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**2018**

**Massachusetts**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

November 5, 2017

**Behavioral Risk Factor Surveillance System**

**2018 Questionnaire**

# Table of Contents

[Table of Contents 2](#_Toc496775883)

[**Interviewer’s Script** Landline 3](#_Toc496775884)

[Interviewer’s Script Cell Phone 6](#_Toc496775885)

[Core Sections 9](#_Toc496775886)

[Section 1: Health Status 9](#_Toc496775887)

[Section 2: Healthy Days — Health-Related Quality of Life 9](#_Toc496775888)

[Section 3: Health Care Access 10](#_Toc496775889)

[State-Added 3a: MA Health Care Access 10](#_Toc496775890)

[Section 4: Exercise 12](#_Toc496775891)

[Section 5: Inadequate Sleep 13](#_Toc496775892)

[Section 6: Chronic Health Conditions 13](#_Toc496775893)

[Module 1: Pre-Diabetes [Split 1] 15](#_Toc496775894)

[Module 2: Diabetes [Split 1] 16](#_Toc496775895)

[Section 7: Oral Health 18](#_Toc496775896)

[Section 8: Demographics 19](#_Toc496775897)

[Section 8a: State-Added: City/Town 22](#_Toc496775898)

[Section 8: Demographics (continued) 22](#_Toc496775899)

[Module X: Industry and Occupation 24](#_Toc496775900)

[Section 9: Tobacco Use 28](#_Toc496775901)

[Module 10: E-cigarettes 29](#_Toc496775902)

[Section 10: Alcohol Consumption 30](#_Toc496775903)

[Section 11: Immunization 31](#_Toc496775904)

[Section 12: Falls 33](#_Toc496775905)

[Section 13: Seatbelt Use and Drinking and Driving 33](#_Toc496775906)

[Section 14: Breast and Cervical Cancer Screening 34](#_Toc496775907)

[Section 15: Prostate Cancer Screening 36](#_Toc496775908)

[Section 16: Colorectal Cancer Screening 37](#_Toc496775909)

[Section 17: HIV/AIDS 38](#_Toc496775910)

[State-Added: Social Determinants of Health [Splits 1, 2] 39](#_Toc496775911)

[Module 22: Sexual Orientation and Gender Identity [Split 1,2] 41](#_Toc496775912)

[State-Added: Health Care Worker [Split 1] 42](#_Toc496775913)

[Module 19: Shingles [Split 1] 43](#_Toc496775914)

[Module 18: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) (Adults) [Split 1] 43](#_Toc496775915)

[Module 17: Adult Human Papillomavirus (HPV) - Vaccination [Split 1] 43](#_Toc496775916)

[State-Added: Hepatitis B [Split 1] 44](#_Toc496775917)

[State-Added: Hepatitis C Testing [Split 1] 45](#_Toc496775918)

[State-Added: Lyme Disease [Split 1] 45](#_Toc496775919)

[State-Added MA Tobacco [Split 1] 45](#_Toc496775920)

[State-Added MA Tobacco (ETS) [Split 1] 46](#_Toc496775921)

[Module 23: Random Child Selection [Split 1] 48](#_Toc496775922)

[Module 24: Childhood Asthma Prevalence [Split 1] 51](#_Toc496775923)

[State-Added: Childhood Health [Split 1] 51](#_Toc496775924)

[State-added: Marijuana Use [Split 1] 52](#_Toc496775925)

[State-added: Injection Drug Use [Split 1] 55](#_Toc496775926)

[State-added: Opioid Use [Split 1] 56](#_Toc496775927)

[State-added: Depression [Split 2] 59](#_Toc496775928)

[State-Added: Suicide [Split 2] 60](#_Toc496775929)

[State-Added: Family Planning [Split 2] 61](#_Toc496775930)

[State-Added: Sexual Behavior [Split 2] 66](#_Toc496775931)

[State-Added: Sexual Violence [Split 2] 67](#_Toc496775932)

[State-Added: Sexual Violence Perpetration [Split 2] 70](#_Toc496775933)

[Asthma Call-Back Permission Script 72](#_Toc496775934)

[BEH Call-Back Permission Script 73](#_Toc496775935)

##  Interviewer’s Script Landline

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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

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

LL.1 **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]**

**PVTRES**

LL.2 **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 STATE OF RESIDENCE]**
2. No **[GO TO COLLEGE HOUSING]**
3. **No** , Business phone only

**[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]**

**College Housing**

LL.3 **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 STATE OF RESIDENCE]**
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]**

**State of Residence**

LL4. Do you currently live in \_\_\_\_**(state)**\_\_\_\_?

 1. Yes  **[GO TO CELLULAR]**

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

**Cellular Phone**

LL.5 **Is this a cell telephone?**

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

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]**

**[CATI NOTE: IF COLLEGE HOUSING = YES, CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]**

**Adult**

LL.6 **Are you 18 years of age or older?**

1          Yes, respondent is male                       **[GO TO NEXT SECTION]**

2          Yes, respondent is female                    **[GO TO NEXT SECTION]**

3          No

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

**Adult Random Selection**

**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?**

LL.7 \_\_ Number of adults

If 1: **Are you the adult?**

If yes,:

**Then you are the person I need to speak with. Enter 1 man or 1 woman below ~~(Ask gender if necessary).~~**

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

**[GO TO THE CORRECT RESPONDENT]**

**[CATI/INTERVIEWER NOTE: IF NO,: IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]? ]**

**[GO TO CORRECT RESPONDENT BEFORE SECTION 1]**

LL.8 **How many of these adults are men?**

 \_\_ Number of men

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

 \_\_ Number of women

**Is that correct?**

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

**The person in your household that I need to speak with is .**

If you, **[GO TO CORRECT RESPONDENT BEFORE SECTION 1]**

## Interviewer’s Script Cell Phone

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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HELLO, I am calling for the  **(health department).**  My name is  **(name) .** We are gathering information about the health of  **(state)** 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.

CP.1 **Is this a safe time to talk with you?**

1. Yes **[GOTO PHONE]**
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]) STOP]**

**Phone**

CP.2 **Is this (phone number) ?**

1. Yes **[GO TO CELLULAR PHONE]**
2. No **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**

 **[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. STOP]**

**Cellular Phone**

CP.3 **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 ADULT]**
2. **No**

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

**Adult**

CP.4 **Are you 18 years of age or older?**

1. Yes, respondent is male **[GO TO PRIVATE RESIDENCE]**

2. Yes, respondent is female [**GO TO PRIVATE RESIDENCE]**

3 No

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

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

**Private Residence**

CP.5 **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 STATE OF RESIDENCE]**
2. No  **[GO TO COLLEGE HOUSING]**

**College Housing**

CP.6 **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 STATE OF RESIDENCE]**
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]**

**State of Residence**

CP.7 Do you currently live in \_\_\_\_**(state)**\_\_\_\_?

 1. Yes  **[GO TO LANDLINE]**

2. No  **[GO TO STATE]**

**State**

CP.8 **In what state do you currently live?**

 ENTER FIPS STATE

**Landline**

CP. 9 **Do you also have a landline telephone in your home that is used to make and receive calls?**

Read only 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.**

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

1. Yes
2. No

**[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = YES, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]**

NUMADULT

CP.10 **How many members of your household, including yourself, are 18 years of age or older?**

 \_\_ Number of adults

 99 Refused

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

# Core Sections

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

## Section 1: Health Status

1.1 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

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

**2.1** 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

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

2.2 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

 8 8 None **[**If Q2.1 and Q2.2 = 88 (None), go to next section]

 7 7 Don’t know / Not sure

 9 9 Refused

2.3 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

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

## Section 3: Health Care Access

* 1. Do you have any kind of health care coverage, including health insurance, prepaid plans

 such as HMOs, government plans such as Medicare, or Indian Health Service?

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

State-Added 3a: MA Health Care Access

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

**CATI NOTE: If cellular telephone interview AND respondent is not a MA resident, Go to Q3.2**

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

 1 Yes **[Go to Q3.2]**

 2 No

 7 Don't know/Not sure

9 Refused

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

**Please Read**

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

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

 3    Medicare

 4    Medicaid, MassHealth, CommonHealth or a MassHealth HMO

 5    TRICARE (formerly CHAMPUS),VA, or Military

 6 Alaska Native, Indian Health Service, Tribal Health Services

 9 Commonwealth Care

 Or

 7 Some other source

 **Do not read:**

77 Don't know/Not sure

08  None (no coverage)

 99 Refused

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

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

**{CATI: If HLTHPLAN=2 or 7, continue; Else go to Q3.2}**

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

 **Please Read:**

 Coverage through:

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

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

 3    Medicare

 4    Medicaid, MassHealth, CommonHealth or a MassHealth HMO

 5    TRICARE (formerly CHAMPUS),VA, or Military

 6 Alaska Native, Indian Health Service, Tribal Health Services

 9 Commonwealth Care

 Or

 7 Some other source

 **Do not read:**

77 Don't know/Not sure

08  None (no coverage)

 99 Refused

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

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

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

 1 Yes, only one

 2 More than one

 3 No

 7 Don’t know / Not sure

 9 Refused

**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not

 because of cost?

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

**3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

 **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

## Section 4: Exercise

**4.1** 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

## Section 5: Inadequate Sleep

**5.1** 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

## Section 6: Chronic Health Conditions

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

**6.1** (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

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No **[Go to Q6.6]**

7 Don’t know / Not sure **[Go to Q6.6]**

9 Refused **[Go to Q6.6]**

**6.5** Do you still have asthma?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE:** Arthritis diagnoses include:

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

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**6.12** (Ever told) you have diabetes?

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

 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 Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if Split 1). Otherwise, go to next section.**

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

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

9 8 Don‘t know / Not sure

9 9 Refused

**CATI NOTE: Go to Diabetes Optional Module (if Split 1). Otherwise, go to next section.**

## Module 1: Pre-Diabetes [Split 1]

**NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.12 (Diabetes awareness question).**

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

**CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).**

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

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

 1 Yes

 2 Yes, during pregnancy

 3 No

 7 Don’t know / Not sure

 9 Refused

## Module 2: Diabetes [Split 1]

**CATI note:** **To be asked following Core Q6.13; if response to Q6.12 is "Yes" (code = 1)**

**1.** Are you now taking insulin?

 1 Yes

 2 No

 9 Refused

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

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

 1 \_ \_ Times per day

 2 \_ \_ Times per week

 3 \_ \_ Times per month

 4 \_ \_ Times per year

 8 8 8 Never

 7 7 7 Don’t know / Not sure

 9 9 9 Refused

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

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

 1 \_ \_ Times per day

 2 \_ \_ Times per week

 3 \_ \_ Times per month

 4 \_ \_ Times per year

 5 5 5 No feet

 8 8 8 Never

 7 7 7 Don’t know / Not sure

 9 9 9 Refused

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

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

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

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

 health professional checked you for A-one-C?

**Interviewer note: A test for A one C measures the average level of blood sugar over the past three months.**

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

 8 8 None

 9 8 Never heard of “A one C” test

 7 7 Don’t know / Not sure

 9 9 Refused

**CATI note: If Q3 = 555 (No feet), go to Q7.**

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

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

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

**7.** 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 only if necessary:**

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

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

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

 4 2 or more years ago

**Do not read:**

 7 Don’t know / Not sure

1. Never

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don't know / Not sure

 9 Refused

## Section 7: Oral Health

**7.1** 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 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

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

**NOTE: 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

## Section 8: Demographics

**8.1** What is your sex?

 1 Male

 2 Female

9 Refused

**8.2** What is your age?

 \_ \_ Code age in years

 0 7 Don’t know / Not sure

 0 9 Refused

**8.3** 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

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

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

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

 **Please read:**

 **10 White**

 **20 Black or African American**

 **30 American Indian or Alaska Native**

 **40 Asian**

 41 Asian Indian

 42 Chinese

 43 Filipino

 44 Japanese

 45 Korean

 46 Vietnamese

 47 Other Asian

  **50 Pacific Islander**

 51 Native Hawaiian

 52 Guamanian or Chamorro

 53 Samoan

 54 Other Pacific Islander

 **Do not read:**

60 Other

 88 No additional choices

 77 Don’t know / Not sure

 99 Refused

**CATI NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.**

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

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

 **10 White**

 **20 Black or African American**

 **30 American Indian or Alaska Native**

 **40 Asian**

 41 Asian Indian

 42 Chinese

 43 Filipino

 44 Japanese

 45 Korean

 46 Vietnamese

 47 Other Asian

 **50 Pacific Islander**

 51 Native Hawaiian

 52 Guamanian or Chamorro

 53 Samoan

 54 Other Pacific Islander

 **Do not read:**

60 Other

 77 Don’t know / Not sure

 99 Refused

**8.6** 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

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

 **Read only if necessary:**

 1 Never attended school or only attended kindergarten

 2 Grades 1 through 8 (Elementary)

 3 Grades 9 through 11 (Some high school)

 4 Grade 12 or GED (High school graduate)

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

 6 College 4 years or more (College graduate)

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

  **Do not read:**

 9 Refused

**8.8** 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.**

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

**INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.**

Section 8a: State-Added: City/Town

**CATI NOTE: If cellular telephone interview AND respondent is not a MA resident, Go to Q8.9**

**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]**

## Section 8: Demographics (continued)

**CATI NOTE: If TOWN = 1 – 351, autocode county and go to Q8.10. Else if TOWN = 777, 888, 999, Continue. Else if cellular telephone interview and respondent is not a MA resident, Continue**

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

 \_ \_ \_ ANSI County Code (formerly FIPS county code)

 7 7 7 Don’t know / Not sure

 9 9 9 Refused

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

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

 \_ \_ \_ \_ \_ ZIP Code

 7 7 7 7 7 Don’t know / Not sure

 9 9 9 9 9 Refused

**CATI NOTE: If cell(ular) telephone interview skip to 8.14 (QSTVER GE 20)**

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

 1 Yes

 2 No **[Go to Q8.13]**

 7 Don’t know / Not sure **[Go to Q8.13]**

 9 Refused **[Go to Q8.13]**

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

 \_ Residential telephone numbers **[6 = 6 or more]**

 7 Don’t know / Not sure

 9 Refused

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

 \_ Enter number (1-5)

 6 Six or more

 7 Don’t know / Not sure

 8 None

 9 Refused

**8.14** 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?

 **INTERVIEWER NOTE: 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

**8.15** Are you currently…?

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

 **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

## Module X: Industry and Occupation

CATI NOTE: If cellular telephone interview AND respondent is not a MA resident, Go to Q8.16.

**If Core Q8.15 = 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 Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,**

**1**. 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 Core Q8.15 = 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 Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,**

**2.** 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 Core Q8.15 = 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?”**

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

 \_ \_ Number of children

 8 8 None

 9 9 Refused

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

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

 **Read only if necessary:**

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

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

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

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

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

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

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

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

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

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

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

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

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

 0 8 $75,000 or more

 **Do not read:**

 7 7 Don’t know / Not sure

 9 9 Refused

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

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

 **Round fractions up**

 **\_ \_ \_ \_** Weight

  *(pounds/kilograms)*

 7 7 7 7 Don’t know / Not sure

 9 9 9 9 Refused

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

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

**Round fractions down**

 **\_ \_ / \_ \_** Height

*(f t* / *inches/meters/centimeters)*

 7 7/ 7 7 Don’t know / Not sure

 9 9/ 9 9 Refused

**If male, go to 8.22, if female respondent is 51 years old or older, go to Q8.22**

**(DATA PROCESSING NOTE: Massachusetts asks ‘PREGNANT’ of females up to 50 years old. \*\*Only submit data on women <45 to CDC\*\*)**

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

.

**8.21** 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

**8.22** 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

**8.23** 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

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

**8.26** 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

## Section 9: Tobacco Use

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

**INTERVIEWER NOTE:** “For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.”

 **NOTE: 5 packs = 100 cigarettes**

1 Yes

 2 No **[Go to Q9.5]**

 7 Don’t know / Not sure **[Go to Q9.5]**

 9 Refused **[Go to Q9.5]**

**9.2** Do you now smoke cigarettes every day, some days, or not at all?

1 Every day

 2 Some days

 3 Not at all **[Go to Q9.4]**

 7 Don’t know / Not sure **[Go to Q9.5]**

 9 Refused **[Go to Q9.5]**

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

 1 Yes **[Go to Q9.5]**

 2 No **[Go to Q9.5]**

 7 Don’t know / Not sure **[Go to Q9.5]**

 9 Refused **[Go to Q9.5]**

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

 **Read if necessary:**

 0 1 Within the past month (less than 1 month ago)

 0 2 Within the past 3 months (1 month but less than 3 months ago)

 0 3 Within the past 6 months (3 months but less than 6 months ago)

 0 4 Within the past year (6 months but less than 1 year ago)

 0 5 Within the past 5 years (1 year but less than 5 years ago)

 0 6 Within the past 10 years (5 years but less than 10 years ago)

 0 7 10 years or more

 **Do not read:**

 0 8 Never smoked regularly

 7 7 Don’t know / Not sure

 9 9 Refused

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

 **Snus (rhymes with ‘goose’)**

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

 1 Every day

 2 Some days

 3 Not at all

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

## Module 10: E-cigarettes

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

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

**INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.**

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

 1 Yes

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

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

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

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

 1 Every day

 2 Some days

 3 Not at all

 7 Don’t know / Not sure

 9 Refused

**CATI Note: If Q2 = 1 or 2, Continue; Else go to next section**

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

 **Read only if necessary**

 1 As a quit aid / to quit smoking cigarettes

 2 As a harm reduction device / alternative to smoking cigarettes

 3 To decrease or supplement cigarette smoking

 4 Lower cost

 5 Like the taste

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

 7 Don’t know / Not sure

 9 Refused

## Section 10: Alcohol Consumption

**10.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1 \_ \_ Days per week

2 \_ \_ Days in past 30 days

8 8 8 No drinks in past 30 days **[Go to next section]**

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

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

**10.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

\_ \_ Number of drinks

7 7 Don’t know / Not sure

9 9 Refused

**10.3** 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

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

\_ \_ Number of drinks

7 7 Don’t know / Not sure

9 9 Refused

## Section 11: Immunization

**11.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

**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.

 1 Yes

 2 No **[Go to Q11.4]**

 7 Don’t know / Not sure **[Go to Q11.4]**

 9 Refused **[Go to Q11.4]**

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

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

 7 7 / 7 7 7 7 Don’t know / Not sure

 9 9 / 9 9 9 9 Refused

**11.3** At what kind of place did you get your last flu shot/vaccine?

 **READ ONLY IF NECESSARY:**

 0 1 A doctor’s office or health maintenance organization (HMO)

 0 2 A health department

0 3 Another type of clinic or health center (Example: a community health center)

 0 4 A senior, recreation, or community center

 0 5 A store (Examples: supermarket, drug store)

 0 6 A hospital (Example: inpatient)

 0 7 An emergency room

 0 8 Workplace

 0 9 Some other kind of place

 1 1 A school

 **Do not read:**

1 0 Received vaccination in Canada or Mexico

7 7 Don’t know / Not sure (Probe: “How would you describe the place where you went to get your most recent flu vaccine?”)

9 9 Refused

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

**INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.**

 1 Yes

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

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

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

**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]**

**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

**PNEUM3** What type of pneumonia shots did you receive?

1 PCV13 or “Prevnar” **[Go To Next Section]**

2 PPSV23 or “Pneumovax” **[Go To Next Section]**

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

9 Refused **[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

**PNEUM5** What type of pneumonia shots did you receive?

**Please read:**

1 All PCV13 or “Prevnar”

2 All PPSV23 or “Pneumovax”

3 At least one of each

**Do not read:**

7 Don’t know / Not sure

9 Refused

## Section 12: Falls

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

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

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

8 8 None **[Go to next section]**

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

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

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

**12.2 [Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88**.

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

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

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

## Section 13: Seatbelt Use and Drinking and Driving

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

 **Please read:**

 1 Always

 2 Nearly always

 3 Sometimes

 4 Seldom

 5 Never

 **Do not read:**

 7 Don’t know / Not sure

 8 Never drive or ride in a car

 9 Refused

**CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to next section; otherwise continue.**

**CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.**

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

 \_ \_ Number of times

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

Section 14: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

**14.1** 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 Q14.3]**

1. Don’t know / Not sure **[Go to Q14.3]**

9 Refused **[Go to Q14.3]**

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

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

1. Don’t know / Not sure

9 Refused

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

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

1 Yes

2 No **[Go to Q14.5]**

1. Don’t know / Not sure **[Go to Q14.5]**

9 Refused **[Go to Q14.5]**

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

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

7 Don’t know / Not sure

9 Refused

**14.5** An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test?

1 Yes

2 No **[Go to Q14.7]**

7 Don’t know/Not sure **[Go to Q14.7]**

9 Refused **[Go to Q14.7]**

**14.6** How long has it been since you had your last HPV test?

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

7 Don’t know / Not sure

9 Refused

**CATI NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.**

**14.7** Have you had a hysterectomy?

**INTERVIEWER NOTE:** A hysterectomy is an operation to remove the uterus (womb).

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

## Section 15: Prostate Cancer Screening

**CATI note: If respondent is <39 years of age, or is female, go to next section.**

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

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

 1 Yes

 2 No

 7 Don’t Know / Not sure

9 Refused

**15.2** Has a doctor, nurse, or other health professional EVER talked with you about the

 disadvantages of the PSA test?

1 Yes

 2 No

 7 Don’t Know / Not sure

 9 Refused

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

1. Yes
2. No

 7 Don’t Know / Not sure

 9 Refused

**15.4.** Have you EVER HAD a P.S.A. test?

1. Yes
2. No **[Go to next section]**

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

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

**.**

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

 **Read only if necessary:**

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

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

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

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

 5 5 or more years ago

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

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

 **Please read:**

 1 Part of a routine exam

 2 Because of a prostate problem

 3 Because of a family history of prostate cancer

 4 Because you were told you had prostate cancer

 5 Some other reason

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

## Section 16: Colorectal Cancer Screening

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

**16.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

 1 Yes

 2 No **[Go to Q16.3]**

 7 Don't know / Not sure **[Go to Q16.3]**

 9 Refused **[Go to Q16.3]**

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

 **Read only if necessary:**

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

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

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

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

 5 5 or more years ago

 **Do not read:**

 7 Don't know / Not sure

 9 Refused

**16.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either

of these exams?

 1 Yes

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

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

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

**16.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems.

 A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or

 a colonoscopy?

1. Sigmoidoscopy
2. Colonoscopy

7 Don’t know / Not sure

9 Refused

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

 **Read only if necessary:**

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

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

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

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

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

 6 10 or more years ago

 **Do not read:**

 7 Don't know / Not sure

 9 Refused

## Section 17: HIV/AIDS

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

**17.1** Not counting tests you may have had as part of blood donation, have you ever been tested for HIV?  Include testing fluid from your mouth.

 1 Yes

 2 No **[Go to Q17.3]**

 7 Don’t know / Not sure **[Go to Q17.3]**

 9 Refused **[Go to Q17.3]**

**17.2** Not including blood donations, in what month and year was your last HIV test?

**NOTE: If response is before January 1985, code “Don’t know.”**

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember**

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

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

7 7/ 7 7 7 7 Don’t know / Not sure

 9 9/ 9 9 9 9 Refused / Not sure

**17.3**  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 used intravenous drugs in the past year.

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

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

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

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

 Do any of these situations apply to you?

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

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

**1**. 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

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

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

 88 None (Did not move in past 12 months)

 77 Don’t know/Not sure

 99 Refused

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

 **Please read:**

 1 Extremely safe

 2 Safe

 3 Unsafe

 4 Extremely unsafe

 **Do not read:**

 7 Don’t know/Not sure

 9 Refused

**4.** For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CATI NOTE: NAME OF CURRENT MONTH]). The first statement is, “The food that I bought just didn’t last, and I didn’t have money to get more.”

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

 1 Often true,

 2 Sometimes true, or

 3 Never true

 **Do not read:**

 7 Don’t Know/Not sure

 9 Refused

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

 1 Often true,

 2 Sometimes true, or

 3 Never true

 **Do not read:**

 7 Don’t Know /Not sure

 9 Refused

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

 **Please read:**

 1 End up with some money left over,

 2 Have just enough money to make ends meet, or

 3 Do not have enough money to make ends meet

 **Do not read:**

 7 Don’t Know/Not sure

 9 Refused

**7.** I am going to read you a list of situations related to housing that some people may experience. Please tell me if any of the following situations applied to you at any time in the past year:

Youspent the night in a shelter or the streets, or in a motel/hotel without any permanent place to return to

 You slept in a car, park, abandoned building, bus/train station without a permanent place to return to

 You had to leave your room, apartment, or house without being able to return for any reason

 Did ANY of these situations apply to you in the past year?

 1. Yes

 2. No

 7 Don’t Know/Not sure

 9 Refused

## Module 22: Sexual Orientation and Gender Identity [Split 1,2]

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

**INTERVIEWER NOTE: 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.**

**1.** Do you consider yourself to be:

  **Please read:**

                        1          1 - Straight

2          2 - Lesbian or gay

3          3 - Bisexual

 4 4 - Other

                        **Do not read:**

1. Don’t know/Not sure

9 Refused

**2.** 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?

**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 transgender:**

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth.  For example, a person born into a male body, but who feels female or lives as a woman would be 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: If asked about definition of gender non-conforming**:

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

## State-Added: Health Care Worker [Split 1]

The next few questions ask about health care work.

**WRKHCF1** Do you currently volunteer or work in a hospital, medical clinic, doctor’s office, dentist’s

 office, nursing home or some other health-care facility? This includes part-time and

 unpaid work in a health care facility as well as professional nursing care provided in the

 home.

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

 1 Yes

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

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

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

**DIRCONT1** Do you provide direct patient care as part of your routine work? By direct patient care we

 mean physical or hands-on contact with patients.

 1 Yes

 2 No

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

 9 Refused

## Module 19: Shingles [Split 1]

**CATI NOTE: If respondent is < 49 years of age go to next module.**

The next question is about the shingles vaccine.

**1.** 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, A NEW VACCINE WHICH REQUIRES 2 SHOTS.**

## Module 18: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) (Adults) [Split 1]

**1** 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 since 2005

 7   Don’t know/Not sure

 9   Refused

## Module 17: Adult Human Papillomavirus (HPV) - Vaccination [Split 1]

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

 **NOTE: Human Papillomavirus (Human Pap·uh·loh·muh virus);**

 **Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)**

**1.** A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female “GARDASIL or CERVARIX”; if male “ or GARDASIL”].**

 Have you EVER had an HPV vaccination?

 1 Yes

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

 3 Doctor refused when asked **[Go to next module]**

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

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

**2.** How many HPV shots did you receive?

 \_ \_ Number of shots

 0 3 All shots

 7 7 Don’t know / Not sure

 9 9 Refused

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.

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refuse

The next question is about behaviors related to Hepatitis B.

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

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

 Are any of these statements true for you?

 1 Yes, at least one statement is true

 2 No, none of these statements is true

 7 Don’t know / Not sure

 9 Refused

State-Added: Hepatitis C Testing [Split 1]

**CATI Note: If Q3.4=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 1]

**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 MA Tobacco [Split 1]

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

**CATI Note: IF (Core Q9.2=1 or 2) OR (Core Q9.2 =3 AND Core Q9.4=(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)?

1 Yes

2 No [**Go to CIGAR**]

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

9 Refused [**Go to CIGAR**]

**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: 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

**Do not read:**

7 Don’t know / Not sure

9 Refused

## State-Added MA Tobacco (ETS) [Split 1]

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

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

**Please read:**

1 no one is allowed to smoke anywhere

2 smoking is allowed in some places or at some times

or

3 smoking is permitted anywhere

**Do not read:**

7 Don't know/Not sure

 9 Refused

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

**ETSWORK** Thinking about the past 7 days, about how many hours per week were you exposed to other people’s tobacco smoke when you were **at work**?

 \_ \_ Number of hours per week **[76 = 76 or more]**

 01 An hour or less per week, but more than none

 88 None

 77 Don’t Know

 99 Refused

**ETSHOME** Thinking about the past 7 days, about how many hours per week were you exposed to

 other people’s tobacco smoke when you were **at home**?

\_ \_ Number of hours per week [76 = 76 or more]

 01 An hour or less per week, but more than none

 88 None

 77 Don’t Know

 99 Refused

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

1 Single family home **[Go to next section]**

2 Duplex

3 Condo or Townhouse

4 Apartment

5 Other **[specify]:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[Go to next section]**

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

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

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

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

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

 **Please Read:**

 1 Definitely yes

 2 Probably yes

 3 Probably no

 4 Definitely no

 **Do Not Read:**

 7 Don't know/Not sure

 9 Refused

## Module 23: Random Child Selection [Split 1]

**CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q8.16 = 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 Q1]**

**If Core Q8.16 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.

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

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

 7 7/ 7 7 7 7 Don’t know / Not sure

 9 9/ 9 9 9 9 Refused

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

**2.** Is the child a boy or a girl?

 1 Boy

 2 Girl

 9 Refused

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

**If yes, ask: Are they…**

**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

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

 **(Select all that apply)**

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

 **10 White**

 **20 Black or African American**

 **30 American Indian or Alaska Native**

 **40 Asian**

 41 Asian Indian

 42 Chinese

 43 Filipino

 44 Japanese

 45 Korean

 46 Vietnamese

 47 Other Asian

 **50 Pacific Islander**

 51 Native Hawaiian

 52 Guamanian or Chamorro

 53 Samoan

 54 Other Pacific Islander

  **Do not read:**

60 Other

 88 No additional choices

 77 Don’t know / Not sure

 99 Refused

**[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE. OTHERWISE, GO TO Q6.]**

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

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

 **10 White**

 **20 Black or African American**

 **30 American Indian or Alaska Native**

 **40 Asian**

 41 Asian Indian

 42 Chinese

 43 Filipino

 44 Japanese

 45 Korean

 46 Vietnamese

 47 Other Asian

 **50 Pacific Islander**

 51 Native Hawaiian

 52 Guamanian or Chamorro

 53 Samoan

 54 Other Pacific Islander

  **Do not read:**

60 Other

 77 Don’t know / Not sure

 99 Refused

**6.** How are you related to the child?

 **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]

**CATI NOTE: If response to Core Q8.16 = 88 (None) or 99 (Refused), go to next module.**

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

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

 1 Yes

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

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

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

 **2.** 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.**If no children to core Q12.6, go to next module

If no children to core Q12.6, go to next module

**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

**[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?

 **[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: Marijuana Use [Split 1]

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

 1 Yes

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

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

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

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

 1 Yes, past year

 2 Yes, more than a year ago

 3 No, never felt addicted

 7 Don’t know / Not sure

 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

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

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

 1 Yes, past year

 2 Yes, more than a year ago

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

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

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

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

 1 Yes, past year

 2 Yes, more than a year ago

 3 No, never felt addicted

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

## State-added: Injection Drug Use [Split 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: Depression [Split 2]

**{If split=2, Continue; Else if split=1, Go To Next Section}**

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

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

 \_ \_ 01–14 days

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

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

 \_ \_ 01–14 days

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

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

 \_ \_ 01–14 days

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

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

 \_ \_ 01–14 days

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

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

 \_ \_ 01–14 days

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

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

 \_ \_ 01–14 days

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

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

 \_ \_ 01–14 days

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

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

 \_ \_ 01–14 days

 8 8 None

 7 7 Don’t know / Not sure

 9 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

## State-Added: Suicide [Split 2]

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

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.

**INTERVIEWER NOTE: If respondent states that he/she does not want to answer these questions or asks to skip this topic, code ‘8’ to SUIC1 and Go to Suicide Closing Statement**

**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]**

8 Respondent asks to skip rest of section **[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]**

8 Respondent asks to skip rest of section **[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]**

8 Respondent asks to skip rest of section **[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: Family Planning [Split 2]

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

**If Q8.22=1 (“Yes”) autocode FAMPL1A=1 and go to FAMPL2A; else continue**

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

 1 Yes

 2 No **[Go to FAMPL4C]**

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

 9 Refused **[Go to FAMPL4C]**

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

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

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

 **[Please Read]**

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

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

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

 **Do Not Read**

 7 Don’t know/unsure

 9 Refused

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

 **Please Read**

 1 actively trying to prevent pregnancy

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

 3 neither trying to prevent pregnancy nor trying to get pregnant

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

 5 actively trying to get pregnant

 **Do Not Read**

 7 Don’t know/unsure

 9 Refused

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

 **Please Read**

 1 very unhappy

 2 a little unhappy

 3 neither happy nor unhappy

 4 a little happy

 5 very happy

 **Do Not Read**

 7 Don’t know/unsure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t Know/Not Sure

 9 Refused

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

 **Please read**

 1 We both wanted a baby

 2 I wanted a baby and they didn’t

 3 They wanted a baby and I didn’t

 4 Neither of us wanted a baby

 **Do not read**

 7 Don’t know / Not sure

 9 Refused

**CATI Note: {If Q16.7 = 1 ("Yes") Go to next section;**

 **Else if Q8.21 = 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]**

**Please do not read:**

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

9 Refused **[Skip to FAMPL17]**

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

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

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

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

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

**Read only if necessary:**

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

02 Male sterilization (vasectomy)

03 Contraceptive implant (for example, Nexplanon or Implanon)

04 Hormonal IUD (for example, Mirena or Skyla)

05 Copper-bearing IUD (for example, ParaGard)

06 IUD, type unknown

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

08 Birth control pills, any kind

09 Contraceptive patch (for example, Ortho Evra)

10 Contraceptive ring (for example, NuvaRing)

11 Male condoms

12 Diaphragm, cervical cap, or sponge

13 Female condoms

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

15 Withdrawal (or pulling out)

16 Foam, jelly, film, or cream

17 Emergency contraception (morning after pill)

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

**Please do not read:**

77 Don’t know / Not sure

1. Refused

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

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

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

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

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

**Please do not read:**

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

9 Refused **[Skip to FAMPL17]**

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

 (**Read only if necessary)**

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

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

 03 You or your partner want a pregnancy

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

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

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

 07 Can’t get to a doctor

 08 Insurance does not cover method I want to use

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

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

 11 Religious reasons

 12 Lapse in use of a method

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

 14 You or your partner had tubes tied (sterilization)

 15 You or your partner had a vasectomy (sterilization)

 16 You or your partner had a hysterectomy

 17 You or your partner are currently breast-feeding

 18 You or your partner just had a baby/postpartum

 19 You or your partner are pregnant now

 20 Other reason

 **Do not read**

 77 Don’t know / Not sure

 99 Refused

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

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

 1 Yes

 2 No

 7 Don’t Know/Not Sure

 9 Refused

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

 **Please read**

 1 You don’t want to have a child

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

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

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

 **Do not read**

 7 Don’t know / Not sure

 9 Refused

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

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

 1 Yes

 2 No

 7 Don’t Know/Not Sure

 9 Refused

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

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

 1 Yes

 2 No

 7 Don’t Know/Not Sure

 9 Refused

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

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

 1 Yes

 2 No

 7 Don’t Know/Not Sure

 9 Refused

## State-Added: Sexual Behavior [Split 2]

**If AGE = 18-64 then continue; else go to Next Section**

The next questions are about your sexual behavior. We realize that this is a very personal topic, but we ask these questions of everyone because the answers people give us help us to plan services for Massachusetts residents. Please remember that your answers are strictly confidential and that you don’t have to answer every question if you don’t want to. When answering these questions, please keep in mind that by sex we mean oral, vaginal, or anal sex, but NOT masturbation.

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

 1 Yes

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

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

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

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

 \_ \_ \_ Enter Number

 7 7 7 Don’t know / Not sure

 9 9 9 Refused

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

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

 1 Only males **[Go to SEXCONDA]**  2 Only females **[Go to SEXCONDA]**

 3 Both males and females

 7 Don’t Know/ Not sure

 9 Refused

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

 1 Male

 2 Female

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

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

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

 1 Yes

 2 No

 7 Don’t Know

 9 Refused

## State-Added: Sexual Violence [Split 2]

Now I’d like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. ***You may or may not have had some of these experiences yourself, but we ask everyone these questions so we can get a better idea of how common they are.***

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, you may call **1-800-841-8371**. Would you like me to repeat this number?

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

**INTERVIEWER NOTE: If respondent states that he/she does not want to answer these questions or asks to skip this topic, code ‘8’ to SSVSKP.**

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

 1 Yes

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

 8 Respondent asks to skip section **[Go to SV Closing Statement]**

My first questions are about unwanted sexual experiences you may have had.  ***As I read these questions, please keep in mind that they are about things that can be done to a person by anyone, including family members, friends, spouses, dating or other romantic partners, co-workers, acquaintances, strangers, or anyone else.***

**SEXSIT2** In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn’t want them to, or without your consent, for example being groped or fondled?

 1 Yes

 2 No

 7 Don’t know / Not sure

 8 Respondent asks to skip rest of section **[Go to SV Closing Statement]**

 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

 8 Respondent asks to skip rest of section **[Go to SV Closing Statement]**

 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]**

 8 Respondent asks to skip rest of section **[Go to SV Closing Statement]**

 9 Refused **[Go to SEXATT1]**

**SEXATT2A** Has this happened in the past 12 months?

 1 Yes

 2 No

 7 Don’t know / Not sure

 8 Respondent asks to skip rest of section **[Go to SV Closing Statement]**

 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]**

 8 Respondent asks to skip section **[Go to SV Closing Statement]**

 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

 8 Respondent asks to skip rest of section **[Go to SV Closing Statement]**

 9 Refused

**Pre-SEXAST7:**

**{CATI: If SEXATT2= 1 (Yes) or SEXATT1 = 1 (Yes); continue.**

**Otherwise, read SV Closing Statement.}**

**SEXAST7** Think about the time of the most recent incident involving a person who ***had sex with you*** –or- ***attempted to have sex with you***after you said or showed that you didn’t want to or without your consent. Was the person who did this…

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

 **Please read:**

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

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

 3. c - A friend

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

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

 OR

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

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

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

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

 1 Male

 2 Female

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

 7 Don’t know / Not sure

 9 Refused

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

 (If ‘yes’: **1-800-841-8371)**.

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

## State-Added: Sexual Violence Perpetration [Split 2]

Now we have just a few more questions about past sexual behavior. These are things that could have happened at any age.

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 8 Respondent asks to skip rest of section **[Go to SVPERP Closing Statement]**

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 8 Respondent asks to skip rest of section **[Go to SVPERP Closing Statement]**

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 8 Respondent asks to skip rest of section **[Go to SVPERP Closing Statement]**

 9 Refused

**SVPERP Closing Statement:**  We realize that some people may want to talk about these or similar experiences with a trained counselor. If you would like confidential support, guidance, or more information for yourself or someone you know, you can reach out to the Stop It NOW Helpline through chat, email or a phone call (1-888-PREVENT, available Monday through Friday from 12:00pm to 6:00pm Eastern Standard Time). For more information, visit their Help & Guidance page at: <http://www.stopitnow.org/help-guidance>.

## Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child’s) experiences with asthma. The information will be used to help develop and improve the asthma programs in Massachusetts. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

                        1          Yes

                        2          No

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

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

##

**Asthma Call-Back Selection**

Which person in the household was selected as the focus of the asthma call-back?

                       1           Adult

                       2           Child

## BEH Call-Back Permission Script

**Closing Statement**

**Please read:**

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