



2011

**Behavioral Risk Factor Surveillance System
Questionnaire**

MASSACHUSETTS

July 14, 2011

Behavioral Risk Factor Surveillance System 2011 Draft Questionnaire

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CATI ASSIGNED SPLIT

1. Split 1
2. Split 2
3. Split 3

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.

CTELENUM Is this (phone number) ?

1. Yes **GO TO PVTRESID**
2. No
7. (VOL) Don't Know/Not Sure
9. (VOL) Refused

If "No", "Don't Know", "Refused"

SOCTEL 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 in Massachusetts ?

1. Yes **GO TO CELLPH**
2. No

If "No"

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

CELLPH Is this a cellular telephone?

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

1. Yes
2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

CELLFON

- 1 No, not a cellular telephone. **SCREEN-OUT**
- 2 Yes **GO TO RESPONDENT SELECTION**

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

1 S/O CELLULAR PHONE

RESPONDENT SELECTION

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:
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.

1 Yes

GO TO NUMMEN

2 No

GO BACK TO NUMADULT AND RE-ASK IT

9 (VOL) Refused

GO TO NUMMEN

NUMMEN How many of these adults are men?

___ Number of men

NUMWOMEN How many of these adults are women?

___ Number of women

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.

- **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

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 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)?

- 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 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.

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)

HLth1

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

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

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

- — 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?

Hlth5

(76–77)

- – 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?

Hlth6

(78-79)

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

Section 3: Health Care Access

HLTHPLN1

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

Hins1

(80)

- 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 PERSDOC2}

NEWINS

What type of health care coverage do you use to pay for most of your medical care?

NEWINS A-G

Is it coverage through:

NEWINSA Your employer or someone else's employer?

(INTERVIEWER PROBE: This insurance could be through COBRA, through a former employer or a retiree benefit)

- 1 Yes **[GO TO PERSDOC2]**
- 2 No
- 7 Don't know / Not sure **[GO TO PERSDOC2]**
- 9 Refused **[GO TO PERSDOC2]**

NEWINSB (Is it coverage through) A plan that you or someone else buys totally on your own?

- 1 Yes [GO TO PERSDOC2]
- 2 No
- 7 Don't know / Not sure [GO TO PERSDOC2]
- 9 Refused [GO TO PERSDOC2]

NEWINSC (Is it coverage through) Medicare?

(INTERVIEWER PROBE: Medicare is health insurance for people 65 years old and over or persons with disabilities).

- 1 Yes [GO TO PERSDOC2]
- 2 No
- 7 Don't know / Not sure [GO TO PERSDOC2]
- 9 Refused [GO TO PERSDOC2]

NEWINSD (Is it coverage through) Medicaid or MassHealth?

(INTERVIEWER PROBE: This also includes CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health)

- 1 Yes [GO TO PERSDOC2]
- 2 No
- 7 Don't know / Not sure [GO TO PERSDOC2]
- 9 Refused [GO TO PERSDOC2]

NEWINSE (Is it coverage through) Any other type of public insurance such as Commonwealth Care?

(INTERVIEWER PROBE: This is a program that provides insurance at either no cost or at subsidized rates for low- to moderate-income adults. You would have coverage under CommCare through a health insurance program)

- 1 Yes [GO TO PERSDOC2]
- 2 No
- 7 Don't know / Not sure [GO TO PERSDOC2]
- 9 Refused [GO TO PERSDOC2]

NEWINSF (Is it coverage through) Any other type of public insurance such as through the military, the VA or the Indian Health Service?

- 1 Yes [GO TO PERSDOC2]
- 2 No
- 7 Don't know / Not sure [GO TO PERSDOC2]
- 9 Refused [GO TO PERSDOC2]

NEWINSG (Is it coverage through) Some other source

- 1 Yes [GO TO PERSDOC2]
- 2 No
- 7 Don't know / Not sure [GO TO PERSDOC2]
- 9 Refused [GO TO PERSDOC2]

CATI Note: Respondent may not answer NO to every question NEWINSA-g. If every response a-g is no, confirm response to Insurance question below. If NEWINSA, NEWINSB, NEWINSC, NEWINSD, NEWINSE, NEWINSF, and NEWINSG ALL = 2, THEN ASK INSCHK. Else go to PERSDOC2.

INSCHK

Inschk

Earlier, you responded that you do have health insurance. Just now, when recording the type of insurance that you have, you responded no to every possible option. Do I need to update whether or not you have insurance, or do I need to update the type of insurance that you have?

- 1 Update insurance yes/no question [GO BACK TO HLTHPLAN]
- 2 Update type of insurance in this section [GO BACK TO NEWINSA]
- 9 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?

Hins5

(82)

- 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: Hypertension Awareness

BPHIGH4 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Hpt1a

(94)

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

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

BPMEDS Are you currently taking medicine for your high blood pressure?

(95)

Hpt4

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

Section 5: Cholesterol Awareness

BLOODCHO Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (96)

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

CHOLCHK About how long has it been since you last had your blood cholesterol checked? (97)

- | | | | |
|-------|--------------------------------|---|--|
| Chol2 | 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? (98)

- | | | |
|-------|---|-----------------------|
| Chol5 | 1 | Yes |
| | 2 | No |
| | 7 | Don't know / Not sure |
| | 9 | Refused |

Section 6: Chronic Health Conditions

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

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

CVDINFR4 (Ever told) you that you had a heart attack also called a myocardial infarction? (99)

Cardo3a	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

CVDCRHD4 (Ever told) you had angina or coronary heart disease? (100)

Cardo3b	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

CVDSTRK3 (Ever told) you had a stroke? (101)

Cardo3c	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

ASTHMA3 (Ever told) you had asthma? (102)

Asthma1a	1	Yes	
	2	No	[Go to Q6.6]
	7	Don't know / Not sure	[Go to Q6.6]
	9	Refused	[Go to Q6.6]

ASTHNOW Do you still have asthma? (103)

Asthma4	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

CHCSCNCR (Ever told) that you had skin cancer?

CHCSCNCR

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

(104)

CHCOCNCR Ever told) you had any other types of cancer?

CHCOCNCR

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

(105)

CHCCOPD (Ever told) you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

CHCCOPD

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

(106)

HAVARTH3 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Arth15

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

(107)

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)

ADDEPEV2 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

ADDEPEV2

(108)

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

CHCKIDNY (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

CHCKIDNY

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

(109)

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

CHCVISON Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses?

CHCVISON

(110)

- 1 Yes
- 2 No
- 3 Respondent is blind
- 7 Don't know / Not sure
- 9 Refused

DIABETE3 (Ever told) you have diabetes?

Diab1

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.

(111)

- 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

CATI note: If **DIABETE3 = 1 (Yes)**, go to **Diabetes Optional Module (if used)**. If any other response to **DIABETE2**, go to **Pre-Diabetes Optional Module (if used)**. Otherwise, go to next section.

Section 7: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life? (112)

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? (113)

Smk2

- 1 Every day
- 2 Some days
- 3 Not at all [Go to LASTSMK2]
- 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? (114)

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]

LASTSMK2 How long has it been since you last smoked a cigarette, even one or two puffs? (115-116)

Smk5c

- 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?

Chew2b

Snus (rhymes with 'goose')

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

(117)

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

Do not read:

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

Section 8: Demographics

AGE What is your age? (118-119)

Age

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

HISPANC2 Are you Hispanic or Latino? (120)

Hisp

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

MRACE Which one or more of the following would you say is your race? (121-126)

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

Mrace1_6 =
Multiple
Race Info

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 MRACE; continue. Otherwise, go to ANCESTRY.

ORACE2 Which one of these groups would you say best represents your race? (127)

Orace2

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:

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

State-Added 8a: Race/Ethnicity [Splits 1, 2, 3]

pre-ANCESTRY: {If HISPANC2= 1 or MRACE = 3 then Go to ANCESTRY; else go to Q8.5}

ANCESTRY 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 5,6,8,10,11,15,14; Else if HISPANC2=1 AND MRACE=3, please read 1-14}

Ancestry

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

VETERAN3

Militar1

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.

(128)

1 Yes
 2 No

Do not read:

7 Don't know / Not sure
 9 Refused

MARITAL

Mrtl

Are you...?

(129)

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

Chage1

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

(130-131)

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

EDUCA

Educ

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

(132)

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...?

(133)

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—

(134-135)

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?

(136-139)

Wght

NOTE: If respondent answers in metrics, put "9" in column 174.

Round fractions up

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

HEIGHT3 About how tall are you without shoes?

(140-143)

Hght

NOTE: If respondent answers in metrics, put "9" in column 178.

Round fractions down

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

State-Added 8b: City/Town [Splits 1, 2, 3]

TOWN What city or town do you live in?

Town

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

IF TOWN=777, 888, OR 999, SKIP TO ZIPCODE. ELSE CONTINUE

CATI: COMPARE TOWN ASSOCIATED AREA CODE (MASS DPH LOGIC) TO SAMPLE AREA CODE (see 2010 4869 MA BRFSS survey). IF THE AREA CODES AGREE, CONTINUE TO ZIPCODE. IF THEY DO NOT AGREE, ASK RESPONDENT ACCNFRM.

ACCNFRM I would like to confirm some information. You live in [TOWN RESPONSE] and your telephone number is [PHONE], are these correct?

- | | | |
|---|---------------------|-------------------------------|
| 1 | Yes, both correct | GO TO ZIPCODE |
| 2 | No, town Incorrect | RE-ASK TOWN |
| 3 | No, phone Incorrect | S/O WRONG PHONE NUMBER |

(DATA PROCESSING NOTE: CDC permits MA BRFSS to ask TOWN 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.)

CTYCODE — What county do you live in? (144-146)

_____ ANSI county code
 _____ 7 7 7 Don't know / Not sure
 _____ 9 9 9 Refused

ZIPCODE What is the ZIP Code where you live? (147-151)

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. (152)

Tels2

1	Yes	
2	No	[Go to CPDEMO1]
7	Don't know / Not sure	[Go to CPDEMO1]
9	Refused	[Go to CPDEMO1]

NUMPHON2 How many of these telephone numbers are residential numbers? (153)

Telres1

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

CPDEMO1 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (154)

Cellph1

1	Yes	[CPDEMO3]
2	No	[Go to RENTHOM1]
7	Don't know / Not sure	[Go to RENTHOM1]

9 Refused [Go to RENTHOM1]

EFFECTIVE JULY 14, 2011: DEMOGRAPHIC QUESTION 'CPDEMO2' (C08Q18) WILL NOT BE ASKED AUGUST THROUGH DECEMBER.

CPDEMO2 Do you share a cell phone for personal use (at least one-third of the time) with other adults? (155)

Cellph2

- 1 Yes [Go to CPDEMO4]
- 2 No [Go to RENTHOM1]
- 7 Don't know / Not sure [Go to RENTHOM1]
- 9 Refused [Go to RENTHOM1]

CPDEMO3 Do you usually share this cell phone (at least one-third of the time) with any other adults? (156)

Cellph3

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

CPDEMO4 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (157-159)

Cellph4

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

RENTHOM1 Do you own or rent your home? (160)

RENTHOM1

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

INTERVIEWER NOTE: "Other arrangement" may include group home or staying with friends or family without paying rent.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time/the majority of the year.

SEX Indicate sex of respondent. Ask only if necessary. (161)

Sex

- 1 Male [Go to next section]

2 Female

***NOTE: Massachusetts asks 'PREGNANT' of females up to 50 years old. If 51 years or older go to next section.**

****Only submit data on women <45 to CDC****

PREGNANT To your knowledge, are you now pregnant?

(162)

Preg1

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

Section 9: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

FRUITJU1 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

(163-165)

- 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

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

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

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

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no

sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

FRUIT1

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

FVP2

(166-168)

- 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

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

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

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

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

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

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

FVBEANS

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

FVP5

(169-171)

- 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

Read only if necessary: “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, broad or winged beans, or pole beans.”

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

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

FVGREEN During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

FVP7

(172-174)

- 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

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

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

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

FVORANG 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?

(175-177)

FVP8

- 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

Read only 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, casserole, pie, or sweet potatoes fries.

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

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

VEGETAB1

FVP6

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(178-180)

- 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

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

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

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

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

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

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

Do not include rice or other grains.

Section 10: Exercise (Physical Activity)

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

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

EXERANY2

Ex1

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?

(181)

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

EXTRACT01 What type of physical activity or exercise did you spend the most time doing during the past month?

Ex2 _____ (Specify) **[See Coding List A]** (182-183)

7 7 Don't know / Not Sure **[Go to STRENGTH]**
 9 9 Refused **[Go to STRENGTH]**

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

EXEROFT1 How many times per week or per month did you take part in this activity during the past month?

Ex4 (184-186)

1__ Times per week
 2__ Times per month
 7 7 7 Don't know / Not sure
 9 9 9 Refused

EXERHMM1 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Ex5 (187-189)

_: _ Hours and minutes
 7 7 7 Don't know / Not sure
 9 9 9 Refused

EXTRACT02 What other type of physical activity gave you the next most exercise during the past month?

Ex7 _____ (Specify) **[See Coding List A]** (190-191)

8 8 No other activity **[Go to STRENGTH]**
 7 7 Don't know / Not sure **[Go to STRENGTH]**
 9 9 Refused **[Go to STRENGTH]**

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

EXEROFT2 How many times per week or per month did you take part in this activity during the past month? (192-194)

Ex9

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

EXERHMM2 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (195-197)

Ex10

- _:__ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

STRENGTH During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (198-200)

STRENGTH

- 1__ Times per week
- 2__ Times per month
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 11: 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? (201)

Q11

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

USEEQUIP 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? (202)

Disb15

Include occasional use or use in certain circumstances.

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

State-Added 11a: Disability [Splits 1, 2, 3]

{If QLACTLM2= 1, go to DISB5. Else go to DISB2}

DISB5 What is the farthest distance you can walk by yourself, without any special equipment or help from others?

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

DISB2 Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

Disb2

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

{If QLACTLM2= 1 or USEEQUIP = 1 or DISB2 = 1 go to QL3. Else, go to DISB2a}

DISB2a A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

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]**

QL3 For how long have your activities been limited because of your major impairment, health problem or disability?

Q13

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

QL4

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

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

QL5

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

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

Section 12: Arthritis Burden

If HAVARTH3 = 1 (yes) then continue, else go to next section.

Next I will ask you about your arthritis.

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

LMTJOIN3 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (203)

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."

INTERVIEWER NOTE: ARTHDIS2 should be asked of all respondents regardless of employment status.

ARTHDIS2 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? (204)

Arth16

- 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.”

ARTHSOCL 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? (205)

Arth17

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.”

JOINPAIN 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.* (206-207)

Arth18

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 13: Seatbelt Use

SEATBELT How often do you use seat belts when you drive or ride in a car? Would you say— (208)

Stblt

Please read:

- 1 Always
- 2 Nearly always

- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 14: Immunization

FLUSHOT5

FLUSHOT5

Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

(84)

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

FLSHTMY2

FLSHTMY2

During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

(85-90)

- / ---- Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

IMFVPLAC

Flu2

At what kind of place did you get your last seasonal flu vaccine?

(92-92)

[IF RESPONDENT UNSURE, PROBE: "How would you describe the place where you went to get your most recent flu vaccine?"]

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 11 A school
- 77 Don't know / Not sure
- 99 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? (93)

Pneum

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

Section 15: Alcohol Consumption

ALCDAY5 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (209-211)

Drnk2

- 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 **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

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? (212-213)

Drnk3

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? (214-215)

Alc8

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

MAXDRNK5 During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

Drnk4

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

CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.

EFFECTIVE JULY 14, 2011: CORE SECTION 18 WILL BE ASKED FOR THE AUGUST THROUGH DECEMBER SAMPLES.

Section 16: Preventive Counseling

The next question is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

18.1 Has a doctor or other health professional ever talked with you about alcohol use?

IF YES, ASK: About how long ago was it? (547)

?

- 1 Yes within the past 12 months
- 2 Yes within the past 3 years
- 3 Yes 3 or more years ago
- 4 No
- 7 Don't know
- 9 Refused

Section 17: HIV/AIDS

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

HIVTST6 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. (218)

Hiv15

- 1 Yes
- 2 No **[Go to HIVRISK3]**
- 7 Don't know / Not sure **[Go to HIVRISK3]**
- 9 Refused **[Go to HIVRISK3]**

HIVTSTD3 Not including blood donations, in what month and year was your last HIV test? (219-224)

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.

- /-- Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

HIVRISK3 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?

(225)

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

Section 18: H1N1 ILI (Influenza Like Illness) Adult

TO BE ASKED JAN – APRIL 30 2011

We would like to ask you some questions about recent respiratory illnesses.

FLSYAQ01. Last month (i.e January [to change to previous month each month of survey]), were you ill with a fever? (919)

H1N1AQ01

- 1 Yes
- 2 No [SKIP TO H1N1AQ08]
- 7 Don't know [SKIP TO H1N1AQ08]
- 9 Refused [SKIP TO H1N1AQ08]

FLSYAQ02. Did you also have a cough and/or sore throat?

(920)

H1N1AQ02

- 1 Yes
- 2 No [SKIP TO H1N1AQ08]
- 7 Don't know [SKIP TO H1N1AQ08]
- 9 Refused [SKIP TO H1N1AQ08]

FLSYAQ03. Did you visit a doctor, nurse, or other health professional for this illness?

(922)

H1N1AQ04

- 1 Yes
- 2 No [SKIP TO H1N1AQ08]
- 7 Don't know [SKIP TO H1N1AQ08]
- 9 Refused [SKIP TO H1N1AQ08]

FLSYAQ04. When did you visit the doctor, nurse, or other health professional for this illness? [READ LIST; choose the most specific]

H1N1AQN4

- 1 Within two days of getting ill
- 2 Within three to 7 days of getting ill
- 3 More than 7 days of getting ill
- 7 Don't know
- 9 Refused

FLSYAQ05. What did the doctor, nurse, or other health professional tell you? Did they say...[READ LIST]

H1N1AQN5

- 1 You had influenza or the flu
[Interviewer: if respondent says they had either H1N1 or seasonal influenza, please code as '1 = You had influenza or the flu.']
- 2 You had some other illness, but not the flu
- 7 Don't know/not sure
- 9 Refused

FLSYAQ06. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (924)

H1N1AQ06

[READ LIST]

[Interviewer: if respondent says they had either a positive H1N1 or seasonal influenza test result, please code as '1 = Had flu test and it was positive.']

- 1 Had flu test and it was positive
- 2 Had flu test and it was negative
- 3 Did not have flu test
- 7 Don't know
- 9 Refused

FLSYAQ07. Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness? (925)

H1N1AQ07

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

IF (NUMADLT=1 AND CHILDREN=88 AND (H1N1AQ01>1 OR H1N1AQ02>1)), GO TO NEXT SECTION.

IF (NUMADLT=1 AND CHILDREN=88 AND H1N1AQ02=1, SKIP TO H1N1AQ10.

ELSE, ASK H1N1AQ08.

FLSYAQ08. Did any other members of your household have a fever with cough or sore throat last month (i.e January [to change each month of survey])?

- | | | | | |
|----------|---|------------|-----------------------------|-------|
| H1N1AQ08 | 1 | Yes | | (926) |
| | 2 | No | [Go to pre-H1N1AQ10] | |
| | 7 | Don't know | | |
| | 9 | Refused | | |

FLSYAQ09. How many household members, **[CATI IF H1N1AQ02=1, READ-IN: including you,]** were ill last month (i.e January [to change each month of survey])?

- | | | | |
|----------|-------|---------------------------------------|-----------|
| H1N1AQ09 | __ __ | # persons [RANGE 1-15, 77, 99] | (927-928) |
| | 88 | None | |
| | 77 | Don't know/Not Sure | |
| | 99 | Refused | |

IF H1N1AQ02=1 (Yes) or H1N1AQ08=1 (Yes) continue to H1N1AQ10; otherwise, go to NEXT SECTION.

FLSYAQ10. How many people in your household, including you, were hospitalized for flu last month (i.e January [to change each month of survey])? [If needed: hospitalized means admitted to a hospital to receive medical treatment.]

- | | | | |
|----------|-------|---|-----------|
| H1N1AQ10 | __ __ | # persons [RANGE 1-15, 77, 88, 99] | (929-930) |
| | 88 | None | |
| | 77 | Don't know/Not Sure | |
| | 99 | Refused | |

Transition to Modules and/or State-Added Questions

Please read:

Now I have some questions about other health topics.

Optional and State-Added Modules

Section 19: State-Added: Industry and Occupation: [Splits 1, 2, 3]

If EMPLOY = 3, 5, 6, 7, 8, 9, Go to next section. **(Note instructions different than 2010)**
 If EMPLOY = 1, 2, 4 then Go to WRKCMP2A

WRKCMP2A What kind of business or industry [do you (if EMPLOY=1 OR 2) / did you, in the past year, (if EMPLOY=4)] work in? For example, hospital, elementary school, clothing manufacturing, grocery store, restaurant.

Wrkcmp2a

[If the respondent provides a one word answer: "MANUFACTURING", ask "What does the business or company make?" RECORD BOTH THE PRODUCT MADE and "MANUFACTURING". e.g computer manufacturing; clothing manufacturing; appliance manufacturing, etc.]

Specify: _____

- 7 Don't know
- 9 Refused

WRKCMP2B What kind of work [do you (if EMPLOY=1 OR 2) / did you, in the past year, (if EMPLOY = 4) do, that is, what is (if EMPLOY=1 OR 2) / was (if EMPLOY = 4)] your occupation? For example, registered nurse, janitor, cashier, auto mechanic.

Wrkcmp2b

Specify: _____

- 7 Don't know
- 9 Refused

Section 20: Module 8: High Risk/Health Care Worker [Splits 1, 2, 3]

The next few questions ask about health care work and chronic illness.

WRKHCF1 Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

Wrkhcf1

(308)

INTERVIEWER NOTE: If necessary say: "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

- 1 Yes
- 2 No **[Go to DRHPAD1]**
- 7 Don't know / Not sure **[Go to DRHPAD1]**
- 9 Refused **[Go to DRHPAD1]**

DIRCONT1

Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

Dircont1

(309)

- 1 Yes
- 2 No
- 7 Don't know / Not sure (*Probe by repeating question*)
- 9 Refused

DRHPAD1

Has a doctor, nurse, or other health professional ever said that you have...

Drhpad1

Read all items listed below before waiting for an answer:

[See Attached Health Problems List]

Lung problems, other than asthma
 Kidney problems
 Anemia, including Sickle Cell

Or

A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

(310)

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

HAVHPAD

Do you still have (this/any of these) problem(s)?

Havhpad

(311)

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

Section 21: State-Added Sexual Orientation [Splits 1, 2, 3]

SEXO1 Do you consider yourself to be:

Sexo1

Please read

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

Do not read

- 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.

TRANSGEN Do you consider yourself to be transgender?

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 22: Module 1: Pre-Diabetes [Splits 1, 2, 3]

NOTE: Only asked of those not responding “Yes” (code = 1) to DIABETE3 (Diabetes awareness question). (If DIABETE3= 2, 3, 4, 7, 9)

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

Bsd1

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

(245)

CATI note: If DIABETE2 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB1 “Yes” (code = 1).

PREDIAB1 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

Bsd4 If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

(246)

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

Section 22a: State-Added Pre-Diabetes [Splits 1,2, 3]

{If DIABETE3= 3,4,7,9, continue; else if DIABETE3=1 or DIABETE3= 2, go to DIABMO5a}

BSD3 Have you ever been told by a doctor that you have high blood sugar or glucose?

Bsd3 [If yes, Was this once or more than once?]
[If female, Was this only during pregnancy?]

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

{IF BSD3 = 1 or 2 or PREDIAB1=1, then continue.}

{Else if BSD3=3,4,7,9 and PREDIAB1=2,3,7,9 go to DIABMO5a }

BSD5 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?

Bsd5

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

BSD6 How old were you when you were first told you had pre-diabetes, borderline diabetes, or high blood glucose?

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

{CATI: if (BSD6 = 01-97 and AGE = 18-99) AND (BSD6 > AGE), continue; else go to DIABMO5A}

UPDTAGPD I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and were first told you had pre-diabetes, borderline diabetes, or high blood glucose at age {CATI: fill-in response from BSD6}. What was your age when you were FIRST told you had pre-diabetes, borderline diabetes, or high blood glucose?

Update age

GO TO AGE

Update age for pre-diabetes/borderline diabetes/high blood glucose age **GO TO BSD6**

DIABMO5a To your knowledge have any of your first degree blood relatives such as parents, brothers, or sisters had diabetes?

Diabmo5a

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

Section 23a: State-Added Diabetes [Splits 1, 2, 3]

IF DIABETE3 = 1 CONTINUE; ELSE GO TO SECTION 23 (Module 9 Cardiovascular Health).

DIABTYPE What type of diabetes do you have?

Diabtype

Please read:

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

Do not read:

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

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

IF DIABETE3 = 1 CONTINUE; ELSE GO TO SECTION 23 (Module 9 Cardiovascular Health).

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

(247-248)

Diab2

- — 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?

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

CATI: IF DIABAGE2>52 AND DIABAGE2<98, CONFIRM; ELSE GO TO INSULIN
CNFDBAG INTERVIEWER: Is [DISPLAY RESPONSE TO DIABAGE2] the correct age when respondent was diagnosed with diabetes?

1 Yes, age is correct **GO TO INSULIN**
 2 No **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. (250-252)

Diab5

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. (253-255)

Diab9a

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

Section 23b: State-Added Diabetes [Splits 1, 2, 3]

CATI note: If FEETCHK2 = 555 (No feet), go to DOCTDIAB.

DIAB13a Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

Diab13a	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

Section 23: Module 2: Diabetes, Continued [Splits 1, 2, 3]

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	

Section 23c: State-Added Diabetes [Splits 1, 2, 3]

CATI note: If FEETCHK2 = 555 (No feet), go to EYEEEXAM.

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.

Diab14

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

Section 23: Module 2: Diabetes, Continued [Splits 1, 2, 3]

EYEEEXAM 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.

Diab3a

(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	1	Yes	(264)
	2	No	
	7	Don't know / Not sure	
	9	Refused	

Section 24: Module 9: Cardiovascular Health [Split 1]

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

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

CATI note: If Core CVDINFR4 = 1 (Yes), ask HAREHAB1. If Core CVDINFR4 = 2, 7, or 9, skip HAREHAB1.

HAREHAB1 Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

CATI note: If Core CVDSTRK3 = 1 (Yes), ask STREHAB1. If Core CVDSTRK3 = 2, 7, or 9 (No, Don't know, or Refused), skip STREHAB1.

STREHAB1 Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

strehab	1	Yes	(313)
	2	No	
	7	Don't know / Not sure	
	9	Refused	

[CVDASPRN is asked of all respondents.]

CVDASPRN Do you take aspirin daily or every other day?

cardo7	1	Yes [Go to next module]	(314)
	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?

Cardo8	If "Yes", ask "Is this a stomach condition?" Code upset stomach as stomach problems.		(315)
--------	---	--	-------

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

Section 25: Module 10: Actions to Control High Blood Pressure [Split 1]

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

CATI note: If Core BPHIGH4 = 1 (Yes); continue. Otherwise, go to next module.

Earlier you stated that you had been diagnosed with high blood pressure.

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)? (316)

- | | | |
|------|---|-----------------------|
| 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)? (317)

- | | | |
|------|---|-----------------------|
| 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)? (318)

- | | | |
|------|---|-----------------------|
| 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)? (319)

- | | | |
|------|---|-----------------------|
| 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)? (320)

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)? (321)

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)? (322)

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)? (323)

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)? (324)

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?

hbp10

(325)

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 26: Module 11: Heart Attack and Stroke [Split 1]

{If split = 1 continue; else if split = 2 or 3, 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

(326)

- 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

(327)

- 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

(328)

- 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	1 Yes 2 No 7 Don't know / Not sure 9 Refused	(329)
-------	---	-------

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

Has1e	1 Yes 2 No 7 Don't know / Not sure 9 Refused	(330)
-------	---	-------

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

Has1f	1 Yes 2 No 7 Don't know / Not sure 9 Refused	(331)
-------	---	-------

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	1 Yes 2 No 7 Don't know / Not sure 9 Refused	(332)
-------	---	-------

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

Has2b	1 Yes 2 No 7 Don't know / Not sure 9 Refused	(333)
-------	---	-------

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	(334)
-------	---	-------

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

(335)

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?)

(336)

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?)

(337)

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?

(338)

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 27: Module 22: Chronic Obstructive Pulmonary Disease (COPD) [Splits 1, 2, 3]

CATI NOTE: If core CHCCOPD = 1 (Yes) then continue, else go to next module.

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD).

COPDTEST Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (405)

COPDTEST

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

COPDQOL Would you say that shortness of breath affects the quality of your life? (406)

COPDQOL

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

COPDDOC Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (407)

COPDDOC

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

COPDHOSP Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (408)

COPDHOSP

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

COPDMEDS How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (409-410)

COPDMEDS

- — Number (01-76)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 28: Module 7: Inadequate Sleep [Split 3]

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

I would like to ask you a few questions about your sleep patterns.

QLREST2 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (300-301)

dayslp

- — Number of days [01-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

SLEPTIME On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get. (302-303)

SLEPTIME

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- — Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

SLEPSNOR Do you snore? (304)

SLEPSNOR

INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.

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

SLEPDAY During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

(305-306)

SLEPDAY

– – Number of days [01-30]
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

SLEPDRIV During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving?

(307)

SLEPDRIV

1 Yes
 2 No
 3 Don't drive
 4 Don't have license
 7 Don't know / Not sure
 9 Refused

Section 29: Module 13: Prostate Cancer Screening [Splits 1, 2, 3]

CATI note: If respondent is ≤39 years of age, or is female, go to next module.

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

PCPSAREC A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor EVER recommended that you have a PSA test?

(346)

PCPSAREC

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

PSATEST1 Have you ever had a PSA test?

(347)

PSA1

1 Yes
 2 No [Go to PROSTATE]
 7 Don't Know / Not sure [Go to PROSTATE]
 9 Refused [Go to PROSTATE]

PSATIME How long has it been since you had your last PSA test?

(348)

PSA2A

Read only if necessary:

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

Do not read:

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

PCPSARSN What was the MAIN reason you had this PSA test – was it part of a routine exam, because of a problem, or some other reason?

(349)

PCPSARSN

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason
- 7 Don't know / Not sure
- 9 Refused

PCPSAADV Before you had the PSA test did a doctor EVER talk with you about the advantages of the PSA test?

(350)

PCPSAADV

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

PCPSADIS Before you had the PSA test did a doctor EVER talk with you about the disadvantages of the PSA test?

(351)

PCPSADIS

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

PCPSADEC Which of the following best describes the decision to have the PSA test done? (352)

PCPSADEC

Please read:

- 1 You made the decision
- 2 Your doctor/nurse/health care provider made the decision
- 3 Your doctor/nurse/health care provider and you made the decision together
- 4 Your spouse/significant other/family member made the decision

Do not read:

- 7 You don't know who made the decision
- 9 Refused

PROSTATE Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (353)

PROST1

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

Section 30: Module 14: Colorectal Cancer Screening [Splits 1, 2, 3]

CATI note: If respondent is \leq 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? (354)

Colo5

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

LSTBLDS3 How long has it been since you had your last blood stool test using a home kit? (355)

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 (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

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

(356)

- 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

(357)

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

LASTSIG3

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

Colo9

(358)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 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 31: State-Added Cancer Survivorship [Splits 1, 2, 3]

Now I am going to ask you about cancer.

CATI note: If Core PROSTATE=1 (Yes), answer CANDIAG “Yes” (code=1), then go to CANDIFF.

CATI: If Core Q6.6=2 and Q6.7=2, then autocode CANDIAG=2 (No), and go to next module.

CATI: If Core Q6.6=1 or Q6.7=1, then autocode CANDIAG=1 (Yes) and go to CANDIFF.

Else, ask CANDIAG.

CANDIAG Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

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 | [Go to next module] |
| 7 | Don’t know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

CANDIFF How many different types of cancer have you had?

candiff

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

CANAGE At what age were you told that you had cancer?

Canage

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

CATI note: If CANDIFF = 2 (Two) or 3 (Three or more), ask: “At what age were you first diagnosed with cancer?”

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

{CATI: if (CANAGE = 01-97 and AGE = 18-99) AND (CANAGE > AGE), continue; else go to CANTYPE1 }

UPDTAGCA I’m sorry, you indicated you were {CATI: fill-in response from AGE} years old, and were first diagnosed with cancer at age {CATI: fill-in response from CANAGE }. What was your age when you were FIRST diagnosed with cancer?

Update age **GO TO AGE**
 Update cancer age **GO TO CANAGE**

CATI note: If Core PROSTATE = 1 (Yes) and CANDIFF = 1 (Only one); auto fill CANTYPE1 (response code 18)

CANTYPE1 What type of cancer was it?

If CANDIFF = 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]:

Cantype1

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

CANTX

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

Cantx

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

CANDOC

What type of doctor provides the majority of your health care?

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

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

CANSUM

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

Cansum

Read only if necessary: "By 'other healthcare professional' we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

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

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 your treatment for cancer?

Caninstr

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

CANWRIT

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

Canwrit

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

CANINS

IF CANDIFF = 1, ASK: When you were diagnosed with cancer,
IF CANDIFF = 2 OR 3, ASK: With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

Canins

- 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.

CANDENY

Were you EVER denied health insurance or life insurance coverage because of your cancer?

Candeny

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

CANCLIN

Did you participate in a clinical trial as part of your cancer treatment?

Canclin

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

9 Refused

CANPAIN Do you currently have physical pain caused by your cancer or cancer treatment?

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]

CANPAINC Is your pain currently under control?

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

Section 32: Module 19: Tetanus Diphtheria (Adults) [Splits 1, 2, 3]

Next, I will ask you about the tetanus diphtheria vaccination.

TNSARCV Have you received a tetanus shot in the past 10 years?

(398)

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

TNSARCNT Was your most recent tetanus shot given in 2005 or later?

(399)

tetshot5	1	Yes	
	2	No	[Go to next module]
	7	Don't know / Not sure	
	9	Refused	

TNSASHT1 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?

(400)

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

Section 33: Module 20: Adult Human Papilloma Virus (HPV) [Splits 1, 2, 3]

CATI note: To be asked of respondents 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); Cervarix (Serv a rix)

HPVADVC2

A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female “GARDASIL or CERVARIX”; if male “GARDASIL”]**.[®]. Have you EVER had the HPV vaccination? (401)

HPVvac

- | | | |
|---|---------------------------|----------------------------|
| 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] |

HPVADSHT

How many HPV shots did you receive?

(402-403)

HPVshts

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

Section 34: Module 21: 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.

SHINGLE1

A vaccine for shingles has been available since May 2006; it is called Zostavax, the zoster vaccine, or the shingles vaccine. Have you had this vaccine? (404)

shvac

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

Section 34a: State-Added Shingles [Splits 1, 2, 3]

CATI CREATE VARIABLE HHNO. HHNO=NUMADULT+CHILDREN.

**IF HHNO=1, DO NOT READ TEXT SCREEN AND GO TO INSTRUCTION BEFORE MA23.1
IF HHNO>1, READ TEXT SCREEN**

I would like to ask a few questions about the health of everyone living in the household (IF CHILDREN<16, ALSO DISPLAY “, including children”).

CATI NOTE: NUMBER OF ITERATIONS ARE NOT TO EXCEED VARIABLE HHNO.

CATI: IF HHNO=1 AND (AGE>17 AND AGE<97), AUTOFILL MA23.1 (1ST iteration) WITH RESPONSE TO ‘AGE’. ELSE, ASK MA23.1. IF HHNO=1 AND AGE=7, AUTOFILL MA23.1 (1ST iteration)=98. IF HHNO=1 AND AGE=9, AUTOFILL MA23.1 (1ST iteration)=99. IF HHNO=1 AND AGE>96, AUTOFILL MA23.1 (1ST iteration)=96.

MA23.1 Going from youngest to oldest, what are the ages of each person currently living in your household?

Varic1a-r

Code ages:

- 0 = < 1 year
- 96 = 96 and older
- 98 = Don't know/Not sure
- 99 = Refused

- a. Person #1 –
- b. Person #2 –
- c. Etc.

CATI: IF HHNO>1 AND MA23.1 iteration X<97 AND MA23.1 iteration X+1 IS LESS THAN MA23.1 iteration X, DISPLAY THE FOLLOWING PROMPT:

MA23.1CHK I need to record the ages of the persons living in your household going from the YOUNGEST member to the OLDEST member. I will re-ask these questions. To begin, I will ask for the age of the YOUNGEST household member.

1. Re-Ask MA23.1 **GO BACK TO MA23.1**

CATI: IF AGE>17, CHECK RESPONSE TO AGE AGAINST ALL RESPONSES TO MA23.1 (all iterations), IF NO MATCHING AGE IS FOUND, CONFIRM RESPONDENT AGE BELOW.

AGECN I would like to confirm your age. Earlier, I recorded your age as [AGE] years. Just now, when recording the ages of all household members, I did not record a [AGE] year old. Do I need to update your earlier recorded age? Or do I need to update ages of the household members?

1. Update earlier respondent age from demographic section **GO BACK TO AGE**
2. Update household ages from this section **GO BACK TO MA23.1**
3. Refused **GO TO VARIC4**

CATI: IF ANY ITERATION OF MA23.1=98 OR 99, GO TO VARIC4; ELSE CONTINUE WITH LOGIC.

IF CHILDREN<88, CHECK ALL RESPONSES TO MA23.1 (all iterations), IF NUMBER OF CHILDREN DOES NOT EQUAL NUMBER OF AGES<18 IN MA23.1. CONFIRM BELOW.

IF CHILDREN=88 OR 99, CHECK ALL RESPONSES TO MA23.1 (all iterations), IF ANY AGE <18 IS FOUND, CONFIRM RESPONSE BELOW.

CHLDCN Earlier, I recorded your household as having [CHILDREN / 0] child (if CHILDREN=1) / children (if CHILDREN>1) / (IF CHILDREN=88 OR 99) less than 18 years of age. Just now, when recording the ages of all household members, [the number of children did not match (IF CHILDREN<88) / I recorded someone under the age of 18 (IF CHILDREN=88 OR 99)] Do I need to update the number of the household's children? Or do I need to update ages of the household members?

1. Update number of children **GO BACK TO CHILDREN**
2. Update household ages from this section **GO BACK TO MA23.1**
3. Refused **GO TO VARIC4**

VARIC4 Have you (IF HHNO>1, ALSO DISPLAY: "or anyone else currently living in your household") ever had shingles?

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 NOTE: NUMBER OF ITERATIONS ARE NOT TO EXCEED NUMBER OF ITERATIONS IN MA23.1

IF VARIC4=1 (Yes) AND HHNO=1 AND (AGE>17 AND AGE<97), AUTOFILL MA23.3 (1ST iteration) WITH RESPONSE TO 'AGE'.

IF VARIC4=1 (Yes) AND HHNO=1 AND AGE=7, AUTOFILL MA23.3 (1ST iteration)=98.

IF VARIC4=1 (Yes) AND HHNO=1 AND AGE=9, AUTOFILL MA23.3 (1ST iteration)=99.

IF VARIC4=1 (Yes) AND HHNO=1 AND AGE>96, AUTOFILL MA23.3 (1ST iteration)=96.

MA23.3 What are the current ages of all those who ever had shingles?

Code ages:

Varic5a-r	0 = <1 year
	96 = 96 and older
	97 = No one else in household
	98 = Don't know/Not sure
	99 = Refused

- a. Person #1 ___
- b. Person #2 ___
- c. Etc.

CATI: FOR EACH PERSON WITH AN AGE (0-96) RECORDED IN MA23.3, COMPARE THE AGE AGAINST ALL RECORDED AGES (0-96) IN MA23.1. IF THERE IS AN AGE (0-96) RECORDED IN MA23.3 NOT RECORDED IN MA23.1, PROMPT RESPONDENT:

MA23.3CHK I'm sorry, I do not have a record of a [RESPONSE TO MA23.3] year old living in your household. I would like to re-ask this question.

1. Re-ask **MA23.3** **GO BACK TO MA23.3**

IF MA23.3 = 98 OR 99 FOR ANY PERSON, THE NEXT QUESTION FOR THAT PERSON IS MA23.5.

MA23.4

{CATI : Ask for each person listed in MA23.3, in the same order as MA23.3}

CATI: IF HHNO=1, ASK: How old were you when you had shingles?

CATI: IF HHNO>1, ASK: How old was the _____ **year old** when they had shingles?

Varic6a-r

Code ages:

0 = <1 year

97 = 97 and older

98 = Dk/Ns

99 = Ref

a. Person #1_____

b. Person #2_____

c. Etc.]

IF MA23.4<97 AND MA23.3<97, THEN MA23.4 CANNOT BE GREATER THAN MA23.3

Pre-MA23.5

{If MA23.3a minus MA23.4a = [0,1] or MA23.3b minus MA23.4b = [0,1] etc. then go to MA23.5. OR IF MA23.3 = 98 OR 99, ASK MA23.5 BUT SUBSTITUTE “person with shingles designated previously” rather than “_____ year old”; Else go to next section}

MA23.5

{CATI: Ask for each person for whom MA23.3 – MA23.4 = [0,1], in same order as MA23.3):

Shingles1a-r

(IF HHNO=1, DISPLAY: “Did you” IF HHNO>1, DISPLAY: “Did the _____ year old”) have shingles in the last 12 months, that is since {INSERT CURRENT MONTH} of last year?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

Section 35: State-Added Hepatitis B [Splits 1, 2, 3]

HEPBVAC

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

hepbvac

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

1 Yes

2 No

7 Don't know / Not sure

9 Refuse

The next question is about behaviors related to Hepatitis B.

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

hepbrsn

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

Are any of these statements true for you?

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

Section 36: State-Added MA Tobacco [Split 1,2,3]

Pre-SMK3a:

If SMOKDAY2 = 1 then go to SMK3a;
Else if SMOKDAY2 = 2 then go to SMK3c;
Else if SMOKDAY2 = 3 then go to SMKLONG;
Else if SMOKE100 = [2,7,9] or SMOKDAY2 = [7,9] then go to ENSMK2

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

SMK3a. [DAILY SMOKERS] On the average, about how many cigarettes a day do you now smoke?

Smk3a

[1 pack = 20 cigarettes]

- __ Number of cigarettes [76 =76 or more] **[Go to SMK3d]**
- 77 Don't know / Not sure **[Go to SMK3d]**
- 99 Refused **[Go to SMK3d]**

SMK3c [SOME DAYS SMOKERS] During the past 30 days, on how many days did you smoke cigarettes?

Smk3c

- __ Number of days [1-30]
- 88 None **[Go to SMK3d]**
- 77 Don't know / Not sure **[Go to SMK3d]**
- 99 Refused **[Go to SMK3d]**

SMK3b [SOME DAYS SMOKERS] On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Smk3b

[1 pack = 20 cigarettes]

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

[ALL CURRENT SMOKERS]

SMK3d. The last time you bought a pack of cigarettes, did you buy it from a Massachusetts retailer or some other way?

Smk3d

- 0 1 From a Massachusetts retailer
- 0 2 From New Hampshire
- 0 3 From Rhode Island
- 0 4 From Vermont
- 0 5 From New York
- 0 6 From Connecticut
- 0 7 From another state
- 0 8 Over the Internet
- 0 9 From an Indian reservation
- 1 0 Some other way

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

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

smklong

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

SMK9d [CURRENT SMOKERS] Are you planning to stop smoking within the next 30 days?

Smk9d

- 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.

ENSMK2 Which statement best describes the rules about smoking in your home ...

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

ETSHOME 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**?

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 ETSWORK; else if EMPLOY = [3,4,5,6,7,8,9] then go to ETSOTHER}
{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**?

Etswork

- 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**?

Etsother

- 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

Pre- TOBHPAD1: (If SMOKDAY2=1 or 2) or (SMOKDAY2 =3 and LASTSMK1=(1, 2, 3, 4)) continue. ELSE GO TO NEXT SECTION. [CURRENT SMOKERS, FORMER SMOKERS - PAST YEAR]}

TOBHPAD1 In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

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]

TOBHPAD2 During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?

Tobhpad2	1	Yes	[Go to MA34.19]
	2	No	
	7	Don't know/Not sure	[Go to Next Section]
	9	Refused	[Go to Next Section]

TOBHPAD3 During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?

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]

MA34.19. 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 Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?

Tobhpad4a	1	Yes	
	2	No	
	7	Don't know/Not sure	
	9	Refused	

TOBHPAD4b Suggest that you set a specific date to stop smoking?

Tobhpad4b	1	Yes	
	2	No	
	7	Don't know/Not sure	
	9	Refused	

TOBHPAD4c Suggest that you use a smoking cessation class, program, quit line, or counseling?

Tobhpad4c

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

TOBHPAD4d Provide you with booklets, videos, or other materials to help you quit smoking on your own?

Tobhpad4d

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

Section 37: State-Added MA Tobacco [Split 1]

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

IF (SMOKDAY2=1 or 2) or (SMOKDAY2=3 and LASTSMK1=(1, 2, 3, 4)) continue. ELSE GO TO NEXT SECTION. [CURRENT SMOKERS, FORMER SMOKERS - PAST YEAR]

IF (CURRENT SMOKERS, FORMER SMOKERS - PAST YEAR] AND HLTHPLAN=1), CONTINUE; ELSE GO TO SMKNRT1B

SMKRX Does your health insurance cover prescription medications to help you quit smoking, such as the nicotine patch, gum, Chantix (CHAN Tics), or other medications?

smkrx

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

SMKOTC Does your health insurance cover over-the-counter medications to help you quit smoking?

SmkOtc

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

If SMKRX=1, then go to SMKOPAY; else go to MA36.20C

SMKOPAY What is your co-pay for prescription medications to help you quit smoking?

SmkCopay

- 1 Less than \$10
- 2 \$10 or more
- 7 Don't know/Not sure

9 Refused

SMKCNSL Does your health insurance cover one-on-one or group counseling to help you quit smoking?

smkcns1

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

SMKNRT1B In the past 12 months, have you used any medications to help you quit smoking such as a patch, nicotine gum, nasal spray, inhaler or pills such as Zyban or Chantix (CHAN Tics)?

Smknrt1b

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

SMKNRT5a Did your health care provider write you a prescription for this medication?

Smknrt5a

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

Section 38: Module 32: Random Child Selection [Split 1]

{If split = 1 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 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?

(488-493)

ChldH1

_ _ / _ _	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 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).

CATI: IF RCSBIRTH=DON’T KNOW (77/7777) OR REFUSED (99/9999), SKIP TO RCSGENDER.

CATI: CHECK RESPONSE TO CHLDAGE2 AGAINST ALL RESPONSES TO MA23.1 (all iterations), IF NO MATCHING AGE IS FOUND, CONFIRM CHILD AGE BELOW.

CHAGECN I would like to confirm the age of the selected child in your household. Just now, I recorded the selected child’s age as [CHLDAGE2] years. Earlier, when recording the ages of all household members, I did not record a [CHLDAGE2] year old. Do I need to update the ages recorded earlier? Or do I need to update the age of the selected child?

1. Update earlier child age from household inventory
2. Update selected child age from this section
3. Refused

GO BACK TO MA23.1
GO BACK TO RCSBIRTH
GO TO RCSGENDR

RCSGENDR Is the child a boy or a girl?

(494)

ChldH2

1	Boy
2	Girl
9	Refused

RCHISLAT Is the child Hispanic or Latino?

(495)

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? (496-501)

- 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? (502)

CATI: List only responses given as part of RCSRACE

- 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? (503)

- 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

Module 35: H1N1 ILI (Influenza Like Illness) Child [Split 1]

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

TO BE ASKED JAN – April 30, 2011

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

The next two questions are about the “Xth” child. .

FLSYCQ01. Last month (i.e January [to change each month of survey]), Did the child have a fever with cough and/or sore throat?

(931)

H1N1CQ01	1	Yes	
	2	No	[Go to next module]
	7	Don't know	[Go to next module]
	9	Refused	[Go to next module]

FLSYCQ02. Did the child visit a doctor, nurse, or other health professional for this illness?

(932)

H1N1CQ02	1	Yes	
	2	No	[Go to next module]
	7	Don't know	[Go to next module]
	9	Refused	[Go to next module]

Section 39: Module 33: Childhood Asthma Prevalence [Split 1]

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

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

Now, I would like to ask you 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?

(504)

Chasth4	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?

(505)

Chasth4a	1	Yes	
	2	No	
	7	Don't know / Not sure	
	9	Refused	

Section 40: State-Added: Childhood Health [Split 1]

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

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

HINSCH3 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

- | | | |
|---|---------------------|------------------------|
| 1 | Yes | [Go to HINSCH5] |
| 2 | No | |
| 7 | Don't know/Not sure | [Go to HINSCH5] |
| 9 | Refused | [Go to HINSCH5] |

HINSCH4 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

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

HINSCH5 About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?

Hinsch5

Please read:

- | | |
|---|---------------------------------------|
| 1 | Within 1 month |
| 2 | Within the past 3 months (1-3 months) |
| 3 | Within the past 6 months (4-6 months) |
| 4 | Within the past year (7-12 months) |
| 5 | More than one year |

Do Not Read:

- | | |
|---|------------|
| 7 | Don't know |
| 9 | Refused |

HINSCH6 Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

Hinsch6

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

[Pre-HINSCH7]: {IF CHILDAGE2 < 3 years old OR IF CHILDAGE2 = DK/REF GO TO Pre-HINSCH9; ELSE continue}

HINSCH7 **[Children age 3-17]** Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

Hinsch7

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

Pre-HINSCH9: {If CHILDAGE2 < 6 then GO to HINSCH8}

HINSCH9 **[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?

Hinsch9

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

- 1 Yes
- 2 No **[Go to HINSCH8]**
- 7 Don't Know/Not Sure **[Go to HINSCH8]**
- 9 Refused **[Go to HINSCH8]**

HINSCH10 On how many of this child's permanent teeth are there dental sealants?

Hinsch10

Please Read:

- 1 1-4 teeth
- 2 5-8 teeth

Do Not Read:

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

HINSCH8 **[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?

Hinsch8

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

Section 41: State-Added: Mental Illness and Stigma [Split 2]

{If split = 2 continue; else if split = 1 or 3, 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

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?

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

MISHOPLS

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?

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

MISRSTLS

misrstls

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

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

- 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?]

- 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?]

- 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?]

- 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

INTERVIEWER NOTE: If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

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

MISTMNT

mistmnt

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?

- 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

mistrhlp

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

INTERVIEWER NOTE: If asked for the purpose of MISTRHLP or MIPHLPF: 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”.

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

MIPHLPF

miphlpf

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

INTERVIEWER NOTE: If asked for the purpose of MISTRHLP or MIPHLPF: 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”.

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

Section 42: State-Added: Sexual Behavior [Split 2]

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

If AGE = 18-64, 7, 9 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.

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

Sexyesno	1	Yes	
	2	No	[Go to SEXB1]
	7	Don't Know/ Not sure	[Go to SEXB1]
	9	Refused	[Go to SEXB1]

SEX12MB During the past 12 months, with how many people have you had sex?

Sex12mb	--	Enter Number
	7 7 7	Don't know / Not sure
	9 9 9	Refused

{CATI: If SEX12MB = 1, go to SEXGEND2}

SEXGEND1 During the past 12 months, have you had sex with only males, only females, or with both males and females?

Sexgend1	1	Only males	[Go to SEXCONDA]
	2	Only females	[Go to SEXCONDA]
	3	Both males and females	
	7	Don't Know/ Not sure	
	9	Refused	

SEXGEND2 The last time you had sex, was your partner male or female?

Sexgend2	1	Male	
	2	Female	
	7	Don't Know/ Not Sure	[Go to SEXB1]
	9	Refused	[Go to SEXB1]

SEXCONDA

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

Sexconda

- 1 Yes [Go to SEXB1]
- 2 No
- 7 Don't Know [Go to SEXB1]
- 9 Refused [Go to SEXB1]

NOCOND1A

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

Nocond1a

Please Read

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

Or

- 11 Some other reason (specify) _____

Do Not Read

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

SEXB1

During the past 12 months has a doctor, nurse or other health professional talked to you about Chlamydia?

Sexb1

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

SEXB2

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

Sexb2

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

SEXDD

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

Sexdd

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

Section 43: State-Added: Sexual Violence [Split 2]

{If split = 2 continue; else if split = 1 or 3, 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.***

SSVSKP_A This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer any question you don't want to. If you would like to skip this section please say so. ,

Ssvskp_a

- 1 Respondent asks to skip section **[Go to SV Closing Statement]**
- 2 Continue

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.

SSVSKP: 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, strangers, or anyone else.

SEXSIT2 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

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

(839)

SEXSIT1 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

Sexsit1

exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

(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.

SEXATT2 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (841)

Sexatt2

- 1 Yes
- 2 No **[Go to SEXATT1]**
- 7 Don't know / Not sure **[Go to SEXATT1]**
- 9 Refused **[Go to SEXATT1]**

SEXATT2A Has this happened in the past 12 months? (842)

Sexatt2a

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

SEXATT1 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 PRE- MA42.7]**
- 7 Don't know / Not sure **[Go to PRE- MA42.7]**
- 9 Refused **[Go to PRE- MA42.7]**

SEXATT1A Has this happened in the past 12 months? (844)

Sexatt1a

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

{CATI: If SEXATT2= 1 (Yes) or SEXATT1 = 1 (Yes); continue. Otherwise, read SV Closing Statement.}

MA42.7

Sexast7a-c

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)

Do not read:

- 01 Current boyfriend/girlfriend
- 02 Former boyfriend/girlfriend
- 03 Fiancé/Fiancée
- 04 Spouse or live-in partner
- 05 Former spouse or former live-in partner
- 06 Someone you were dating
- 07 First Date
- 08 Friend
- 09 Acquaintance
- 10 A person known for less than 24 hours
- 11 Complete stranger
- 12 Parent
- 13 Step-parent
- 14 Parent's partner
- 15 Parent in-law
- 16 Other relative
- 17 Neighbor
- 18 Co-worker
- 19 Other non-relative
- 20 Multiple perpetrators
- 77 Don't know / Not sure
- 99 Refused

SEXAST12

Sexast12

[IF ONE RESPONSE CODED IN MA42.7 and MA42.7 NE 20, ASK:] Was the person who did this male or female?

[IF MA42.7=20 OR IF MULTIPLE RESPONSES GIVEN IN MA42.7, ASK:] Were the persons who did this male, female or both?

(851)

- 1 Male
- 2 Female
- 3 male and female **[only show on screen if MA42.7=20 OR if MORE THAN one response coded in MA42.7]**
- 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 44: State-Added: Suicide [Split 2]

If split = 2, continue; else if split = 1 or 3, go to Next Section

SSUISKP

Ssuiskp

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]:

(852)

- 1 Respondent asks to skip section **[Go To Suicide Closing Statement]**
- 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.

SUIC1

Suic1

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

(853)

- 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]**

SUIC2

Suic2

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

(854)

- 1 Yes
- 2 No **[Go to SUIC6]**
- 7 Don't know/Not sure **[Go To Suicide Closing Statement]**
- 9 Refused **[Go To Suicide Closing Statement]**

SUIC5

Suic5

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)

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

SUIC6

Suic6a

Suic6b

Suic6c

Suic6d

Who, if anyone, have you spoken to about **{if SUIC1=1 and SUIC2=2 say "considering", if SUIC1=1 and SUIC2=1 say "considering or attempting"}**, suicide?

(856-863)

[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

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 45: Module 6: Visual Impairment and Access to Eye Care [Split 3]

{If split = 3 continue; else if split = 1 or 3, go to Next Section}

CATI note: If respondent is less than 40 years of age, or Core Q6.12 = 3 (respondent is blind), 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.

VIDFCLT3 How much difficulty, if any, do you have in recognizing a friend across the street? Would you say— (290)

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
- 9 Refused

VIREDIF3 How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say— (291)

VIREDIF2

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
- 9 Refused

VIPRFVS3

When was the last time you had your eyes examined by any doctor or eye care provider? (292)

VIPRFVS2

Read only if necessary:

- 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
- 9 Refused

VINOCRE3

What is the main reason you have not visited an eye care professional in the past 12 months? (293-294)

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
- 9 9 Refused

CATI note: Skip VIEYEXM2, if any response to EYEEXAM.

VIEYEXM3

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. (295)

VIEYEX

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
- 9 Refused

VIINSUR3

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

VIINSUR2

(296)

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

VICTRCT3

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

VICTRCT2

(297)

- 1 Yes
- 2 No, I had them removed
- 3 No
- 7 Don't know / Not sure
- 9 Refused

VIGLUMA3

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

VIGLUMA2

(298)

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

VIMACDG3 Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

VIMACDG2

(299)

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

Section 46: State-Added: Falls [Split 3]

If split=3 then 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 questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

FALL3 In the past 3 months, how many times have you fallen?

Fall3

- – Number of times **[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]**

FALL4 **[Fill in “Did this fall (from FALL3) cause an injury?”]. If only one fall from FALL3 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

Fall4

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.

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

Section 47: State-Added: Alcohol and Health [Split 3]

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

Interviewer Notes:

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 refusal or don't know/not sure 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 whenever possible to discourage respondents from refusing to answer or saying don't know/not sure 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 to the respondent the importance of responding yes or no to every question if possible, even those that the respondent may believe were not designed for him/her. 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 instead of saying 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 the respondent 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/not sure 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 are no right or wrong answers. Or if the respondent says not sure, suggest that he or she take time to think 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 answer yes or no rather than not sure. Do not give the person a conclusion; merely encourage the person to select the answer yes or no which is closest to how he or she feels.

**If split = 1 or 2, then go to next section on Drug Use and Health;
Else if split = 3, then continue**

TOTAL DRINKS LOGIC:

> CREATE INTERNAL VARIABLE TOTDRNKS=0.

> If ALCDAY5 = (101) then TOTDRNKS = (ALCDAY5 – 100) * AVEDRNK2 * 4

> If ALCDAY5 = (201-205) then TOTDRNKS = (ALCDAY5 – 200) * AVEDRNK2

SIX DRINKS LOGIC:

> CREATE INTERNAL VARIABLE SIXDRNKS=0.

> If (ALCDAY5 = (102-107 or 206-230)) or (AVEDRNK2 = (06-76)) or (DRNK3GE5 = (02-76)) or (MAXDRNKS = (06-76)), SIXDRNKS=1.

> If TOTDRNKS>=6, SIXDRNKS=1.

> If ALCDAY5 = (777, 888, 999) or AVEDRNK2 = (77, 99), SIXDRNKS=0.

IF SIXDRNKS=0, ASK AHLC14a1
IF SIXDRNKS=1, SKIP TO MA46.2

AHLC14a Have you had at least six drinks of an alcoholic beverage in your lifetime?

Ahlc14a	1	Yes	[Continue]
	2	No	[Go to next Section]
	7	Don't know / Not sure	[Ask respondent to think back carefully and give his or her best recollection; if still doesn't know, go to next Section]
	9	Refused	[Reassure That No Harm Can Result from this Interview; if still refuses, go to next Section]

MA46.2 The next questions are about experiences that you may have had in your life as a result of drinking alcohol.

Alch1a- alch1h	Yes	No	Don't Know/ Not Sure	Refused
ALCH1a 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 the problems worse? [MEDICAL PROBLEM]	1	2	7	9
ALCH1b Did you ever have symptoms of alcohol withdrawal such as the shakes, vomiting, sweats, hallucinations, confusion, or a seizure? [WITHDRAWAL SICKNESS]	1	2	7	9
ALCH1c Did you ever drink alcohol or take a sedative or tranquilizer to relieve or avoid alcohol withdrawal symptoms? [WITHDRAWAL SICKNESS]	1	2	7	9
ALCH1d Did drinking ever 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? [REDUCE IMPORTANT ACTIVITIES]	1	2	7	9
ALCH1e Have you often thought that you should quit or cut down on your drinking, or tried to do so more than once without success? [UNABLE TO QUIT]	1	2	7	9
ALCH1f Has there ever been a period when you spent a lot of time drinking, obtaining alcohol, or recovering from a hangover or other effects? [SPEND A LOT OF TIME ON IT]	1	2	7	9
ALCH1g Have you often had days when you ended up drinking a lot more or for a much longer time than you intended? [LOSS OF CONTROL]	1	2	7	9

ALCH1h 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]

[Count yes (1) responses from ALCH1a to ALCH1h, but count a yes (1) to both ALCH1b and ALCH1c as just one yes; if the sum is three or more, continue; if the sum is less than three, go to MA46.4]

[Before ALCH3a, read the summary statement for each yes (1) response in ALCH1a to ALCH1h 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 the count of 1's is equal to three, say "those three"; if the count of 1's is more than three, say "three or more of those" in ALCH3a].

ALCH3a When was the last time you had (those three/ three or more of those) experiences during the same 12 months? Was it . . .

Alch3a

(NOTE addition of response option to account for deleted previous question)

- Read:**
- 1 In the past year
 - 2 Within the past two years
 - 3 More than two years ago
 - 4 You never had three or more of those experiences within just 12 months

- Don't Read:**
- 7 Don't know / Not sure
 - 9 Refused

MA46.4 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

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

ALCH5ia. 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 examples mentioned. Could include recreational activities such as being intoxicated when riding a bike, water skiing, snow boarding, or boating. Also could be a situation resulting in a burn or serious cut. “Often” implies more than once or more than one type of situation.]

1 2 7 9

ALCH5ib. 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

ALCH5ic. 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. Could include arguments or physical fights, break up of a relationship, rejection by fellow employees, or loss of friends.]

1 2 7 9

ALCH5id. Has your drinking caused you legal problems more than once in a year, such as being arrested for disorderly conduct or drunk driving repeatedly?

LEGAL PROBLEMS

[Interviewer note: The respondent must have been arrested. Just being stopped or warned does not count as a positive answer. Legal problems include 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 they include 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, or trespassing.]

1 2 7 9

[If ALCH5ia to ALCH5id are all either no (2), don’t know/not sure (7), or refused (9), Go to Next Section; otherwise continue]

[Read summary of each yes (1) response in ALCH5ia to ALCH5id to remind respondent of what he/she said]

To summarize, you said that more than once in a year 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 ALCH5ia to ALCH5id, then read “that”; if more than one yes (1) to

ALCH5ia to ALCH5id, then read “one of those things” when asking ALCH6]

ALCH6a When was the last time (that/ one of those things) happened more than once within a 12-month period?

Alch6a

(NOTE addition of response option to account for deleted previous question)

- Read:**
- 1 In the past year
 - 2 Within the past 2 years
 - 3 More than 2 years ago
 - 4 You never had three or more of those experiences within just 12 months

- Don't Read:**
- 7 Don't know / Not sure
 - 9 Refused

Section 48: State-Added: Drug Use and Health [Split 3]

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

DRCHRON1 Have you ever seen a doctor for chronic pain, such as lower back pain, neck pain, headaches, or other painful medical conditions that lasted for six months or more?

Drchron1

(NOTE changes to question from 2009)

- 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 those or other diseases.

MA47.2. Has a doctor or other health professional ever prescribed any of the following medicines for you?

Drgh1a-
drgh1d

	Yes	NO	Don't Know/ Not Sure	Refused
DRGH1a 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, and Soma.]	1	2	7	9

<p>DRGH1b 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, and Talwin.]</p>	1	2	7	9
<p>DRGH1c 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, Biphedamine, Desoxyn, Fastin, Preludin, Provigil, or Concerta, and Methedrine.]</p>	1	2	7	9
<p>DRGH1d 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, and Tuinal.]</p>	1	2	7	9

[If responses to all drugs in DRGH1a to DRGH1d are no (2), don't know (7), or refused (9), go to MA47.4; if responses included a yes (1) for one or more of the drugs in DRGH1a to DRGH1d, ask MA47.3]

MA47.3. In the past year, have you felt dependent on or experienced trouble getting off of [DRUG NAME] when you no longer medically needed it?

Drgh2a –
Drgh2d

Repeat MA47.3 for each drug used in DRGH1a to DRGH1d]

	Yes	NO	Don't Know/ Not Sure	Refused
DRGH2a. Tranquilizers?	1	2	7	9
DRGH2b. Pain killers?	1	2	7	9
DRGH2c. Stimulants?	1	2	7	9
DRGH2d. Sedatives?	1	2	7	9

MA47.4. “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?

Drgh4a-
Drgh4i

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

	Yes	NO	Don't Read: Don't Know/ Not Sure	Don't Read: Refused
DRGH4a Marijuana or hashish? [If needed: Street names include: "pot," "grass," and "hash."]	1	2	7	9
DRGH4b Painkillers such as Vicodin, Percocet, codeine or OxyContin? [If needed: Also known as "prescription analgesics."]	1	2	7	9
DRGH4c Cocaine or crack? [If needed: Also known as "coke" or "free base."]	1	2	7	9
DRGH4d Tranquilizers such as Valium, Klonopin, or Xanax? [If needed: Other tranquilizers include Ativan, Serax, Atarax, BuSpar, Soma, and Rohypnol.]	1	2	7	9
DRGH4e Stimulants, such as Methamphetamine, Benzedrine, Ritalin, or Provigil? [If needed: Other street names include "ice," "crank" "diet pills," "uppers," and "speed."]	1	2	7	9
DRGH4f Hallucinogens such as LSD, PCP, or Ecstasy? [If needed: Other hallucinogens or names for the same drugs include "acid," "angel dust," "MDMA," psilocybin, mescaline, peyote, and phencyclidine]	1	2	7	9
DRGH4g Sedatives such as Quaaludes, Nembutal, Restoril, or Seconal? [If needed: Other names include "sleeping pills," "downers," or barbiturates. Other sedatives include Amytal, Butisol, Chloral Hydrate, Dalmane, Doriden, Halcion, Placidyl, and Tuinal.]	1	2	7	9
DRGH4h Inhalants such as amyl nitrite, nitrous oxide cleaning fluid, glue, or lacquer thinner? Other names include "poppers" and "whippets."	1	2	7	9
DRGH4i Heroin?	1	2	7	9

[If either no (2), don't know (7), or refused (9) for all of the drugs used according to DRGH4a to DRGH4i, go to next section; otherwise continue]

[If used one drug in DRGH4a to DRGH4i, read "the drug" in MA47.5; if more than one drug in DRGH4a to DRGH4i, read "a drug" in MA47.5]

MA47.5. The next questions are about experiences that you may have had as a result of using (the drug/a drug) non-medically six or more times.

Drgh5a- Drgh5h

	Yes	No	Don't Know/ Not Sure	Refused
DRGH5a Did you ever continue using (the drug/a drug) non-medically when you knew it was causing you medical or psychological problems or making them worse? [MEDICAL PROBLEMS]	1	2	7	9
DRGH5b Did you ever have symptoms of drug withdrawal such as depression, fatigue, weakness, yawning, insomnia, or seizures when you stopped using (the drug/a drug) non-medically? [WITHDRAWAL SICKNESS]	1	2	7	9
DRGH5c Did you use (the drug/a drug) or similar drugs to cure or avoid the withdrawal symptoms? [WITHDRAWAL SICKNESS]	1	2	7	9
DRGH5d 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? [LOSS OF CONTROL]	1	2	7	9
DRGH5e 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? [UNABLE TO QUIT]	1	2	7	9
DRGH5f Has there ever been a period when you spent a lot of time using (the drug/a drug) non-medically, getting it, or getting over its effects? [SPEND A LOT OF TIME]	1	2	7	9
DRGH5g 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? [REDUCE IMPORTANT ACTIVITIES]	1	2	7	9
DRGH5h Did you ever find that you no longer got high on the amount of (the drug/a drug) you used to take, or that you had to use much more to get the same effect? [TOLERANCE]	1	2	7	9

[Count yes (1) answers to DRGH5a to DRGH5h, but count a yes (1) to both DRGH5b and DRGH5c as just one yes. If the sum is three or more, continue; if the sum is less than three, go to MA47.7]

[Read the summary of each yes (1) response in DRGH5a to DRGH5h to remind respondent of what he/she said]

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

MA47.6.

Drgh8a –
Drgh8i

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

[Read only drugs used non-medically 6 or more times (1) in DRGH4a to DRGH4i; repeat the response alternatives after each drug read]

	In the Past Year	Within the Past Two Years	More Than Two Years Ago	Never	Don't Know/ Not Sure	Refused
DRGH8a Marijuana	1	2	3	4	7	9
DRGH8b Painkillers	1	2	3	4	7	9
DRGH8c Cocaine	1	2	3	4	7	9
DRGH8d Tranquilizers	1	2	3	4	7	9
DRGH8e Stimulants	1	2	3	4	7	9
DRGH8f Hallucinogens	1	2	3	4	7	9
DRGH8g Sedatives	1	2	3	4	7	9
DRGH8h Inhalants	1	2	3	4	7	9
DRGH8i Heroin	1	2	3	4	7	9

MA47.7.

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.

Drgh10a- Drgh10d

	Yes	No	Don't Know/Not Sure	Refused
DRGH10a Were there often times during a 12-month period when you were 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 motorcycle riding, water skiing, or speed 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 in more than one type of situation.]	1	2	7	9
DRGH10b Did your use of drugs 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.]	1	2	7	9
DRGH10c 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				
[Interviewer information: "Continue using drugs" means that these interpersonal problems caused by drug use were persistent or recurrent, not just one episode.]	1	2	7	9
DRGH10d 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. 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, and robbery.]	1	2	7	9

[If either no (2), don't know/not sure (7), or refused (9) to all four items in DRGH10a to DRGH10d ; go to next section; otherwise continue]

[Read summary of each yes (1) response in DRGH10a to DRGH10d 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/those experiences.

[If only one yes (1) in DRGH10a to DRGH10d, then read "that experience"; if more than one yes (1) in DRGH10a to DRGH10d, then read "one of those experiences" when asking MA45.8]

MA47.8. I am going to read the name of (the/each) drug you have used non-medically six or more times. Please tell me when it last caused you to have that experience/ one of those experiences. The choices are: in the past year, within the past two years, more than two years ago, or never.

Drgh12a –
Drgh12i

Read only drugs respondent said yes (1) to using non-medically 6 or more times in DRGH4a to DRGH4i; repeat response alternatives 1, 2, 3 and 4 as needed after each drug read]

	In the Past Year	Within the Past Two Years	More Than Two Years Ago	Never	Don't Know/ Not Sure	Refused
DRGH12a Marijuana?	1	2	3	4	7	9
DRGH12b Painkillers?	1	2	3	4	7	9
DRGH12c Cocaine?	1	2	3	4	7	9
DRGH12d Tranquilizers?	1	2	3	4	7	9
DRGH12e Stimulants?	1	2	3	4	7	9
DRGH12f Hallucinogens?	1	2	3	4	7	9
DRGH12g Sedatives?	1	2	3	4	7	9
DRGH12h Inhalants?	1	2	3	4	7	9
DRGH12i Heroin?	1	2	3	4	7	9

CATI: REVIEW PROGRAMMING FROM MA BRFSS 2009 #4869q4 MA40.10

[If DRGH10a to DRGH10d = 1 or more "Yes" and all response (s) to DRGH12a to DRGH12i 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.

CONDITIONALIZED SECOND PARAGRAPH

> [If only one drug Yes from DRGH4a to DRGH4i and answer to DRGH12a to DRGH12i 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 the specific drug in DRGH12a to DRGH12i so that the answers are consistent if possible].

> [If used more than one drug from DRGH4a to DRGH4i and all of the answers to DRGH12a to DRGH12i 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 DRGH10a to DRGH10d or DRGH12a to DRGH12i so that the answers are consistent if possible].

Section 49: State-Added: Alcohol and Drug Treatment [Split 3]

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

Pre-DATX18: [If never had six drinks in lifetime (AHLC14a1 = 2, 7, or 9), and never used a prescription drug (all DRGH1a to DRGH1d = 2, 7, or 9), and never used a drug non-medically six or more times (all DRGH4a to DRGH4i = 2, 7, or 9), go to next section; otherwise, continue]

[If clustering of symptoms of dependence on (ALCH3a = 1 or 2) or abuse of alcohol (ALCH6a = 1 or 2) in the past two years, or dependence on a prescription drug (any DRGH2a to DRGH2d =1), or clustering of symptoms of dependence on (any DRGH8a to DRGH8i = 1 or 2) or abuse of any non-medical drugs (DRGH12a to DRGH12i =1 or 2), in the past two years continue; otherwise, go to DATX20.

DATX18 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

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

DATX20 During the past 12 months, did you need treatment or counseling for your use of alcohol or drugs?

Datx20

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

DATX7a Have you ever enrolled in counseling or any other kind of treatment for alcohol or drug use?

Datx7a

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

DATX21 Have you gotten alcohol or drug treatment in the past year?

Datx21

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

Asthma Call-Back Permission Script [Split 1]

CATI: Split=1 and (ASTHMA2 = 1 or CASTHDX2 = 1), continue; Else go to CLOSING

CALLBACK We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in **Massachusetts**. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and 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?

Asthm_fu

(515)

- 1 Yes
- 2 No

GO TO CLOSING

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.

[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

Pre ADULTName: ASTHMA2 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.

ADULTName Can I please have your first name, initials or nickname so we know who to ask for when we call back?

Enter respondent's first name, initials or nickname: _____
 Refused..... 99

Closing Statement

Please read:

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

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?

- 1 English
- 2 Spanish
- 3 Portuguese

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

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

List of Health Problems to Accompany Module 8, Question DRHPAD1 (Q3)

[DO NOT READ]

Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioliomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

Kidney Problems

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

Anemia

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

Causes of Weak Immune System

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines