



**2009 MASSACHUSETTS**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**December 17, 2008**

# Behavioral Risk Factor Surveillance System 2009 Questionnaire

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Interviewer's Script

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**

**PVTRESID** Is this a private residence?

Pvtresid

**If "no,"**

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

**CELLFON** 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."**

Cellphon1

**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?

**NUMADULT** \_\_\_\_ Number of adults

- **IF NUMADULT =1, ASK . . .**

Nadults

**NMADLT1** 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).

**If "no,"**

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

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**

- **IF NUMADULT>4, ASK**

**PNMADULT**

Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

Numen
Nuwomen

- 1 Yes
- 2 No
- 9 (VOL) Refused

- GO TO NUMMEN**
- GO BACK TO NUMADULT AND RE-ASK IT**
- GO TO NUMMEN**

**NUMMEN** How many of these adults are men?

\_\_\_ Number of men [Range 0-10, 99 = Refused]

**NUMWOMEN** How many of these adults are women?

\_\_\_ Number of women [Range 0-10, 99 = Refused]

**IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:**

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

1. Continue **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

**RNAME** The person in your household that I need to speak with is the (first/second) (male/female) adult.

[CATI: this should display as a text screen and then go to INTRO1]

- **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK “ALLNA” TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO**

**NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

**(IF NUMMEN=1-10) ASK FOR THE NAME OF THE “OLDEST MALE”, THEN THE “SECOND OLDEST MALE, THEN “THIRD OLDEST MALE”, ETC.**

**(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE “OLDEST FEMALE”, THEN THE “SECOND OLDEST FEMALE, THEN “THIRD OLDEST FEMALE”, ETC.**

**ALLNA**

Allna Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF \_\_\_ OLDEST (MALE/FEMALE) ADULT]

**AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

Rname **RNAME** The person in your household that I need to speak with is (display name of selected adult).

**[CATI: this should display as a text screen and then go to INTRO1]**

**INTRO1** May I speak with (him/her)?

- Intro1
- 1 Continue
  - 2 Callback
  - 3 (VOL) Refused
  - 4 Not available duration
  - 5 Language barrier / not Spanish
  - 6 Physical / Mental incapacity / health / deaf
  - 7 Screen out location

**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 department of public health 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. This call may be monitored for quality assurance.

## Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 877-286-6318.

### Section 1: Health Status

---

**GENHLTH** Would you say that in general your health is— (73)

**Please read:**

Hlth1	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

---

**PHYSHLTH** 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)

Hlth4	8	8	Number of days
	8	8	None
	7	7	Don't know / Not sure
	9	9	Refused

**MENTHLTH** 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)

Hlth5

Number of days  
 8 8 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**  
 7 7 Don't know / Not sure  
 9 9 Refused

**POORHLTH** 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)

Hlth6

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

### Section 3: Health Care Access

---

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

(80)

Hins1

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

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

---

**{CATI: If HLTHPLAN=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?

Hins7

1 Yes → **Go to PERSDOC2**

- 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: (502-503)

**Please read**

Hins8a

- 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
- 09 Commonwealth Care
- 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

**pre-MA 3.3 - {All from MA3.2 go to PERSDOC2}**

**MA3.3.** There are some types of coverage that you may not have considered. Please tell me if you have any of the following: (504-505)

Hins13

**[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
- 09 Commonwealth Care
- 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

**PERSDOC2** Do you have one person you think of as your personal doctor or health care provider?

Hins6a

**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

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

(82)

Hins5

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

**CHECKUP1** 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.

Chkup1

(83)

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: Sleep

---

The next question is about getting enough rest or sleep.

**QLREST2** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

Dayslp

(84-85)

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

## Section 5: Exercise

---

**EXERANY2** 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?

Ex1

(86)

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

## Section 6: Diabetes

---

**DIABETE2** 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.**

(87)

Diab1

- |   |  |
|---|--|
| 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                                    |

## Section 7: Hypertension Awareness

---

**BPHIGH3** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (88)

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

- |       |   |  |                             |
|-------|---|--|-----------------------------|
| Hpt1a | 1 | Yes  |                             |
|       | 2 | Yes, but female told only during pregnancy | <b>[Go to next section]</b> |
|       | 3 | No   | <b>[Go to next section]</b> |
|       | 4 | Told borderline high or pre-hypertensive   | <b>[Go to next section]</b> |
|       | 7 | Don't know / Not sure                      | <b>[Go to next section]</b> |
|       | 9 | Refused                                    | <b>[Go to next section]</b> |

**BPMEDS** Are you currently taking medicine for your high blood pressure? (89)

- |      |   |                       |  |
|------|---|-----------------------|--|
| Hpt4 | 1 | Yes                   |  |
|      | 2 | No                    |  |
|      | 7 | Don't know / Not sure |  |
|      | 9 | Refused               |  |

## Section 8: Cholesterol Awareness

---

**BLOODCHO** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

- |       |   |                       |                             |
|-------|---|-----------------------|-----------------------------|
| Chol1 | 1 | Yes                   |                             |
|       | 2 | No                    | <b>[Go to next section]</b> |
|       | 7 | Don't know / Not sure | <b>[Go to next section]</b> |
|       | 9 | Refused               | <b>[Go to next section]</b> |

**CHOLCHK** About how long has it been since you last had your blood cholesterol checked?

Chol2

(91)

**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

**TOLDHI2** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

Chol5

(92)

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

## Section 9: 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."

**CVDINFR4** (Ever told) you had a heart attack, also called a myocardial infarction?

Cardo3a

(93)

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

**CVDCRHD4** (Ever told) you had angina or coronary heart disease?

(94)

Cardo3b

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

**CVDSTRK3** (Ever told) you had a stroke?

(95)

Cardo3c

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

## Section 10: Asthma

---

**ASTHMA2** Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

(96)

Asthma1a

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

**[Go to next section]**  
**[Go to next section]**  
**[Go to next section]**

**ASTHNOW** Do you still have asthma?

(97)

Asthma4

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

## Section 11: Tobacco Use

---

**SMOKE100** Have you smoked at least 100 cigarettes in your entire life? (98)

Smk1

**NOTE: 5 packs = 100 cigarettes**

- |   |                       |                 |
|---|-----------------------|-----------------|
| 1 | Yes                   |                 |
| 2 | No                    | [Go to USENOW3] |
| 7 | Don't know / Not sure | [Go to USENOW3] |
| 9 | Refused               | [Go to USENOW3] |

**SMOKDAY2** Do you now smoke cigarettes every day, some days, or not at all? (99)

Smk2

- |   |                       |                 |
|---|-----------------------|-----------------|
| 1 | Every day             |                 |
| 2 | Some days             |                 |
| 3 | Not at all            | [Go to Q11.4]   |
| 7 | Don't know / Not sure | [Go to USENOW3] |
| 9 | Refused               | [Go to USENOW3] |

**STOPSMK2** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

Smk4f

- |   |                       |                 |
|---|-----------------------|-----------------|
| 1 | Yes                   | [Go to USENOW3] |
| 2 | No                    | [Go to USENOW3] |
| 7 | Don't know / Not sure | [Go to USENOW3] |
| 9 | Refused               | [Go to USENOW3] |

**CATI note: If SMOKDAY2 = 3 (Not at all); continue. Otherwise, go to USENOW3.**

**11.4** How long has it been since you last smoked cigarettes regularly? (101-102)

Smk5a

- |     |  |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago)                  |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago)  |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago)       |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago)     |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago)  |
| 0 7 | 10 years or more   |

- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

**USENOW3** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

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

(103)

Chew2b

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

**Do not read:**

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

## Section 12: Demographics

---

**AGE** What is your age?

Age

(104-105)

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

**HISPANC2** Are you Hispanic or Latino?

Hisp

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

(106)

**MRACE**

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

- Mrace1
- Mrace2
- Mrace3
- Mrace4
- Mrace5
- Mrace6

**(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:**

**Mrace1\_6 =**  
Multiple  
Race Info

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

**CATI note: If more than one response to MRACE; continue. Otherwise, go to MA12.1.**

**ORACE2**

Which one of these groups would you say best represents your race? (113)

**Orace2**

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

**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 HISPANC2 = 1 or MRACE = 3 then Go to MA12.1; else go to VETERAN2}

**MA12.1.** Which best describes your ancestry or heritage? Would you say ...{If HISPANC2 = 1, please read 1,2,3,4,6,12,13; Else if MRACE = 3, please read 5,6,8,10,11,14; Else if HISPANC2=1 AND MRACE=3, please read 1-14}

Ancestry

(506-507)

**Please read**

- 01 Puerto Rican
- 02 Dominican
- 03 Mexican
- 04 Salvadorian
- 05 Chinese
- 06 Filipino
- 08 Cambodian
- 10 Vietnamese
- 11 Japanese
- 15 Indian (Asian)

**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

**VETERAN2** 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.

Militar1

(114)

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 7 Don't know / Not sure
- 9 Refused

**MARITAL** Are you...? (115)

Mrtl

**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

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

Chage1

- — Number of children
- 8 8 None
- 9 9 Refused

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

Educ

**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

**EMPLOY** Are you currently...?

(119)

Emp1

**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

**INCOME2** Is your annual household income from all sources—

(120-121)

Incm

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

**Read only if necessary:**

- 0 4 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**  
(\$10,000 to less than \$15,000)

- 0 1 Less than \$10,000 **If “no,” code 02**
- 0 5 Less than \$35,000 **If “no,” ask 06**  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read:**

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

**WEIGHT2** About how much do you weigh without shoes?

(122-125)

Wght
Wtkg

**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

**CATI note: If WEIGHT2 = 7777 (Don't Know/Not sure) or 9999 (Refused), skip WTYRAGO and WTCHGINT.**

**HEIGHT3** About how tall are you without shoes?

(126-129)

Hght
------

**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

**WTYRAGO** How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?] **CATI: If female respondent and age <51.**

Wtyrago

(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	<b>[Go to MA12.2]</b>
9 9 9 9	Refused	<b>[Go to MA12.2]</b>

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

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

Wtchgint

(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? (508-510)

Town

_ _ _	Town code [001-351]
8 8 8	OTHER: <b>[SPECIFY: _____]</b>
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]**

**(DATA PROCESSING Note: CDC permits MA BRFSS to ask MA12.2 in lieu of the core COUNTY. When submitting data to CDC, make sure that this is converted to MA county; otherwise, PC Edits will not accept it.)**

~~COUNTY~~ What county do you live in?

~~(135-137)~~

~~\_\_\_\_\_ FIPS county code~~  
~~\_\_\_\_\_ 7 7 7 Don't know / Not sure~~  
~~\_\_\_\_\_ 9 9 9 Refused~~

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

(138-142)

Zipcode

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

**NUMHHOL2** 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.

Tels2

(143)

1 Yes  
 2 No **[Go to TELSERV2]**  
 7 Don't know / Not sure **[Go to TELSERV2]**  
 9 Refused **[Go to TELSERV2]**

**Qualified Level 6**

**NUMPHON2** How many of these telephone numbers are residential numbers?

Telres1

(144)

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

**TELSERV2** 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.

Telres2

(145)

1 Yes

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

**CELL PHONE QUESTIONS**

**12.19a** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

(232)

Cellph1

- 1 Yes **[Go to Q12.19c]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**12.19b** Do you share a cell phone for personal use (at least one-third of the time) with other adults?

(233)

Cellph2

- 1 Yes **[Go to Q12.19d]**
- 2 No **[Go to Q12.20]**
- 7 Don't know / Not sure **[Go to Q12.20]**
- 9 Refused **[Go to Q12.20]**

**12.19c.** Do you usually share this cell phone (at least one-third of the time) with any other adults?

(234)

Cellph3

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

**12.19d.** Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

(235-237)

Cellph4

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

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

(146)

Sex

- 1 Male **[Go to next section]**
- 2 Female **[If respondent is 51 years old or older, go to next section]**

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

(147)

Preg1	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 AGE=7,9,18-64, continue; If AGE>64, go to Next section}**

**MA12.3.** Do you consider yourself to be:

(511)

Sexo1	<b>Please read</b>	
	1	Heterosexual or straight
	2	Homosexual or [if respondent is male read “ <b>gay</b> ”; else if female, read “ <b>lesbian</b> ”]
	3	Bisexual
	<b>or</b>	
	4	other
<b>Do not read</b>		
7	Don't Know/Not Sure	
9	Refused	

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.

**MA12.4** Do you consider yourself to be transgender?

(512)

Transgen	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 13: Caregiver Status

---

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

**13.1** During the past month, did you provide any such care or assistance to a friend or family member? (148)

Care1a

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

## Section 14: Disability

---

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

**QLACTLM2** Are you limited in any way in any activities because of physical, mental, or emotional problems? (149)

Q11

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

**USEEQIP** 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?

Disb1

(150)

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

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

## Section 15: Alcohol Consumption

---

**DRNKANY4** 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?

Drnk1

(151)

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

**ALCDAY4** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

Drnk2

(152-154)

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

**AVEDRNK2** 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?

Drnk3

(155-156)

**Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

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

**DRNK3GE5** 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?

Alc8

(157-158)

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

**MAXDRNKS** During the past 30 days, what is the largest number of drinks you had on any occasion?

Drnk4

(159-160)

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

Section 16: Immunization

---

**FLUSHOT3** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

Flu1

(161)

- 1 Yes
- 2 No [Go to FLUSPRY2]
- 7 Don't know / Not sure [Go to FLUSPRY2]
- 9 Refused [Go to FLUSPRY2]

**FLUSHTMY** During what month and year did you receive your most recent flu shot?

(162-167)

Flu3b

- / — Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

**FLUSPRY2** 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™.

(168)

Flu7

- 1 Yes
- 2 No [Go to PNEUVAC3]
- 7 Don't know / Not sure [Go to PNEUVAC3]
- 9 Refused [Go to PNEUVAC3]

**FLUSPRMY** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

Flu3c

(169-174)

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

**PNEUVAC3** 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?

Pneum

(175)

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

State-added 16a: Immunization [Splits 1,2,3]

[Splits 1, 2, 3]

**HNVOLNTR** Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

Wrkhcf

(513)

**[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

[Pandemic Influenza Questions---added after Immunization Questions]

[Splits 1, 2, 3] To be asked **ONLY** in January and February 2009

**PF1** What do you think is the most effective ONE thing you can do to prevent getting sick from the flu? (751)

PFprev

**Please read:**

- 1 Avoiding touching your eyes, nose or mouth as much as possible during the flu season
- 2 Avoiding close contact with others who may have the flu
- 3 Getting the flu vaccination
- 4 Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

**Do not read:**

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

PF2

**What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick?  
(752)**

PFspred

**Please read:**

- 1 Frequent hand washing
  - 2 Covering your mouth and nose when coughing or sneezing
  - 3 Staying home when you are sick with the flu
  - 4 Getting the flu vaccination
- OR
- 5 Something else

**Do not read:**

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

**Please read: “Pandemic Influenza” or “Pan Flu” is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is not a pandemic flu outbreak occurring.**

PF3

PFsick

**If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu?  
(753)**

**Interviewer Note: Please read both the subjective label and the percentage range.**

- 1 Very high (90-100%)
- 2 High (70-89%)
- 3 Average (50-69%)

- 4 Low (20-49%)
- 5 Very low (0-19%)

**Do not read:**

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

**PF4**

**If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you?**

PFvacc

**(754)**

**Please read:**

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get one
- 4 Definitely not get a pandemic flu vaccination

**Do not read:**

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

**PF5**

**If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you...**

PFplace

**(755)**

**Please read:**

- 1 Definitely go
- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

**Do not read:**

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

**PF6**

**Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know?**

PFknow

**(756-757)**

**Please read:**

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flu
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu

- 0 5 Cities where cases of the flu have been identified
- 0 6 Information about the flu vaccine
- 0 7 Something else

**Do not read:**

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

**PF7**

PFsorce

**During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.**

**(758-759)**

**Do not read:**

- 0 1 Newspapers
- 0 2 Television
- 0 3 Radio
- 0 4 Internet websites
- 0 5 Your doctor
- 0 6 The CDC (Centers for Disease Control and Prevention)
- 0 7 State or local public health departments
- 0 8 Other government agencies
- 0 9 Family or friends
- 1 0 Religious leaders
- 1 1 Some other source
- 7 7 Don't know / Not sure
- 9 9 Refused

**PF8**

PFstate

**Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list?**

**(760-761)**

**Please read:**

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

SAY: I will repeat the question and answer choices to assist your recall.

**Do not read:**

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

**PF9**

**If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month?**

PFhome

**(762)**

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely to stay at home for a month
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If Q12.9 = 1 (Employed for wages) or 2 (Self-employed) continue, otherwise skip to next section.**

**PF10**

**I'm going to read you a list of job types. Please tell me if you currently work in any of these fields.**

PFjob

**(763)**

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

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

## Section 17: Arthritis Burden

---

Next I will ask you about arthritis.

**HAVARTH2** 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?

Arth15

(176)

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

**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)**

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

**LMTJOIN2** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(177)

Arth3a

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

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on**

your current experience, regardless of whether you are taking any medication or treatment.”

**CATI note: This question should be asked of all respondents regardless of employment status.**

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

Arth16

(178)

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

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

**17.4** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

Arth17

(179)

**Please read [1-3]:**

- 1 A lot
- 2 A little
- 3 Not at all

**Do not read:**

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

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

**17.5** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.*

(180-181)

Arth18

\_ \_ Enter number [0-10]  
 9 7 Don't know / Not sure  
 9 9 Refused

## Section 18: 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.

**FRUITJUI** How often do you drink fruit juices such as orange, grapefruit, or tomato?

(182-184)

Frt1

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

**FRUIT** Not counting juice, how often do you eat fruit?

(185-187)

Frt2

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

**GREENSAL** How often do you eat green salad?

(188-190)

Frt3

- 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

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

(191-193)

Frt4

- 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

**CARROTS** How often do you eat carrots?

(194-196)

Frt5

- 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

**VEGETABL** 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.)

Frt6

(197-199)

- 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 19: Physical Activity

---

**CATI note: If Core EMPLOY = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to MODPACT.**

**JOBACTIV** When you are at work, which of the following best describes what you do?  
 Would you say— (200)

Pact1

**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

**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.

**MODPACT** 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?

(201)

Pact2

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

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

Pact3

(202-203)

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

**MODPATIM** 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?

Pact4

(204-206)

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

**VIGPACT** 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?

Pact5

(207)

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

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

Pact6

(208-209)

- 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]**

**VIGPATIM** 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? (210-212)

Pact7

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

Section 20: HIV/AIDS

---

**CATI note: If respondent is 65 years old or older, 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 don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**HIVTST5** 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. (213)

Hiv15

- 1 Yes
- 2 No [Go to HIVRISK2]
- 7 Don't know / Not sure [Go to HIVRISK2]
- 9 Refused [Go to HIVRISK2]

**HIVTSTD2** Not including blood donations, in what month and year was your last HIV test? (214-219)

Hiv25b

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

**CATI INSTRUCTION: 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.**

- 7 7 / 7 7 7 7 Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

**WHRTST8** 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?

Hiv10c2

(220-221)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI note: Ask HIVRDTST; if HIVTSTD2 = within last 12 months. Otherwise, go to HIVRISK2.**

**HIVRDTST** Was it a rapid test where you could get your results within a couple of hours?

(222)

Hivrdtst

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

**HIVRISK2** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Ivstdhiv

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

Do any of these situations apply to you?

(223)

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

## Section 21: Emotional Support and Life Satisfaction

---

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

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

**INTERVIEWER NOTE:** If asked, say “please include support from any source.” (224)

Q16

**Please read:**

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

**Do not read:**

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

**LSATISFY** In general, how satisfied are you with your life? (225)

Q17

**Please read:**

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

**Do not read:**

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

## Section 22: Cancer Survivors

---

Now I am going to ask you some questions about cancer.

**22.1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (226)

Candiag

**Read only if necessary:** By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

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

**22.2** How many different types of cancer have you had? (227)

Candiff

- |   |                       |                             |
|---|-----------------------|-----------------------------|
| 1 | Only one              |                             |
| 2 | Two                   |                             |
| 3 | Three or more         |                             |
| 7 | Don’t know / Not sure | <b>[Go to next section]</b> |
| 9 | Refused               | <b>[Go to next section]</b> |

**22.3** At what age were you told that you had cancer? (228-229)

Canage

- |     |  |
|-----|--|
| — — | Code age in years <b>{97=97 and older}</b> |
| 9 8 | Don’t know / Not sure                      |
| 9 9 | Refused                                    |

**CATI note:** If Q22.2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”

**INTERVIEWER NOTE:** This question refers to the first time they were told about their first cancer.

**22.4**

What type of cancer was it?

Cantype1

(230-231)

**If Q22.2 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”**

**INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:**

**Breast**

0 1 Breast cancer

**Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

**Gastrointestinal**

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

**Male reproductive**

1 8 Prostate cancer

1 9 Testicular cancer

**Skin**

2 0 Melanoma

2 1 Other skin cancer

**Thoracic**

- 2 2 Heart
- 2 3 Lung

**Urinary cancer:**

- 2 4 Bladder cancer
- 2 5 Renal (kidney) cancer

**Others**

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

**Do not read:**

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

## Core Transition to Modules and/or State-Added Questions

### Transition to modules and/or state-added questions

**Please read:**

Now, I have some questions about other health topics.

### Massachusetts State-Added Questions and Optional Modules

#### Section 23: Module 1: Pre-Diabetes [Splits 1,2,3]

---

**NOTE: Only asked of those not responding “Yes” (code = 1) to Core DIABETE2 (Diabetes awareness question).**

**PDIABTST** Have you had a test for high blood sugar or diabetes within the past three years? (245)

Bsd1

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

**CATI note: If Core DIABETE2 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB “Yes” (code = 1).**

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

(246)

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

(246)

Bsd4	1	Yes
	2	Yes, during pregnancy
	3	No
	7	Don't know / Not sure
	9	Refused

**Section 23a: Pre-Diabetes [Splits 1,2,3]**

---

**Pre-MA 23.1:**

**{If DIABETE2= 3,4,7,9, continue; else if DIABETE2=1 or DIABETE2= 2, go to MA23.4}**

**MA23.1** Have you ever been told by a doctor that you have high blood sugar or glucose?

(514)

Bsd3	<b>[If yes, Was this once or more than once?]</b> <b>[If female, Was this only during pregnancy?]</b>
------	--

- 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

**{IF MA23.1= 1,2 or PREDIAB=1, then continue.}**

**{Else if MA23.1=3,4,7,9 and PREDIAB=2,3,7,9 go to MA23.4}**

**MA23.2** 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?

(515)

Bsd5
------

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

**MA23.3** How old were you when you were first told you had pre-diabetes, borderline diabetes, or high blood glucose? (516)

Bsd6

**[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

**MA23.4** To your knowledge have any of your first degree blood relatives such as parents, brothers, or sisters had diabetes? (517)

Diabmo5a

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

Section 24: Module 2: Diabetes (and state-added questions) [Splits 1,2,3]

---

**{If DIABETE2=1, then continue; else go to next section}**

**MA24.1** What type of diabetes do you have? (518)

Diabtype

**Please read:**

- 1 Type 1
- 2 Type 2
- or
- 3 Other **[specify\_\_\_\_\_]**

**Do not read:**

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

**DIABAGE2** How old were you when you were told you have diabetes?

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

Diab2

(247-248)

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

{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to INSULIN}

**UPDTAGDI** I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and were first diagnosed with Diabetes at age {CATI: fill-in response from DIABAGE2}. What was your age when you were FIRST diagnosed with diabetes?

Diab2\_chk

- Update age **GO TO AGE**
- Update diabetes age **GO TO DIABAGE2**

**INSULIN** Are you now taking insulin?

(249)

Diab3

- 1 Yes
- 2 No
- 9 Refused

**BLDSUGAR** 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.

Diab5

(250-252)

- 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

**FEETCHK2** 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.

Diab9a

(253–255)

- |   |   |   |                       |
|---|---|---|-----------------------|
| 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               |

**MA24.2.** Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(519)

Diab13a

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

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

Diab7

(256-257)

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

**CHKHEMO3** 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"?

Diab8a

(258-259)

- |   |   |                                   |
|---|---|-----------------------------------|
| – | – | 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 FEETCHK2 = 555 (No feet), go to EYEEXAM.**

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

Diab9

(260-261)

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

**MA24.3**

Diab14

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.

(520)

**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

**EYEEXAM**

Diab3a

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.

(262)

**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

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

Diab3b

(263)

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

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

Diabmo1c

(264)

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

### Section 25: Module 15: Tetanus Diphtheria (Adults) [Splits 1,2,3]

---

The next questions are about the tetanus diphtheria vaccination.

**Mod15\_1.** Have you received a tetanus shot in the past 10 years?

Tetshot

(366)

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

**Mod 15\_2.** Was your most recent tetanus shot given in 2005 or later?

Tetshot5

(367)

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

**Mod15\_3.** There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?

Tetspwc

- 1 Yes (included pertussis)
- 2 No (did not include pertussis)
- 7 Don't know / Not sure
- 9 Refused

Section 26: Module 16: Adult Human Papilloma Virus (HPV) [Splits 1,2,3]

---

**CATI note: To be asked of females between the ages of 18 and 49 years; otherwise, go to next module.**

**NOTE: Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil (Gar·duh· seel)**

**HPVADVC** A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Have you EVER had the HPV vaccination?

HPVvac

(369)

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

**HPADSHT** How many HPV shots did you receive?

(370-371)

HPVshts

- Number of shots
- 0 3 All shots
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 27: Module 17: Shingles [Splits 1,2,3]

---

**CATI note: If respondent is ≤ 49 years of age, go to next module.**

The next question is about the Shingles vaccine.

**Mod17\_1.** Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax<sup>®</sup>, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

(372)

Shvac

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

**Section 28: Varicella/Shingles [Splits 1,2,3]**

**[Splits 1,2, 3]**

**CATI CREATE VARIABLE HHNO. HHNO= NUMADULT+CHILDREN.**

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

**CATI NUMBER OF ITERATIONS ARE NOT TO EXCEED HHNO.**

**MA28.1.** Going from youngest to oldest, what are the ages of each person currently living in your household?

(521-540)

Varicla-r

**Code ages:**

**0 = < 1 year**

**96 = 96 and older**

**97 = No one else in household** a. Person #1 –

**98 = DK/NS** b. Person #2 –

**99 = Refused** c. Etc.

**MA28.2.** Have you or anyone else currently living in your household had chickenpox in the past 12 months?

(541)

Varic2

- 1 Yes
- 2 No **[Go to MA28.4]**
- 7 Don't know/Not sure **[Go to MA28.4]**
- 9 Refused **[Go to MA28.4]**

**CATI NUMBER OF ITERATIONS ARE NOT TO EXCEED NUMBER OF ITERATIONS IN MA28.1**

**MA28.3.** What are the current ages of all those who had chickenpox in the past 12 months?

(542-561)

Varic3a-r

**Code ages:**

- 0 = <1 year
  - 96 = 96 and older
  - 97 = No one else in household
  - 98 = DK/Ns
  - 99 = Ref
- a. Person #1 \_\_\_\_
  - b. Person #2 \_\_\_\_
  - c. [Etc.]

**CATI: FOR EACH PERSON WITH AN AGE (0-96) RECORDED IN MA28.3, COMPARE THE AGE AGAINST ALL RECORDED AGES (0-96) IN MA28.1. IF THERE IS AN AGE (0-96) RECORDED IN MA28.3 NOT RECORDED IN MA28.1, PROMPT RESPONDENT:**

**MA28CHK1** I'm sorry, I do not have a record of a [RESPONSE TO MA28.3] year old living in your household. I would like to re-ask this question.

1. Re-ask MA28.3 **GO BACK TO MA28.3**

**MA28.4.** Have you or anyone else currently living in your household ever had shingles?

(562)

Varic4

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

**CATI NUMBER OF ITERATIONS ARE NOT TO EXCEED NUMBER OF ITERATIONS IN MA28.1**

**MA28.5.** What are the current ages of all those who ever had shingles?

(563-582)

Varic5a-r

**Code ages:**

- 0 = <1 year
  - 96 = 96 and older
  - 97 = No one else in household
  - 98 = Dk/Ns
  - 99 = Ref
- a. Person #1 \_\_\_\_
  - b. Person #2 \_\_\_\_
  - c. [Etc.]

**CATI: FOR EACH PERSON WITH AN AGE (0-96) RECORDED IN MA28.5, COMPARE THE AGE AGAINST ALL RECORDED AGES (0-96) IN MA28.1. IF THERE IS AN AGE (0-96) RECORDED IN MA28.5 NOT RECORDED IN MA28.1, PROMPT RESPONDENT:**

**MA28CHK2** I'm sorry, I do not have a record of a [RESPONSE TO MA28.5] year old living in your household. I would like to re-ask this question.

1. Re-ask MA28.5 **GO BACK TO MA28.5**

**IF MA28.5 = 98 OR 99 FOR ANY PERSON, THE NEXT QUESTION FOR THAT PERSON IS MA28.7.**

**MA28.6.** {CATI : Ask for each person listed in MA28.5, in the same order as MA28.5] How old was the \_\_\_\_\_ year old \_\_\_\_\_ when they had shingles? (583-602)

Varic6a-r

**Code ages:**

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

**IF MA28.6 < 97 AND MA28.5 < 97, THEN MA28.6 CANNOT BE GREATER THAN MA28.5**

**Pre-MA28.7**

{If MA28.5a minus MA28.6a = [0,1] or MA28.5b minus MA28.6b = [0,1] etc. then go to MA28.7 OR IF MA28.5 = 98 OR 99, ASK MA28.7 BUT SUBSTITUTE “person with shingles designated previously” rather than “\_\_\_\_\_ year old”; Else go to next section}

**MA28.7** {CATI: Ask for each person for whom MA28.5 – MA28.6 = [0,1], in same order as MA28.5}: Did the \_\_\_\_\_ year old have shingles in the last 12 months, that is since {INSERT CURRENT MONTH} of last year? (603-612)

Shingles 1a-r

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

Section 29: Module 6: Cardiovascular Health [Split 1]

---

**[If Split=1 then continue; else if Split=2 or 3 then go to next section]**

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

**CATI note: If CVDINFR4 = 1 (Yes), ask Mod6.1 else If CVDINFR4 = 2, 7, or 9, go to pre-Mod6.2**

**Mod6.1** Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

Harehab	1	Yes	(291)
	2	No	
	7	Don't know / Not sure	
	9	Refused	

**Pre Mod6.2: {CATI note: If CVDSTRK3 = 1 (Yes), ask Mod6.2 else If CVDSTRK3 = 2, 7, or 9 , go to CVDASPRN}**

**Mod6.2** Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

Strehab	1	Yes	(292)
	2	No	
	7	Don't know / Not sure	
	9	Refused	

**[Question CVDASPRN is asked of all respondents.]**

**CVDASPRN** Do you take aspirin daily or every other day?

Cardo7	1	Yes <b>[Go to next section]</b>	(293)
	2	No	
	7	Don't know / Not sure	
	9	Refused	

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

(294)

Cardo8

**[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 30: Module 7: Actions to Control High Blood Pressure [Split 1]

---

**[If Split=1 then continue; else if Split=2 or 3 then go to next section]**

**CATI note: If BPHIGH3 = 1 (Yes); continue. Otherwise, go to next module.**

Are you now doing any of the following to help lower or control your high blood pressure?

**BPEATHBT** (Are you) changing your eating habits (to help lower or control your high blood pressure)?

(295)

Hbp1

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

**BPSALT** (Are you) cutting down on salt (to help lower or control your high blood pressure)?

(296)

Hbp2

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

**BPALCHOL** (Are you) reducing alcohol use (to help lower or control your high blood pressure)?

(297)

Hbp3

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

**BPEXER** (Are you) exercising (to help lower or control your high blood pressure)?

(298)

Hbp4

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

**BPEATADV** (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

(299)

Hbp5

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

**BPSLTADV** (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

(300)

Hbp6

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

**BPALCADV** (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

(301)

Hbp7

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

**BPEXRADV** (Ever advised you to) exercise (to help lower or control your high blood pressure)?

(302)

Hbp8

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

**BPMEDADV** (Ever advised you to) take medication (to help lower or control your high blood pressure)?

(303)

Hbp9

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

**BPHI2MR** Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure?

(304)

Hbp10

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

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

Section 31: Module 8: Heart Attack and Stroke [Split 1]

---

**[If Split=1 then continue; else if split=2 or 3 then go to next section]**

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.”

**HASYMP1** (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)

Has1a

(305)

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

**HASYMP2** (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)

Has1b

(306)

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

**HASYMP3** (Do you think) chest pain or discomfort (are symptoms of a heart attack?)

Has1c

(307)

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

**HASYMP4** (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

Has1d

(308)

- 1 Yes

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

**HASYMP5** (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

Has1e			(309)
	1	Yes	
	2	No	
	7	Don't know / Not sure	
	9	Refused	

**HASYMP6** (Do you think) shortness of breath (is a symptom of a heart attack?)

Has1f			(310)
	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.”

**STRSYMP1** (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)

Has2a			(311)
	1	Yes	
	2	No	
	7	Don't know / Not sure	
	9	Refused	

**STRSYMP2** (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)

Has2b			(312)
	1	Yes	
	2	No	
	7	Don't know / Not sure	
	9	Refused	

**STRSYMP3** (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

- |       |   |                       |
|-------|---|-----------------------|
| Has2c | 1 | Yes                   |
|       | 2 | No                    |
|       | 7 | Don't know / Not sure |
|       | 9 | Refused               |

**STRSYMP4** (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (314)

- |       |   |                       |
|-------|---|-----------------------|
| Has2d | 1 | Yes                   |
|       | 2 | No                    |
|       | 7 | Don't know / Not sure |
|       | 9 | Refused               |

**STRSYMP5** (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (315)

- |       |   |                       |
|-------|---|-----------------------|
| Has2e | 1 | Yes                   |
|       | 2 | No                    |
|       | 7 | Don't know / Not sure |
|       | 9 | Refused               |

**STRSYMP6** (Do you think) severe headache with no known cause (is a symptom of a stroke?) (316)

- |       |   |                       |
|-------|---|-----------------------|
| Has2f | 1 | Yes                   |
|       | 2 | No                    |
|       | 7 | Don't know / Not sure |
|       | 9 | Refused               |

**FIRSTAID** If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (317)

Has3
------

**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 32: Massachusetts Tobacco

---

{SPLIT 1, 2, 3}

**Pre-MA32.1:**

- If SMOKDAY2 = 1 then go to MA32.1;
- Else if SMOKDAY2 = 2 then go to MA32.2;
- Else if SMOKDAY2 = 3 then go to MA32.4;
- Else if SMOKE100 = [2,7,9] or Q11.2 = [7,9] then go to MA32.6

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

**MA32.1. [DAILY SMOKERS]** On the average, about how many cigarettes a day do you now smoke? (613-614)

Smk3a

**[1 pack = 20 cigarettes]**

- \_\_ Number of cigarettes [76 =76 or more] [Go to MA32.4]
- 77 Don't know / Not sure [Go to MA32.4]
- 99 Refused [Go to MA32.4]

**MA32.2. [SOME DAYS SMOKERS]** During the past 30 days, on how many days did you smoke cigarettes? (615-616)

Smk3c

- \_\_ Number of days [1-30]
- 88 None [Go to MA32.4]
- 77 Don't know / Not sure [Go to MA32.4]
- 99 Refused [Go to MA32.4]

**MA32.3. [SOME DAYS SMOKERS]** On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Smk3b

(617-618)

**[1 pack = 20 cigarettes]**

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

**MA32.4 [CURRENT SMOKERS, FORMER SMOKERS]** About how long has it been since you first started smoking cigarettes regularly?

Smklong

(619-620)

**Read only if necessary**

0 1 Within the past month (less than 1 month ago)  
 0 2 Within the past 3 months (1 month but less than 3 months ago)  
 0 3 Within the past 6 months (3 months but less than 6 months ago)  
 0 4 Within the past year (6 months but less than 1 year ago)  
 0 5 Within the past 5 years (1 year but less than 5 years ago)  
 0 6 Within the past 10 years (5 years but less than 10 years ago)  
 0 7 Over 10 years ago  
 7 7 Don't know / Not sure  
 9 9 Refused

**MA32.5. [CURRENT SMOKERS]** Are you planning to stop smoking within the next 30 days?

Smk9d

(621)

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

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

**MA32.6 [ALL]:** Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes?

Etsadsmk

(622-623)

\_\_ Number of adults **[1-76]**  
 88 None  
 77 Don't Know / Not sure  
 99 Refused

**MA32.7** Which statement best describes the rules about smoking in your home ... (624)

Ensmk2

**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

**MA32.8** 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**? (625-626)

Etshome

- \_\_ 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

**{If EMPLOY = [1,2] then go to MA32.9; else if EMPLOY = [3,4,5,6,7,8,9] then go to MA32.10} {Determines employment status}**

Etswork

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**? (627-628)

- \_\_ 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

Etsother

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**? (629-630)

- \_\_ 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

**Section 32a: State-Added Tobacco [Split 1]**

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

**MA32.11** Do you currently live in a single family home, in a duplex, in a condo or townhouse, or in an apartment?

Etsdwell

(631)

- 1 Single family home **[Go to MA32.13]**
- 2 Duplex
- 3 Condo or Townhouse
- 4 Apartment
- 5 Other **[specify]:** \_\_\_\_\_
- 7 Don't know/Not sure
- 9 Refused

**MA32.12** In the past 30 days, have you experienced second hand smoke drifting into your **unit** from a smoker in another unit or from a smoker outside?

Etsdrift

(632)

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

**MA32.13** Thinking about the past 7 days, were you in a car when you or someone else was smoking?

Etscar

(633)

- 1 Yes
- 2 No **[Go to MA32.15]**
- 7 Don't know / Not sure **[Go to MA32.15]**
- 9 Refused **[Go to MA32.15]**

**MA32.14** When you were in a car when someone was smoking, were there any children in the car?

Etsarch

(634)

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

9 Refused

**MA32.15** Would you support a state law to ban smoking in cars when children are passengers?

(635)

Etsbancar

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

**Pre-MA32.16** {If SMOKDAY2=1 or 2) or (SMOKDAY2=3 and Q11.4=(1, 2, 3, 4))  
[CURRENT SMOKERS, FORMER SMOKERS - PAST YEAR]

**MA32.16.** In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

(636)

Tobhpad1

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

**MA32.17.** During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?

(637)

Tobhpad2

- 1 Yes [Go to MA32.19]
- 2 No
- 7 Don't know/Not sure [Go to next section]
- 9 Refused [Go to next section]

**MA32.18.** During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?

(638)

Tobhpad3

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

**MA32.19.** 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?

Tobhpad4a

**MA32.19a.** 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

**MA32.19b.** Suggest that you set a specific date to stop smoking? (640)

Tobhpad4b

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

**MA32.19c.** Suggest that you use a smoking cessation class, program, quit line, or counseling? (641)

Tobhpad4c

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

**MA32.19d.** Provide you with booklets, videos, or other materials to help you quit smoking on your own? (642)

Tobhpad4d

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

Section 33: Module 11: Colorectal Cancer Screening [Split 3]

---

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

**CATI note: If respondent is ≤ 49 years of age, go to next module.**

**BLDSTOOL** 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?

Colo5

- 1 Yes
- 2 No [Go to HADSIGM3]
- 7 Don't know / Not sure [Go to HADSIGM3]
- 9 Refused [Go to HADSIGM3]

(330)

**LSTBLDS2** How long has it been since you had your last blood stool test using a home kit?

(331)

Colo6

**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 (2 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

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

**HADSIGM3** 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?

Colo8

(332)

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

**HADSGCO1** 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 exam a sigmoidoscopy or a colonoscopy?

Hadsigcol

(333)

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

**LASTSIG2** How long has it been since you had your last sigmoidoscopy or colonoscopy?

Colo9

**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 (2 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

Section 34: Module 12: Cancer Survivorship [Split 3]

---

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

**CATI note: If Q22.1 = 1 (Yes), continue. Otherwise, go to next module.**

Previously you said that you had been told by your doctor that you had cancer. The next questions are about your experiences with cancer.

**Mod12.1** Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

Cantx

(335)

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

**Mod12.2** What type of doctor provides the majority of your health care?

(336-337)

Candoc

**Please read [1-10]:**

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 Internist

- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

**Do not read:**

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

**Mod12.3**

Cansum

Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (338)

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

**Mod12.4**

Caninstr

Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing treatment for cancer? (339)

- 1 Yes
- 2 No **[Go to Mod12.6]**
- 7 Don't know / Not sure **[Go to Mod12.6]**
- 9 Refused **[Go to Mod12.6]**

**Mod12.5**

Canwrit

Were these instructions written down or printed on paper for you? (340)

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

**Mod12.6**

Canins

With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (341)

- 1 Yes

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

**INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.**

**Mod12.7** Were you EVER denied health insurance or life insurance coverage because of your cancer? (342)

Candeny

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

**Mod12.8** Did you participate in a clinical trial as part of your cancer treatment? (343)

Canclin

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

**Mod12.9** Do you currently have physical pain caused by your cancer or cancer treatment? (344)

Canpain

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

**Mod12.10** Is your pain currently under control? (345)

Canpainc

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

Section 35: Module 25: Random Child Selection [Split 1]

---

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

**CATI note:** If CHILDREN = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

**If Core CHILDREN = 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 RCSBIRTH]**

**If CHILDREN is >1 and CHILDREN 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.”

**RCSBIRTH** What is the birth month and year of the “Xth” child?

(461-466)

ChldH1

$\frac{\_}{7} \frac{\_}{7} / \frac{\_}{7} \frac{\_}{7} \frac{\_}{7} \frac{\_}{7}$  Code month and year  
 $\frac{\_}{9} \frac{\_}{9} / \frac{\_}{9} \frac{\_}{9} \frac{\_}{9} \frac{\_}{9}$  Don’t know / Not sure  
 $\frac{\_}{9} \frac{\_}{9} / \frac{\_}{9} \frac{\_}{9} \frac{\_}{9} \frac{\_}{9}$  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 ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

**RCSGENDR** Is the child a boy or a girl?

(467)

ChldH2

- 1 Boy
- 2 Girl
- 9 Refused

**RGHISLAT** Is the child Hispanic or Latino?

(468)

ChldH3

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

**RCSRACE** Which one or more of the following would you say is the race of the child?

(469-474)

ChldH4a

ChldH4b

ChldH4c

ChldH4d

ChldH4e

ChldH4f

**[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 RCSRACE, continue. Otherwise, go to RCSRLTN2}**

**RCSBRACE** Which one of these groups would you say best represents the child's race?

(475)

ChldR1

- 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

**RCSRLTN2** How are you related to the child?

(476)

ChldR2

**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 36: Module 26: Childhood Asthma Prevalence [Split 1]

---

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

**CATI note: If response to CHILDREN = 88 (None) or 99 (Refused), go to next module.**

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

**CASTHDX2** Has a doctor, nurse or other health professional EVER said that the child has asthma?

Chasth4

(477)

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

**CASTHNO2** Does the child still have asthma?

(478)

Chasth4a

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

Section 37: Childhood Health [Split 1]

---

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

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

**MA37.1.** 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?  
Hinsch3 (643)

- 1 Yes **[Go to MA37.3]**
- 2 No
- 7 Don't know/Not sure **[Go to MA37.3]**
- 9 Refused **[Go to MA37.3]**

**MA37.2.** 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?  
Hinsch4 (644)

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

**MA37.3.** About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?  
Hinsch5 (645)

**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

**MA37.4.** Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost? (646)

Hinsch6

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

**[Pre-MA37.5]: {IF CHILDDAGE2 < 3 years old OR IF CHILDDAGE2 = DK/REF then GO TO Pre-MA37.6; ELSE continue}**

**MA37.5.** **[Children age 3-17]** Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination? (647)

Hinsch7

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

**Pre-MA37.6: {If CHILDDAGE2 < 6 then GO to MA37.8}**

**MA37.6.** **[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? (648)

Hinsch9

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

- 1 Yes
- 2 No **[Go to MA37.8]**
- 7 Don't Know/Not Sure **[Go to MA37.8]**
- 9 Refused **[Go to MA37.8]**

**MA37.7.** On how many of this child's permanent teeth are there dental sealants?  
(649)

Hinsch10

**Please Read:**

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

**Do Not Read:**

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

**MA37.8.** **[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?  
(650)

Hinsch8

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

## Section 38: Fruits and Vegetables (Pilot) [Split 2]

---

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

These next questions are about the fruits and vegetables **YOU** ate or drank during the past month, that is the past 30 days, including meals and snacks. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned.

Tell me how often **YOU** ate or drank each one: for example, twice a day, once a day, twice a week, three times a month, and so forth.

**FOR INTERVIEWER:**

- If R responds less than once per month, put "0" times per month.
- If R gives a number without a time frame, ASK: "Was that per day, week or month?"

**MA38.1.** During the past month, how many times per day, week, or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

FVP1

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

**FOR INTERVIEWER:**

- Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.
- Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.
- Do not include vegetable juices such as tomato and V8 if respondent provides but include in other vegetables question.
- DO include 100% pure juices including orange, mango, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable. 100% pure juice from concentrate (i.e., reconstituted) is counted.

**MA38.2.** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.

(654-656)

FVP2

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

**IF NEEDED:**

**“Your best guess is fine. Include apples, bananas, applesauce, oranges, fruit salad, watermelon, cantaloupe or musk melon, papaya, mangos, grapes, and berries such as blueberries and strawberries.”**

**FOR INTERVIEWER:**

- Do not include dried fruit eaten alone or in ready-to-eat cereals. Do not count fruit jam, jelly, or fruit preserves.

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

**MA38.3.** During the past month, how many times per day, week, or month did you eat a green leafy or lettuce SALAD, with or without other vegetables?

FVP3

(657-659)

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

**IF NEEDED:**

**“Include American or Western-type RAW salads with leaf lettuce, romaine, mixed-greens, or spinach as well as bok choy.”**

**FOR INTERVIEWER:**

- Do include head lettuce, leaf lettuce, romaine, mixed-greens, mesclun, arugula, watercress, spinach.
- Do include Asian bok-choy and napa.
- Do not include cole-slaw or American-style cabbage salads.
- Do not count cooked greens (include in “Other vegetables” question response).

**MA38.4.** During the past month, not including French fries or other fried potatoes, how many times per day, week, or month did you eat any kind of POTATOES such as baked, boiled, mashed potatoes, or potato salad?

FVP4

(660-662)

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

**IF NEEDED:**

**“Fried potatoes include French fries, potato chips, tater tots, home fries, and hash brown potatoes.”**

**“This includes potatoes prepared in any fashion such as baked, boiled, mashed, au-gratin, or scalloped. It includes potatoes prepared in other dishes such as potato salad.”**

**“Include white, yellow, red-skinned potatoes.”**

**MA38.5.** During the past month, how many times per day, week, or month did you eat cooked or canned Beans, such as refried beans, baked beans, beans in soup, black beans, garbanzo beans, soybeans, tofu or lentils? Do NOT include long green beans.

FVP5

(663-665)

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

**IF NEEDED:**

**“Include round or oval beans or peas such as navy, pinto, split peas, cow peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans or pole beans.”**

**FOR INTERVIEWER:**

- Include soybeans, TOFU (BEAN CURD MADE FROM SOYBEANS) kidney, pinto, garbanzo, lentils, black, black-eyed peas, cow peas, lima beans and white beans.
- Include bean burgers including garden burgers and veggie burgers.
- Include falafel and tempeh.

**MA38.6.** Not including what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include cooked greens, sweet potatoes, tomatoes, broccoli, corn, eggplant, cabbage, and carrots.

FVP6

(666-668)

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

**IF NEEDED:**

**“Do not count lettuce salads, white, yellow, or red-skinned potatoes, beans, or anything you have already counted.”**

FOR INTERVIEWER:

- Include sweet potatoes or yam, long green or yellow beans (string, wax, pole), carrots, corn, peas, tomatoes, beets, broccoli, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cooked greens including collard greens, turnip greens, mustard greens, kale; all cabbage including American-style cole-slaw; all squash including summer-types (green, yellow, zucchini) and hard-winter varieties including acorn, butternut, hubbard; mushrooms.
- Include any form of the vegetable (raw, cooked, canned, or frozen).
- Do not include products consumed usually as condiments including ketchup, catsup, salsa, relish.
- Do include tomato juice if respondent did not count in fruit juice.
- Do not include rice or other grains.

Note: The above questions match the classifications used in Appendix A-2, page 54, of the 2005 Dietary Guidelines for Americans for Fruits (Questions 1 and 2), Vegetables (Questions 3-6) and the legume/bean vegetable Subgroup Legumes (dry beans and peas) (Question 5).

### Section 38a: 2-item Fruit and Vegetable Pilot [Split 2]

**[if split=2 then continue; else if split=1 or 3 then go to next section]**

Earlier you told me about the fruits and vegetable you ate or drank. These next questions are similar but are about specific vegetables **you** ate during the past month, that is the past 30 days, including meals and snacks. Please think about all forms of vegetables including cooked or raw, fresh, frozen or canned.

Tell me how often **you** ate each one: for example, twice a day, once a day, twice a week, three times a month, and so forth.

**MA38.7.** During the past month, how many times per day, week, or month did you eat dark green vegetables for example dark green leafy lettuce, cooked or raw spinach, broccoli, chard, collard or mustard greens?

FVP7

(669-671)

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

FOR INTERVIEWER:

- Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, watergress, arugula.
- Do not include iceberg (head) lettuce.
- Include all cooked greens including kale, collard greens, turnip greens, mustard greens.

**MA38.8.** During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots.

FVP8

(672-674)

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

**IF NEEDED:**

**“Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”**

FOR INTERVIEWER:

- Include all forms of carrots including long or baby-cut.
- Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).
- Include all forms of sweet potatoes including baked, mashed, or sweet potatoes fries.
- Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as

a Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin), and spaghetti squash.

- Include pumpkin.

Note: The above questions match the classifications used in Appendix A-2, page 54, of the 2005 Dietary Guidelines for Americans for Vegetable Subgroups including Dark Green Vegetables (Questions 1), Orange Vegetables (Question 2).

<http://www.mypyramid.gov/pyramid/vegetables.html#>

## Section 39: Alcohol and Health [Split 2]

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### Notes Interviewer :

Refusals and don't know/not sure responses will be treated as missing data and used by analysts as an indication of the quality of the interview. Each such response therefore diminishes the value of the interview to the study, and even a few such responses in a critical multi-item question can make the entire question unusable. It is especially important when possible to prevent respondents from indiscriminately refusing to answer or saying don't know/not sure to item after item within a multi-item question. Experience shows that once this pattern develops, it often continues for the entire multi-item question as well as throughout the section and in subsequent sections. An interviewer's duties include training the respondent how to respond to questions with the most accurate and complete information. The first time a question that could be answered is refused or evokes a don't know/not sure response instead, emphasize the importance of respondents' responding yes or no to every question if possible, even those that the respondents may not believe were designed for them. For example, if the respondent is a very light drinker, we expect and want them to answer no to every item in some of these multi-item questions if indeed that is the truth. Refusing to answer in such cases as a way of indicating that of course the answers are all no loses important information, and does not speed up the interview. A no answer is just as valuable to the study's estimates as a yes answer. Encourage these respondents to answer every question yes or no by noting that the number of items is small, and complete answers are crucial. Above all, be sure to ask every question even if the respondent has refused or said don't know to the previous items in the question set, and encourage the respondent to consider each item separately. If the refusal is in response to potentially sensitive information, reassure the respondent that the information is confidential and will never be linked to him or her. These questions are about the respondent's health, and there is no right or wrong answer. Or if the respondent says not sure, suggest that he or she take time thinking about the question and perhaps think aloud about what is making the respondent unsure. Encourage the respondent to narrow down the answers and try to provide a response other than don't know or a refusal. Do not give the person a conclusion; merely encourage the person to select which answer is closest to how he or she feels, yes or no.

**If split = 1 or 3 then go to next section;  
Else if split = 2 then continue to pre-MA39.1**

**Pre-MA39.1:**

**CREATE INTERNAL VARIABLE SIXDRINKS=0**

**If ALCDAY4 [MA15.2] = (102-107 or 206-230) or (AVEDRNK2 [MA15.3] = (06-76) or DRNK3GE5 [MA15.4] = (02-76)) or MAXDRNKS [MA15.5] = (06-76), then go to**

**MA39.2 (and internal variable SIXDRINKS=1);**

**Else if DRNKANY4 = (2, 7, 9) or ALCDAY4 = (777, 888, 999) or AVEDRNK2 = (77, 99) then go to MA39.1 (and internal variable SIXDRINKS=0);**

**Else if total drinks > or = 6 then go to MA39.2 (and internal variable SIXDRINKS=1);**

**Total number of drinks is defined using the following logic:**

**If ALCDAY4 = (101) then total drinks = (ALCDAY4 – 100) \* AVEDRNK2 \* 4**

**If ALCDAY4 = (201-205) then total drinks = (ALCDAY4 – 200) \* AVEDRNK2**

**Else go to MA39.1 (and internal variable SIXDRINKS=0).**

**MA39.1.** Have you had at least six drinks in your lifetime?

(675)

Ahlc14a

- |   |                       |   |
|---|-----------------------|---|
| 1 | Yes                   | <b>[Continue]</b>   |
| 2 | No                    | <b>[Go to next Section]</b>   |
| 7 | Don't know / Not sure | <b>[Go to next Section]</b>   |
| 9 | Refused               | <b>[Reassure That No Harm Can Result from this Interview; if still refuses, Go to next Section]</b> |

The next questions are about alcohol and its effects on your health.

**MA39.2** Research indicates that having a glass of red wine each day may help reduce the risk of heart disease. Some people have adopted that practice in the interest of their health. Have you ever done so?

Redwine

(676)

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

**MA39.3** Have you ever been treated by a doctor for any of the following: stomach problems such as chronic heartburn or ulcer, injuries from a fall or a single car accident when you were driving, or liver disease such as fatty liver or hepatitis?

Alcprob

(677)

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

**MA39.4** The next questions are about experiences that you may have had in your life as a result of drinking.

	Yes	No	Don't Know /Not Sure	Refused
<b>MA39.4a.</b> Did you ever continue to drink when you knew it was causing you medical or psychological problems (such as cirrhosis or depression) or was making these problems worse? <b>MEDICAL PROBLEM</b>	1	2	7	9
<b>MA39.4b.</b> Did you ever have symptoms of alcohol withdrawal such as the shakes, vomiting, sweats, hallucinations, confusion, or a seizure? <b>WITHDRAWAL SICKNESS</b>	1	2	7	9
<b>MA39.4c.</b> Did you ever drink alcohol or take a sedative or tranquilizer to relieve or avoid alcohol withdrawal symptoms? <b>WITHDRAWAL SICKNESS</b>	1	2	7	9
<b>MA39.4d.</b> Did drinking cause you to give up or reduce any important activities, like doing things with friends or family, going to work or school, or participating in sports? <b>REDUCE IMPORTANT ACTIVITIES</b>	1	2	7	9
<b>MA39.4e.</b> Have you often thought that you should quit or cut down on your drinking, or tried to do so more than once without success? <b>UNABLE TO QUIT</b>	1	2	7	9
<b>MA39.4f.</b> Has there ever been a period when you spent a lot of time drinking, obtaining alcohol, or recovering from a hangover or other effects? <b>SPEND A LOT OF TIME ON IT</b>	1	2	7	9
<b>MA39.4g.</b> Have you often had days when you ended up drinking a lot more or for a much longer time than you intended? <b>LOSS OF CONTROL</b>	1	2	7	9

Alch1a-  
alch1f

**MA39.4h.** Did you ever find that you no longer got the feeling you desired from the amount of alcohol you used to drink, or that you had to drink much more to get the same effect?      1      2      7      9

**TOLERANCE**

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**[Count yes (1) responses to MA39.4a to MA39.4h, but count a yes (1) to both MA39.4b and MA39.4c as just one yes; if the sum is three or more, continue; if the sum is one or two, go to MA39.7 if the sum is zero, go to MA39.8]**

**[Before MA39.5, read the summary statement for each yes (1) response in MA39.4a to MA39.4h to remind respondent of what he/she said]**

To summarize, you said that drinking caused you \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. [MEDICAL PROBLEMS/WITHDRAWAL SICKNESS/ TO REDUCE IMPORTANT ACTIVITIES /TO BE UNABLE TO QUIT/TO SPEND A LOT OF TIME ON IT/LOSS OF CONTROL/TOLERANCE]. The next questions are about these experiences.

**[If count of 1's is equal to three, say "these three"; if the count of 1's is more than three, say "three or more of these" in MA39.5].**

**MA39.5.** Have you ever had (these three/three or more of these) experiences during the same 12-month period?

Alch2	1      Yes	<b>[Continue]</b>	(686)
	2      No	<b>[Go to MA39.7]</b>	
	7      Don't know / Not sure	<b>[Go to MA39.7]</b>	
	9      Refused	<b>[Go to MA39.7]</b>	

**MA39.6.** When was the last time you had (three or more of) these experiences during the same 12 months? Was it . . .

Alch3	<b>Read:</b> 1      In the past year	(687)
	2      Within the past two years	
	3      More than two years ago	
	<b>Don't Read:</b>	
	7      Don't know / Not sure	
	9      Refused	

**[NOTE: If Respondent answers 'never', the answer is inconsistent with MA39.5= 2, 7, or 9. So, go back to MA39.5 and re-ask.]**

**MA39.7.** How severe were these experiences the last time you had them? Were they

Alch4

- Read:** 1 Not severe  
 2 Somewhat severe  
 3 Very severe
- Don't Read:**  
 7 Don't know / Not sure  
 9 Refused

**MA39.8.** The next questions are about other things that might have happened to you more than once in a year as a result of drinking alcohol. Remember your answers are completely confidential.

Alch5ia- Alch5id
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(689-692)

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

**MA39.8a.** During a 12 month period were you often under the influence of alcohol in situations where you or others could have gotten hurt, for example when driving a car or operating a machine?

**DANGEROUS SITUATIONS**

**[Interviewer Information:** Any situation that increased the respondent's chances of being hurt counts, not just the ones listed. Could include recreational activities such as riding a bike, water skiing, snow boarding, or boating. Also could be an event where he or she was hurt in a fall, got burned, cut self with a knife or an axe, and other activities that could be dangerous when intoxicated. "Often" implies more than once or more than one type of situation.]

1	2	7	9
---	---	---	---

**MA39.8b.** Did your being under the influence of alcohol or being hung over interfere with responsibilities at home, work, or school more than once in a year?

**NEGLECT RESPONSIBILITIES**

**[Interviewer information:** Includes house cleaning, child care, not doing job properly, not doing homework, or missing classes. Drinking caused these problems repeatedly, not just one time.]

1	2	7	9
---	---	---	---

**MA39.8c.** Did you continue drinking even though it kept causing or worsening interpersonal problems with your family, friends, or people at school or work more than once in a year?

**INTERPERSONAL PROBLEMS**

**[Interviewer note:** “Continue drinking” means that these interpersonal problems were persistent or recurrent, not just one episode. If the family objected only because they disapprove of drinking on principle, not because they considered the respondent to be a problem drinker, code this response as “no.” Also code “no” if the respondent volunteers that the family’s objection was due to a single, never-repeated occasion. In other words, a “yes” response means that the family judged the respondent to be a habitual heavy drinker; they would not have objected if he/she drank in moderation as an adult.]

1      2      7      9

**MA39.8d.** Has your drinking caused you legal problems more than once in a year, such as being arrested for disorderly conduct or drunk driving?

**LEGAL PROBLEMS**

**[Interviewer note:** The respondent must have been arrested. Just being stopped or warned does not count as a positive answer. Includes crimes that are explicitly related to alcohol such as drunkenness and liquor law violations like selling alcohol to a minor to get alcohol or money for alcohol, and it includes crimes without an explicit connection but that occur because the person was intoxicated, such as assault, rape, burglary, malicious destruction of property, breaking and entering, trespassing, or murder.]

1      2      7      9

**[If MA39.8a to MA39.8d are all either no (2), don’t know/not sure (7), or refused (9), Go to Drug Use and Health Section; otherwise continue]**

**[Read summary of each yes (1) response in MA39.8a to MA39.8d to remind respondent of what he/she said]**

To summarize, you said that drinking caused you to \_\_\_\_\_, (and) \_\_\_\_\_ (BE IN DANGEROUS SITUATIONS, NEGLECT RESPONSIBILITIES, HAVE INTERPERSONAL PROBLEMS, HAVE LEGAL PROBLEMS). The next questions are about this experience/these experiences.

**[If only one yes (1) response to MA39.8a to MA39.8d, then refer to “that”; if more than one yes (1) to MA39.8a to MA39.8d, then refer to “one of these things” when**

**asking MA39.9]**

**MA39.9.** When was the last time (that/ one of these things) happened more than once within a 12-month period? (693)

- Read:**
- 1 In the past year
  - 2 Within the past 2 years
  - 3 More than 2 years ago

**Don't Read:**

Alch6

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

**[If only one yes (1) response to MA39.8a to MA39.8d, then refer to “was the problem”; if more than one yes (1) to MA39.8a to MA39.8d, then refer to “were these problems” when asking MA39.10]**

**MA39.10.** How serious (was the problem/ were these problems) the last time? (694)

- Read:**
- 1 Not serious
  - 2 Somewhat serious
  - 3 Very serious

**Don't Read:**

Alch7

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

**Section 40: Drug Use and Health [Split 2]**

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**If split = 2 then continue;  
Else if split = 1 or 3 then go to next section**

**MA40.1** Have you ever seen a doctor for chronic pain, anxiety, insomnia, or hyperactivity? (695)

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

I am now going to ask you about prescription medicines that you may have taken for medical problems like these or other diseases.

**MA40.2.** Has a doctor or other health professional ever prescribed any of the following medicines for you?

Drgh1a- Drgh1d
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(696-699)

	Yes	NO	Don't Know/ Not Sure	Refused
<p><b>MA40.2a.</b> Tranquilizers such as Xanax, Klonopin, Ativan or Valium [if needed: Prescribed for anxiety disorders, panic states, and insomnia. Other names include Serax, Librium, Atarax, BuSpar, Soma.]</p>	1	2	7	9
<p><b>MA40.2b.</b> Pain killers such as Vicodin, Percocet, codeine, OxyContin, or Darvon [If needed: Prescribed for painful conditions, such as neck or back pain, headaches, operations, dental work, and jaw pain. They are known as narcotics, analgesics, and opiates or opioids. Specific names include Demerol, Percodan, Dilaudid, Lortab, Lorcet, methadone, morphine, Stadol, Talwin.]</p>	1	2	7	9
<p><b>MA40.2c.</b> Stimulants such as Ritalin, Adderall, or Dexedrine [If needed: Prescribed for attention deficit hyperactivity disorder (ADHD), narcolepsy, obesity, and depression. Generic or trade names include amphetamine, methamphetamine, Benzedrine, Biphetamine, Desoxyn, Fastin, Preludin Provigil, or Concerta, Methedrine, Methylphenidate.]</p>	1	2	7	9
<p><b>MA40.2d.</b> Sedatives or sleeping pills such as Nembutal, Quaalude, Restoril, or Seconal [If needed: Prescribed for insomnia, anxiety, and for treatment of alcohol withdrawal symptoms. They are often in medicines for cough, nausea, and convulsions. They are also administered to calm patients prior to surgery and other uncomfortable medical procedures. Other names include Amytal, Butalbital, Butisol, Chloral Hydrate, Dalmane, Doriden, Halcion, Pentobarbital, Placidyl, Sopor, Tuinal.]</p>	1	2	7	9

**[If responses to all drugs in MA40.2a to MA40.2d are no (2), don't know (7), or refused (9), go to MA40.4; If responses included a yes (1) for one or more of the**

drugs in MA40.2a to MA40.2d, ask MA40.3]

**MA40.3.** In the past year, have you felt dependent on or experienced trouble getting off of [DRUG NAME] when you no longer needed them medically?

[Repeat for each drug used in MA40.2a to MA40.2d]

(700-703)

Drgh2a – Drgh2d	Yes	NO	Don't Know/ Not Sure	Refused
	<b>MA40.3a.</b> Tranquilizers?	1	2	7
<b>MA40.3b.</b> Pain killers?	1	2	7	9
<b>MA40.3c.</b> Stimulants?	1	2	7	9
<b>MA40.3d.</b> Sedatives?	1	2	7	9

**MA40.4.** “Non-medical” drug use means using it to get high or for pleasurable effects, see what the effects are like, or use with friends. In your lifetime, have you taken any of the following drugs six or more times for non-medical purposes?

(704-712)

[Re-assure respondent of confidentiality if he/she refuses to answer or says don't know repeatedly; try reading question again, but move on if continues to refuse; Read each drug category one at a time, and offer choices “yes” or “no”]

Drgh4a -Drgh4i	Read:	Yes	NO	Don't Know w/ Not Sure	Refused
	<b>MA40.4a.</b> Marijuana or hashish [If needed: Street names include: “pot,” “grass,” “hash.”]		1	2	7
<b>MA40.4b.</b> Painkillers such as Vicodin, Percocet, codeine or OxyContin. [If needed: Also known as “prescription analgesics.”]		1	2	7	9
<b>MA40.4c.</b> Cocaine or crack [If needed: Also known as “coke” or “free base.”]		1	2	7	9

<b>MA40.4d.</b> Tranquilizers such as Valium, Klonopin, or Xanax [If needed: Other tranquilizers include Ativan, Serax, Atarax, BuSpar, Soma, Rohypnol.]	1	2	7	9
<b>MA40.4e.</b> Stimulants, diet pills, “uppers,” or “speed,” such as Methamphetamine, Benzedrine, Ritalin, or Provigil [If needed: Other street names include “ice,” “crank.”]	1	2	7	9
<b>MA40.4f.</b> Hallucinogens such as LSD or “acid,” PCP or “angel dust,” or Ecstasy or “MDMA” [If needed: Other hallucinogens or names for the same drugs include psilocybin, mescaline, peyote, phencyclidine]	1	2	7	9
<b>MA40.4g.</b> Sedatives, sleeping pills, “downers,” or barbiturates such as Quaaludes, Nembutal, Restoril, or Seconal [If needed: Other sedatives include Amytal, Butisol, Chloral Hydrate, Dalmane, Doriden, Halcion, Placidyl, Tuinal.]	1	2	7	9
<b>MA40.4h.</b> Inhalants such as amyl nitrite (“poppers”), nitrous oxide (“whippets”), cleaning fluid or glue, or lacquer thinner	1	2	7	9
<b>MA40.4i.</b> Heroin	1	2	7	9

**[If either no (2), don’t know (7), or refused (9) for all of the drugs in MA40.4a to MA40.4i, go to next Section on Alcohol and Drug Treatment; otherwise continue]**

**[If used one drug in MA40.4a to MA40.4i, read “the drug” in MA40.5; if more than one drug in MA40.4a to MA40.4i, read “a drug” in MA40.5]**

**MA40.5.** The next questions are about experiences that you may have had as a result of using the drugs that you took six or more times non-medically. (713-720)

Drgh5a-  
Drgh5h

	Yes	No	Don't Know /Not Sure	Refused
<b>MA40.5a.</b> Did you ever continue using a drug non-medically when you knew it was causing you medical or psychological problems or making them worse?	1	2	7	9
<b>MEDICAL PROBLEMS</b>				
<b>MA40.5b.</b> Did you ever have symptoms of drug withdrawal such as depression, fatigue, weakness, yawning, insomnia, or seizures when you stopped using a drug non-medically?	1	2	7	9
<b>WITHDRAWAL SICKNESS</b>				
<b>MA40.5c.</b> Did you use the drug or similar drugs to cure or avoid the withdrawal symptoms?	1	2	7	9
<b>WITHDRAWAL SICKNESS</b>				
<b>MA40.5d.</b> Did you often have days when you ended up using a lot more or using for a much longer time than you meant to or originally intended?	1	2	7	9
<b>LOSS OF CONTROL</b>				
<b>MA40.5e.</b> Have you often thought that you should quit or cut down on your drug use, or tried to do so more than once but without success?	1	2	7	9
<b>UNABLE TO QUIT</b>				
<b>MA40.5f.</b> Has there ever been a period when you spent a lot of time using a drug non-medically, getting it, or getting over its effects?	1	2	7	9
<b>SPEND A LOT OF TIME</b>				
<b>MA40.5g.</b> Did non-medical drug use cause you to give up or reduce any important activities like doing things with friends or family, going to work or school, or participating in sports?	1	2	7	9
<b>REDUCE IMPORTANT ACTIVITIES</b>				

**MA40.5h.** Did you ever find that you no longer got high on the drug amount you used to take, or that you had to use much more to get the same effect? 1 2 7 9

**TOLERANCE**

**[Count yes (1) answers to MA40.5a to MA40.5h, but count a yes (1) to both MA40.5b and MA40.5c as just one yes. If the sum is three or more, continue; if the sum is one or two, go to MA40.8; if the sum is zero, go to MA40.9]**

**[Read summary of each yes (1) response in MA40.5a to MA40.5h to remind respondent of what he/she said]**

To summarize, you said that non-medical drug use caused you \_\_\_\_\_, \_\_\_\_\_, (and) \_\_\_\_\_ (MEDICAL PROBLEMS/WITHDRAWAL SICKNESS/TOLERANCE/TO REDUCE IMPORTANT ACTIVITIES/LOSS OF CONTROL/TO BE UNABLE TO QUIT/TO SPEND A LOT OF TIME ON IT/TO NEED TO USE MORE). The next questions are about those experiences.

**[If used one drug in MA40.4a to MA40.4i, read “the drug”; if more than one drug in MA40.4a to MA40.4i, read “a drug” in MA40.6]**

**MA40.6.** Has (the drug/ a drug) you used non-medically ever caused three or more of these experiences to happen within the same 12 month period?

(721)

Drgh6

- |   |                       |                       |
|---|-----------------------|-----------------------|
| 1 | Yes                   | <b>[Continue]</b>     |
| 2 | No                    | <b>[Go to MA40.8]</b> |
| 7 | Don't know / Not sure | <b>[Go to MA40.8]</b> |
| 9 | Refused               | <b>[Go to MA40.8]</b> |

**MA40.7.** I am going to read the name of each drug you have used non-medically six times or more. Please tell me when it last caused you to have (three/ three or more) of these experiences. The choices are in the past year, within the past two years, more than two years ago, or never.

Drgh8a –  
Drgh8i

**[Read only drugs used non-medically 6 or more times (1) in MA40.4a to MA40.4i; repeat the response alternatives after each drug read]**

(722-730)

In the Past Year	Within the Past Two Years	More Than Two Years Ago	Never	<b>Don't Read: Don't Know/ Not Sure</b>	<b>Don't Read: Refus ed</b>
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<b>MA40.7a.</b> Marijuana	1	2	3	4	7	9
<b>MA40.7b.</b> Painkillers	1	2	3	4	7	9
<b>MA40.7c.</b> Cocaine	1	2	3	4	7	9
<b>MA40.7d.</b> Tranquilizers	1	2	3	4	7	9
<b>MA40.7e.</b> Stimulants	1	2	3	4	7	9
<b>MA40.7f.</b> Hallucinogens	1	2	3	4	7	9
<b>MA40.7g.</b> Sedatives	1	2	3	4	7	9
<b>MA40.7h.</b> Inhalants	1	2	3	4	7	9
<b>MA40.7i.</b> Heroin	1	2	3	4	7	9

**[If all MA40.6 = Yes (1) and response (s) to MA40.7a to MA40.7i were Never (4), probe:]** "A moment ago I asked if (the drug/ a drug) you used non-medically ever caused three or more of these experiences to happen within the same 12 month period? Your answer was Yes.

**[If only one drug and answer to the drug in MA40.7a to MA40.7i was never:]** However, when I asked you when that last happened, your answer was never. Can you help me understand how those answers fit together?" **[Go back as needed to re-ask MA40.6 or the specific drug in MA40.7a to MA40.7i so that the answers are consistent if possible].**

**[If used more than one drug and all of the answers to MA40.7a to MA40.7i were never (4), probe:]** However, when I asked you when that last happened, your answers were never for every drug. Can you help me understand how those answers fit together?" **[Go back as needed to re-ask MA40.6 or MA40.7a to MA40.7i so that the answers are consistent if possible].**

**[if the count of symptoms for MA40.5a to MA40.5h equals 1, then say "was this experience" when asking MA40.8; if the count was greater than 1, then say "were these experiences" when asking MA40.8]**

**MA40.8.** How severe (was this experience/were these experiences) the last time that non-medical drug use caused it/them? Was it/ were they . . .

Drgh9

- Read:** 1 Not severe  
 2 Somewhat severe  
 3 Very severe
- Don't Read:**  
 7 Don't know / Not sure  
 9 Refused

**MA40.9.** The next questions are about other things that may have happened to you more than once in a 12 month period as a result of taking drugs non-medically. (732-735)

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

**MA40.9a.** Were there times during a 12-month period when you were often under the influence of drugs in situations where you or others could get hurt, for example when you were driving a car or operating a machine?

**HAZARDOUS SITUATIONS**

**[Interviewer information:** Any situation that increased the respondent's chances of being hurt counts, not just the ones listed. Could include recreational activities such as riding a bike, water skiing, or boating. Also could be an event where he or she was hurt in a fall, got burned, cut self with a knife or an axe, and other activities that could be dangerous when high on drugs. Must have occurred more than once or more than one type of situation.]

1	2	7	9
---	---	---	---

Drgh10a-  
Drgh10d

**MA40.9b.** Did your repeated use of drugs non-medically interfere with your responsibilities at home or with children, at work, or at school more than once in a year?

**INTERFERE WITH RESPONSIBILITIES**

**[Interviewer information:** Includes house cleaning, child care, not doing job properly, not doing homework, or missing classes. Repeated drug use caused these problems, not just one time.]

1	2	7	9
---	---	---	---

**MA40.9c.** Did you continue using drugs even though it kept causing or worsening interpersonal problems with your family, friends, or people at school or work more than once in a year?

**INTERPERSONAL PROBLEMS**

1            2            7            9

**[Interviewer information:** “Continue using drugs” means that these interpersonal problems caused by drug use were persistent or recurrent, not just one episode.]

**MA40.9d.** Has your drug use caused you legal problems more than once in a year, such as being arrested for possession?

**LEGAL PROBLEMS**

**[Interviewer information:** The respondent must have been arrested. Just being stopped or warned does not count as a positive answer. Includes crimes that are explicitly related to illicit drug use such as possession, sales, possession of illegal drug paraphernalia, and crimes to obtain money for drugs or to obtain drugs, such as burglary of a drug store. It includes crimes without an explicit connection but that occur because the person was dependent or under the influence of drugs such as assault, rape, burglary, robbery, and murder.]

1            2            7            9

**[If either No (2), Don’t Know/Not Sure (7), or Refused (9) to all four items MA40.9a to MA40.9d ; go to next Section on Alcohol and Drug Treatment; otherwise continue]**

**[Read summary of each yes (1) response in MA40.9a to MA40.9d to remind respondent of what he/she said]**

To summarize, you said that non-medical drug use caused you to \_\_\_\_ and \_\_\_\_ (BE IN HAZARDOUS SITUATIONS, NEGLECT RESPONSIBILITES, HAVE INTERPERSONAL PROBLEMS, HAVE LEGAL PROBLEMS). The next questions are about that experience/these experiences.

**[If only one yes (1) in MA40.9a to MA40.9d, then refer to “that experience”; if more than one yes (1) in MA40.9a to MA40.9d, then refer to “one of these experiences” when asking MA40.10 or MA40.11]**

**MA40.10.** I am going to read the name of each drug you have used non-medically six or more times. For each, please tell me when it last caused you to have that experience/ one of these experiences. The choices are: in the past year, within the past two years, more than two years ago, or never.

**Read only drugs respondent said yes (1) to using non-medically 6 or more times in MA40.4a to MA40.4i; repeat response alternatives 1, 2, 3 and 4 as needed after each drug read]**

Drgh12a – Drgh12i	(736-744)
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	In the Past Year	Within the Past Two Years	More Than Two Years Ago	Never	Don't Know/ Not Sure	Refused
<b>MA40.10a.</b> Marijuana	1	2	3	4	7	9
<b>MA40.10b.</b> Painkillers	1	2	3	4	7	9
<b>MA40.10c.</b> Cocaine	1	2	3	4	7	9
<b>MA40.10d.</b> Tranquilizers	1	2	3	4	7	9
<b>MA40.10e.</b> Stimulants	1	2	3	4	7	9
<b>MA40.10f.</b> Hallucinogens	1	2	3	4	7	9
<b>MA40.10g.</b> Sedatives	1	2	3	4	7	9
<b>MA40.10h.</b> Inhalants	1	2	3	4	7	9
<b>MA40.10i.</b> Heroin	1	2	3	4	7	9

**[If MA40.9a to MA40.9d = 1 or more and response (s) to MA40.10a to MA40.10i were Never (4), probe:]** "A moment ago I asked if (the drug/ a drug) you used non-medically ever caused one of these things to happen more than once within the same 12 month period. Your answer was Yes.

**[If only one drug and answer to MA40.10a to MA40.10i was never:]** However, when I asked you when that last happened, your answer was never. Can you help me understand how those answers fit together?" **[Go back as needed to re-ask MA40.6 or the specific drug in MA40.10a to MA40.10i so that the answers are consistent if possible].**

**[If used more than one drug and all of the answers to MA40.10a to MA40.10i were never (4), probe:]** However, when I asked you when that last happened, your answers were never for every drug. Can you help me understand how those answers fit together?" **[Go back as needed to re-ask MA40.9a to MA40.9d or MA40.10a to MA40.10i so that the answers are consistent if possible].**

[if the number of yes (1) responses to MA40.9a to MA40.9d equals 1, then say “was the drug problem” when asking MA40.11; if the number of yes (1) responses to MA40.9a to MA40.9d was greater than 1, then say “were these drug problems” when asking MA40.11.

**MA40.11.** How serious (was the drug problem/ were these drug problems) the last time that non-medical drug use caused them? Was it/ Were they . . .

Drgh13

(745)

- Read:**
- 1 Not serious
  - 2 Somewhat serious
  - 3 Very serious
- Don't Read:**
- 7 Don't know / Not sure
  - 9 Refused

Section 41: Alcohol and Drug Treatment [Split 2]

---

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

**Pre-MA41.1:** [If never had six or more drinks in the past month (internal variable SIXDRINKS=0) and never had six drinks in lifetime (MA39.1 = 2, 7, or 9), and never used a prescription drug (all MA40.2a to MA40.2d = 2, 7, or 9), and never used a drug non-medically six or more times (all MA40.4a to MA40.4i = 2, 7, or 9), go to next section; otherwise, continue]

[If clustering of symptoms of dependence or abuse for alcohol in the past two years (MA39.6 = 1 or 2 or MA39.9 = 1 or 2) or dependence on a prescription drug (any MA40.3a to MA40.3d =1) or clustering of symptoms of dependence or abuse for any non-medical drugs in the past two years (any MA40.7a to MA40.7i = 1 or 2 or any MA40.10a to MA40.10i =1 or 2), continue; Otherwise, go to M41.4.

**MA41.1.** During the past 12 months, has your use of alcohol or drugs interfered with your ability to work, form and maintain close relationships, care for yourself, or care for your home and family?

Datx18

(801)

- 1 Yes [Continue]
- 2 No [Go to MA41.3]
- 7 Don't Know/Not Sure [Go to MA41.3]
- 9 Refused [Go to MA41.3]

**MA41.2.** How severe was this interference with your functioning? Was it . . . (802)

- Read:**
- 1 Not severe
  - 2 Somewhat severe
  - 3 Very severe

**Don't Read:**

Datx19	7	Don't know / Not sure
	9	Refused

**MA41.3.** During the past 12 months, did you need treatment or counseling for your use of alcohol or drugs? (803)

Datx20	1	Yes
	2	No
	7	Don't Know/Not Sure
	9	Refused

**MA41.4.** Have you ever enrolled in counseling or any other kind of treatment for alcohol or drug use? (804)

Datx7a	1	Yes	<b>[Continue]</b>
	2	No	<b>[Go to next section]</b>
	7	Don't Know/Not Sure	<b>[Go to next section]</b>
	9	Refused	<b>[Go to next section]</b>

**MA41.5.** How many times in your life have you enrolled in counseling or any other kind of treatment for alcohol or drug use? (805-806)

Datx8a	# times	<b>[Continue]</b>
	7 7 Don't Know/Not Sure	<b>[Continue]</b>
	9 9 Refused	<b>[Continue]</b>

**[RANGE 1-76, 77, 99]**

**[Probes:**

**If the respondent says “zero” or “none,” to MA41.5 repeat the question.** If the response is still 00, then seek clarification by going back to the previous question MA41.4 and asking again whether the person ever enrolled in treatment. Say, “Before I asked you if you have ever enrolled in counseling or any other kind of treatment for alcohol or drug use. Your answer then was Yes. In the current question, you have said that there were no times when you enrolled in treatment. Can you help me understand how these answers fit together?” As needed, go back and re-ask MA41.4 or re-encode

the response to MA41.5 as appropriate so that the two answers are consistent if possible.

**If the respondent gives a large number in response to MA41.5, defined as more than 20, ask the question again and explain what we are seeking. Say, “This question asks about entirely separate episodes or courses of treatment which typically include admission, multiple counseling sessions or days in treatment, followed by termination or discharge for a period of time, such as a couple of months. It does not refer to the number of times you saw the therapist or attended a group meeting. Based on that explanation, how many times in your life would you say that you enrolled in counseling or any other kind of alcohol or drug treatment?” Re-code if needed.]**

**MA41.6.** Have you gotten alcohol or drug treatment in the past year?

(807)

Datx21	1	Yes
	2	No
	7	Don't know / Not Sure
	9	Refused

Section 42: Primary Care/Medical Home Questions [Split 2]

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

**If PERSDOC2 = 1 or 2, continue; otherwise, go to next section**

**Pre-MA42.1:**

**Now I will ask you some questions about your doctor or health care provider.**

**MA42.1** In the last 12 months, when you called this doctor's or health care provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed it?

(808)

Pcappt	1	Never
	2	Almost never
	3	Sometimes
	4	Usually
	5	Almost always
	6	Always

**Do not read:**

- 7 Don't know / not sure
- 8 I did not need care for an illness or injury in the last 12 months. **[Go to next section]**
- 9 Refused

**MA42.2.** In the last 12 months, how often did this doctor or health care provider seem to know the important information about your medical history? (809)

- |        |   |                       |
|--------|---|-----------------------|
| Pcknow | 1 | Never                 |
|        | 2 | Almost never          |
|        | 3 | Sometimes             |
|        | 4 | Usually               |
|        | 5 | Almost always         |
|        | 6 | Always                |
|        | 7 | Don't know / not sure |
|        | 9 | Refused               |

**MA42.3.** In the last 12 months, how often did this doctor or health care provider seem informed and up-to-date about the care you got from specialist doctors? (810)

- |        |   |  |
|--------|---|--|
| Pcspec | 1 | Never  |
|        | 2 | Almost never   |
|        | 3 | Sometimes  |
|        | 4 | Usually  |
|        | 5 | Almost always  |
|        | 6 | Always   |
|        | 7 | Don't know / not sure                                      |
|        | 8 | I did not see any specialist doctors in the last 12 months |
|        | 9 | Refused  |

**MA42.4.** In the last 12 months, did this doctor or health care provider ask you about each of the different medicines you take, including medicines prescribed by other doctors? (811)

- |        |   |   |
|--------|---|---|
| Pcmeds | 1 | Yes   |
|        | 2 | No  |
|        | 3 | I do not remember                                       |
|        | 4 | I do not take any medicines prescribed by other doctors |
|        | 7 | Don't know  |
|        | 9 | Refused   |

Section 43: Disability [Split 3]

---

{If split=3 then continue; else if split=1 or 2 then go to next section}  
 {If core QLACTLM2 = 1 then go to MA43.1. Else go to MA43.2.}

**MA43.1** What is the farthest distance you can walk by yourself, without any special equipment or help from others? (812)

Disb5

**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

**MA43.2** Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (813)

Disb2

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

**{If QLACTLM2 = 1 or USEEQUIP = 1 or MA43.2 = 1 then go to MA43.4. Else, go to MA43.3.}**

**MA43.3.** A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind? (814)

Disb2a

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

**MA43.4** (If QLACTLM2 = 1 or USEEQUIP = 1 **Display:** Earlier you mentioned you were limited in some activities.) What is the major impairment or health problem that limits your activities (or causes your disability)? (815-816)

Q12b

**[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:**

- 01 Hearing problem
- 02 Eye/vision problem
  
- 03 Arthritis/rheumatism
- 04 Fibromyalgia
  
- 05 Back or neck problem
- 06 Fractures, bone or joint injury
- 07 Joint replacement (e.g., hip or knee replacement)
- 08 Leg/foot or arm/hand amputation, or congenitally missing or deformed limb
- 09 Walking or mobility problem (e.g., in a wheelchair, uses a cane, walker, etc.)
  
- 10 Asthma
- 11 Other lung/breathing problem (e.g., COPD, emphysema, bronchitis)
  
- 12 Heart problem
- 13 Stroke problem
- 14 Hypertension/high blood pressure
  
- 15 Diabetes
- 16 Cancer
  
- 17 Multiple Sclerosis (M.S.)
- 18 Parkinson’s Disease
- 19 Epilepsy, Seizure Disorder, Seizures
  
- 20 Learning Disability, Dyslexia, ADD or ADHD, Concentration
- 21 Memory, Remembering, Forgetting, Alzheimer’s Disease, Dementia
  
- 22 Substance Abuse (Alcoholism, Drug Addiction, Addicted to Prescription Meds)
- 23 Mental Illness/Mental Health problem (Other than Substance Abuse)
- 24 Stress, Worry, Nervousness, other non-specific emotional distress
  
- 25 Obesity, Overweight, Weight
- 26 Sleep disorder (e.g., Insomnia, Sleep Apnea)
- 27 Other impairment/problem **[specify:\_\_\_\_\_ ]**

**Do not read:**

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

**MA43.5.** For how long have your activities been limited because of your major impairment, health problem or disability?

Q13

(817-819)

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

**MA43.6.** 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?

Q14

(820)

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

**MA43.7.** 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?

Q15

(821)

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

**Section 44: Module 4: Visual Impairment and Access to Eye Care [Split 3]**

---

**CATI note: If respondent is less than 40 years of age, go to next module.**

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

**VIDFCLT2** How much difficulty, if any, do you have in recognizing a friend across the street? Would you say— (273)

Vidfclt2

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

**Or**

- 6 Unable to do for other reasons

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

**VIREDIF2** How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

(274)

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Viredif2

**Or**

- 6 Unable to do for other reasons

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

**VIPRFVS2** When was the last time you had your eyes examined by any doctor or eye care provider? (275)

**Read only if necessary:**

Viprfvs2

- 1 Within the past month (anytime less than 1 month ago) **[Go to VIEYEXM2]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to VIEYEXM2]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

**VINOCRE2** What is the main reason you have not visited an eye care professional in the past 12 months?

(276-277)

Vinocre2

**Read only if necessary:**

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment
- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other

**Do not read:**

- 7 7 Don't know / Not sure
- 0 8 Not Applicable (Blind) **[Go to next module]**
- 9 9 Refused

**CATI note: Skip VIEYEXM2, if any response to Module 2 (Diabetes) (EYEEEXAM).**

**VIEYEXM2** 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.

Vieyexm2

**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
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

**VIINSUR2** Do you have any kind of health insurance coverage for eye care?

Viinsur2

(279)

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

**VICTRCT2** Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

(280)

Victrct2

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

**VIGLUMA2** Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

Vigluma2

(281)

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

- 8 Not applicable (Blind) [Go to next module]
- 9 Refused

**Please read:**

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

**NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)**

**VIMACDG2** Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

Vimacdg2

(282)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) [Go to next module]
- 9 Refused

Section 45: Falls [Split 3]

---

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

**If respondent is 45 years or older continue, otherwise go to next section.**

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

**FALL3MN2** In the past 3 months, how many times have you fallen?

Fall3

(822-823)

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

**FALLINJ2** [Fill in “Did this fall (from FALL3MN2) cause an injury?”. If only one fall from FALL3MN2 and response is “Yes” (caused an injury); code 01. If response is “No”, code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

Fall4

[CATI: Response to FALLINJ2 must be ≤ FALL3MN2]

(824-825)

8	8	Number of falls	[76 = 76 or more]
8	8	None	[Go to next section]
7	7	Don't know / Not sure	[Go to next section]
9	9	Refused	[Go to next section]

Section 46: Module 21: Mental Illness and Stigma [Split 3]

---

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

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

**MISNERVS** 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?

Misnervs

(409)

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

**MISHOPLS** 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?

(410)

Mishopls

1	All
2	Most
3	Some
4	A little
5	None

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

**MISRSTLS** During the past 30 days, about how often did you feel **restless** or **fidgety**?

Misrstls

**[If necessary: all, most, some, a little, or none of the time?]**

(411)

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

**MISDEPRD** During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

Misdeprd

**[If necessary: all, most, some, a little, or none of the time?]**

(412)

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

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

Miseffrt

**[If necessary: all, most, some, a little, or none of the time?]**

(413)

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

9 Refused

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

Miswtles

**[If necessary: all, most, some, a little, or none of the time?]**

(414)

- 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.

**MISNOWRK** During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

Misnowrk

(415-416)

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

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

**MOD21.8** 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?

(417)

Mistmnt

- 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...

**MISTRHLP** Treatment can help people with mental illness lead normal lives. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (418)

Mistrhlp

**Read only if necessary:**

- 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

**MISPHLPF** People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (419)

Miphlpf

**Read only if necessary:**

- 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

**INTERVIEWER NOTE:** If asked for the purpose of **MISTRHLP** or **MISPHLPF**: say: “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”.

Section 47: Sexual Behavior [Split 3]

---

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

**{If Split = 3 and AGE = 18-64 or 7, 9 (age = 18-64 or DK, REF) then continue; else go to Next Section}**

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.

**MA47.1.** During the past 12 months, have you had sex? (826)

Sexyesno	1	Yes	
	2	No	<b>[Go to MA47.7]</b>
	7	Don't Know/ Not sure	<b>[Go to MA47.7]</b>
	9	Refused	<b>[Go to MA47.7]</b>

**MA47.2.** During the past 12 months, with how many people have you had sex? (827-829)

Sex12mb	_ _ _	Enter Number
	7 7 7	Don't know / Not sure
	9 9 9	Refused

**{CATI:If MA47.2 = 1, then go to MA47.4}**

**MA47.3.** During the past 12 months, have you had sex with only males, only females, or with both males and females? (830)

Sexgend1	1	Only males
	2	Only females
	3	Both males and females
	7	Don't Know/ Not sure
	9	Refused

**{CATI:If MA47.3=1 or 2, go to MA47.5}**

**MA47.4.** The last time you had sex, was your partner male or female? (831)

Sexgend2

- 1 Male
- 2 Female
- 7 Don't Know/ Not Sure [Go to MA47.7]
- 9 Refused [Go to MA47.7]

**MA47.5.** Now, thinking back about the last time you had sex, did you or your partner use a condom?

(832)

Sexconda

- 1 Yes [Go to MA47.7]
- 2 No
- 7 Don't Know [Go to MA47.7]
- 9 Refused [Go to MA47.7]

**MA47.6.** Which statement best describes the reason you did not use a condom the last time you had sex?

(833-834)

**Please Read**

Nocond1a

- 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

**MA47.7.** During the past 12 months has a doctor, nurse or other health professional talked to you about Chlamydia?

(835)

Sexb1

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

**MA47.8.** During the past 12 months, has a doctor, nurse or other health professional asked you about your sexual behavior? (836)

Sexb2	1	Yes
	2	No
	7	Don't Know/Not Sure
	9	Refused

**MA47.9.** During the past 12 months, has a doctor, nurse or other health professional asked you about your drinking or drug use? (837)

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

### Section 48: Sexual Violence [Split 3]

---

**{If split = 3 continue; else if split = 1 or 2, go to Next Section}**

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. ***You may or may not have had some of these experiences yourself, but we ask everyone these questions so we can get a better idea of how common they are.***

This is a sensitive topic. Some people may feel uncomfortable with these questions, ***but I want to remind you that your answers are anonymous and confidential.***

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? (838)

Ssvskp	1	Yes
	2	No [Go to SV Closing Statement]

My first questions are about unwanted sexual experiences you may have had.  
***As I read these questions, please keep in mind that they are about things that can be done to a person by anyone, including family members, friends, spouses, dating or other romantic partners, co-workers, acquaintances, or strangers, or anyone else.***

**MA48.1.** 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)?

Sexsit2

(839)

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

**MA48.2.** 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?

Sexsit1

(840)

- 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.

**MA48.3.** Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

Sexatt2

(841)

- 1 Yes
- 2 No **[Go to MA48.5]**
- 7 Don't know / Not sure **[Go to MA48.5]**

9 Refused [Go to MA48.5]

**MA48.4.** Has this happened in the past 12 months? (842)

Sexatt2a	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

**MA48.5.** 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? (843)

Sexatt1	1	Yes	
	2	No	[Go to MA48.7]
	7	Don't know / Not sure	[Go to MA48.7]
	9	Refused	[Go to MA48.7]

**MA48.6.** Has this happened in the past 12 months? (844)

Sexatt1a	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

{CATI: If MA48.3 = 1 (Yes) or MA48.5 = 1 (Yes); continue. Otherwise, read SV Closing Statement.}

**MA48.7.** 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? **CODE UP TO 3 RESPONSES** (845-850)

Sexast7a-c	<b>Do not read:</b>	
	0 1	Current boyfriend/girlfriend
	0 2	Former boyfriend/girlfriend
	0 3	Fiancé/Fiancée
	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
- 7 7 Don't know / Not sure
- 9 9 Refused

**MA48.8. [IF ONE RESPONSE CODED IN MA48.7, ASK:]** Was the person who did this male or female?

**[IF MULTIPLE RESPONSES GIVEN IN MA48.7, ASK:]** Were the persons who did this male, female or both?

(851)

Sexast12

- 1 Male
- 2 Female
- 3 male and 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 **1-800-841-8371**. Would you like me to repeat this number?

NOTE: Spanish-language sample should be given the following number to call: **1-800-223-5001**.

Section 49: Suicide and Suicide Survivors [Split 3]

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**{If split = 3, continue; else if split = 1 or 2, go to Next Section}**

**SUICD** 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]:**

Ssuiskp	1	Respondent asks to skip section <b>[Go To Suicide Closing Statement]</b>	(852)
	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.

**MA49.1.** During the past 12 months, did you ever seriously consider attempting suicide?

Suic1	1	Yes		(853)
	2	No	<b>[Go to MA49.5]</b>	
	7	Don't know/Not sure	<b>[Go to MA49.5]</b>	
	9	Refused	<b>[Go to MA49.5]</b>	

**MA49.2.** During the past 12 months, did you actually attempt suicide?

Suic2	1	Yes		(854)
	2	No	<b>[Go to MA49.4]</b>	
	7	Don't know/Not sure	<b>[Go to MA49.5]</b>	
	9	Refused	<b>[Go to MA49.5]</b>	

**MA49.3.** During the past 12 months, did any suicide attempt result in an injury that required treatment by a doctor, nurse, or other health professional? (855)

Suic5

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

**MA49.4.** Who, if anyone, have you spoken to about {if MA49.1=1 and MA49.2=2 say "considering", if MA49.1=1 and MA49.2=1 say "considering or attempting"}, suicide? (856-863)

Suic6a  
Suic6b  
Suic6c  
Suic6d

**[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

**MA49.5.** Has someone close to you died by suicide? (864)

Suioth

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

**MA49.6.** Did your loss cause you to want to seek help? (865)

Suioth1a

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

**MA49.7.** If you sought help, from whom did you seek the most support or assistance?

(866-867)

Suihlp

**Please Read**

- 01 No one / I did not seek help **[Go to pre-MA49.9]**
- 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

**MA49.8.** How helpful were they?

(868)

Suihlp1

**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-MA49.9: {If MA49.6 = 1 then continue; else go to Suicide Closing.}**

**MA49.9.** What were the greatest barriers to your obtaining help?

(869-876)

Suihlp2a\_a

Suihlp2b\_b

Suihlp2c\_c

Suihlp2d\_d

**[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 Statement:**

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 50: Follow-up [Splits 1,2,3]**

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**{CATI: If Split = 1 and (ASTHMA2 = 1 or CASTHDX2 = 1), continue; Else go to pre-MA50.2}**

**MA50.1.** 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.

Asthm\_fu

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? (877)

- 1 Yes
- 2 No

**Pre CHILDName: If CASTHDX2 = 1; ask CHILDName; else go to ADULTName.**

**CHILDName Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {CHILDAGE} year old child which is the {AGESEL.} CHILD.**

Childnam

[CATI: If more than one child, show child age {##}and which child was selected (*FIRST, SECOND, ETC.*) from child selection module]

Enter child's first name, initials or nickname: \_\_\_\_\_  
 Refused .....99

**CATI NOTE: IF ASTHMA2 = 1, ASK ADULTName; ELSE SKIP TO MA50.2.**

**ADULTName Can I please have your first name, initials or nickname so we know who to ask for when we call back?**

Adultnam

Enter respondent's first name, initials or nickname: \_\_\_\_\_  
Refused .....99

**Pre-MA50.2: {Ask of all respondents, all splits}**

**MA50.2**

Followup

Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

(878)

1 Yes

2 No

Closing statement

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**{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

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**[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]**

**Lang1.** In what language was this interview completed?

Lang

1 English

2 Spanish

3 Portuguese