**Behavioral Risk Factor Surveillance System Logo**

**2020**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**Massachusetts**

November 26, 2019

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# OMB Header and Introductory Text

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

|  |
| --- |
| NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at [ivk7@cdc.gov](mailto:ivk7@cdc.gov). |

HELLO, I am calling for the Massachusetts Department of Public Health. My name is (name). We are gathering information about the health of US 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.

# Landline Introduction

**CTELENM1** Is this (phone number) ?

1. Yes

2. No

**[CATI /INTERVIEWER NOTE: IF "NO”: Thank you very much, but I seem to have dialed the wrong number. It’s possible that your number may be called at a later time. CATI NOTE: STOP OR REDIAL]**

**PVTRESD1** Is this a private residence?

**Read only if necessary:** “By private residence, we mean someplace like a house or apartment.”

**INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

1. Yes [GO TO STATERE1]

2. No [GO TO COLGHOUS]

3. No, this is a business

**[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME.”STOP]**

**COLGHOUS** Do you live in college housing?

**Read only if necessary:** “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

1. Yes [GO TO STATERE1]

2. No

**[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]**

**STATERE1** Do you currently live in Massachusetts?

1. Yes [GO TO CELLFON4]

2. No

**[CATI NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN MASSACHUSETTS AT THIS TIME. STOP]**

**CELLFONE** Is this a cell telephone?

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

**INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).**

1 Yes

**[CATI/INTERVIEWER NOTE: IF “YES”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]**

2 No

**LADULT** Are you 18 years of age or older?

1 Yes

2 No

**[CATI/INTERVIEWER NOTE: IF “NO” AND COLGHOUS = “YES”: Thank you very much but we are only interviewing persons aged 18 or older at this time. TERMINATE]**

**[CATI NOTE: IF “YES” AND COLGHOUS = “YES,” CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]**

**COLGSEX**  Are you male or female?

1 Male **[GO TO TRANSITION TO CORE]**

2 Female **[GO TO TRANSITION TO CORE]**

7 Don’t know/Not sure

9 Refused

**CATI/INTERVIEWER NOTE: If “DON’T KNOW” or “REFUSED”: Thank you for your time, your number may be selected for another survey in the future. TERMINATE]**

**Adult Random Selection**

**NUMADULT** I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

If "1,": Are you the adult?

If yes: Then you are the person I need to speak with.

If no: May I speak with the adult in the household?

**[CATI NOTE: IF NUMADULT = 2 or more, GO TO NUMMEN]**

**LANDSEX**  Are you male or female?

1 Male **[GO TO TRANSITION TO CORE]**

2 Female **[GO TO TRANSITION TO CORE]**

7 Don’t know/Not sure

9 Refused

**CATI/INTERVIEWER NOTE: If “DON’T KNOW” or “REFUSED”: Thank you for your time, your number may be selected for another survey in the future. TERMINATE]**

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

\_\_ Number of men

77 Don’t know/Not sure

99 Refused

**NUMWOMEN** So the number of women in the household is \_\_\_

Is that correct?

**INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD**.

**RESPSLCT** The person in your household that I need to speak with is [Oldest/Youngest/ Middle//Male /Female].

Are you the [Oldest/Youngest/ Middle//Male /Female] in this household?

1 Male

2 Female

7 Don’t know/Not sure

9 Refused

**CATI/INTERVIEWER NOTE: If “DON’T KNOW” or “REFUSED”: Thank you for your time, your number may be selected for another survey in the future. TERMINATE]**

# Transition to Core:

To the Correct Respondent:

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 not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).

# Cell Phone Introduction

**SAFETIME**  Is this a safe time to talk with you?

1 Yes

2 No

**[CATI/INTERVIEWER NOTE: IF "NO”: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) TERMINATE]**

**CTELNUM1** Is this (phone number) ?

1 Yes

2 No

**[CATI/INTERVIEWER NOTE: IF "NO”: THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT’S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. TERMINATE]**

**CELLFON5** Is this a cell telephone?

**Read only if necessary:** “By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood.”

1 Yes  **[Go to CADULT1]**

2 No

**[CATI/INTERVIEWER NOTE: IF "NO”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS ON CELL TELEPHONES AT THIS TIME. TERMINATE]**

**CADULT1** Are you 18 years of age or older?

1 Yes

2 No

**[CATI/INTERVIEWER NOTE: IF "NO”, THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. TERMINATE]**.

**CELLSEX**  Are you male or female?

1 Male

2 Female

7 Don’t know/Not sure

9 Refused

**CATI/INTERVIEWER NOTE: If “DON’T KNOW” or “REFUSED”: Thank you for your time, your number may be selected for another survey in the future. TERMINATE]**

**PVTRESD3** Do you live in a private residence?

**Read only if necessary:** “By private residence, we mean someplace like a house or apartment.”

**INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

1 Yes **[GO TO CSTATE1]**

2 No

**CCLGHOUS** Do you live in college housing?

**Read only if necessary:** “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

1 Yes

2 No

**[CATI/INTERVIEWER NOTE: IF "NO”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]**

**CSTATE1** Do you currently live in \_\_\_\_**(state)**\_\_\_\_?

1 Yes **[Go to LANDLINE]**

2 No

**RSPSTAT1** In what state do you currently live?

\_ \_ ENTER FIPS STATE

77 Live outside US and participating territories

99 Refused

**[CATI/INTERVIEWER NOTE: If “DON’T KNOW” or “REFUSED”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE U.S. STOP]**

**LANDLINE** Do you also have a landline telephone in your home that is used to make and receive calls?

**Read if necessary:** By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

**HHADULT** How many members of your household, including yourself, are 18 years of age or older?

\_\_ Number

77 Don’t know/Not sure

99 Refused

**[CATI/INTERVIEWER NOTE: IF CCLGHOUS = “YES” THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]**

# Transition to Core:

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 not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).Core Section 1: Health Status

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

**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

# Core Section 2: Healthy Days

**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?

\_\_ Number of days (01-30)

88 None

77 Don’t know/Not sure

99 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?

\_\_ Number of days (01-30)

88 None

77 Don’t know/Not sure

99 Refused

**CATI NOTE: IF PHYSHLTH=88 AND MENTHLTH=88, GO TO NEXT SECTION.**

**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?

\_\_ Number of days (01-30)

88 None

77 Don’t know/Not sure

99 Refused

# Core Section 3: Healthcare 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 Service?

1 Yes

2 No **[Go to HINS13B]**

7 Don’t know / Not sure **[Go to HINS13B]**

9 Refused **[Go to PERSDOC2]**

State-Added Section 3a: MA Healthcare Access

**CATI NOTE: If HLTHPLAN=1, continue; Else go to pre-HINS13B**

**CATI NOTE: If cellular telephone interview AND respondent is not a MA resident, Go to PERSDOC2**

**HINS7** Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

1 Yes **[Go to PERSDOC2]**

2 No

7 Don't know/Not sure

9 Refused

**HINS8c** What is the primary source of your health care coverage? Is it…

**Read Only if necessary:**

1 A plan purchased through an employer or union [includes plans purchased through another person's employer)

2 A plan that you or another family member buys on your own

3 Medicare

4 Medicaid, MassHealth, CommonHealth or a MassHealth HMO

5 TRICARE (formerly CHAMPUS), VA, or Military

6 Alaska Native, Indian Health Service, Tribal Health Services

9 Commonwealth Care

Or

7 Some other source

**Do not read:**

77 Don't know/Not sure

08 None (no coverage)

99 Refused

**INTERVIEWER NOTE:** **MassHealth HMOs can be offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health**

**INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (Massachusetts Health Connector), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (MassHealth) If purchased on their own (or by a family member), select 02, if Medicaid select 04.**

**{CATI: IF HLTHPLN1=2 or 7, CONTINUE; ELSE GO TO PERSDOC2}**

**HINS13B** There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

**Please Read:**

1 A plan purchased through an employer or union [includes plans purchased through another person's employer)

2 A plan that you or another family member buys on your own

3 Medicare

4 Medicaid, MassHealth, CommonHealth or a MassHealth HMO

5 TRICARE (formerly CHAMPUS), VA, or Military

6 Alaska Native, Indian Health Service, Tribal Health Services

9 Commonwealth Care

Or

7 Some other source

**Do not read:**

77 Don't know/Not sure

08 None (no coverage)

99 Refused

**INTERVIEWER NOTE: MassHealth HMOs can be offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health**

Core Section 3: Healthcare Access (cont)

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

**If “No” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”**

1 Yes, only one

2 More than one

3 No

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?

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?

**Read if necessary:** A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

**Read 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

8 Never

9 Refused

# Core Section 4: Exercise

**EXERANY2** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do**

Core Section 5: Inadequate Sleep

**SLEPTIM1** On average, how many hours of sleep do you get in a 24-hour period?

**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

# Core Section 6: Chronic 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?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No **[Go To CHCSCNCR]**

7 Don’t know / Not sure **[Go To CHCSCNCR]**

9 Refused **[Go To CHCSCNCR]**

**ASTHNOW** Do you still have asthma?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCSCNCR** (Ever told) (you had) skin cancer?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCCOPD2** (Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**HAVARTH4** (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE: Do not read:** 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)

**ADDEPEV3** (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCKDNY2** Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?

**Read if necessary:** Incontinence is not being able to control urine flow.

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIABETE4** (Ever told) (you had) diabetes? **If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**

**[INTERVIEWER NOTE: If respondent says pre-diabetes or borderline diabetes, use response code 4]**

1 Yes

2 Yes, but female told only during pregnancy

3 No

4 No, pre-diabetes or borderline diabetes

7 Don’t know / Not sure

9 Refused

**[CATI NOTE: IF DIABETE4= 1 (YES), CONTINUE. IF ANY OTHER RESPONSE TO DIABETE4 GO TO NEXT SECTION.]**

**DIABAGE3** How old were you when you were told you had diabetes?

\_ \_ Code age in years [97 = 97 and older]

9 8 Don’t know / Not sure

9 9 Refused

Module 1: Prediabetes – Split 1

**[CATI NOTE: IF DIABETE4 ne 1 CONTINUE, ELSE GO TO NEXT SECTION]**

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

**[CATI NOTE: If DIABETE4, is coded 4 automatically code PREDIAB1, equal to 1 (yes)]**

**PREDIAB1** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? **If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**

1 Yes

2 Yes, during pregnancy

3 No

7 Don’t know / Not sure

9 Refused

# Module 2: Diabetes – Split 1

**[CATI NOTE: IF DIABETE4=1 CONTINUE, ELSE GO TO NEXT SECTION]**

**INSULIN** Are you now taking insulin?

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

**BLDSUGAR** About how often do you check your blood for glucose or sugar?

**Read if necessary:** Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

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

**Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in ‘98 times per day.’**

**FEETCHK3** Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

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

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

\_ \_ Number of times **[76 = 76 or more]**

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**CHKHEMO3** About how many times in the past 12 months has a doctor, nurse, or other

health professional checked you for A-one-C?

**Read if necessary: A test for A one C measures the average level of blood sugar over the past three months.**

\_ \_ 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 FEETCHK3 = 555 (No feet), go to EYEEXAM1]**

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

\_ \_ Number of times **[76 = 76 or more]**

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**EYEEXAM1** 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.

**Read 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

1. Never

9 Refused

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

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?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

# Core Section 7: Oral Health

**LASTDEN4** Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

**Read 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

8 Never

9 Refused

**RMVTETH4** Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease? .

**Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

**Read if necessary:**

1 1 to 5

2 6 or more but not all

3 All

8 None

**Do not read:**

7 Don’t know / Not sure

9 Refused

# Core Section 8: Demographics

**AGE** What is your age?

\_ \_ Code age in years

07 Don’t know / Not sure

09 Refused

**HISPANC3** Are you Hispanic, Latino/a, or Spanish origin?

**If yes, ask: Are you…**

**INTERVIEWER NOTE:One or more categories may be selected.**

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

5 No

7 Don’t know / Not sure

9 Refused

**MRACE1** Which one or more of the following would you say is your race?

**INTERVIEWER NOTE: Select all that apply.**

**INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

**Please read:**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 Other

88 No additional choices

77 Don’t know / Not sure

99 Refused

**CATI NOTE: If more than one response to MRACE1; continue. Otherwise, go to MARITAL.**

**ORACE3** Which one of these groups would you say best represents your race?

**INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

**If respondent has selected multiple races in previous and refuses to select a single race, code refused**

**Please read:**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 Other

77 Don’t know / Not sure

99 Refused

**MARITAL** Are you…

**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

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

**Read 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

**RENTHOM1** Do you own or rent your home?

1 Own

2 Rent

3 Other arrangement

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE:** Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year.

**Read if necessary:** We ask this question in order to compare health indicators among people with different housing situations.

# State-Added Section 8a: City/Town

**CATI NOTE: If cellular telephone interview AND respondent is not a MA resident, Go to CTYCODE2**

**TOWN** What city or town do you live in?

\_ \_ \_ Town code [001-351]

8 8 8 OTHER: **[SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]**

7 7 7 Don’t Know/Not Sure

9 9 9 Refused

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

# Core Section 8: Demographics (cont.)

**CATI NOTE: If TOWN = 1 – 351, autocode CTYCODE2 and go to ZIPCODE1. Else if TOWN = 777, 888, 999, Continue.**

**CTYCODE2** In what county do you currently live?

\_ \_ \_ ANSI County Code

777 Don’t know / Not sure

999 Refused

**CATI NOTE: If cellular telephone interview and respondent is not a MA resident, text of county name should be recorded in CPCOUNTY.**

**ZIPCODE1** What is the ZIP Code where you currently live?

\_ \_ \_ \_ \_

77777 Do not know

99999 Refused

**CATI NOTE: If cellular telephone interview, Go To CPDEMO1B.**

**NUMHHOL3** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

1 Yes

2 No **[Go To CPDEMO1B]**

7 Don’t know / Not sure **[Go To CPDEMO1B]**

9 Refused **[Go To CPDEMO1B]**

**NUMPHON3** How many of these telephone numbers are residential numbers?

\_ Enter number (1-5)

6 Six or more

7 Don’t know / Not sure

8 None

9 Refused

**CPDEMO1B** How many cell phones do you have for personal use?

**Read if necessary:** Include cell phones used for both business and personal use.

\_ Enter number (1-5)

6 Six or more

7 Don’t know / Not sure

8 None

9 Refused

**VETERAN3** 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?

**Read if necessary:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**EMPLOY1** Are you currently…?

**Please read:**

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

4 Out of work for less than 1 year

5 A Homemaker

6 A Student

7 Retired

Or

8 Unable to work

**Do not read:**

9 Refused

**INTERVIEWER NOTE:** If more than one, say “select the category which best describes you”.

# Module 18: Industry and Occupation – Split 1, 2

**CATI NOTE: If cellular telephone interview AND respondent is not a MA resident, Go to CHILDREN.**

**If EMPLOY1= 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.**

Now I am going to ask you about your work.

**If EMPLOY1= 1 (Employed for wages) or 2 (Self-employed) ask,**

**TYPEWORK** What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

**INTERVIEWER NOTE:  If respondent is unclear, ask “What is your job title?”**

**INTERVIEWER NOTE:  If respondent has more than one job then ask, “What is your main job?”**

[Record answer] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

99  Refused

**Or**

**If EMPLOY1 = 4 (Out of work for less than 1 year) ask,**

What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

**INTERVIEWER NOTE:  If respondent is unclear, ask “What was your job title?”**

**INTERVIEWER NOTE:  If respondent has more than one job then ask, “What was your main job?”**

[Record answer] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

99  Refused

**If EMPLOY1= 1 (Employed for wages) or 2 (Self-employed) ask,**

**TYPEINDS** What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

99  Refused

**INTERVIEWER NOTE: If respondent says “healthcare”, ask “In what type of setting, for example, hospital, nursing home, doctor’s office, clinic?”**

**INTERVIEWER NOTE: If respondent says “education”, ask “In what type of setting, for example, elementary school, high school, college, trade school?”**

**Or**

**If EMPLOY1 = 4 (Out of work for less than 1 year) ask,**

What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

99  Refused

**INTERVIEWER NOTE: If respondent says “healthcare”, ask “In what type of setting, for example, hospital, nursing home, doctor’s office, clinic?”**

**INTERVIEWER NOTE: If respondent says “education”, ask “In what type of setting, for example, elementary school, high school, college, trade school?”**

# Core Section 8: Demographics (cont.)

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

\_ \_ Number of children

88 None

99 Refused

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

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

0 4 Less than $25,000 **If “no,” ask 05; if “yes,” ask 03**

($20,000 to less than $25,000)

0 3 Less than $20,000 **If “no,” code 04; if “yes,” ask 02**

($15,000 to less than $20,000)

0 2 Less than $15,000 **If “no,” code 03; if “yes,” ask 01**

($10,000 to less than $15,000)

0 1 Less than $10,000 **If “no,” code 02**

0 5 Less than $35,000 **If “no,” ask 06**

($25,000 to less than $35,000)

0 6 Less than $50,000 **If “no,” ask 07**

($35,000 to less than $50,000)

0 7 Less than $75,000 **If “no,” code 08**

($50,000 to less than $75,000)

0 8 $75,000 or more

**Do not read:**

7 7 Don’t know / Not sure

9 9 Refused

**[CATI NOTE: If Male or AGE is greater than 49, Go To WEIGHT2]**

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

**NOTE: If respondent answers in metrics, put “9” in first column.**

**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?

**NOTE: If respondent answers in metrics, put “9” in first column.**

**Round fractions down.**

\_ \_ / \_ \_ Height (ft / inches/meters/centimeters)

77/ 77 Don’t know / Not sure

99/ 99 Refused

# Core Section 9: Disability

**DEAF** Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**BLIND** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DECIDE**  Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIFFWALK** Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIFFDRES** Do you have difficulty dressing or bathing?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIFFALON** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

# Core Section 10: Tobacco Use

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

**INTERVIEWER NOTE:** **Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.**

**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?

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?

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?

**Read if necessary:**

01 Within the past month (less than 1 month ago)

02 Within the past 3 months (1 month but less than 3 months ago)

03 Within the past 6 months (3 months but less than 6 months ago)

04 Within the past year (6 months but less than 1 year ago)

05 Within the past 5 years (1 year but less than 5 years ago)

06 Within the past 10 years (5 years but less than 10 years ago)

07 10 years or more

08 Never smoked regularly

77 Don’t know / Not sure

99 Refused

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

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

1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

# Core Section 11: 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?

**INTERVIEWER NOTE:** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

1 \_ \_ Days per week

2 \_ \_ Days in past 30 days

888 No drinks in past 30 days **[Go To Next Section]**

777 Don’t know / Not sure **[Go To Next Section]**

999 Refused **[Go To Next Section]**

**AVEDRNK3** 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?

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

\_ \_ Number of drinks

88 None

77 Don’t know / Not sure

99 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?

\_ \_ Number of times

88 None

77 Don’t know / Not sure

99 Refused

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

\_ \_ Number of drinks

77 Don’t know / Not sure

99 Refused

# Core Section 12: Immunization

**FLUSHOT7** During the past 12 months, have you had either flu vaccine that was sprayed in your nose or flu shot injected into your arm?

1 Yes

2 No **[Go to SHINGLE2]**

7 Don’t know / Not sure **[Go to SHINGLE2]**

9 Refused **[Go to SHINGLE2]**

**Read if necessary:** A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

**FLSHTMY3** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

\_ \_ / \_ \_ \_ \_ Month/ Year

777777 Don’t know/ Not sure

999999 Refused

# Module 17: Place of Flu Vaccination – Split 2

**CATI NOTE: If FLUSHOT7=1 Continue, Else Go to SHINGLE2**

**CATI NOTE: If Cell phone respondent NOT a MA resident, Go to SHINGLE2**

**IMFVPLA1** At what kind of place did you get your last flu shot or vaccine?

**Read if necessary:** How would you describe the place where you went to get your most recent flu vaccine?

**Read if necessary:**

01 A doctor’s office or health maintenance organization (HMO)

02 A health department

03 Another type of clinic or health center (a community health center)

04 A senior, recreation, or community center

05 A store (supermarket, drug store)

06 A hospital (inpatient or outpatient)

07 An emergency room

08 Workplace

09 Some other kind of place

11 A school

**Do not read:**

10 Received vaccination in Canada/Mexico

77 Don’t know / Not sure

99 Refused

# Core Section 12: Immunization (cont.)

**CATI NOTE: If respondent is less than 50 years of age, go to PNEUVAC4.**

**SHINGLE2** Have you ever had the shingles or zoster vaccine?

                        1          Yes

                       2          No

                        7          Don’t know / Not sure

                        9          Refused

**INTERVIEWER NOTE: Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.**

**PNEUVAC4** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

**Read if necessary:** There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

1 Yes

2 No **[Go to next section]**

7 Don’t know / Not sure **[Go to next section]**

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

# State-Added: Pneumonia Vaccination – Split 2

**CATI NOTE: If PNEUVAC4=1 Continue; Else Go to Next Section**

**CATI NOTE: If Cell phone respondent NOT a MA resident, Go to Next Section**

**PNEUM1** How many pneumonia shots have you received in your lifetime?

1 One shot

2 Two or more shots **[GO TO PNEUM4 ]**

7 Don’t know / Not sure **[Go To Next Section]**

9 Refused **[Go To Next Section]**

**CATI NOTE: If AGE = 18-64, AUTOCODE PNEUM2 = 2 AND GO TO NEXT SECTION**

**PNEUM2** Did you receive your pneumonia shot before or after age 65?

1 After age 65

2 Before age 65

7 Don’t know / Not sure

9 Refused

**CATI NOTE: IF PNEUM1=2 CONTINUE, ELSE GO TO NEXT SECTION**

**CATI NOTE: If AGE = 18-64, AUTOCODE PNEUM4 = 2 AND GO TO NEXT SECTION**

**PNEUM4** When did you receive your pneumonia shots?

**Please read:**

1 All after age 65

2 All before age 65

3 At least one before age 65 and at least one after

**Do not read:**

7 Don’t know / Not sure

9 Refused

# Core Section 13: Falls

**CATI NOTE: If AGE coded 18-44, Go to next section**

**FALL12MN** In the past 12 months, how many times have you fallen?

**Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.**

\_ \_ 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]**

**FALLINJ4** How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

**Read if necessary: 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.**

**CATI NOTE: If FALL12MN=01, substitute “Did this fall cause an injury…?”**

\_ \_ Number of falls **[76 = 76 or more]**

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

# Core Section 14: Seat Belt Use and Drinking and Driving

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

**Please read:**

1 Always

2 Nearly always

3 Sometimes

4 Seldom

5 Never

**Do not read:**

7 Don’t know / Not sure

8 Never drive or ride in a car **[GO TO NEXT SECTION]**

9 Refused

**CATI note: If ALCDAY5 = 888 (No drinks in the past 30 days); go to next section.**

**DRNKDRI2** During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?

\_ \_ Number of times

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

# Core Section 15: Breast and Cervical Cancer Screening

**CATI NOTE: If Male, Go To Next Section**

The next questions are about breast and cervical cancer.

**HADMAM** Have you ever had a mammogram?

**INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.**

1 Yes

2 No **[Go to HADPAP2]**

7 Don’t know / Not sure **[Go to HADPAP2]**

9 Refused **[Go to HADPAP2]**

**HOWLONG** How long has it been since you had your last mammogram?

**Read 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

**HADPAP2** Have you ever had a Pap test?

**[INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.]**

1 Yes

2 No **[Go to HPVTEST]**

7 Don’t know / Not sure **[Go to HPVTEST]**

9 Refused **[Go to HPVTEST]**

**LASTPAP2** How long has it been since you had your last Pap test?

**Read 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

**HPVTEST** An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

1 Yes

2 No **[Go to HADHYST2]**

7 Don’t know / Not sure **[Go to HADHYST2]**

9 Refused **[Go to HADHYST2]**

**HPLSTTST** How long has it been since you had your last H.P.V. test?

**Read 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

**If response to PREGNANT= 1 (is pregnant); then go to next section.**

**HADHYST2** Have you had a hysterectomy?

**Read if necessary:** A hysterectomy is an operation to remove the uterus (womb).

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

# Core Section 16: Prostate Cancer Screening

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

**PCPSAAD3** Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the P.S.A. test?

**Read if necessary:** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

1 Yes

2 No

7 Don’t Know / Not sure

9 Refused

**PCPSADI1** Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

1 Yes

2 No

7 Don’t Know / Not sure

9 Refused

**PCPSARE1** Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

1 Yes

2 No

7 Don’t Know / Not sure

9 Refused

**PSATEST1** Have you ever had a P.S.A. test?

1 Yes

2 No **[Go to next section]**

7 Don’t Know / Not sure **[Go to next section]**

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

**PSATIME**  How long has it been since you had your last P.S.A. test?

**Read 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

**PCPSARS1** What was the main reason you had this P.S.A. test – was it …?

**Read:**

1 Part of a routine exam

2 Because of a prostate problem

3 Because of a family history of prostate cancer

4 Because you were told you had prostate cancer

5 Some other reason

**Do not read:**

7 Don’t know / Not sure

9 Refused

# Core Section 17: Colorectal Cancer Screening

**CATI note: If respondent is less than 45 years of age, go to next section.**

The next questions are about the five different types of tests for colorectal cancer screening.

**COLNSCPY** A colonoscopy checks the entire colon. 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. Have you ever had a colonoscopy?

**[INTERVIEWER NOTE: Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.]**

1 Yes

2 No **[Go to SIGMSCPY]**

7 Don’t Know / Not sure **[Go to SIGMSCPY]**

9 Refused **[Go to SIGMSCPY]**

**COLNTEST** How long has it been since you had this test?

**Read if necessary:**

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 5 years (2 years but less than 5 years ago)

4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

**SIGMSCPY** A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

1 Yes

2 No **[Go to BLDSTOL1]**

7 Don’t Know / Not sure **[Go to BLDSTOL1]**

9 Refused **[Go to BLDSTOL1]**

**SIGMTEST** How long has it been since you had this test?

**Read if necessary:**

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 5 years (2 years but less than 5 years ago)

4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

**BLDSTOL1** Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

**INTERVIEWER NOTE:** This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

1 Yes

2 No **[Go to STOOLDNA]**

7 Don’t Know / Not sure **[Go to STOOLDNA]**

9 Refused **[Go to STOOLDNA]**

**LSTBLDS4** How long has it been since you had this test?

**Read 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

**STOOLDNA** Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

**INTERVIEWER NOTE:** This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

1 Yes

2 No **[Go to VIRCOLON]**

7 Don’t Know / Not sure **[Go to VIRCOLON]**

9 Refused **[Go to VIRCOLON]**

**SDNATEST** How long has it been since you had this test?

**Read 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

**VIRCOLON** For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

**INTERVIEWER NOTE:** Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.

1 Yes

2 No **[Go to next section]**

7 Don’t Know / Not sure **[Go to next section]**

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

**VCLNTEST** How long has it been since you had this test?

**Read 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

# Core Section 18: H.I.V./AIDS

**HIVTST7** Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?

1 Yes

2 No **[Go To HIVRISK5]**

7 Don’t know/ not sure **[Go To HIVRISK5]**

9 Refused **[Go To HIVRISK5]**

**INTERVIEWER NOTE: Read if necessary:** 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.

**HIVTSTD3** Not including blood donations, in what month and year was your last H.I.V. test?

**NOTE:** If response is before January 1985, code “777777.”

**INTERVIEWER NOTE:** If the respondent remembers the year but cannot remember

the month, code the first two digits 77 and the last four digits for the year.

\_ \_ /\_ \_ \_ \_ Code month and year

77/ 7777 Don’t know / Not sure

99/ 9999 Refused

**HIVRISK5** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.

You have been treated for a sexually transmitted disease or STD 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.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CATI NOTE: If cellular telephone interview AND respondent is not a MA resident, Go to Closing Statement**

# Module 20: Sexual Orientation and Gender Identity (SOGI) – Splits 1, 2

The next two questions are about sexual orientation and gender identity.

**CATI NOTE: Ask if SEX=1;**

**SOMALE** Which of the following best represents how you think of yourself?

**Read if necessary:** We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

**INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.**

**Please read:**

                        1 1 - Gay

2  2 - Straight, that is, not gay

3   3 – Bisexual

4 4 - Something else

**Do not read:**

1. I don't know the answer

9 Refused

**CATI NOTE: Ask if SEX=2;**

**SOFEMALE** Which of the following best represents how you think of yourself?

**Read if necessary:** We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

**INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.**

**Please read:**

                        1 1 - Lesbian or Gay

2  2 - Straight, that is, not gay

3   3 – Bisexual

4 4 - Something else

**Do not read:**

7      I don't know the answer

9 Refused

**TRNSGNDR** Do you consider yourself to be transgender?

If yes, ask “Do you consider yourself to be **1.** male-to-female, **2**. female-to-male, or **3.** gender non-conforming?

**Read if necessary:**

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 transgender. 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.

**INTERVIEWER NOTE: Please say the number before the “yes” text response. Respondent can answer with either the number or the text/word.**

1          Yes, Transgender, male-to-female

2          Yes, Transgender, female to male

3          Yes, Transgender, gender nonconforming

4          No

7          Don’t know/not sure

9          Refused

**INTERVIEWER NOTE: If asked about definition of gender non-conforming**:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

# Modules 11: Cancer Survivorship: Type of Cancer – Split 1, 2

**CATI NOTE: If CHCSCNCR or CHCOCNCR = 1 (Yes) or PCPSARS1 = 4 (Because you were told you had prostate cancer) continue, else go to next module**

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

**CNCRDIFF** How many different types of cancer have you had?

1 Only one

2 Two

3 Three or more

7 Don’t know / Not sure **[Go To Next Section]**

9 Refused **[Go To Next Section]**

**CNCRAGE** At what age were you told that you had cancer?

**If CNCRDIFF = 2 or 3 ask: At what age were you first diagnosed with cancer?**

\_ \_ Age in Years (97 = 97 and older)

98 Don't know/Not sure

99 Refused

**CNCRTYP1** What type of cancer was it?

**If CNCRDIFF = 2 or 3 ask: With your most recent diagnosis of cancer, what type of cancer was it?**

**INTERVIEWER NOTE: If respondent says skin cancer, ask: Was it melanoma or another skin cancer?**

**INTERVIEWER NOTE: Please read** **list only if respondent needs prompting for cancer type**

**Breast**

0 1 Breast cancer

**Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 larynx

**Gastrointestinal**

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

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

1 6 Hodgkin's Lymphoma (Hodgkin’s disease)

1 7 Leukemia (blood) cancer

1 8 Non-Hodgkin’s Lymphoma

**Male reproductive**

1 9 Prostate cancer

2 0 Testicular cancer

**Skin**

2 1 Melanoma

2 2 Other skin cancer

**Thoracic**

2 3 Heart

2 4 Lung

**Urinary cancer:**

2 5 Bladder cancer

2 6 Renal (kidney) cancer

**Others**

2 7 Bone

2 8 Brain

2 9 Neuroblastoma

3 0 Other

**Do not read:**

7 7 Don’t know / Not sure

9 9 Refused

# Modules 12: Cancer Survivorship: Course of Treatment – Split 1, 2

**CATI NOTE: If CHCSCNCR or CHCOCNCR = 1 (Yes) or PCPSARS1 = 4 (Because you were told you had prostate cancer) continue, else go to next module**

**CSRVTRT2** Are you currently receiving treatment for cancer?

**Read if necessary:** By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

**Read if necessary:**

1 Yes **[Go To Next Section]**

2 No, I’ve completed treatment

3 No, I’ve refused treatment **[Go To Next Section]**

4 No, I haven’t started treatment **[Go To Next Section]**

5 Treatment was not necessary **[Go To Next Section]**

7 Don’t know / Not sure **[Go To Next Section]**

9 Refused **[Go To Next Section]**

**CSRVDOC1** What type of doctor provides the majority of your health care?

**Read:**

01 Cancer Surgeon

02 Family Practitioner

03 General Surgeon

04 Gynecologic Oncologist

05 General Practitioner, Internist

06 Plastic Surgeon, Reconstructive Surgeon

07 Medical Oncologist

08 Radiation Oncologist

09 Urologist

10 Other

**Do not read:**

77 Don’t know / Not sure

99 Refused

**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.).”

**Read if necessary:** An oncologist is a medical doctor who manages a person’s care and treatment after a cancer diagnosis.

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

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

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

1 Yes

2 No **[Go To CSRVINSR]**

7 Don’t know/ not sure **[Go To CSRVINSR]**

9 Refused **[Go To CSRVINSR]**

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

**Read if necessary:** Health insurance also includes Medicare, Medicaid, or other types of state health programs.

**CSRVDEIN** Were you ever denied health insurance or life insurance coverage because of your cancer?

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

# Modules 13: Cancer Survivorship: Pain Management – Split 1, 2

**CATI NOTE: If CHCSCNCR or CHCOCNCR = 1 (Yes) or PCPSARS1 = 4 (Because you were told you had prostate cancer) continue, else go to next module**

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

1 Yes

2 No **[Go To Next Section]**

7 Don’t know/ not sure **[Go To Next Section]**

9 Refused **[Go To Next Section]**

**CSRVCTL1** Would you say your pain is currently under control…?

**Read:**

1 With medication (or treatment)

2 Without medication (or treatment)

3 Not under control, with medication (or treatment)

4 Not under control, without medication (or treatment)

**Do not read:**

7 Don’t know / Not sure

9 Refused

# State-Added: Health Care Worker – Split 2

The next few questions ask about health care work.

**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.

**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 NEXT SECTION]**

7 Don’t know / Not sure  **[Go To NEXT SECTION]**

9 Refused  **[Go To NEXT SECTION]**

**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.

1 Yes

2 No

7 Don’t know / Not sure (Probe by repeating question)

9 Refused

# Module 15: HPV Vaccination – Split 2

**CATI NOTE: If respondent is between the ages of 18 and 49 years continue; otherwise, go to next module.**

**HPVADVC4**  Have you ever had an H.P.V. vaccination?

**Read if necessary:** A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL].

1 Yes

2 No **[Go To NEXT SECTION]**

3 Doctor refused when asked **[Go To NEXT SECTION]**

7 Don’t know / Not sure  **[Go To NEXT SECTION]**

9 Refused  **[Go To NEXT SECTION]**

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

\_ \_ Number of shots (1-2)

03 All shots

77 Don’t know / Not sure

99 Refused

# Module 16: Tetanus Diphtheria (Tdap) (Adults) – Split 2

**TETANUS1**  Have you received a tetanus shot in the past 10 years?

**If yes, ask:** Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?

1 Yes, received Tdap

2 Yes, received tetanus shot, but not Tdap

3 Yes, received tetanus shot but not sure what type

4 No, did not receive any tetanus shot in the past 10 years

7 Don’t know/Not sure

9 Refused

# State-Added: Hepatitis B – Split 2

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

INTERVIWER **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:

• 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

# State-Added: Hepatitis C Testing – Split 2

**CATI Note: If CHECKUP1=1 then continue; else go to next section.**

**HCVTst** When you visited your health care provider during the past year, were you offered a test for Hepatitis C?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

# State-Added: Lyme Disease – Split 2

**LYMEDZ** Within the last year, has a doctor, nurse or other healthcare provider told you that you have Lyme disease?

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

# State-Added: Antibiotic Use – Split 2

**ANTIBX1** In the past 12 months, have you taken any antibiotic medication?

[**Interviewer Note**: If ‘Yes’ ask ‘Was this only one time or more than one time?’]

1 Yes, only once

2 Yes, more than once **[GO TO ANTIBX3]**

3 No **[GO TO NEXT SECTION]**

7 Don’t know / not sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

**ANTIBX2**  Did you use all of the antibiotic medicine that you were given, or did you have some left over?

1 Had some leftover **[GO TO ANTIBX4]**

2 Used all **[GO TO NEXT SECTION]**

3 Currently still taking **[GO TO NEXT SECTION]**

7 Don’t know / not sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

**ANTIBX3** The most recent time that you took antibiotics, did you use all of the medicine you were given, or did you have some of it left over?

1 Had some leftover

2 Used all **[GO TO NEXT SECTION]**

3 Currently still taking **[GO TO NEXT SECTION]**

7 Don’t know / not sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

**ANTIBX4**  How did you dispose of the unused portion of this medication?

**Read only if necessary;**

1 Threw it in the trash

2 Flushed it down the toilet

3 Took it to a “Take Back” program

4 Gave it to a friend or family member

5 Let it sit in a cabinet / still have it

6 Some other way (explain)

**Do not read:**

7 Don’t know / not sure

9 Refused

# State-Added: MA Tobacco – Split 2

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

**CATI Note: IF (SMOKDAY2=1 or 2) OR (SMOKDAY2=3 AND LASTSMK2=(1, 2, 3, 4)) CONTINUE. ELSE GO TO CIGAR. [CURRENT SMOKERS, FORMER SMOKERS - PAST YEAR]**

**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)? Do not count e- cigarettes or vaping devices.

1 Yes

2 No **[Go to MENTHOL]**

7 Don’t know/Not sure **[Go to MENTHOL]**

9 Refused **[Go to MENTHOL]**

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

**CATI Note: IF (SMOKDAY2=1 or 2) CONTINUE. ELSE GO TO CIGAR.**

**MENTHOL** Currently, when you smoke cigarettes, how often do you smoke menthol cigarettes…?

**Please read:**

1 All of the time

2 Most of the time

3 Some of the time

4 Rarely

5 Never

7 Don’t know / Not sure

9 Refused

**CATI Note: CIGAR is to be asked of ALL respondents in split 2**

**CIGAR** Do you currently use cigars, cigarillos or little cigars, for example. Black and Milds, Game, Dutchmaster, every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

# Module 8: E-Cigarettes– Split 2

**ECIGARET** Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

1 Yes

2 No **[Go to next module]**

7 Don't know / Not sure **[Go to next module]**

9 Refused **[Go to next module]**

**Read if necessary:** Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**INTERVIEWER NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

**ECIGNOW** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

# State-Added: E-Cigarettes– Split 2

**CATI Note: If ECIGNOW = 1 or 2, Continue; Else go to next section**

**ECIG3** What is the main reason you use electronic cigarettes?

**Read only if necessary**

1 As a quit aid / to quit smoking cigarettes

2 As a harm reduction device / alternative to smoking cigarettes

3 To decrease or supplement cigarette smoking

4 Lower cost

5 Like the taste

6 Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Do not read:**

7 Don’t know / Not sure

9 Refused

# State-Added: MA Tobacco (ETS) – Split 2

The next questions are about your exposure to other people’s tobacco smoke.

**{If Core EMPLOY2 = [1,2] then go to ETSWORK; else if Core EMPLOY2 = [3,4,5,6,7,8,9] then go to ETSHOME}**

**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**?

\_ \_ 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

**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**?

\_ \_ 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

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

1 Single family home

2 Duplex

3 Condo or townhouse

4 Apartment

5 Other

7 Don’t know/Not sure

9 Refused

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

1 No one is allowed to smoke anywhere

2 Smoking is allowed in some places or at some times

3 Smoking is permitted anywhere at any time

7 Don’t know/Not sure

9 Refused

**CATI NOTE: IF ETSDWELL = 1, GO TO NEXT SECTION**

**ENSMK5** Does the building where you live have a policy that bans smoking in all personal living spaces such as apartments, balconies, and patios?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

**ENSMK6** Would you be in favor of a policy in your residential building that bans smoking in all personal living spaces such as apartments, balconies, and patios?

1 Definitely yes

2 Probably yes

3 Probably no

4 Definitely no

7 Don't know / Not sure

9 Refused

Module 22: Random Child Selection – Split 1

**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 Core 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?

\_ \_ /\_ \_ \_ \_ Code month and year

77/ 7777 Don’t know / Not sure

99/ 9999 Refused

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

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

1 Boy

2 Girl

9 Refused

**RCHISLA1** Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they…

**INTERVIEWER NOTE:** One or more categories may be selected

**Read if response is yes:**

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

5 No

7 Don’t know / Not sure

9 Refused

**RCSRACE1** Which one or more of the following would you say is the race of the child?

**INTERVIEWER NOTE: Select all that apply.**

**INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

**Please read:**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 Other

88 No additional choices

77 Don’t know / Not sure

99 Refused

**[CATI NOTE: IF MORE THAN ONE RESPONSE TO RCSRACE1; CONTINUE. OTHERWISE, GO TO RCSRLTN2.]**

**RCSBRAC2** Which one of these groups would you say best represents the child’s race?

**INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

**Please read:**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 Other

77 Don’t know / Not sure

99 Refused

**RCSRLTN2** How are you related to the child? Are you a….

**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 23: Childhood Asthma Prevalence – Split 1

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

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

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

1 Yes

2 No **[Go to next section]**

7 Don’t know / Not sure  **[Go to next section]**

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

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

# State-Added: Childhood Health – Split 1

**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?

1Yes **[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?

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?

**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/Not sure

9 Refused

**[Pre-HINSCH7]: {IF CHILDAGE2 < 3 years old OR IF CHILDAGE2 = DK/REF GO TO Next Section; 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?

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

**Pre-HINSCH9: {If CHILDAGE2 < 6 then GO to Next Section}**

**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?

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

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

# State-Added: Family Planning – Split 2

**CATI Note: {If (Female and age>50) or (Male and age>60) Go to next section}**

**If PREGNANT =1 (“Yes”) autocode FAMPL1A=1 and go to FAMPL2A; else continue**

**FAMPL1A** Have you or your partner been pregnant in the last 5 years?

1 Yes

2 No **[Go to FAMPL4C]**

7 Don’t know/Not sure **[Go to FAMPL4C]**

9 Refused **[Go to FAMPL4C]**

**FAMPL2A** Thinking back to your [female: “your”, male: “your partner’s”] (if pregnant:

“current”, if not pregnant: “last”) pregnancy, just before [female: “you”, male:

“your partner”] got pregnant, how did you feel about [female: “becoming”, male: “your partner becoming”] pregnant? Would you say:

**[Please Read]**

1 You wanted [male: your partner] to be pregnant sooner

2 You wanted [male: your partner] to be pregnant later  3 You wanted [male: your partner] to be pregnant then

4 You didn’t want [male: your partner] to be pregnant then or at any time in the future

**Do Not Read**

7 Don’t know/unsure

9 Refused

**FAMPL15** Right before you became pregnant, on a scale of 1 to 5 how much were [female: “you”, male: “your partner”] trying to get pregnant?

**Please Read**

1 actively trying to prevent pregnancy

2 not working hard to prevent pregnancy but not really trying to get pregnant

3 neither trying to prevent pregnancy nor trying to get pregnant

4 not really trying to prevent pregnancy but not working hard to get pregnant

5 actively trying to get pregnant

**Do Not Read**

7 Don’t know/unsure

9 Refused

**FAMPL16** On a scale of 1 to 5, how happy did you feel when you found out [female: “you were”, male: “your partner was”] pregnant?

**Please Read**

1 very unhappy

2 a little unhappy

3 neither happy nor unhappy

4 a little happy

5 very happy

**Do Not Read**

7 Don’t know/unsure

9 Refused

**FAMPL3A** In the month before [female: “your”, male: “your partner’s”] most recent pregnancy, would you say that you wanted to have a baby with your partner at the time?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**FAMPL3B** Right before [female: “your”, male: “your partner’s”] most recent pregnancy, which best describes how you and your partner felt about wanting a baby at that time?

**Please read**

1 We both wanted a baby

2 I wanted a baby and they didn’t

3 They wanted a baby and I didn’t

4 Neither of us wanted a baby

**Do not read**

7 Don’t know / Not sure

9 Refused

**CATI Note: {If HADHYST2= 1 ("Yes") Go to next section; Else if PREGNANT = 1 ("Yes") Go to FAMPL17; Else continue}**

**FAMPL4C** Are you or your spouse/partner doing anything now to keep from getting pregnant?

**NOTE: If more than one partner, consider usual partner.**

1 Yes

2 No **[Skip to FAMPL6D]**

3 No partner/not sexually active **[Skip to FAMPL10B]**

4 In a same-sex relationship **[Skip to FAMPL10B]**

7 Don’t know / Not sure **[Skip to FAMPL17]**

9 Refused **[Skip to FAMPL17]**

**FAMPL5D** What are you or your spouse/partner doing now to keep [if female, insert “yourself”, if male, insert “your spouse/partner”] from getting pregnant?

**Interviewer Note:** If respondent reports using more than one method, please code the method that occurs first on the list.

**Interviewer Note:** If respondent reports using an “IUD,” probe to determine if “levonorgestrel IUD (e.g., Mirena or Skyla)” or “copper-bearing IUD (e.g., ParaGard).” If respondent does not know the type of IUD, please code as “IUD, type unknown.”

**Interviewer Note:** If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

**Interviewer Note:** If respondent reports “other method,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**Read only if necessary:**

01 Female sterilization (for example, tubal ligation, Essure, or Adiana)

02 Male sterilization (vasectomy)

03 Contraceptive implant (for example, Nexplanon or Implanon)

04 Hormonal IUD (for example, Mirena or Skyla)

05 Copper-bearing IUD (for example, ParaGard)

06 IUD, type unknown

07 Shots/Injections (for example, Depo-Provera)

08 Birth control pills, any kind

09 Contraceptive patch (for example, Ortho Evra)

10 Contraceptive ring (for example, NuvaRing)

11 Male condoms

12 Diaphragm, cervical cap, or sponge

13 Female condoms

14 Not having sex at certain times (rhythm or natural family planning)

15 Withdrawal (or pulling out)

16 Foam, jelly, film, or cream

17 Emergency contraception (morning after pill)

18 Other method. Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please do not read:**

77 Don’t know / Not sure

1. Refused

**FAMPL5E** Generally speaking, did your spouse/partner support your decision to use your current birth control method?

1 They supported me fully **[Skip to FAMPL17]**

2 They somewhat supported me **[Skip to FAMPL17]**

3 They did not support me **[Skip to FAMPL17]**

4 They were not involved in my decision **[Skip to FAMPL17]**

**Please do not read:**

7 Don’t know / Not sure **[Skip to FAMPL17]**

9 Refused **[Skip to FAMPL17]**

**FAMPL6D** What is the main reason for not doing anything to keep [if female, insert “yourself,” if male, insert “your spouse/partner”] from getting pregnant?

(**Read only if necessary)**

01 You didn’t think you were going to have sex/no regular partner

02 You just didn’t think about it/don’t care if you get pregnant

03 You or your partner want a pregnancy

04 You or your partner don’t want to use birth control

05 You or your partner don’t like birth control/fear side effects

06 Your partner refuses to use/allow you to use birth control

07 Can’t get to a doctor

08 Insurance does not cover method I want to use

09 You can’t pay for birth control (costs are too high)

10 You had a problem getting birth control when you needed it

11 Religious reasons

12 Lapse in use of a method

13 Don’t think you/your partner can get pregnant (post-menopausal/too old)

14 You or your partner had tubes tied (sterilization)

15 You or your partner had a vasectomy (sterilization)

16 You or your partner had a hysterectomy

17 You or your partner are currently breast-feeding

18 You or your partner just had a baby/postpartum

19 You or your partner are pregnant now

20 Other reason

**Do not read**

77 Don’t know / Not sure

99 Refused

**CATI Note: If Female and FAMPL5D not in (03, 04, 05, or 06) continue; Else go to FAMPL10B**

**FAMPL17** Has your doctor/nurse ever discussed with you contraception options that can last between 3 and 10 years, such as an implant or an IUD?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**FAMPL10B** How do you feel about having a child now or sometime in the future? Would you say:

**Please read**

1 You don’t want to have a child

2 You do want to have a child, less than 1 year from now

3 You do want to have a child, between 1 and 5 years from now

4 You do want to have a child, 5 or more years from now

**Do not read**

7 Don’t know / Not sure

9 Refused

**CATI Note: If Female continue; Else if male, go to FAMPL18**

**FAMPL14A** Have you used emergency contraception or the morning after pill in the past two years to keep from getting pregnant after having unprotected sex?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**CATI Note: If FAMPL4C =4 go to next section**

**FAMPL18** In the past year, has an intimate partner {if female: “tried to force or pressure you to become pregnant when you did not want to become pregnant”; if male: “tried to get pregnant when you did not want them to get pregnant”}?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**CATI Note: If Female continue; Else if male, go to next section**

**FAMPL18A** In the past year, has an intimate partner tried to keep you from using birth control so that you would get pregnant when you didn’t want to? For example, did your partner hide your birth control, throw it away, or anything else to keep you from using it?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

# State-Added: Anxiety and Depression – Split 1

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

**ADPLEASR** Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**ADDOWN** Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**ADSLEEP** Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**ADENERGY** Over the last 2 weeks, how many days have you felt tired or had little energy?

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**ADEAT** Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**ADFAIL** Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**ADTHINK** Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**ADMOVE** Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**ADANXEV** Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive- compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

# State-Added: Suicide – Split 1

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 thoughts of suicide and attempted suicide.

**SUIC1** During the past 12 months, did you ever have any serious thoughts about suicide?

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** During the past 12 months, did you attempt suicide (e.g. take any action to harm yourself with the intent of dying)?

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

1 Yes

2 No

7 Don’t know/Not sure **[Go To Suicide Closing Statement]**

9 Refused  **[Go To Suicide Closing Statement]**

**SUIC6** 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?

**[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 Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).You can also speak directly to your doctor or health provider.

# State-Added: Sexual Behavior – Split 1

**If AGE = 18-64, 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?

1 Yes

2 No **[Go to next section]**

7 Don’t Know/ Not sure **[Go to next section]**

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

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

\_ \_ \_ Enter Number

7 7 7 Don’t know / Not sure

9 9 9 Refused

**{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?

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?

1 Male

2 Female

7 Don’t Know/ Not sure  **[Go to next section]**

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

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

1 Yes

2 No

7 Don’t Know

9 Refused

# State-Added: Sexual Violence – Split 1

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.

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, you may call **1-800-841-8371.** Would you like me to repeat this number?

**CATI NOTE: Spanish-language sample should be given the following number to call: 1-800-223-5001**

**Portuguese language sample should be given the following number: 1-888-839-6636**

**SSVSKP** Are you in a safe place to answer these questions?

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?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

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?

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?

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?

1 Yes

2 No **[Go to PRE- SEXAST7]**

7 Don’t know / Not sure **[Go to PRE- SEXAST7]**

9 Refused **[Go to PRE- SEXAST7]**

**SEXATT1A** Has this happened in the past 12 months?

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.}**

**SEXAST7** 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. Was the person who did this…

**INTERVIEWER NOTE:** Please say the letter before the text response. Respondent can answer with either the letter or the text/word

**Please read:**

1. a - A family member (this includes parents, step parents, a partner of your parent, in- laws, grandparents, brothers, sisters, aunts, uncles, cousins, or any other relative, including step- or adoptive)

2. b - A current or former intimate partner (including a current or former spouse, live-in partners, finance, boyfriends or girlfriends, suitor, or someone you dated- - even if you just had one date.)

3. c - A friend

4. d - An acquaintance (this includes neighbors, people you work with, or someone else you knew who was not either your relative, your friend, or your intimate partner).

5. e - A stranger or someone you had known for less than 24 hours

OR

6. f - Were there multiple people involved in that most recent incident?

**Do not read:**

7 Don’t know / Not sure

9 Refused

**SEXAST12** **[IF ONE RESPONSE CODED IN SEXAST7 and SEXAST7 NE 6, ASK:}** Was the person who did this male or female?

**[IF SEXAST7=6, ASK:]** Were the persons who did this male, female or both?

1 Male

2 Female

3 male and female **[only show on screen if SEXAST7=6]**

7 Don’t know / Not sure

9 Refused

**SV Closing Statement:** Would you like me to repeat the phone number to speak with a counselor again?

(If ‘yes’: 1-800-841-8371).

**NOTE: Spanish-language sample should be given the following number to call: 1-800-223-5001**

**Portuguese language sample should be given the following number: 1-888-839-6636 with the caveat “You may sometimes have to leave a message, but a Portuguese-speaking counselor will be able to call you back directly within a few hours.”**

# State-Added: Sexual Violence Perpetration – Split 1

Now we have just a few more questions about past sexual behavior. These are things that could have happened at any age with anyone. We ask these questions of everyone. No matter what your experiences have been, your answers are important for helping us understand issues like these.

**SVPERP1** Have you ever had sex of any kind with someone who was passed out or asleep at the time, or too drunk or high to stop you?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**SVPERP2** Have you ever had sex of any kind with someone when they didn't want to, by using physical force or threats of any kind, for example threatening to hurt them or threatening to spread rumors about them?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**SVPERP3** Have you ever tried to have sex of any kind with someone when they didn't want to, by using physical force or threats of any kind, for example threatening to hurt them or threatening to spread rumors about them, but you did not succeed?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**SVPERP Closing Statement:** We realize that some people may want to talk about these or similar experiences with a trained counselor. If you would like confidential support, guidance, or more information for yourself or someone you know, you can call 1-888-PREVENT (1-888-773-8368).

# Module 21: Adverse Childhood Experiences – Split 1

I'd like to ask you some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age---.

**ACEDEPRS** Did you live with anyone who was depressed, mentally ill, or suicidal?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**ACEDRINK** Did you live with anyone who was a problem drinker or alcoholic?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**ACEDRUGS** Did you live with anyone who used illegal street drugs or who abused prescription medications?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**ACEPRISN** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**ACEDIVRC** Were your parents separated or divorced?

1 Yes

2 No

8 Parents not married

7 Don’t know / Not sure

9 Refused

**ACEPUNCH** How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it…

**Read:**

1 Never

2 Once

3 More than once

**Don’t Read:**

7 Don’t know/Not Sure

9 Refused

**ACEHURT1** Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it…

**Read:**

1 Never

2 Once

3 More than once

**Don’t Read:**

7 Don’t know/Not Sure

9 Refused

**ACESWEAR** How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it…

**Read:**

1 Never

2 Once

3 More than once

**Don’t Read:**

7 Don’t know/Not Sure

9 Refused

**ACETOUCH** How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it…

**Read:**

1 Never

2 Once

3 More than once

**Don’t Read:**

7 Don’t know/Not Sure

9 Refused

**ACETTHEM** How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it…

**Read:**

1 Never

2 Once

3 More than once

**Don’t Read:**

7 Don’t know/Not Sure

9 Refused

**ACEHVSEX** How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it…

**Read:**

1 Never

2 Once

3 More than once

**Don’t Read:**

7 Don’t know/Not Sure

9 Refused

**ACES Closing Statement:**

Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

# State-added: Marijuana Use – Split 2

**MARJ\_A** Has a doctor or other health professional ever prescribed medical marijuana or related prescription drugs such as Sativex, Marinol, Dronabinol, Nabilone, or Cesamet for you to treat a medical problem?

1 Yes

2 No **[GO TO MARJ\_H]**

7 Don’t know / Not sure **[GO TO MARJ\_H]**

9 Refused **[GO TO MARJ\_H]**

**MARJ\_B** Have you felt addicted to Marijuana or other related prescription drugs you were prescribed for a medical problem or experienced trouble getting off of that drug when you no longer needed them medically?

1 Yes, past year

2 Yes, more than a year ago

3 No, never felt addicted

7 Don’t know / Not sure

9 Refused  **[Go to MARJ\_H]**

**MARJ\_C** Have you ever had symptoms of drug withdrawal after stopping your use of Marijuana (or other related drugs), such as: depression, sweating, yawning, or insomnia when you stopped using a drug? Or did you use the drug or a similar drug to relieve or avoid withdrawal symptoms?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARJ\_D** Did you often have days when you ended up using Marijuana a lot more or for a much longer time than you intended?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARJ\_E** Have you often thought that you should quit or cut down on your Marijuana use, or tried to do so more than once, but without success?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARJ\_F** Have you ever felt such a strong desire or urge to use Marijuana that you could not resist it or could not think of anything else?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARJ\_G** Did your use of Marijuana often interfere with your responsibilities at home or with children, at work, or at school?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARJ\_H** I am now going to ask you about “Non-medical” use. Non-medical drug use means using a drug or drugs to get high or experience pleasurable effects, see what the effects are like, or use with friends.

Have you used Marijuana six or more times for non-medical purposes?

1 Yes, past year

2 Yes, more than a year ago

3 No **[GO TO NEXT SECTION]**

7 Don’t know / Not sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

**MARJ\_I** Have you felt addicted to Marijuana or experienced trouble getting off marijuana that you used non-medically?

1 Yes, past year

2 Yes, more than a year ago

3 No, never felt addicted

7 Don’t know / Not sure

9 Refused **[GO TO NEXT SECTION]**

**MARJ\_J** From your non-medical use of Marijuana, did you ever have symptoms of drug withdrawal after stopping use, such as: depression, sweating, yawning, or insomnia when you stopped using a drug? Or did you use the drug or a similar drug to relieve or avoid withdrawal symptoms?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARIJ\_K** Did you often have days when you ended up using Marijuana/Hashish a lot more or for a much longer time than you intended?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARIJ\_L** Have you often thought that you should quit or cut down on your Marijuana use, or tried to do so more than once, but without success?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARIJ\_M** Have you ever felt such a strong desire or urge to use Marijuana that you could not resist it or could not think of anything else?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARIJ\_N** Did your use of Marijuana often interfere with your responsibilities at home or with children, at work, or at school?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARIJ\_O** Have you gone to an emergency room or obtained medical treatment as a consequence of your Marijuana use?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARIJ\_P** Were there times in the past year when you were under the influence of Marijuana in situations where it could cause you or others harm? For example when you were driving a car?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

# State-added: Injection Drug Use – Split 2

**INJECT** In the past year, have you used a needle to inject any drug that was not prescribed for you by a physician?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

# State-added: Opioid Use – Split 2

**NARC\_A** Has a doctor or other health professional ever prescribed pain medicines, such as Vicodin, Darvon, Percocet, Codeine, Morphine, or OxyContin for you to treat a medical problem?

1 Yes

2 No **[Go To NARC\_H]**

7 Don’t know / Not sure **[Go To NARC\_H]**

9 Refused **[Go To NARC\_H]**

**NARC\_B** Have you felt addicted to the drug you were prescribed for pain or experienced trouble getting off of that drug when you no longer needed it medically?

1 Yes, past year

2 Yes, more than a year ago

3 No, never felt addicted

7 Don’t know / Not sure

9 Refused **[Go To NARC\_H]**

**NARC\_C** Have you ever had symptoms of drug withdrawal after stopping use, such as: depression, sweating, yawning, or insomnia when you stopped using a drug? Or did you use the drug or a similar drug to relieve or avoid withdrawal symptoms?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC\_D** Did you often have days when you ended up using a drug a lot more or for a much longer time than you intended?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC\_E** Have you often thought that you should quit or cut down on your drug use, or tried to do so more than once, but without success?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC\_F** Have you ever felt such a strong desire or urge to use a drug that you could not resist it or could not think of anything else?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC\_G** Did your use of a drug often interfere with your responsibilities at home or with children, at work, or at school?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC\_H** I am now going to ask you about “Non-medical” use. Have you taken pain killers such as Vicodin, Percocet, Darvon, Codeine, Morphine or OxyContin six or more times for non-medical purposes?

1 Yes, past year

2 Yes, more than a year ago

3 No

7 Don’t know / Not sure

9 Refused

**INTERVIWER NOTE:** Non-medical drug use means using a drug or drugs to get high or experience pleasurable effects, see what the effects are like, or use with friends.

**NARC\_I** Have you taken Heroin or Fentanyl six or more times for non-medical purposes?

1 Yes, past year

2 Yes, more than a year ago

3 No

7 Don’t know / Not sure

9 Refused

**CATI NOTE: IF NARC\_H = 1 or 2 OR NARC\_I = 1 or 2 CONTINUE; ELSE GO TO NEXT SECTION**

**NARC\_J** Have you felt addicted or experienced trouble getting off of that drug you used non-medically?

1 Yes, past year

2 Yes, more than a year ago

3 No, never felt addicted

7 Don’t know / Not sure

9 Refused **[Go to Next Section]**

**NARC\_K** From your non-medical use of any Opioid such as Vicodin, Percocet, Darvon, Codeine, OxyContin, Heroin, or Fentanyl, did you ever have symptoms of drug withdrawal after stopping use, such as: depression, sweating, yawning, or insomnia when you stopped using a drug? Or did you use the drug or a similar drug to relieve or avoid withdrawal symptoms?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC\_L** Did you often have days when you ended up using a drug a lot more or for a much longer time than you intended?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC\_M** Have you often thought that you should quit or cut down on your drug use, or tried to do so more than once, but without success?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC\_N** Have you ever felt such a strong desire or urge to use a drug that you could not resist it or could not think of anything else?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC\_O** Did your use of a drug often interfere with your responsibilities at home or with children, at work, or at school?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC\_P** Have you gone to an emergency room or obtained medical treatment as a consequence of your Opioid drug use?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

# Asthma Call-Back Permission Script

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 or others may refuse to participate in the future.

**CALLBACK** Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1 Yes

2 No

**ADLTCHLD** Can I please have either (your/your child’s) first name or initials so we will know who to ask for when we call back?

**[INTERVIEWER NOTE: Enter code for person in the household selected as the focus of the asthma call-back]**

1 Adult

2 Child

# Closing Statement

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