Behavioral Risk Factor Surveillance System Logo

**2021**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**Massachusetts**

November 17, 2020

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# OMB Header and Introductory Text

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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 on behalf of 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 CELLFONE]

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 phone?

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

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 contact Maria McKenna at [maria.mckenna@mass.gov](mailto:maria.mckenna@mass.gov).

# 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 STATE FIPS CODE

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 contact Maria McKenna at [maria.mckenna@mass.gov](mailto:maria.mckenna@mass.gov).

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

**INTERVIEWER NOTE: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.**

**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.**

**INTERVIEWER NOTE: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.**

**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

**INTERVIEWER NOTE: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.**

# Core Section 3: Healthcare Access

**CHCA.01** What is the current primary source of your health care coverage?

**Read if necessary:**

01 A plan purchased through an employer or union (including plans purchased through another person's employer)

02 A private nongovernmental plan that you or another family member buys on your own

03 Medicare

04 Medigap

05 Medicaid or MassHealth

06 Children's Health Insurance Program (CHIP)

07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA

08 Indian Health Service

09 State sponsored health plan

10 Other government program

88 No coverage of any type **[GO TO HINS13C]**

**Do not read:**

77 Don't know/Not sure

99 Refused

**INTERVIEWER NOTE: If respondent has multiple sources of insurance, ask for the one used most often.**

**If respondents give the name of a health plan rather than the type of coverage, ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.**

State-Added Section 3a: MA Healthcare Access

**CATI NOTE: If cellular telephone interview AND respondent is not a MA resident, Go to CHCA.02**

**CATI NOTE: If CHCA.01 = 88 CONTINUE; Else go to CHCA.02**

**HINS13C** There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

**Please Read:**

01 A plan purchased through an employer or union (including plans purchased through another person's employer)

02 A private nongovernmental plan that you or another family member buys on your own

03 Medicare

04 Medigap

05 Medicaid or MassHealth

06 Children's Health Insurance Program (CHIP)

07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA

08 Indian Health Service

09 State sponsored health plan

10 Other government program

**Do not read:**

88 No coverage of any type

77 Don't know/Not sure

99 Refused

Core Section 3: Healthcare Access (cont)

**CHCA.02** Do you have one person or a group of doctors that you think of as your personal 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

**CHCA.03** Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

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 only if necessary:**

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

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

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

4 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

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: Hypertension Awareness

**C05.01** Have you EVER been told by a doctor, nurse, or other health professional that you have

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

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

1 Yes

2 Yes, but female told only during pregnancy **[Go to next section]**

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

4 Told borderline high or pre-hypertensive or elevated blood pressure **[Go to next section]**

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

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

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

Core Section 6: Cholesterol Awareness

**C06.01** Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

1 Never **[GO TO NEXT SECTION]**

2 Within the past year (anytime less than one year ago)

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

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

5 Within the past 4 years (3 years but less than 4 years ago)

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

8 5 or more years ago

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

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

**C06.02** Have you EVER been told by a doctor, nurse or other health professional that your cholesterol is high?

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHOLMED2** Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE: If respondent questions why they might take drugs without having high cholesterol read: ‘High’ cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines.**

# Core Section 7: 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

**CHCCOPD3** (Ever told) (you had), C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**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 have 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 have 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. ELSE GO TO NEXT SECTION]**

**DIABAGE3** How old were you when you were told you have 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= 1 (YES), SKIP 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

# Core Section 8: Arthritis

**HAVARTH5** Has a doctor, nurse or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1 Yes

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

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

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

**ARTHEXER** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE:** If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.

**ARTHEDU** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE:** If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment”

**ARTHDIS2** In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

**JOINPAI2** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

\_ \_ Enter number [00-10]

77 Don’t know/ Not sure

99 Refused

# Core Section 9: 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: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.**

**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 9a: 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 9: Demographics (cont.)

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

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

\_ \_ \_ ANSI County Code

888 County from another state

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?

\_ Enter number (1-5)

6 Six or more

7 Don’t know / Not sure

8 None

9 Refused

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

**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 23: Industry and Occupation

**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 9: Demographics (cont.)

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

\_ \_ Number of children

88 None

99 Refused

**CDEM.16** Is your annual household income from all sources—

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

0 5 Less than $35,000 **If “no,” ask 06; if “yes,” ask 04**

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

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

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

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

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

0 8 Less than $100,000? **If “no,” ask 09**

($75,000 to less than $100,000)

09 Less than $150,000? **If “no,” ask 10**

($100,000 to less than $150,000)

10 Less than $200,000? **If “no,” ask 11**

($150,000 to less than $200,000)

11 $200,000 or more?

**Do not read:**

7 7 Don’t know / Not sure

9 9 Refused

**[CATI NOTE: If Male or Age >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 10: 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 11: Tobacco Use

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

**INTERVIEWER NOTE:** Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), 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

7 Don’t know / Not sure

9 Refused

# Module 22: Tobacco Cessation, Splits 1,2

**CATI NOTE: If SMOKDAY2 = 3 (former smoker) continue, Else go to USENOW3.**

**LASTSMK2** How long has it been since you last smoked a cigarette, even one or two puffs?

0 1 Within the past month (less than 1 month ago) **[Go to USENOW3]**

0 2 Within the past 3 months (1 month but less than 3 months ago) **[Go to USENOW3]**

0 3 Within the past 6 months (3 months but less than 6 months ago) **[Go to USENOW3]**

0 4 Within the past year (6 months but less than 1 year ago) **[Go to USENOW3]**

0 5 Within the past 5 years (1 year but less than 5 years ago) **[Go to USENOW3]**

0 6 Within the past 10 years (5 years but less than 10 years ago) **[Go to USENOW3]**

0 7 10 years or more **[Go to USENOW3]**

0 8 Never smoked regularly **[Go to USENOW3]**

7 7 Don’t know / Not sure **[Go to USENOW3]**

9 9 Refused **[Go to USENOW3]**

**CATI NOTE: If SMOKDAY2 = 1 (Every Day) or 2 (Some days) continue. Else 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

2 No

7 Don’t know / Not sure

9 Refused

# Core Section 11: Tobacco Use (cont)

**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

**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

**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. Brands you may have heard of are JUUL, NJOY, or blu.

**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

# State-Added: E-Cigarettes

**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

# Core Section 12: 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 13: 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 PNEUVAC4]**

7 Don’t know / Not sure **[Go to PNEUVAC4]**

9 Refused **[Go to PNEUVAC4]**

**INTERVIWER NOTE:** 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

**IMFVPLAC** 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

12 A drive thru location at some other place than listed above

**Do not read:**

10 Received vaccination in Canada/Mexico

77 Don’t know / Not sure

99 Refused

**INTERVIWER NOTE:** If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code “12”

**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

7 Don’t know / Not sure

9 Refused

# State-Added: Pneumonia Vaccination – Split 1

**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 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 14: 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 Next Section]**

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

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

**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

Core Section 15: Fruits and Vegetables

**FRUIT2** Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

1\_ \_ Times per day

2\_ \_ Times per week

3\_ \_ Times per month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**INTERVIWER NOTE:** If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.

Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask “was that per day, week, or month?”

**Read if respondent asks what to include or says ‘i don’t know’**: include fresh, frozen or canned fruit. Do not include dried fruits.

**FRUITJU2** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

1\_ \_ Times per day

2\_ \_ Times per week

3\_ \_ Times per month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**INTERVIWER NOTE:** If a respondent asks about examples of fruit-flavored drinks: “do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends.”

Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

**FVGREEN1** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

1\_ \_ Times per day

2\_ \_ Times per week

3\_ \_ Times per month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**INTERVIWER NOTE:** Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

**Read if respondent asks about spinach:** “Include spinach salads.”

**FRENCHF1** How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

1\_ \_ Times per day

2\_ \_ Times per week

3\_ \_ Times per month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**INTERVIWER NOTE:** Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

**Read if respondent asks about potato chips:** “Do not include potato chips.”

**POTATOE1** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

1\_ \_ Times per day

2\_ \_ Times per week

3\_ \_ Times per month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**INTERVIWER NOTE:** Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

**Read if respondent asks about what types of potatoes to include:** “Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes.”

**VEGETAB2** Not including lettuce salads and potatoes, how often did you eat other vegetables?

1\_ \_ Times per day

2\_ \_ Times per week

3\_ \_ Times per month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**INTERVIWER NOTE:** Enter quantity in times per day, week, or month.

If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

**Read if respondent asks about what to include:** “Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.”

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

# State-Added: Social Determinants of Health – Splits 1, 2

**SDHBILLS** During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

1 Yes

2 No

7 Don’t know/not sure

9 Refused

**SDHMOVE** In the last 12 months, how many times have you moved from one home to another?

\_\_ \_\_ Number of moves in past 12 months [01-52]

88 None (Did not move in past 12 months)

77 Don’t know/Not sure

99 Refused

**HOWSAFE1** How safe from crime do you consider your neighborhood to be? Would you say…

**Please read:**

1 Extremely safe

2 Safe

3 Unsafe

4 Extremely unsafe

**Do not read:**

7 Don’t know/Not sure

9 Refused

**SDHFOOD** For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CATI NOTE: NAME OF CURRENT MONTH]).

The first statement is, “The food that I bought just didn’t last, and I didn’t have money to get more.”

Was that often, sometimes, or never true for you in the last 12 months?

1 Often true,

2 Sometimes true, or

3 Never true

7 Don’t Know/Not sure

9 Refused

**SDHMEALS** I couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for you in the last 12 months?

1 Often true,

2 Sometimes true, or

3 Never true

7 Don’t Know/Not sure

9 Refused

**SDHMONEY** In general, how do your finances usually work out at the end of the month? Do you find that you usually:

**Please read:**

1 End up with some money left over,

2 Have just enough money to make ends meet, or

3 Do not have enough money to make ends meet

**Do not read:**

7 Don’t Know/Not sure

9 Refused

**SDHSTRES** Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

**Please read:**

1 None of the time,

2 A little of the time,

3 Some of the time,

4 Most of the time, or

5 All of the time

**Do not read:**

7. Don't know/not sure

9. Refused

# Module 28: 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.

# State-Added: Health Care Worker – Split 1

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 5: HPV Vaccination – Split 1

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

**HPVADVC3** Have you ever had the Human Papilloma virus vaccination or HPV vaccination?

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]**

**INTERVIEWER NOTE:** A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, “GARDASIL or CERVARIX”.

(Human Papilloma Virus (Human Pap•uh•loh•muh Virus), Gardasil (Gar•duh• seel), Cervarix (Serv a rix)

If respondent comments that this question was already asked, clarify that they earlier questions was about HPV testing, and this question is about vaccination.

**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 6: Tetanus Vaccination – Split 1

**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

# Module 7: Shingles Vaccination – Split 1

**CATI NOTE: If age ≤ 49, go to next section**

**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.

# State-Added: Hepatitis B – Split 1

**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

Module 8: COVID Vaccination - ADDED JULY 1

**COVIDVAC** Have you had a COVID-19 vaccination?

1 Yes **[Go to COVIDNUM]**

2 No

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

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

**COVACGET** Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

1 will definitely get a vaccine **[Go to next section]**

2 will probably get a vaccine **[Go to next section]**

3 will probably not get a vaccine **[Go to next section]**

4 will definitely not get a vaccine **[Go to next section]**

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

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

**COVIDNUM** How many COVID-19 vaccinations have you received?

1 One

2 Two or more **[Go to COVIDFST]**

7 Don’t know / Not sure

9 Refused

**COVIDINT** Which of the following best describes your intent to take the recommended COVID vaccinations…Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?

1 already received all recommended doses

2 plan to receive all recommended doses

3 do not plan to receive all recommended doses

7 Don’t know / Not sure

9 Refusd

**COVIDFST** During what month and year did you receive your (first) COVID-19 vaccination?

**CATI Note: if COVIDNUM=1, Do not read “first”**

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

77/7777 Don’t know/ Not sure

99/9999 Refused

**CATI Note: if COVIDNUM=1, Go to next section**

**COVIDSEC** During what month and year did you receive your second COVID-19 vaccination?

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

77/7777 Don’t know/ Not sure

99/9999 Refused

# State-Added: COVID-19 and Work – Split 1

**CATI NOTE: If EMPLOY1 = 1 or 2, Continue; Else GO TO NEXT SECTION**

**COVIDWFH** Are you currently working from home all the time, sometimes or not at all?

1 All the time **[Go to next section]**

2 Sometimes

3 Not at all

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

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

**COVWORRY** How worried are you that you will put yourself at risk of exposure to coronavirus because you can’t afford to stay home and miss work?

**Please Read:**

1 Very worried

2 Somewhat worried

3 Not too worried

4 Not at all worried

**Do not read:**

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? (Select all that apply)

**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 1

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

**Do not read:**

7 Don’t know / Not sure

9 Refused

**CATI Note: CIGAR is to be asked of ALL respondents in split 1**

**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

# State-Added: MA Tobacco (ETS) – Split 1

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

Module 25: Random Child Selection – Split 1,2

**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 Q8.16 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

88 No additional choices

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 26: Childhood Asthma Prevalence – Split 1,2

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

The next 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

# Module 19: Caregiver – Split 1

**CAREGIV1** During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

1 Yes

2 No  **[Go To CRGVEXPT]**

7 Don’t Know/Not Sure **[Go To CRGVEXPT]**

8 Caregiving recipient died in past 30 days **[Go To Next Section]**

9 Refused **[Go To CRGVEXPT]**

**INTERVIEWER NOTE: If caregiving recipient has died in the past 30 days, code 8 and say: I’m so sorry to hear of your loss**

**CRGVREL3** What is his or her relationship to you?

01 Mother

02 Father

03 Mother-in-law

04 Father-in-law

05 Child

06 Husband

07 Wife

08 Live-in partner

09 Brother or brother-in-law

10 Sister or sister-in-law

11 Grandmother

12 Grandfather

13 Grandchild

14 Other relative

15 Non-relative/ Family friend

77 Don’t know/Not sure

99 Refused

**INTERVIEWER NOTE: If more than one person, say: Please refer to the person to whom you are giving the most care.**

**CRGVLNG1** For how long have you provided care for that person?

**Read if necessary:**

1 Less than 30 days

2 1 month to less than 6 months

3 6 months to less than 2 years

4 2 years to less than 5 years

5 More than 5 years

**Do not read:**

7 Don’t Know/ Not Sure

9 Refused

**CRGVHRS1** In an average week, how many hours do you provide care or assistance?

**Read if necessary:**

1 Up to 8 hours per week

2 9 to 19 hours per week

3 20 to 39 hours per week

4 40 hours or more

**Do not read:**

7 Don’t know/Not sure

9 Refused

**CRGVPRB3** What is the main health problem, long-term illness, or disability that the person you care for has?

01 Arthritis/ rheumatism

02 Asthma

03 Cancer

04 Chronic respiratory conditions such as emphysema or COPD

05 Alzheimer’s disease, dementia or other cognitive impairment disorder **[Go To CRGVPER1]**

06 Developmental disabilities such as autism, Down’s Syndrome, and spina bifida

07 Diabetes

08 Heart disease, hypertension, stroke

09 Human Immunodeficiency Virus Infection (H.I.V.)

10 Mental illnesses, such as anxiety, depression, or schizophrenia

11 Other organ failure or diseases such as kidney or liver problems

12 Substance abuse or addiction disorders

13 Injuries, including broken bones

14 Old age/ infirmity/frailty

15 Other

77 Don’t know/Not sure

99 Refused

**CRGVALZD** Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**CRGVPER1** In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**CRGVHOU1** In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**CATI NOTE: If CAREGIV1 = 1 or 8, go to next module.**

**CRGVEXPT** In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

# State-added: Texting and Driving – Split 1

The next question is about your driving habits.

**TEXTDRIV** During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle? Would you say every day, most days, some days, occasionally, or never?

1 Every day

2 Most days

3 Some days

4 Occasionally

5 Never

6 I did not drive in the past 30 days

7 Don’t know / Not Sure

9 Refused

# State-added: Mental Illness and Stigma – Split 2

Now, I am going to ask you some questions about how you have been feeling lately.

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

**Note:** If respondent asks what does “everything was an effort” means; say, “Whatever it means to you”

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

**MISNOWRK** During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?

\_ \_ Number of days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

**MISTMNT** Are you now taking medicine or receiving treatment from a doctor or other health

professional for any type of mental health condition or emotional problem?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

These next questions ask about peoples' attitudes toward mental illness and its treatment.

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

**INTERVIEWER NOTE:** If asked for the purpose of MISTRHLP or MIPHLPF: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

**Read only if necessary:**

1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

**Do not read:**

7 Don’t know / Not sure

9 Refused

**MIPHLPF** People are generally caring and sympathetic to people with mental illness. Do you –

agree slightly or strongly, or disagree slightly or strongly?

**INTERVIEWER NOTE:** If asked for the purpose of MISTRHLP or MIPHLPF: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

**Read only if necessary:**

1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

**Do not read:**

7 Don’t know / Not sure

9 Refused

# State-Added: Suicide – Split 2

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

**SUIC1** During the past 12 months, did you ever seriously consider attempting 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 actually attempt suicide?

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 2

**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: Intimate Partner Violence – Split 2

The next questions are about experiences that can occur in relationships with an intimate partner. By “an intimate partner” we mean any current or former spouse, someone you are or were engaged to, a romantic partner you live with or lived with, or someone you are or have dated either casually or seriously.

We ask everyone these questions to better understand how common these experiences are and how they affect people. Your answers are important no matter what they may be.

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

1 Yes

2 No **[Go to IPV Closing Statement]**

**IPVMONIT** Has an intimate partner ever done any of the following to you: monitored your cell phone or computer use, called or texted or instant-messaged you multiple times a day to monitor your whereabouts, prevented you from seeing or having contact with family members or friends, gotten angry if you were talking to someone else, or prevented you from going to work, school, or medical appointments?

**If ‘yes’ ask:** “Did this happen only in the past 12 months, longer ago than 12 months, or both?”

1 Yes, this has happened in the past 12 months

2 Yes, this has happened, but longer ago than 12 months

3 Yes, this has happened in the past 12 months and longer ago than that

4 No, this has not happened to me

7 Don’t know / Not sure

9 Refused

0 I have never been in an intimate relationship **[Go to IPV Closing Statement]**

**IPVTHREAT** Has an intimate partner EVER THREATENED you with physical or sexual violence or ATTEMPTED physical or sexual violence against you but they did not succeed? This includes threatening or attempting to hit, slap, push, kick, or strangle you, throw something at you that could hurt you, force you into sexual activity, or physically or sexually hurt you in any other way.

**If ‘yes’ ask:** “Did this happen only in the past 12 months, longer ago than 12 months, or both?”

1 Yes, this has happened in the past 12 months

2 Yes, this has happened, but longer ago than 12 months

3 Yes, this has happened in the past 12 months and longer ago than that

4 No, this has not happened to me

7 Don’t know / Not sure

9 Refused

**IPVHURT** Has an intimate partner EVER hit, slapped, pushed, kicked, or strangled you, thrown something at you that could hurt you, forced you into sexual activity, or physically or sexually hurt you in any other way?

**If ‘yes’ ask:** “Did this happen only in the past 12 months, longer ago than 12 months, or both?”

1 Yes, this has happened in the past 12 months

2 Yes, this has happened, but longer ago than 12 months

3 Yes, this has happened in the past 12 months and longer ago than that

4 No, this has not happened to me

7 Don’t know / Not sure

9 Refused

**IPVTHRT2** Has an intimate partner ever threatened to kill you, threatened to kill themselves, or threatened to kill other people you care about in order to harm you, get revenge against you, stop you from leaving them or otherwise try to force you to do or not do something?

1 Yes, they’ve threatened to kill me and/or others I care about

2 Yes, they’ve threatened to kill themselves

3 Yes, they’ve threatened to kill themselves and me, or themselves, me, and/or others I care about

4 No, this has not happened to me

7 Don’t know / Not sure

9 Refused

**CATI note: If IPVMONIT, IPVTHREAT, IPVHURT, IPVATT, or IPVTHRT2=1, 2, or 3 (Yes); continue. Otherwise, go to IPV Closing Statement.**

**IPVCHILD** When any of these experiences with an intimate partner happened to you, were any children or youth in the room, home, or otherwise near enough to POSSIBLY have seen or heard what happened?

**If ‘yes’ ask:** “Did this happen only in the past 12 months, longer ago than 12 months, or both?”

1 Yes, this has happened in the past 12 months

2 Yes, this has happened, but longer ago than 12 months

3 Yes, this has happened in the past 12 months and longer ago than that

4 No, this has not happened to me

7 Don’t know / Not sure

9 Refused

**CATI note: If IPVHURT = 1, 2 or 3 (Yes), continue. Else go to IPVWPN**

**IPVINJ** In thinking about these experiences with intimate partners, please tell me which of these statements best describes what has happened to you as a result. These experiences have resulted in:

**Please read:**

1 A blow or jolt to the head or loss of consciousness, but no other types of injuries

2 Only other types of injuries

3 Both a blow or jolt to the head or a loss of consciousness and other types of injuries,

or

4 No injuries to me

**Do not read:**

7 Don’t Know

9 Refused

**IPVWPN** Has an intimate partner ever threatened you with a knife, gun, or other weapon, or used or attempted to use a knife, gun, or other weapon against you?

**If ‘yes’ ask:** “Was this a gun, another type of weapon, or both a gun and another type of weapon?”

1 Yes, a gun

2 Yes, another type of weapon

3 Yes, both a gun and another type of weapon

4 No, this has not happened to me

7 Don’t know / Not sure

9 Refused

**IPV Closing Statement**: If you or anyone you know would like help with or more information about these sorts of experiences, please contact the Massachusetts hotline, SafeLink. The SafeLink toll-free number is (877) 785-2020.

# State-Added: Sexual Violence – Split 2

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.**

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

**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**

# State-added: Marijuana Use – Split 1

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

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 **[GO TO NEXT SECTION]**

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

**MARJ\_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

**MARJ\_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

**MARJ\_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

**MARJ\_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

**MARJ\_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

**MARJ\_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 1

**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 1

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

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 **[Go to Next Section]**

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 <STATE>. 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** Which person in the household was selected as the focus of the asthma call-back?

1 Adult

2 Child

**CB01.03** Can I please have (your/your child’s) first name or initials, so we will know who to ask for when we call back?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter first name or initials.

# 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.