a stroke? (282)

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

Mod8_8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (283)

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

Mod8_9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (284)

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

Mod8_10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (285)

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

Mod8_11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (286)

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

Mod8_12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (287)

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

Mod8_13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (288)

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

Or

- 5 Do something else

Do not read:

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

Section 35: Worker's Compensation [Split 2]

{If split = 2, continue; if split = 1 or 3, go to next section}

If Split = 2 then do;

If Q12.9 = 3, 9, then Go to next section.

If Q12.9 = 1, 2, 4 then Go to MA35.1

If Q12.9 = 5, 6, 7, 8 then read statement: 'We would like to know if you have worked in the last year.' And begin with question MA35.1.

MA35.1. During the past twelve months, have you been employed for any period of time, either part time, full time or self-employed?

- 1 Yes, employed full time or part time.
- 2 Yes, self-employed.
- 3 No. [Go to next section]
- 7 Don't know/Not Sure. [Go to next section]
- 9 Refused. [Go to next section]

Pre-MA35.2: The next question is about whether you have had a work-related injury. As a reminder, all your answers are strictly confidential.

MA35.2 What kind of business or industry do you work in?

Please Read

- 1 Construction
- 2 Manufacturing
- 3 Wholesale, Retail Sales
- 4 Finance, Insurance, Real Estate
- 5 Health Care
- 6 Education
- 7 Government
- 8 Other [Specify : _____]

Do not read

- 77 Don't know
- 99 Refused

MA35.3 During the past 12 months, that is since **{one year before today date}** were you injured seriously enough while performing your job that you got medical advice or treatment?

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

MA35.4 How many days of work did you miss because of your most recent work-related injury?

- 1 None
- 2 One or two
- 3 Three or four
- 4 Five
- 5 Six
- 6 Seven or more
- 8 Don't know/Not sure
- 9 Refused

MA35.5. For your most recent work-related injury, who paid for your treatment?

Please Read

- 01 Workers' compensation. **[Go to next section]**
- 02 Private Insurance.
- 03 Medicare, Medicaid, MassHealth, MassHealth PCC, or CommonHealth.
- 04 Indian Health Service/Alaska Native Health Service.
- 05 The military, Veterans Administration or Champus. **[Go to next section]**
- 06 Federal government (OWCP program). **[Go to next section]**
- 07 You or your family; out of pocket.
- 08 Your employer through a workers' compensation claim. **[Go to next section]**
- 09 Your employer without a workers' compensation claim.
- 10 Your employer without a workers' compensation claim and through on-site medical treatment.
- 11 The union.
- 12 Other source. **[Specify: _____]**
- 13 Workers' compensation claim filed, still in process or not resolved. **[Go to next section]**

Do not read

- 88 No one paid; no treatment. **[Go to next section]**
- 77 Don't know/not sure. **[Go to next section]**
- 99 Refused. **[Go to next section]**

MA35.6 For your most recent work-related injury, why was the treatment not paid for by workers' compensation?

Please Read

- 01 You did not know you could file a claim.
- 02 Your doctor did not want to file a claim
- 03 You did not want to file a claim because you were worried about retaliation
- 04 Your workers' compensation claim was rejected
- 05 Your employer paid for treatment
- 06 You are not covered, so no claim was filed

07 Other reason [specify: _____]

Do not read

88 No reason given
77 Don't Know/Not Sure
99 Refused/ Go to next Section

Section 36: Abstinence [Split 2]

{If split = 2, continue; if split = 1 or 3, go to next section}

{If Split = 2 and core Q12.7 does not equal 88 or 99 then continue; else go to next section}

The next few questions ask you about your perceptions and attitudes about sexual activity among adolescents, including abstaining from sexual activity until marriage.

Pre-MA36.1:

{If CHILDAGE2 is between 5-17 years OR 60-215 months then go to MA36.2}

{if Mod1_1=DK or REF, continue with MA36.1;}

{if S12q7>1 AND CHILDAGE2 <5, continue with MA36.1}

{Else go to next section}

MA36.1 We want to ask these questions to adults living in a household with children between the ages of 5 and 17. Is there a child who is between the ages of 5 and 17 living in your household?

1 Yes
2 No [Go to next section]
7 Don't Know/ Not Sure [Go to next section]
9 Refused [Go to next section]

MA36.2 Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once?

[If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.]

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

MA36.3. Starting at what age do you think parents should begin to talk to their child about sexuality and ways to prevent teen pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

— — Age (years)
7 7 Don't know/Not sure
9 9 Refused

[Pre-MA36.4]

**{If core Q12.7 = 1 and childage2 is not equal to DK or REF, then go the Pre-MA36.5;
Else {If Q12.7 = 1 and childage2 = DK or REF}, OR {If S12q7>1} continue**

MA36.4. Regarding the oldest child in your household, how old is this child and is this child a boy or a girl?

- 1 ___ Male age in years
- 2 ___ Female age in years
- 9 9 9 Refused

[Pre_MA36.5]

**{If Q12.7=1 then do;
If CHILDAGE2 = [< 13, unknown] then go to next section; else go to MA36.6}**

Else do;

**{If MA36.4=999 go to next section
If MA36.4 > 112 or MA36.4 > 212} then go to MA36.5; else go to next section}**

MA36.5 You may have answered this question earlier, but how are you related to this child? Is this child a(n)...?

Please read

- 01 Natural-born or adopted son/daughter
- 02 Stepson/stepdaughter
- 03 Grandchild
- 04 Foster child
- 05 Niece or nephew
- 06 Brother or sister
- 07 Other relative
- 08 Other non-relative

Do not read

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

The next few questions ask about specific topics that you may or may not have discussed with this child.

MA36.6. During the past 12 months have you discussed any of the following with this child?

MA36.6a. Sexual abstinence?

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

MA36.6b. Teen pregnancy?

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

MA36.6c. HIV/AIDS?

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

MA36.6d. Other sexually transmitted disease (These include diseases such as chlamydia, gonorrhea, and syphilis)?

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

MA36.6e. How to handle pressure to have sex?

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

MA36.6f. Dating violence?

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

MA36.7. During the past 12 months, about how often have you or other adults in the household had a conversation with this child regarding sexuality and ways to prevent pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

Please read

- 1 More than once a month
- 2 About once a month
- 3 About once every few months
- 4 Once in the past 12 months
- 5 Not at all in the past 12 months

Do not read:

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

Section 37: Sexual Behavior [Split 2]

{If split = 2, continue; if split = 1 or 3, go to next section}

{If Split = 2 AND core Q12.1 = 18-64 or 7, 9 (age = 18-64 or DK, REF) then continue; else go to next section}

MA37_1t The next questions are about your sexual behavior. We realize that this is a very personal topic, but we ask these questions of everyone because the answers people give us help us to plan services for Massachusetts residents. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. When answering these questions, please keep in mind that by sex we mean oral, vaginal, or anal sex, but NOT masturbation.

. During the past 12 months, have you had sex?

- 1 Yes
- 2 No **[Go to MA37.7]**
- 7 Don't Know/ Not sure **[Go to MA37.7]**
- 9 Refused **[Go to MA37.7]**

MA37.2. During the past 12 months, with how many people have you had sex?

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

{If MA37.2 = 1, then go to MA37.4}

MA37.3. During the past 12 months, have you had sex with only males, only females, or with both males and females?

- 1 Only males
- 2 Only females
- 3 Both males and females
- 7 Don't Know/ Not sure
- 9 Refused

{If MA37.3=1 or 2, go to MA37.5}

MA37.4. The last time you had sex, was your partner male or female?

- 1 Male
- 2 Female
- 7 Don't Know/ Not Sure **[Go to MA37.7]**
- 9 Refused **[Go to MA37.7]**

MA37.5. Now, thinking back about the last time you had sex, did you or your partner use a condom?

- 1 Yes **[go to MA37.7]**
- 2 No **[go to MA37.6]**
- 7 Don't Know **[go to MA37.7]**
- 9 Refused **[go to MA37.7]**

MA37.6. Which statement best describes the reason you did not use a condom the last time you had sex?

Please Read

- 1 My partner and I only have sex with each other
- 2 I do not like to use condoms
- 3 no condom was available
- 4 My partner and I had oral sex only
- 5 my partner and I were using another form of birth control
- 6 my partner and I were trying to get pregnant
- 8 my partner and I never discussed using condoms
- 10 I was drunk or high

-or-

- 11 Some other reason (**specify**) _____

Do Not Read

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

MA37.7. During the past 12 months has a doctor, nurse or other health professional talked to you about chlamydia?

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

MA37.8. During the past 12 months, has a doctor, nurse or other health professional asked you about your sexual behavior?

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

MA37.9. During the past 12 months, has a doctor, nurse or other health professional asked you about your drinking or drug use?

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

Section 38: Module 17 - Sexual Violence [Split 2]

{If split = 2 continue; if split = 1 or 3, go to next section}

{Processing Note: Data from this section to be stored in locations reserved in the core and modules layout for CDC Module 17 questions}

Mod17_t Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you a telephone number for an organization that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

SV_consent **Are you in a safe place to answer these questions?** (346)

- 1 Yes
- 2 No **[Go to SV closing statement]**

My first questions are about unwanted sexual experiences you may have had.

Mod17_1. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)? (347)

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

Mod17_2. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies? (348)

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

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {vagina **[If female]**}, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Mod17_3. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (349)

- 1 Yes

- 2 No [Go to Mod17_5]
- 7 Don't know / Not sure [Go to Mod17_5]
- 9 Refused [Go to Mod17_5]

Mod17_4. Has this happened in the past 12 months? (350)

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

Mod17_5. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (351)

- 1 Yes
- 2 No [Go to Mod17_7]
- 7 Don't know / Not sure [Go to Mod17_7]
- 9 Refused [Go to Mod17_7]

Mod17_6. Has this happened in the past 12 months? (352)

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

{CATI: If Mod17_3 = 1 (Yes) or Mod17_5 = 1 (Yes); continue. Otherwise, read SV closing statement.}

Mod17_7. Think about the time of the most recent incident involving a person who ***had sex with you*** –or- ***attempted to have sex with you*** after you said or showed that you didn't want to or without your consent? What was that person's relationship to you? (353-354)

Do not read:

- 0 1 Current boyfriend/girlfriend
- 0 2 Former boyfriend/girlfriend
- 0 3 Fiancé
- 0 4 Spouse or live-in partner
- 0 5 Former spouse or former live-in partner
- 0 6 Someone you were dating
- 0 7 First Date
- 0 8 Friend
- 0 9 Acquaintance
- 1 0 A person known for less than 24 hours
- 1 1 Complete stranger
- 1 2 Parent
- 1 3 Step-parent

- 1 4 Parent's partner
- 1 5 Parent in-law
- 1 6 Other relative
- 1 7 Neighbor
- 1 8 Co-worker
- 1 9 Other non-relative
- 2 0 Multiple perpetrators [Go to SV closing statement]
- 7 7 Don't know / Not sure
- 9 9 Refused

Mod17_8. Was the person who did this male or female?

(355)

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

SV Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

Section 39: Suicide and Suicide Survivors [Split 2]

{If split = 2, continue; if split = 1 or 3, go to next section}

The next questions deal with suicide. I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you would like to skip this section please say so.

[IF RESPONDENT ASKS TO SKIP SUICIDE SECTION PLEASE CODE:]

- 1 Respondent asks to skip section [GO TO Suicide closing]
- 2 Continue

Sometimes people feel so depressed and hopeless about the future that they may consider suicide, that is, taking some action to end their own life. The next questions ask about attempted suicide.

MA39.1. During the past 12 months, did you ever seriously consider attempting suicide?

- 1 Yes
- 2 No [Go to MA39.5]
- 7 Don't know/Not sure [Go to MA39.5]
- 9 Refused [Go to MA39.5]

MA39.2. During the past 12 months, did you actually attempt suicide?

- 1 Yes
- 2 No **[Go to MA39.4]**
- 7 Don't know/Not sure **[Go to MA39.5]**
- 9 Refused **[Go to MA39.5]**

MA39.3. During the past 12 months, did any suicide attempt result in an injury that required treatment by a doctor, nurse, or other health professional?

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

MA39.4. Who, if anyone, have you spoken to about **{if MA39.1=1 and MA39.2=2 say "considering", if MA39.1=1 and MA39.2=1 say "considering or attempting"}**, suicide?

[Code up to four]

Please Read

- 01 No one
- 02 A family member or friend
- 03 A crisis hotline or support group
- 04 A therapist or counselor
- 05 A medical provider
- 06 A clergy person
- 07 Another professional
- 08 Other **[specify: _____]**

Do not read

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

MA39.5. Has someone close to you died by suicide?

- 1 Yes
- 2 No **(go to Suicide closing)**
- 7 Don't know/Not sure **(go to Suicide closing)**
- 9 Refused **(go to Suicide closing)**

MA39.6. Did your loss cause you to want to seek help?

- 1 Yes
- 2 No **(go to Suicide closing)**
- 7 Don't know/Not sure **(go to Suicide closing)**
- 9 Refused **(go to Suicide closing)**

MA39.7. If you sought help, from whom did you seek the most support or assistance?

Please Read

- 01 No one / I did not seek help **(go to pre-MA39.9)**
- 02 A family member or friend

- 03 A crisis hotline or support group
- 04 A therapist or counselor
- 05 A medical provider
- 06 A clergy person
- 07 Another professional
- 08 Other [**specify:** _____]

Do not read

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

MA39.8. How helpful were they?

Please Read:

- 1 not at all helpful
- 2 minimally helpful
- 3 moderately helpful
- 4 very helpful

Do not read:

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

pre-MA39.9: {If MA39.6 = 1 then continue; else go to Suicide Closing.}

MA39.9. What were the greatest barriers to your obtaining help?

[code up to four]

Please Read

- 01 Lack of information about available resources
- 02 Lack of financial resources
- 03 Concern about what others would think of you or your family
- 04 Lack of time
- 05 Depression
- 06 Lack of resources in your area

Or

- 08 Other [**specify:** _____]

Do not read

- 09 I did not encounter any barriers
- 77 Don't know/Not sure
- 99 Refused

Suicide Closing:

If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the **National Crisis line at 1-800-273-TALK (1-800-273-8255)**. You can also speak directly to your doctor or health provider.

Section 40: Tobacco [Split 3]

{If split = 3, continue; splits 1 and 2 go to Section 41}

Now I would like to ask you some more questions about smoking.

Tobacco Section 1: Tobacco Use

Pre-TOB1.1: {If Q11.1= 1 then go to Pre-TOB2.1;
Else if Q11.1 = (2, 7, 9) then continue

TOB1.1. Have you ever smoked a cigarette, even 1 or 2 puffs?

- 1 Yes [Go to TOB2.2]
- 2 No [Go to TOB4.1]
- 7 Don't know/ Not sure [Go to TOB4.1]
- 9 Refused [Go to TOB4.1]

Tobacco Section 2: Tobacco Use – Additional Questions

~~Smoking Status (After Initial Questions):~~

~~Daily Smokers: _____ core Q11.1=1 and Q11.2=1 and Tob1.1=blank~~

~~Some Day Smokers: _____ core Q11.1=1 and Q11.2=2 and Tob1.1=blank~~

~~May Be Smokers: _____ core Q11.1 = 2, 7, or 9 and Q11.2 = blank and Tob1.1 = 1~~

~~_____ OR: _____ core Q11.1 = 1 and Q11.2 = 3 and Tob1.1 = blank~~

~~_____ OR: _____ OR core Q11.1 = 1 and Q11.2 = 7, 9 and Tob1.1 = blank.~~

Pre-TOB2.1: {If Q11.2 = 1 then continue}
{Else go to Pre-TOB2.2}

TOB2.1. ~~[DAILY SMOKERS]~~ On the average, about how many cigarettes a day do you now smoke?

(1 pack = 20 cigarettes)

_____ Number of cigarettes [76 =76 or more] [Go to TOB2.4]

//88 None [go to pre-TOB2.2]

77 Don't know / Not sure [Go to TOB2.4]

99 Refused [Go to TOB2.4]

Pre-TOB2.2: {If (Q11.2 = 2, 3, 7, 9) or (TOB1.1 = 1) or // (TOB2.1=88), then continue.
Else go to Pre-TOB2.3.}

TOB2.2. ~~[MAY BE SMOKERS, SOME DAYS SMOKERS]~~ **//{If (Q11.2 = 2, 7, or 9) or (TOB1.1 = 1) or (TOB2.1=88)**
then read: "Just to be clear about what you **//have told us** about cigarette smoking ..."

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

____ Number of days **[1-30] [Continue]**
8 8 None **[Go to Pre-TOB2.3]**
7 7 Don't know / Not sure **[Go to Pre-TOB2.3]**
9 9 Refused **[Go to Pre-TOB2.3]**

//add confirmation question if tob2.2=1-30 and 11.2=3 to confirm smoking status. If 11.2=3, but TOB2.2=1-30, treat as "current smoker"; this should be reflected in logic through the tobacco sections.

//{all from TOB2.2 go to pre-TOB2.3}

SMOKING STATUS after TOB2.2 is now defined as:

Former Smokers: _____ **Q11.1=1 and Q11.2=3 and Tob1.1=blank and Tob2.2=88**
Daily Smokers: _____ **Q11.1=1 and Q11.2=1 and Tob1.1=blank and Tob2.2=blank**
Some-Day Smoker: _____ **Q11.1=1 and Q11.2=2 and Tob1.1=blank and Tob2.2=1-30**
_____ **OR: Q11.1=1 and Q11.2=3 and Tob1.1=blank and Tob2.2=1-30**
_____ **OR: Q11.1=2 and Q11.2=blank and Tob1.1=1 and Tob2.2=1-30**

~~[Note: In other words, SOME DAYS SMOKERS now includes those who indicate that they smoked in the last 30 days.]~~

~~[Note: CURRENT SMOKERS = {DAILY SMOKERS, SOME DAYS SMOKERS}]~~

Pre-TOB2.3: **{If 11.2 = 2 or TOB2.2 = 1-30 then continue.}**
{Else go to Pre-TOB2.4}

TOB2.3. ~~[SOME DAY SMOKERS]~~ On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

[1 pack = 20 cigarettes]

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

Pre-TOB2.4: **{If 11.2 = 1, 2 or TOB2.2 = 1-30 then continue.}**
{Else go to Pre-TOB2.5}

TOB2.4. ~~[CURRENT SMOKERS]~~ Do you consider yourself a smoker?

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

Pre-TOB2.5: **{If core 11.1 = 1 and core 11.2 = 7, 9 and TOB1.1 = blank and TOB2.2 = 77, 99, go to**

TOB4.1};
{Else continue.} (added 12/26/06)

TOB2.5. About how old were you when you smoked your first whole cigarette?

- __ Number of years [01-76; 76 = 76 or Older]
- 77 Don't know/Not sure
- 88 Never smoked a whole cigarette (only took a puff or a few puffs)
- 99 Refused

TOB2.6. About how old were you when you first started smoking cigarettes regularly?

- __ Number of years [01-76; 76 = 76 or Older]
- 77 Don't know/Not sure
- 88 Never smoked regularly
- 99 Refused

Pre-TOB2.7: {If Q11.2 = (1, 2) or TOB2.2 = (1-30) then continue}
{Else go to TOB2.8}

TOB2.7. ~~[CURRENT SMOKERS]~~ How soon after you wake up do you have your first cigarette?

Read Only if Necessary

- 1 Within 5 minutes [Go to Pre-TOB2.9]
- 2 Within 6-30 minutes [Go to Pre-TOB2.9]
- 3 Within 31-60 minutes [Go to Pre-TOB2.9]
- 4 After 60 minutes [Go to Pre-TOB2.9]

Do not read

- 7 Don't know/Not sure [Go to Pre-TOB2.9]
- 9 Refused [Go to Pre-TOB2.9]

TOB2.8. ~~[FORMER SMOKERS]~~ About how long has it been since you last smoked cigarettes regularly?

Read only if necessary

- 01 Within the past month (anytime less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 3 years (1 to 3 years ago)
- 06 Within the past 5 years (more than 3 years but less than 5 years ago)
- 07 Within the past 10 years (5 years but less than 10 years ago)
- 08 10 or more years ago

Do Not Read

- 88 Never smoked regularly
- 77 Don't know / Not sure
- 99 Refused

Pre-TOB2.9: {If TOB2.2 = 1-30 or (Q11.2 = 3 and TOB2.2 = 88) or TOB2.8 <= 08, then continue}
{Else go to TOB2.10.}

TOB2.9. ~~[SOME DAYS SMOKERS, FORMER SMOKERS]~~ Have you ever smoked cigarettes every day?

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

TOB2.10. Around this time last year, were you smoking cigarettes every day, some days, or not at all?

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

Tobacco Section 3: Cessation

//Pre-TOB3.1: {If Q11.2 = (3,7,9) and TOB2.2 = (1-30) then continue}
{Else go to Pre-TOB3.2}

TOB3.1. ~~[CURRENT SMOKERS]~~ During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No **[Go to pre-TOB3.5]**
- 7 Don't know / Not sure **[Go to pre-TOB3.5]**
- 9 Refused **[Go to pre-TOB3.5]**

//Pre-TOB3.2: {If Q11.3=1 or TOB3.1=1, continue}
{Else go to pre-TOB3.3}

TOB3.2. ~~[CURRENT SMOKERS WHO MADE A QUIT ATTEMPT (Q3.1=1)]~~ I'd like to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

[Note: One year=12 months]

- 1 __ Months **// [101-112]**
- 2 __ Weeks **// [201-252]**
- 3 __ Days **// [301-356]**
- 777 Don't know / Not sure
- 999 Refused

//Pre-TOB3.3:

{If [Q11.1=1 and Q11.2=(3,7,9) and TOB2.2=88 and TOB2.8<07, then ask TOB3.3.1]}

{Else if [Q11.1=1 and Q11.2=(1,2) and Q11.3=1] or [Q11.1=1 and Q11.2=(3,7,9) and TOB2.2=(1-30) and TOB3.1=1] then go to TOB3.3.2}

{Else go to pre-TOB3.5}

TOB3.3. ~~[FORMER SMOKERS, LAST 5 YEARS]~~ **{TOB3.3.1}**: When you quit smoking did you use the nicotine patch, nicotine gum, or any other medication to help you quit?

~~[CURRENT SMOKERS WHO MADE A QUIT ATTEMPT]~~ **{TOB3.3.2}**: The last time you tried to quit smoking did you use the nicotine patch, nicotine gum, or any other medication to help you quit?

- 1 Yes
- 2 No **[Go to pre-TOB3.4]**
- 7 Don't know / Not sure **[Go to pre-TOB3.4]**
- 9 Refused **[Go to pre-TOB3.4]**

TOB3.3a. Did you use nicotine gum?

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

TOB3.3b. Did you use a nicotine patch?

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

TOB3.3c. Did you use a nicotine nasal spray?

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

TOB3.3d. Did you use a nicotine lozenge?

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

TOB3.3e. Did you use an inhaler?

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

TOB3.3f. Did you use Bupropion, Wellbutrin, or Zyban?

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

TOB3.3g. Did you use something else?

- 1 Yes **[Specify: _____]**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

//Pre-TOB3.4:

{If [Q11.1=1 and Q11.2=(3,7,9) and TOB2.2=88 and TOB2.8<07, then ask TOB3.4.1]}

{Else if [Q11.1=1 and Q11.2=(1,2) and Q11.3=1] or [Q11.1=1 and Q11.2=(3,7,9) and TOB2.2=(1-30) and TOB3.1=1] then go to TOB3.4.2}

{Else go to pre-TOB3.5}

TOB3.4. ~~[FORMER SMOKERS, LAST 5 YEARS]~~ **{TOB3.4.1}**: When you quit smoking did you use any other assistance such as classes or in-person or telephone counseling?

~~[CURRENT SMOKERS, QUIT ATTEMPT]~~ **{TOB3.4.2}**: The last time you tried to quit smoking, did you use any other assistance such as classes or in-person or telephone counseling?

- 1 Yes
- 2 No **[Go to Pre-TOB3.5]**
- 7 Don't know / Not sure **[Go to Pre-TOB3.5]**
- 9 Refused **[Go to Pre-TOB3.5]**

TOB3.4a. Did you use a stop smoking clinic or class?

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

TOB3.4b. Did you use a telephone quit line?

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

TOB3.4c. Did you use one-on-one counseling from a doctor or nurse?

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

TOB3.4d. Did you use self help material, books or videos?

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

TOB3.4e. Did you use acupuncture?

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

TOB3.4f. Did you use hypnosis?

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

TOB3.4.g. Did you use anything else to help you quit?

- 1 Yes [**Specify: _____**]
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Pre-TOB3.5: {If Q11.2 = (1, 2) or TOB2.2 = (1-30) then continue}
{Else go to TOB4.1.}

TOB3.5. [~~CURRENT SMOKERS~~] Would you like to stop smoking?

- 1 Yes
- 2 No [**Go to TOB4.1**]
- 7 Don't know/Not sure [**Go to TOB4.1**]
- 9 Refused [**Go to QTOB4.1**]

TOB3.6. [~~CURRENT SMOKERS~~] Are you planning to stop smoking within the next 30 days?

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

Tobacco Section 4: Other Tobacco Use

TOB4.1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- 1 Yes
- 2 No [**Go to TOB4.3**]

- 7 Don't know/Not sure **[Go to TOB4.3]**
- 9 Refused **[Go to TOB4.3]**

TOB4.2. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

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

TOB4.3. Have you ever smoked a cigar, even one or two puffs?

- 1 Yes
- 2 No **[Go to Pre-TOB5.1]**
- 7 Don't know/Not sure **[Go to Pre-TOB5.1]**
- 9 Refused **[Go to Pre-TOB5.1]**

TOB4.4 Do you now smoke cigars every day, some days, or not at all?

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

Tobacco Section 5: Physician and Health Professional Advice

~~[CURRENT SMOKERS, FORMER SMOKERS – PAST YEAR]~~

Pre-TOB5.1: {If Q11.2 = (1, 2) or TOB2.2 = (1-30) OR (TOB2.8 < 5) then continue}
{Else go to TOB6.1}

TOB5.1. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

- 1 Yes
- 2 No **[Go to TOB6.1]**
- 7 Don't know/Not sure **[Go to TOB6.1]**
- 9 Refused **[Go to TOB6.1]**

TOB5.2. During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?

- 1 Yes **[Go to TOB5.4]**
- 2 No
- 7 Don't know/Not sure **[Go to TOB6.1]**
- 9 Refused **[Go to TOB6.1]**

TOB5.3. During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?

- 1 Yes [Go to TOB6.1]
- 2 No [Go to TOB6.1]

- 7 Don't know/Not sure [Go to TOB6.1]
- 9 Refused [Go to TOB6.1]

TOB5.4. In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also do any of the following?

TOB5.4a. Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?

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

TOB5.4b. Suggest that you set a specific date to stop smoking?

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

TOB5.4c. Suggest that you use a smoking cessation class, program, quit line, or counseling?

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

TOB5.4d. Provide you with booklets, videos, or other materials to help you quit smoking on your own?

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

Tobacco Section 6: Secondhand Smoke Policy and Exposure

//{If number of adults =1, go to TOB6.2}

TOB6.1. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes?

__ __ Number of adults [1-76]

- 88 None
- 77 Don't know / Not sure
- 99 Refused

TOB6.2. Which statement best describes the rules about smoking in your home ...

Please read:

- 1 no one is allowed to smoke anywhere
- 2 smoking is allowed in some places or at some times
- or
- 3 smoking is permitted anywhere

Do not read

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

Pre-TOB6.3: {If Q12.9 in (1, 2) then continue.}
 {Else if Q12.9 in (3,4,5,6,7,8,9) then go to TOB6.7.}

TOB6.3. Do you work primarily indoors or outdoors?

- 1 Indoors
- 2 Outdoors **[Go to TOB6.7]**
- 3 Both
- 4 Don't currently work **[Go to TOB6.7]**
- 7 Don't Know/Not Sure **[Go to TOB6.7]**
- 9 Refused **[Go to TOB6.7]**

TOB6.4 Which of the following best describes your main place of work **[if TOB6.3=3 then read:** "when you work indoors"]?

Please read

- 1 Office building
- 2 Factory
- 3 Store
- 4 School
- 5 Hospital or other healthcare facility
- 6 Restaurant or bar
- 8 At home **[Go to Q6.7]**
- 10 or some other place **[specify: _____]**

Do not read

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

TOB6.5. As far as you know, in the past seven days, that is since **[DATE FILL]**, did anyone smoke in your work area **[if TOB6.3=3 then read:** "when you were indoors"]?

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

TOB6.6. Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were at work?

- __ Number of hours per week [**76 = 76 or more**]
- 01 An hour or less per week, but more than none
- 88 None
- 77 Don't Know
- 99 Refused

TOB6.7. During the past 7 days, that is since [DATEFILL], on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

- __ Number of days [**1-7**]
- 88 None [**Go to TOB6.9**]
- 77 Don't know/Not sure [**Go to TOB6.9**]
- 99 Refused [**Go to TOB6.9**]

TOB6.8. Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were at home?

- __ Number of hours per week [**76 = 76 or more**]
- 01 An hour or less per week, but more than none
- 88 None
- 77 Don't Know
- 99 Refused

TOB6.9. Thinking about the past 7 days, about how many hours per week were you exposed to other people's tobacco smoke when you were in other places?

- __ Number of hours per week [**76 = 76 or more**]
- 01 An hour or less per week, but more than none
- 88 None
- 77 Don't Know
- 99 Refused

TOB6.10. The last time you went to a restaurant in your community in the past 30 days, did you see anyone smoking indoors in the restaurant?

- 1 Yes
- 2 No
- 3 I did not go to a restaurant in my community in the past 30 days.
- 7 Don't know / Not sure
- 9 Refused

TOB6.11. The last time you went to a bar in your community in the past 30 days, did you see anyone smoking indoors in the bar?

- 1 Yes
- 2 No
- 3 I did not go to a bar in my community in the past 30 days.
- 7 Don't know / Not sure

9 Refused

TOB6.12. How strongly do you agree or disagree with the following statement: Smoking bans in restaurants, cafeterias, and indoor work places should be strictly enforced. Do you:

Please read

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

Do not read

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

TOB6.13. Do you think that breathing smoke from other people's cigarettes is:

Please read

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

Do not read

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

Tobacco Section 7: Tobacco Use Attitudes/Social Norms

{If core Q12.7=88, go to TOB7.6; else continue}

TOB7.1. Now we'd like to ask some questions of adults living in households with children between the ages of 5 and 17. How many children between the ages of 5 and 17 live in your household?

- __ Enter Number of Children [1-30] **[go to pre-TOB7.1qc]**
- 88 None **[Go to TOB7.6]**
- 77 Don't Know/Not Sure **[Go to TOB7.6]**
- 99 Refused **[Go to TOB7.6]**

Pre-TOB7.1qc **{CATI: If TOB7.1 > q12.7, continue to TOB7.1qc};**
Else go to TOB7.2.

TOB7.1qc I'm sorry, you indicated that there are **{FILL IN TOB7.1 response}** children between the ages of 5 and 17, but previously I recorded that there are **{FILL IN Q12.7 response}** children in the household. How many children between the ages of 5 and 17 live in your household?

- __ Enter Number of Children [1-30]
- 88 None **[Go to TOB7.6]**
- 77 Don't Know/Not Sure **[Go to TOB7.6]**

99 Refused [Go to TOB7.6]

TOB7.2 How old is the child who lives in your household who is closest in age to 10 years old?

__ Enter age [05-17]; {If < 5 or > 17, go to TOB7.6}
77 Don't Know/Not Sure [Go to TOB7.6]
99 Refused [Go to TOB7.6]

{If Tob7.2 <5 or >17 or Tob 7.2=77 or 99, go to Tob7.6}

TOB7.3 What is the sex of the child who is [AGEFILL] years old?

1 Male
2 Female
7 Don't Know/Not Sure [Go to TOB7.6]
9 Refused [Go to TOB7.6]

//Tobacco includes cigarettes, cigars, chewing tobacco, bidis, kreteks, and pipes.

TOB7.4. During the last 6 months, how many times have you talked to your child about what he/she can or cannot do when it comes to tobacco?

__ Number of times [Range 01-76]
88 Never
77 Don't know / Not sure
99 Refused

TOB7.5 How important is it that you discuss tobacco use with your child(ren)? Would you say it is:

Please Read

1 Very important
2 Somewhat important
3 Not very important
4 Not important at all

Do not read

7 Don't know/Not sure
9 Refused

TOB7.6. How important is it that communities keep stores from selling tobacco products to teenagers. Would you say it is:

Please Read

1 Very important
2 Somewhat important
3 Not very important
4 Not important at all

Do not read

7 Don't know/Not sure
9 Refused

Currently, the amount of state tax on a pack of cigarettes in Massachusetts is \$1.51. The average price is \$5 a pack.

TOB7.7. How much additional tax on a pack of cigarettes would you be willing to support if some or all the money raised was used to support programs aimed at preventing smoking? Please tell me the highest additional tax you'd be willing to support ...?

Please Read

- 01 \$.25 a pack
- 02 \$.50 a pack
- 03 \$.75 a pack
- 04 \$1.00 a pack
- 05 \$1.50 a pack
- 06 \$2.00 a pack
- 07 \$3.00 a pack
- 08 More than \$3.00 a pack
- 09 No tax increase

Do not read

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

TOB7.8. Some tobacco companies make promotional items like clothing, hats, bags, or other things with their brand on it. Do you have a piece of clothing or other item that has a tobacco brand or logo on it?

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

{If respondent is a current smoker with no kids (12.7=88), a former smoker, or a never smoker, please read: "I am going to read you a statement. After I read you this statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree."}

{All others, please read : "I'm going to read you a series of statements. After I finish reading each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree with that statement."}

PreTOB7.9: {If [Q11.1 = (2,7,9) and TOB1.1 = (2,7,9)] OR [Q11.2 = 3 and TOB2.2 = 88] OR (TOB2.8 = (1,2,3,4,5,6,7,8,77,88,99)), then continue. Else go to pre-TOB7.10.}

TOB7.9. ~~[Never smokers, Former smokers]~~ People close to me would be upset if I smoked.

Do not read

- 1 Strongly agree **[Go to next section]**
- 2 Agree **[Go to next section]**
- 3 Disagree **[Go to next section]**
- 4 Strongly disagree **[Go to next section]**
- 7 Don't know/Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

Pre-TOB7.10: {Q11.2 = (1,2) or TOB2.2 = (1-30) continue. Else go to next section}

TOB7.10. [~~Current smokers~~] People close to me are upset at my smoking.

Do not read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

Pre-TOB7.11: {If (Q11.2 = (1, 2) or TOB2.2 = (1-30)) AND (TOB7.1 = 1-30) continue};
{Else go to next section}.

TOB7.11. [~~Current smokers with children age 5-17~~] My children are upset about my smoking.

Do not read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 7 Don't know/Not sure
- 9 Refused

Tobacco Section 8: Media/MassHealth Benefit Awareness

NOTE: Question, TOB8.1a was inadvertently left off the 2007 MA BRFSS questionnaire when it was first released to our data collection vendor, ORC Macro. TOB8.1a was added to the CATI program in late February 2007 and was asked of respondents beginning March 1, 2007

TOB8.1a. How much do you usually pay when you visit the doctor's office?

- 1 \$3 or less
- 2 More than \$3
- 7 Don't Know/Not Sure
- 9 Refused

TOB8.1. How much do you pay for a prescription for medications?

- 1 \$3 or less
- 2 More than \$3
- 7 Don't know/Not sure
- 9 Refused

TOB8.2. Did you know that Mass Health, the Massachusetts Medicaid program, now provides free medicines to help smokers quit?

- 1 Yes
- 2 No **[Go to TOB8.4]**
- 7 Don't know/Not sure **[Go to TOB8.4]**
- 9 Refused **[Go to TOB8.4]**

TOB8.3. How did you find out about this benefit?

DO NOT READ LIST – CATEGORIZE BASED ON RESPONSE

[Multiple response, code all that apply]

- 01 Doctor or health care provider
- 02 Letter from MassHealth
- 03 MassHealth customer service
- 04 MassHealth website
- 05 Friend or family member
- 06 Public transportation ad
- 07 Radio ad
- 08 TV
- 09 Counselor or staff from 1-800-TRY-TO-STOP Resource Center **[go to next section]**
- 10 Other **[specify: _____]**
- 77 Don't know/Not sure
- 99 Refused

{If TOB8.3=09, go to next section}

TOB8.4. Have you ever heard of 1-800-TRY-TO-STOP?

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

{If TOB8.4=1, go to next section}

TOB8.5. Are you aware that telephone quit-lines are available in Massachusetts to help smokers quit?

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

Section 40A: Health Care Reform [Splits 1,2,3]

[HISTORICAL NOTE: These questions were included in the 2007 MA BRFSS from September to December 2007 in response to the beginning implementation of Massachusetts Health Care Reform, July 1, 2007.]

[CATI Note: The questions included in this section should be asked for respondents in all three split samples. They should be asked after Section 40: Tobacco and before Section 41: Follow-up.]

{If Q3.1 = 2 and MA3.3 = 88 then go to Health Care Reform Intro and then MA40A.1 (respondents with no health insurance);

Else if Q3.1 = 1 or MA3.3 in (1 2 3 4 5 6 7 8) then go to Health Care Reform Intro and then MA40A.4 (respondents with health insurance);

Else if Q3.4 = 1 then go to Health Care Reform Intro and MA40A.6 (respondents with unknown health insurance status but had a routine check-up in past year);

Else go to next section (respondents with unknown health insurance status and no routine check-up in past year).}

Health Care Reform Intro: My last set of questions are about health care coverage. Your answers will be kept confidential. The information you provide is important for the implementation of health care reform in Massachusetts.

MA40A.1 Earlier you said that you do not currently have health insurance. What are the reasons you do not have health insurance?

(Read only if necessary; code up to three responses)

- 1 Not offered by employer
 - 2 Offered by employer, but too expensive
 - 3 Offered by employer, but benefits too limited
 - 4 Unemployed
 - 5 Too expensive
 - 6 Don't know where to get it
 - 7 Didn't know I had to have it
 - 8 Some other reason (specify _____)
-
- 77 Don't know/Not sure
 - 99 Refused

MA40A.2 Have you heard of the Commonwealth Connector, a state program that can help you to obtain health insurance?

- 1 Yes [Go to MA40A.3]
- 2 No [Go to pre-MA40A.6]

- 7 Don't know/not sure [Go to pre-MA40A.6]
- 9 Refused [Go to pre-MA40A.6]

MA40A.3 Where did you learn about this program?

(Read only if necessary; code up to four responses)

- 1 Public transportation ad [Go to pre-MA40A.6]
- 2 Television [Go to pre-MA40A.6]
- 3 Radio [Go to pre-MA40A.6]
- 4 Newspaper [Go to pre-MA40A.6]
- 5 Other (Specify_____). [Go to pre-MA40A.6]

- 7 Don't know/not sure [Go to pre-MA40A.6]
- 9 Refused [Go to pre-MA40A.6]

MA40A.4 Earlier you said that you have health care coverage. For how long have you had your current coverage?

(Read only if necessary)

- 1 One month or less [Go to MA40A.5]
- 2 2 to 3 months [Go to MA40A.5]
- 3 4 to 6 months [Go to MA40A.5]
- 4 7 to 9 months [Go to MA40A.5]
- 5 10 to 12 months [Go to pre-MA40A.6]
- 6 More than a year [Go to pre-MA40A.6]
- 7 Don't know/not sure [Go to pre-MA40A.6]
- 9 Refused [Go to pre-MA40A.6]

MA40A.5 Did you obtain your current health care coverage due to the recent changes in Massachusetts law which requires Massachusetts residents to have health insurance as of July 1, 2007?

- 1 Yes
- 2 No

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

Pre-MA40A.6: If Q3.4 = 1 then go to MA40A.6; else go to Health Care Reform Closing Remarks.

MA40A.6 You indicated earlier that you have had a routine checkup within the past year.
Where did you go for the check up? Was it

- 1 A doctor's office
- 2 Community health center or clinic

Or

- 3 Some other kind of place (**specify:** _____)

Do not read:

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

Health Care Reform Closing Remarks: If you or anyone you know is interested in information or needs help in enrolling in a health plan, please contact the Commonwealth Connector at 1-877-623-6765.

Section 41: Follow-up [splits 1,2,3]

{CATI: If (Split = 2 and Q9.1 = 1) OR (Split = 2 and Mod2_1 = 1), continue; Else go to pre-MA41.2}

MA41.1. We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Massachusetts.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

Pre-MA41.2: {Ask of all respondents, all splits}

MA41.2 Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

- 1 Yes
- 2 No

Closing statement

{Read to All}

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in Massachusetts. Thank you very much for your time and cooperation.

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

- 1 English
- 2 Spanish
- 3 Portuguese