Behavioral Risk Factor Surveillance System Logo

**2022**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**Massachusetts**

February 24, 2022

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OMB Header and Introductory Text

Form Approved

OMB No. 0920-1061

Exp. Date 12/31/2024

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

2 No

**[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]**

**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]**

3 Nonbinary **[GO TO BSEX]**

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

9 Refused **[GO TO BSEX]**

State-Added: Sex at birth

**BSEX** What sex were you assigned at birth?

1 Male

2 Female

7 Don’t know/Not sure

9 Refused

**INTERVIEWER NOTE (Read if necessary):** We ask this question to determine which health related questions apply to each respondent. For example, a person who reports male as their sex at birth might be asked about prostate health issues.

**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]**

**CATI NOTE: If BSEX = 1 or 2, Recode COLGSEX and GO TO TRANSITION TO CORE**

**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?

**INTERVIEWER NOTE:** If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

**[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]**

3 Nonbinary **[GO TO BSEX]**

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

9 Refused **[GO TO BSEX]**

State-Added: Sex at birth

**BSEX** What sex were you assigned at birth?

1 Male

2 Female

7 Don’t know/Not sure

9 Refused

**INTERVIEWER NOTE (Read if necessary):** We ask this question to determine which health related questions apply to each respondent. For example, a person who reports male as their sex at birth might be asked about prostate health issues.

**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]**

**CATI NOTE: If BSEX = 1 or 2, Recode LANDSEX and GO TO TRANSITION TO CORE**

**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**.

**INTERVIEWER NOTE:** If the number of adult males and adult females does not add to the total number of adults due to some members of the household’s gender identity, the interview may continue.

**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 person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12.**

**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 **[GO TO PVTRESD3]**

2 Female **[GO TO PVTRESD3]**

3 Nonbinary

7 Don’t know/Not sure

9 Refused

State-Added: Sex at birth

**BSEX** What sex were you assigned at birth?

1 Male

2 Female

7 Don’t know/Not sure

9 Refused

**INTERVIEWER NOTE (Read if necessary):** We ask this question to determine which health related questions apply to each respondent. For example, a person who reports male as their sex at birth might be asked about prostate health issues.

**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]**

**CATI NOTE: If BSEX = 1 or 2, Recode CELLSEX and Continue**

**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

**PRIMINSR** 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)

**PERSDOC3** 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

**MEDCOST1** 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: Inadequate Sleep

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

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

\_ \_ Number of hours [01-24]

7 7 Don’t know / Not sure

9 9 Refused

Core Section 6: Oral Health

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

**Read if necessary:**

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

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

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

4 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

8 Never

9 Refused

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

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

**Read if necessary:**

1 1 to 5

2 6 or more but not all

3 All

8 None

**Do not read:**

7 Don’t know / Not sure

9 Refused

Core Section 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 CHCSCNC1]**

7 Don’t know / Not sure **[Go To CHCSCNC1]**

9 Refused **[Go To CHCSCNC1]**

**ASTHNOW** Do you still have asthma?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCSCNC1** (Ever told) (you had) skin cancer that is not melanoma?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCOCNC1** (Ever told) (you had) melanoma or any other types of cancer?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE: Do not read:** Arthritis diagnoses include:

* + - rheumatism, polymyalgia rheumatica
    - osteoarthritis (not osteoporosis)
    - tendonitis, bursitis, bunion, tennis elbow
    - carpal tunnel syndrome, tarsal tunnel syndrome
    - joint infection, Reiter’s syndrome
    - ankylosing spondylitis; spondylosis
    - rotator cuff syndrome
    - connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome
    - vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis, polyarteritis nodosa)

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

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

1 Yes

2 Yes, but female told only during pregnancy

3 No

4 No, pre-diabetes or borderline diabetes

7 Don’t know / Not sure

9 Refused

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

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

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

9 8 Don’t know / Not sure

9 9 Refused

Module 1: Prediabetes – Split 1

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

**PDIABTS1** When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

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

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

3 Within the last 3 years (2 years but less than 3 years ago)

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

5 Within the last 10 years (5 to 9 years but less than 10 years ago)

6 10 years ago or more

8 Never

7 Don’t know/ not sure

9 Refused

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

**PREDIAB2** Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

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

1 Yes

2 Yes, during pregnancy

3 No

7 Don’t know / Not sure

9 Refused

Module 2: Diabetes – Split 1

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

**DIABTYPE** According to your doctor or other health professional, what type of diabetes do you have?

1 Type 1

2 Type 2

7 Don’t know/ not sure

9 Refused

**INSULIN1** Insulin can be taken by shot or pump. Are you now taking insulin?

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

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

health professional checked you for A-one-C?

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

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

8 8 None

9 8 Never heard of “A one C” test

7 7 Don’t know / Not sure

9 9 Refused

**EYEEXAM1** When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

**Read if necessary:**

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

2 Within the past year (1 month but less than 12 months ago)

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

4 2 or more years ago

**Do not read:**

7 Don’t know / Not sure

1. Never

9 Refused

**DIABEYE1** When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?

**Read if necessary:**

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

2 Within the past year (1 month but less than 12 months ago)

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

4 2 or more years ago

**Do not read:**

7 Don’t know / Not sure

1. Never

9 Refused

**DIABEDU1** When was the last time you took a course or class in how to manage your diabetes yourself?

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

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

3 Within the last 3 years (2 years but less than 3 years ago)

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

5 Within the last 10 years (5 to 9 years but less than 10 years ago)

6 10 years ago or more

7 Don’t know / Not sure

1. Never

9 Refused

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

Core Section 8: Demographics

**AGE** What is your age?

\_ \_ Code age in years

07 Don’t know / Not sure

09 Refused

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

**If yes, ask: Are you…**

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

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

5 No

7 Don’t know / Not sure

9 Refused

**MRACE2** 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.**

If respondent indicates that they are Hispanic for race, please read the race choices.

**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:**

88 No choices

77 Don’t know / Not sure

99 Refused

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

**ORACE4** 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:**

77 Don’t know / Not sure

99 Refused

Module 26: Sexual Orientation and Gender Identity (SOGI) – Splits 1, 2,3

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.

Core Section 8: Demographics (cont.)

**MARITAL** Are you…

**Please read:**

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married

Or

6 A member of an unmarried couple

**Do not read:**

9 Refused

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

**Read if necessary:**

1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

5 College 1 year to 3 years (Some college or technical school)

6 College 4 years or more (College graduate)

**Do not read:**

9 Refused

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

1 Own

2 Rent

3 Other arrangement

7 Don’t know / Not sure

9 Refused

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

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

State-Added Section 8a: City/Town

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

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

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

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

7 7 7 Don’t Know/Not Sure

9 9 9 Refused

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

Core Section 8: Demographics (cont.)

**CATI NOTE: If TOWN = 1 – 351, autocode 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.**

**NUMHHOL4** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline 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]**

**NUMPHON4** How many of these landline telephone numbers are residential numbers?

\_ Enter number (1-5)

6 Six or more

7 Don’t know / Not sure

8 None

9 Refused

**CPDEMO1C** How many cell phones do you have for your personal use?

\_ Enter number (1-5)

6 Six or more

7 Don’t know / Not sure

8 None

9 Refused

**Read if necessary:** Do not include cell phones that are used exclusively by other members of your household. 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 22: Industry and Occupation, Split 1,2,3

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

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

Now I am going to ask you about your work.

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

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

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

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

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

99  Refused

**Or**

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

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

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

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

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

99  Refused

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

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

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

99  Refused

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

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

**Or**

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

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

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

99  Refused

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

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

Core Section 8: Demographics (cont.)

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

\_ \_ Number of children

88 None

99 Refused

**INCOME3** 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 9: Disability

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

Core Section 10: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

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

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

1 Yes

2 No **[Go to Q3]**

7 Don’t know / Not sure **[Go to Q3]**

9 Refused **[Go to Q3]**

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

**Read if necessary:**

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

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

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

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

5 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

**CERVSCRN** Have you ever had a cervical cancer screening test?

1 Yes

2 No **[Go to HADHYST2]**

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

9 Refused **[Go to HADHYST2]**

**CRVCLCNC** How long has it been since you had your last cervical cancer screening test?

**Read if necessary:**

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

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

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

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

5 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

**CRVCLPAP** At your most recent cervical cancer screening, did you have a Pap test?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CRVCLHPV** At your most recent cervical cancer screening, did you have an H.P.V. test?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE:** H.P.V. stands for Human papillomarvirus (pap-uh-loh-muh virus)

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

**HADHYST2** Have you had a hysterectomy?

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

Core Section 11: Colorectal Cancer Screening

**CATI NOTE: If Age < 45, Go To Next Section**

**HADSIGM4** Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

1 Yes

2 No **[Go to Q6]**

7 Don’t know / Not sure **[Go to Q6]**

9 Refused **[Go to Q6]**

**COLNSIGM** Have you had a colonoscopy, a sigmoidoscopy, or both?

1 Colonoscopy

2 Sigmoidoscopy **[Go to Q4]**

3 Both **[Go to Q3]**

7 Don’t know / Not sure **[Go to Q5]**

9 Refused **[Go to Q6]**

**COLNTES1** How long has it been since your most recent colonoscopy?

**Read if necessary:**

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

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

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

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

5 10 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

**CATI NOTE: If COLNSIGM =2 (sigmoidoscopy) or 3 (BOTH) continue, else Go to CCRC.06**

**SIGMTES1** How long has it been since your most recent sigmoidoscopy?

**Read if necessary:**

1 Within the past year (anytime less than 12 months ago) **[Go to Q6]**

2 Within the past 2 years (1 year but less than 2 years ago) **[Go to Q6]**

3 Within the past 5 years (2 years but less than 5 years ago) **[Go to Q6]**

4 Within the past 10 years (5 years but less than 10 years ago) **[Go to Q6]**

5 10 or more years ago **[Go to Q6]**

**Do not read:**

7 Don’t know / Not sure **[Go to Q6]**

9 Refused **[Go to Q6]**

**LASTSIG4** How long has it been since your most recent colonoscopy or sigmoidoscopy?

**Read if necessary:**

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

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

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

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

5 10 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

**COLNCNCR** Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

1 Yes

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

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

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

**VIRCOLO1** A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

1 Yes

2 No **[Go to Q9]**

7 Don’t know / Not sure **[Go to Q9]**

9 Refused **[Go to Q9]**

**[INTERVIEWER NOTE: CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.]**

**VCLNTES2** When was your most recent CT colonography or virtual colonoscopy?

**Read if necessary:**

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

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

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

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

5 10 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

**SMALSTOL** One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

1 Yes

2 No **[Go to Q11]**

7 Don’t know / Not sure **[Go to Q11]**

9 Refused **[Go to Q11]**

**INTERVIEWER NOTE:** The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

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

**Read if necessary:**

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

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

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

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

5 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

**STOOLDN2** Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

1 Yes

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

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

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

**BLDSTFIT** Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**[INTERVIEWER NOTE:** Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.]

**SDNATES1** How long has it been since you had this test?

**Read if necessary:**

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

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

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

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

5 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

Core Section 12: 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 18: Tobacco Cessation, Splits 1,2,3

**CATI NOTE: If SMOKDAY2 = 3 (former smoker) continue, Else go to STOPSMK2.**

**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 12: 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

**ECIGNOW2** Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

1 Never used e-cigarettes in your entire life

2 Use them every day

3 Use them some days

4 Do not use them at all, but used them in the past

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

# Core Section 13: Lung Cancer Screening

**CATI Note: If SMOKE100=1 (yes) and SMOKDAY2= 1, 2, or 3 (every day, some days, or not at all) continue, else go to Q4.**

You’ve told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

**LCSFIRST** How old were you when you first started to smoke cigarettes regularly?

\_ \_ \_ Age in years (001-100)

777 Don’t know / Not sure

999 Refused

888 Never smoked cigarettes regularly **[Go to Q4]**

**[INTERVIEWER NOTE:** Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.]

**CATI NOTE: if SMOKDAY2=1 (current, every day smoker), GO TO LCSNUMCG**

**LCSLAST** How old were you when you last smoked cigarettes regularly?

\_ \_ \_ Age in years (001-100)

777 Don’t know / Not sure

999 Refused

**LCSNUMCG** On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?

\_ \_ \_ Number of cigarettes

777 Don’t know / Not sure

999 Refused

**[INTERVIEWER NOTE:** Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes]

**LCSCTSC1** The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area?

1 Yes

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

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

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

**LCSSCNCR** Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?

1 Yes

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

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

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

**LCSCTWHN** When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

**Read if necessary:**

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

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

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

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

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

6 10 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

Core Section 14: Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

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

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

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** During the past 30 days, on the days when you drank, about how many drinks per day 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 15: 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]**

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

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

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

777777 Don’t know/ Not sure

999999 Refused

Module 4: Place of Flu Vaccination – Split 1

**CATI NOTE: If FLUSHOT7=1 Continue, Else Go to PNEUVAC4**

**CATI NOTE: If Cell phone respondent NOT a MA resident, Go to PNEUVAC4**

**IMFVPLA3** 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

10 A school

11 A drive though location at some other place than listed above

**Do not read:**

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 “11”

Core Section 15: Immunization (cont.)

**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 15: Immunization (cont.)

**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

Core Section 16: H.I.V./AIDS

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

1 Yes

2 No **[Go To HIVRISK5]**

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

9 Refused **[Go To HIVRISK5]**

**INTERVIEWER NOTE: Read if necessary:** Please remember that your answers are strictly confidential and that you don’t have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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

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

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

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

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

77/ 7777 Don’t know / Not sure

99/ 9999 Refused

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

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

You have been treated for a sexually transmitted disease or STD in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

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

Do any of these situations apply to you?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

# Emerging Core: Long-term COVID Effects

**COVIDPOS** Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?

1 Yes

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

3 Tested positive using home test without health professional

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

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

**I****NTERVIEWER NOTE:** Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests .

Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.

**COVIDSMP** Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

1 Yes

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

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

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

**NTERVIEWER NOTE:** Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself

**COVIDPRM** Which of the following was the primary symptom that you experienced? Was it….

**Read:**

1 Tiredness or fatigue

2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”)

3 Difficulty breathing or shortness of breath

4 Joint or muscle pain

5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain

6 Dizziness on standing

7 Depression, anxiety, or mood changes

8 Symptoms that get worse after physical or mental activities

9 You did not have any long-term symptoms that limited your activities.

**Do not read:**

77 Don’t know/Not sure

99 Refused

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

Module 16: Social Determinants and Health Equity - Split 1, 2, 3

**LSATISFY** In general, how satisfied are you with your life? Are you..

**Read:**

1 Very satisfied

2 Satisfied

3 Dissatisfied

4 Very dissatisfied

**Do not read:**

7 Don’t know / Not sure

9 Refused

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

**Read:**

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

**Do not read:**

7 Don’t know / Not sure

9 Refused

**SDHISOLT** How often do you feel socially isolated from others? Is it…

**Read:**

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

**Do not read:**

7 Don’t know / Not sure

9 Refused

**SDHEMPLY** In the past 12 months have you lost employment or had hours reduced?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**FOODSTMP** During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**SDHFOOD1** During the past 12 months how often did the food that you bought not last, and you didn’t have money to get more? Was that…

**Read:**

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

**Do not read:**

7 Don’t know / Not sure

9 Refused

**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

**SDHUTILS** During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**SDHTRNSP** During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

1 Yes

2 No

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 their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it…

**Read:**

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

**Do not read:**

7 Don’t know / Not sure

9 Refused

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.**

**HPVADVC4** Have you ever had an H.P.V. 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 the earlier questions were 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: 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 7: COVID Vaccination – Split 1, 2

**COVIDVA1** Have you received at least one dose of 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]**

**COVIDNU1** How many COVID-19 vaccinations have you received?

1 One

2 Two **[Go to COVIDFST]**

3 Three **[Go to COVIDFST]**

4 Four or more **[Go to COVIDFST]**

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

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

**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 Refused

**COVIDFS1** 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**

**COVIDSE1** 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

Module 9: Cancer Survivorship: Type of Cancer – Split 1

**CATI NOTE: If CHCSCNCR or CHCOCNCR = 1 (Yes) continue, else go to next module**

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

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

1 Only one

2 Two

3 Three or more

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

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

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

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

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

98 Don't know/Not sure

99 Refused

**Read if necessary:** This question refers to the first time you were told about your first cancer.

**CNCRTYP2** What type of cancer was it?

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

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

0 1 Bladder

0 2 Blood

0 3 Bone

0 4 Brain

0 5 Breast

0 6 Cervix/Cervical

0 7 Colon

0 8 Esophagus/Esophageal

0 9 Gallbladder

1 0 Kidney

1 1 Larynx/trachea

1 2 Leukemia

1 3 Liver

1 4 Lung

1 5 Lymphoma

1 6 Melanoma

1 7 Mouth/tongue/lip

1 8 Ovary/Ovarian

1 9 Pancreas/Pancreatic

2 0 Prostate

2 1 Rectum/Rectal

2 2 Skin (non-melanoma)

2 3 Skin (don’t know what kind)

2 4 Soft tissue (muscle or fat)

2 5 Stomach

2 6 Testis/Testicular

2 7 Throat - pharynx

2 8 Thyroid

2 9 Uterus/Uterine

3 0 Other

**Do not read:**

7 7 Don’t know / Not sure

9 9 Refused

Module 10: Cancer Survivorship: Course of Treatment – Split 1

**CATI NOTE: If CHCSCNCR or CHCOCNCR = 1 (Yes) continue, else go to next module**

**CSRVTRT3** Are you currently receiving treatment for cancer?

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

**Read if necessary:**

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

2 No, I’ve completed treatment

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

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

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

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

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

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

**Read:**

01 Cancer Surgeon

02 Family Practitioner

03 General Surgeon

04 Gynecologic Oncologist

05 General Practitioner, Internist

06 Plastic Surgeon, Reconstructive Surgeon

07 Medical Oncologist

08 Radiation Oncologist

09 Urologist

10 Other

**Do not read:**

77 Don’t know / Not sure

99 Refused

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

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

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

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

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

1 Yes

2 No **[Go To CSRVINSR]**

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

9 Refused **[Go To CSRVINSR]**

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

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

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

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

1 Yes

2 No

7 Don’t know/ not sure

9 Refused

Module 11: Cancer Survivorship: Pain Management – Split 1

**CATI NOTE: If CHCSCNCR or CHCOCNCR = 1 (Yes) continue, else go to next module**

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

1 Yes

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

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

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

**CSRVCTL2** Would you say your pain is currently under control…?

**Read:**

1 With medication (or treatment)

2 Without medication (or treatment)

3 Not under control, with medication (or treatment)

4 Not under control, without medication (or treatment)

**Do not read:**

7 Don’t know / Not sure

9 Refused

Module 12: Prostate Cancer Screening – Split 1

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

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

1 Yes

2 No **[Go to Q4]**

7 Don’t Know / Not sure **[Go to Q4]**

9 Refused **[Go to Q4]**

**PSATIME1** About how long has it been since your most recent P.S.A. test?

**Read if necessary:**

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

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

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

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

5 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused

**PCPSARS2** What was the main reason you had this P.S.A. test – was it …?

**Read:**

1 Part of a routine exam

2 Because of a problem

3 other reason

**Do not read:**

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate specific antigen test.

**PSASUGST** Who first suggested this PSA test: you, your doctor, or someone else?

1 Self

2 Doctor, nurse, health care professional

3 Someone else

7 Don’t know / Not sure

9 Refused

**PCSTALK1** When you met with a doctor, nurse, or other health professional, did they talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or PSA test?

1 Advantages

2 Disadvantages

3 Both Advantages and disadvantages

4 Neither

7 Don’t know / Not sure

9 Refused

Module 23: 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).**

**RCSGEND1** Is the child a boy or a girl?

1 Boy  **[Go To RCHISLA1]**

2 Girl **[Go To RCHISLA1]**

3 Nonbinary/Other

9 Refused

**RCSXBRTH** What was the child’s sex on their original birth certificate?

1 Boy

2 Girl

**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

**RCSRACE2** 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:**

88 No choices

77 Don’t know / Not sure

99 Refused

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

**RCSBRAC3** 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:**

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 24: 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

State-added: Medical 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 NEXT SECTION]**

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

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

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

1 Yes, past year

2 Yes, more than a year ago

3 No, never felt addicted

7 Don’t know / Not sure

9 Refused

**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

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

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes, past year

2 Yes, more than a year ago

3 No

7 Don’t know / Not sure

9 Refused

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

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

1 Yes, past year

2 Yes, more than a year ago

3 No

7 Don’t know / Not sure

9 Refused

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

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

1 Yes, past year

2 Yes, more than a year ago

3 No, never felt addicted

7 Don’t know / Not sure

9 Refused

**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

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: 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: 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 dating 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. Everyone’s answers are important.

**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

**IPVWPN2** 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

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

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

**Please read:**

1 A direct bump, blow, or jolt to the head, or a head injury

2 Being shaken by my partner, thrown into something, or falling because of my partner’s behavior

3 Marks on my neck or throat, discomfort to my neck or throat, or changes in my voice or ability to breathe or swallow after being choked or strangled

4 Passing out or losing consciousness due to being choked or strangled

5 Other types of injuries

or

6 None of these have happened to me

**Do not read:**

7 Don’t Know

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, toll-free at (877) 785-2020. Would you like me to repeat that number?

State-Added: Sexual Violence – Split 2

Now I’d like to ask you some questions about unwanted sexual experiences. We ask everyone these questions. This information will help us understand more about this subject and may help others in the future. Everyone’s answers are important.

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

1 Yes

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

All of the questions in this section 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**  Thinking 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:** This topic may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk privately to a trained counselor, you can call 1-800-870-5905. Would you like me to repeat that number?

(If ‘yes’: 1-800- -870-5905).

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

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

State Added: Gambling – Split 2

People bet money and gamble on many different things including buying lottery tickets, playing bingo or card games with their friends. I’d like to ask some questions about your experience with various kinds of gambling.

**In the past 12 months, how often have you…**

**GAMBL1A** Purchased lottery tickets, including scratch tickets, instant tickets or keno?

**Please Read:**

1 4 or more times a week

2 2-3 times a week

3 1-4 times a month

4 Less than 10 times in total, or

8 Not at all

**Do Not Read:**

7 Don’t know/Not sure

9. Refused

**GAMBL1B** Bet money at a casino playing table games such as blackjack, roulette, craps or baccarat or at slot machines or other electronic gambling machines?

**Please Read:**

1 4 or more times a week

2 2-3 times a week

3 1-4 times a month

4 Less than 10 times in total

8 Not at all

**Do Not Read:**

7 Don’t know/Not sure

9. Refused

**GAMBL1C** Bet money in any other way such as fantasy sports, daily fantasy sports (DFS), eSports or internet gambling, racetracks, playing card games or bingo, purchasing high risk stocks, or day trading on the stock market?

**Please Read:**

1 4 or more times a week

2 2-3 times a week

3 1-4 times a month

4 Less than 10 times in total

8 Not at all

**Do Not Read:**

7 Don’t know/Not sure

9. Refused

**CATI Note: If ANY response to GAMBL1A - GAMBL1C = 1, 2, or 3 Continue; Else if ALL responses to GAMBL1A - GAMBL1c = 4, 7, 8 or 9, Go To Next Section.**

The next four questions are related to your experience with gambling. In the past 12 months …

**GAMBL2A** Have you become restless, irritable or anxious when trying to stop or cut down on gambling?

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

**GAMBL2B** Have you tried to keep your family or friends from knowing how much you gambled?

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

**GAMBL2C** Did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

**GAMBL2D** Have you sought professional help for your gambling? By “professional help,” we mean a psychiatrist or other medical doctor (e.g., primary care provider), psychologist, other mental health professional (e.g., counselor, therapist, social worker), or religious advisor?

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

State-added: Texting and Driving – Split 3

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: MA Tobacco – Split 3

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 3

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

**ETSDWEL1** Do you currently live in a single family home, a two family home, a three family home, a building with 4 to 6 units, or a building with more than 6 units?

1 Single family home

2 Two family home

3 Three family home

4 Building with 4 to 6 units

5 Building with more than 6 units

7 Don’t know/Not sure

9 Refused

**CATI NOTE: IF ETSDWEL1 = 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

**TACCLIM** Would you be 1) definitely in favor, 2) probably in favor, 3) probably not in favor, or 4) definitely not in favor of moving all tobacco products including cigarettes, cigars, cigarillos, smokeless tobacco, and vape products to adult-only tobacco retailers and smoking bars where you have to be at least 21+ to enter?

1 Definitely in favor

2 Probably in favor

3 Probably not in favor

4 Definitely not in favor

7 Don’t know/Not sure

9 Refused

State-Added: Sexual Behavior – Split 3

**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: Anxiety and Depression – Split 3

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

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

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

State-Added: Family Planning – Split 3

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

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

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

1 Yes

2 No **[Go to FAMPL4C]**

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

9 Refused **[Go to FAMPL4C]**

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

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

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

**[Please Read]**

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

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

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

**Do Not Read**

7 Don’t know/unsure

9 Refused

**FAMPL15A** Right before you became pregnant, on a scale of 1 to 5 how much were [female: “you”, male: “your partner”] trying to get pregnant?

**Please Read**

1 actively trying to prevent pregnancy

2 neither trying hard to prevent pregnancy nor get pregnant

3 actively trying to get pregnant

**Do Not Read**

7 Don’t know/unsure

9 Refused

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

**Please Read**

1 very unhappy

2 a little unhappy

3 neither happy nor unhappy

4 a little happy

5 very happy

**Do Not Read**

7 Don’t know/unsure

9 Refused

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

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

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

**Please read**

1 We both wanted a baby

2 I wanted a baby and they didn’t

3 They wanted a baby and I didn’t

4 Neither of us wanted a baby

**Do not read**

7 Don’t know / Not sure

9 Refused

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

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

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

1 Yes

2 No **[Skip to FAMPL6D]**

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

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

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

9 Refused **[Skip to FAMPL17]**

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

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

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

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

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

**Read only if necessary:**

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

02 Male sterilization (vasectomy)

03 Contraceptive implant (for example, Nexplanon or Implanon)

04 Hormonal IUD (for example, Mirena or Skyla)

05 Copper-bearing IUD (for example, ParaGard)

06 IUD, type unknown

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

08 Birth control pills, any kind

09 Contraceptive patch (for example, Ortho Evra)

10 Contraceptive ring (for example, NuvaRing)

11 Male condoms

12 Diaphragm, cervical cap, or sponge

13 Female condoms

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

15 Withdrawal (or pulling out)

16 Foam, jelly, film, or cream

17 Emergency contraception (morning after pill)

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

**Please do not read:**

77 Don’t know / Not sure

1. Refused

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

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

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

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

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

**Please do not read:**

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

9 Refused **[Skip to FAMPL17]**

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

(**Read only if necessary)**

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

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

03 You or your partner want a pregnancy

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

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

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

07 Can’t get to a doctor

08 Insurance does not cover method I want to use

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

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

11 Religious reasons

12 Lapse in use of a method

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

14 You or your partner had tubes tied (sterilization)

15 You or your partner had a vasectomy (sterilization)

16 You or your partner had a hysterectomy

17 You or your partner are currently breast-feeding

18 You or your partner just had a baby/postpartum

19 You or your partner are pregnant now

20 Other reason

**Do not read**

77 Don’t know / Not sure

99 Refused

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

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

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

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

**Please read**

1 You don’t want to have a child

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

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

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

**Do not read**

7 Don’t know / Not sure

9 Refused

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

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

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

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

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

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

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

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

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

Module 17: Marijuana Use - Split 3

The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.

**MARIJAN1** During the past 30 days, on how many days did you use marijuana or cannabis?

\_ \_ 01-30 Number of days

88 None **[Go to next section]**

77 Don’t know/not sure **[Go to next section]**

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

**MARJSMOK** During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**MARJEAT** …eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**MARJVAPE** …vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**MARJDAB** …dab it (for example, using a dabbing rig, knife, or dab pen)?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**MARJOTHR** …use it in some other way?

1 Yes

2 No

7 Don’t Know/Not Sure

9 Refused

**Create CATI to only show the options of use that the respondents chose in earlier questions (Q2-Q6).**

**USEMRJN4** During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually…

**Read:**

1 Smoke it (for example, in a joint, bong, pipe, or blunt).

2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol)

3 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing

device)

4 Dab it (for example, using a dabbing rig, knife, or dab pen), or

5 Use it some other way.

**Do not read:**

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.