**Description: Behavioral Risk Factor Surveillance System Logo**

**2017**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

December 21, 2016

**Behavioral Risk Factor Surveillance System**

**2017 Questionnaire**

# Table of Contents

[Table of Contents 2](#_Toc470685959)

[Interviewer’s Script 4](#_Toc470685960)

[Landline 4](#_Toc470685961)

[Cell Phone 7](#_Toc470685962)

[Core Sections 10](#_Toc470685963)

[Section 1: Health Status 10](#_Toc470685964)

[Section 2: Healthy Days — Health-Related Quality of Life 10](#_Toc470685965)

[Section 3: Health Care Access 11](#_Toc470685966)

[State-Added 3a: MA Health Care Access 11](#_Toc470685967)

[Section 3: Health Care Access (cont.) 12](#_Toc470685968)

[Section 4: Hypertension Awareness 13](#_Toc470685969)

[Section 5: Cholesterol Awareness 14](#_Toc470685970)

[Section 6: Chronic Health Conditions 14](#_Toc470685971)

[Module 1: Pre-Diabetes [Split 1] 17](#_Toc470685972)

[Section 7: Arthritis Burden 18](#_Toc470685973)

[Section 8: Demographics 19](#_Toc470685974)

[Section 8a: State-Added: City/Town 22](#_Toc470685975)

[Section 8: Demographics (continued) 23](#_Toc470685976)

[Module 25: Industry and Occupation 25](#_Toc470685977)

[Section 8: Demographics (continued) 26](#_Toc470685978)

[Section 9: Tobacco Use 29](#_Toc470685979)

[Section 10: E-Cigarettes 30](#_Toc470685980)

[State-Added E-cigarettes 31](#_Toc470685981)

[Section11: Alcohol Consumption 31](#_Toc470685982)

[Section 12: Fruits and Vegetables 32](#_Toc470685983)

[Section 13: Exercise (Physical Activity) 34](#_Toc470685984)

[Section 14: Seatbelt Use 36](#_Toc470685985)

[Section 15: Immunization 36](#_Toc470685986)

[Section 15a: Module 17: Influenza [Split 1] 37](#_Toc470685987)

[Section 14: Immunization (cont) 37](#_Toc470685988)

[Section 16: HIV/AIDS 38](#_Toc470685989)

[Optional Modules 39](#_Toc470685990)

[Module 24: Social Determinants of Health [Splits 1, 2] 39](#_Toc470685991)

[Module 26: Sexual Orientation and Gender Identity [Split 1,2] 41](#_Toc470685992)

[State-Added: Work- Related Injury [Split 1, 2] 42](#_Toc470685993)

[State-Added: Cancer Survivorship [Split 1] 42](#_Toc470685994)

[State-Added: Health Care Worker [Split 1] 46](#_Toc470685995)

[Module 19: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) (Adults) [Split 1] 46](#_Toc470685996)

[Module 18: Adult Human Papillomavirus (HPV) - Vaccination [Split 1] 46](#_Toc470685997)

[State-Added: Hepatitis B [Split 1] 47](#_Toc470685998)

[State-Added: Hepatitis C Testing [Split 1] 48](#_Toc470685999)

[State-Added: Lyme Disease [Split 1] 48](#_Toc470686000)

[State-Added MA Tobacco [Split 1] 48](#_Toc470686001)

[State-Added MA Tobacco (ETS) [Split 1] 49](#_Toc470686002)

[Module 28: Random Child Selection [Split 1] 50](#_Toc470686003)

[Module 29: Childhood Asthma Prevalence [Split 1] 53](#_Toc470686004)

[State-Added: Childhood Health [Split 1] 53](#_Toc470686005)

[State-added: Mental Illness and Stigma [Split 2] 54](#_Toc470686006)

[State-Added: Sexual Behavior [Split 2] 57](#_Toc470686007)

[State-Added: Sexual Violence [Split 2] 58](#_Toc470686008)

[State-Added: Suicide [Split 2] 61](#_Toc470686009)

[Module 16: Preconception Health / Family Planning [Splits 1, 2] 62](#_Toc470686010)

[State-Added: Drug Use and Health [Split 1,2] 64](#_Toc470686011)

[**Asthma Call-Back Permission Script** 67](#_Toc470686012)

[**Activity List for Common Leisure Activities** 69](#_Toc470686013)

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](mailto:ivk7@cdc.gov). |

HELLO, I am calling for the  **Massachusetts Department of Public Health.**  My name is  **(name) .** We are gathering information about the health of  **Massachusetts** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

**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 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

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

2 No

**[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]**

## Cell Phone

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HELLO, I am calling for the  **Massachusetts Department of Public Health .**  My name is  **(name) .** We are gathering information about the health of  **Massachusetts** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

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 **617-624-5643.**

## Section 1: Health Status

1.1 Would you say that in general your health is— (90)

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?

(91-92)

\_ \_ Number of days

88 None

77 Don’t know / Not sure

99 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? (93-94)

\_ \_ Number of days

8 8 None **[CATI NOTE:** 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?

(95-96)

\_ \_ 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?

(97)

1 Yes

2 No **[Go to HINS13B]**

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

9 Refused **[Go to Q3.2]**

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 Q3.1=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

## Section 3: Health Care Access (cont.)

**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?”**

(98)

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? (99)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

(100)

**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

## Section 4: Hypertension Awareness

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

high blood pressure? (101)

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

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

1 Yes

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

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

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

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

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

**4.2** Are you currently taking medicine for your high blood pressure? (102)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

## Section 5: Cholesterol Awareness

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

(103)

**Please Read:**

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

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

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

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

5 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

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

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

(104)

1 Yes

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

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

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

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

(105)

1 Yes

2 No

7 Don’t know / Not sure

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? (106)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**6.2** (Ever told) you had angina or coronary heart disease? (107)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**6.3** (Ever told) you had a stroke? (108)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**6.4** (Ever told) you had asthma? (109)

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? (110)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**6.6** (Ever told) you had skin cancer? (111)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**6.7** (Ever told) you had any other types of cancer? (112)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**6.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

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? (114)

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? (115)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**6.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)

**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? (117)

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

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

1 Yes

2 Yes, but female told only during pregnancy

3 No

4 No, pre-diabetes or borderline diabetes

7 Don’t know / Not sure

9 Refused

[**CATI NOTE: IF Q6.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.12, GO TO PRE-DIABETES OPTIONAL MODULE, OTHERWISE, GO TO NEXT SECTION.]**

**6.13** How old were you when you were told you have diabetes? (118-119)

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

9 8 Don’t know / Not sure

9 9 Refused

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

**NOTE: IF Q6.12=1, CONTINUE; ELSE GO TO NEXT SECTION**

**1.** Have you had a test for high blood sugar or diabetes within the past three years? (290)

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?”** (291)

1 Yes

2 Yes, during pregnancy

3 No

7 Don’t know / Not sure

9 Refused

## Section 7: Arthritis Burden

**[CATI NOTE: IF Q6.9 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT SECTION.]**

Next, I will ask you about your arthritis.

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

**7.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (120)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: “PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT.”**

**INTERVIEWER NOTE: Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.**

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

(121)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS “YES” MARK THE OVERALL RESPONSE AS “YES.”**

**IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: “PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT.”**

**7.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

(122)

**Please read [1-3]:**

1 A lot

2 A little

3 Not at all

**Do not read:**

7 Don’t know / Not sure

9 Refused

**INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: “PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT.”**

**7.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

(123-124)

\_ \_ Enter number [00-10]

77 Don’t know / Not sure

99 Refused

## Section 8: Demographics

**8.1 Are you …**  (125)

1 Male

2 Female

9 Refused

**INTERVIEWER NOTE: ASK THIS QUESTION EVEN IF RESPONDENT’S SEX HAD BEEN IDENTIFIED DURING LANDLINE HOUSEHOLD ENUMERATION OR CELL PHONE SCREENING QUESTIONS**

**8.2** What is your age? (126-127)

\_ \_ Code age in years

0 7 Don’t know / Not sure

0 9 Refused

**8.3** Are you Hispanic, Latino/a, or Spanish origin? (128-131)

**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? (132-159)

**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? (160-161)

**INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE “REFUSED.”**

**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…? (162)

**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? (163)

**Read only if necessary:**

1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

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

6 College 4 years or more (College graduate)

**Do not read:**

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

9 Refused

**8.8** Do you own or rent your home? (164)

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: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: We ask this question in order to compare health indicators among people with different housing situations.**

Section 8a: State-Added: City/Town

**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]**

**(DATA PROCESSING NOTE: CDC permits MA BRFSS to ask TOWN in lieu of the core COUNTY. When submitting data to CDC, make sure that this is converted to MA county; otherwise, OneEdits will not accept it.)**

## Section 8: Demographics (continued)

**CATI NOTE: If TOWN = 1 – 351, autocode county and go to Q7.10. Else if TOWN = 777, 888, 999, Continue.**

**8.9** In what county do you currently live? (165-167)

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

7 7 7 Don’t know / Not sure

9 9 9 Refused

**CATI NOTE: If respondent is not a MA resident, record text of county in CPCOUNTY field**

**8.10** What is the ZIP Code where you currently live? (168-172)

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

7 7 7 7 7 Don’t know / Not sure

9 9 9 9 9 Refused

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

**8.11** Do you have more than one telephone number in your household? Do not include

cell phones or numbers that are only used by a computer or fax machine.

(173)

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? (174)

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

7 Don’t know / Not sure

9 Refused

**8.13** Do you have a cell phone for personal use? Please include cell phones used for

both business and personal use. (175)

1 Yes

2 No

7 Don’t know / Not sure

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? (176)

**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

**Do not read:**

7 Don’t know / Not sure

9 Refused

**8.15** Are you currently…? (177)

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

**Please read:**

1 Employed for wages

2 Self-employed

NOTE: Do not code 7 for “don’t know” on this question.

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 25: 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. (484-583)

**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.   (584-683)

[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?”**

## Section 8: Demographics (continued)

**8.16** How many children less than 18 years of age live in your household? (178-179)

\_ \_ Number of children

8 8 None

9 9 Refused

**INTERVIEWER NOTE: DO NOT CODE 7 FOR “DON’T KNOW” ON THIS QUESTION.**

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

(180-181)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

0 8 $75,000 or more

**Do not read:**

7 7 Don’t know / Not sure

9 9 Refused

**8.18** Have you used the internet in the past 30 days? (182)

1. Yes
2. No
3. Don’t know/Not sure
4. Refused

**8.19**  About how much do you weigh without shoes? (183-186)

**NOTE: If respondent answers in metrics, put “9” in column 183.**

**Round fractions up**

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

*(pounds/kilograms)*

7 7 7 7 Don’t know / Not sure

9 9 9 9 Refused

**8.20** About how tall are you without shoes? (187-190)

**NOTE: If respondent answers in metrics, put “9” in column 187.**

**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 50 years old or older, go to Q8.22**

**8.21**  To your knowledge, are you now pregnant? (191)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

The following questions are about health problems or impairments you may have.

Some people who are deaf or have serious difficulty hearing **may or may not** use equipment to communicate by phone.

**8.22** Are you deaf or do you have **serious difficulty** hearing? (192)

1 Yes

2 No

7 Don’t know / Not Sure

9 Refused

**8.23** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (193)

1 Yes

2 No

7 Don’t know / Not Sure

9 Refused

**8.24** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (194)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**8.25** Do you have serious difficulty walking or climbing stairs? (195)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**8.26** Do you have difficulty dressing or bathing? (196)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**8.27** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping? (197)

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? (198)

**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]**

**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.”

**9.2** Do you now smoke cigarettes every day, some days, or not at all? (199)

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? (200)

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? (201-202)0 1 Within the past month (less than 1 month ago)

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

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

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

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

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

0 7 10 years or more

0 8 Never smoked regularly

7 7 Don’t know / Not sure

9 9 Refused

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

(203)

**Snus (rhymes with ‘goose’)**

**INTERVIEWER 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

## Section 10: E-Cigarettes

The next questions are about electronic cigarettes and other electronic “vaping ”products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

”**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.**

**10.1** Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (204)

1 Yes

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

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

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

**Read if necessary**: 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.

**10.2** Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (205)

1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

State-Added E-cigarettes

**CATI Note: If Q10.2 = 1 or 2, Continue; Else go to next section**

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

## Section11: Alcohol Consumption

**11.1** 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?

(206-208)

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]**

**11.2** 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?

(209-210)

**INTERVIEWER 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

**11.3** 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?

(211-212)

\_ \_ Number of times

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

(213-214)

\_ \_ Number of drinks

7 7 Don’t know / Not sure

9 9 Refused

## Section 12: Fruits and Vegetables

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

**INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.**

**12.1**  Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. (215-217)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.** **IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS ‘I DON’T KNOW’: INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.**

1 \_ \_ Per day

2 \_ \_ Per week

3 \_ \_ Per month

3 0 0 Less than once a month

5 5 5 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

**12.2** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? (218-220)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: “DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS.”

1 \_ \_ Per day

2 \_ \_ Per week

3 \_ \_ Per month

3 0 0 Less than once a month

5 5 5 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

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

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?

READ IF RESPONDENT ASKS ABOUT SPINACH: “INCLUDE SPINACH SALADS.”

(221-223)

1 \_ \_ Per day

2 \_ \_ Per week

3 \_ \_ Per month

3 0 0 Less than once a month

5 5 5 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

**12.4** How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns? (224-226)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “DO NOT INCLUDE POTATO CHIPS.”

1 \_ \_ Per day

2 \_ \_ Per week

3 \_ \_ Per month

3 0 0 Less than once a month

5 5 5 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

**12.5** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? (227-229)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES.”**

1 \_ \_ Per day

2 \_ \_ Per week

3 \_ \_ Per month

3 0 0 Less than once a month

5 5 5 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

**.**

**12.6** Not including lettuce salads and potatoes, how often did you eat other vegetables? (230-232)

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: “INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE.”**

1 \_ \_ Per day

2 \_ \_ Per week

3 \_ \_ Per month

3 0 0 Less than once a month

5 5 5 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

## Section 13: Exercise (Physical Activity)

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

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

**13.1** 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?

(233)

1 Yes

2 No **[Go to Q13.8]**

7 Don’t know / Not sure **[Go to Q13.8]**

9 Refused **[Go to Q13.8]**

**13.2**. What type of physical activity or exercise did you spend the most time doing during the past month? (234-235)

\_ \_ (Specify) **[See Physical Activity Coding List]**

7 7 Don’t know / Not Sure **[Go to Q13.8]**

9 9 Refused **[Go to Q13.8]**

**INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Physical Activity Coding List, choose the option listed as “Other “.**

**13.3** How many times per week or per month did you take part in this activity during the past month? (236-238)

1\_ \_ Times per week

2\_ \_ Times per month

7 7 7 Don’t know / Not sure

9 9 9 Refused

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

(239-241)

\_:\_ \_ Hours and minutes

7 7 7 Don’t know / Not sure

9 9 9 Refused

**13.5** What other type of physical activity gave you the next most exercise during the past month? (242-243)

\_ \_ (Specify) **[See Physical Activity Coding List]** 8 8 No other activity **[Go to Q13.8]**

7 7 Don’t know / Not Sure **[Go to Q13.8]**

9 9 Refused **[Go to Q13.8]**

**INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding Physical Activity List, choose the option listed as “Other”.**

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

(244-246)

1\_ \_ Times per week

2\_ \_ Times per month

7 7 7 Don’t know / Not sure

9 9 9 Refused

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

(247-249)

\_:\_ \_ Hours and minutes

7 7 7 Don’t know / Not sure

9 9 9 Refused

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

(250-252)

1\_ \_ Times per week

2\_ \_ Times per month

8 8 8 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

## Section 14: Seatbelt Use

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

(253)

**Please read:**

1 Always

2 Nearly always

3 Sometimes

4 Seldom

5 Never

**Do not read:**

7 Don’t know / Not sure

8 Never drive or ride in a car

9 Refused

## Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

**15.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (254)

**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 Q15.3]**

7 Don’t know / Not sure **[Go to Q15.3]**

9 Refused **[Go to Q15.3]**

**15.2** 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?

(255-260)

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

7 7 / 7 7 7 7 Don’t know / Not sure

9 9 / 9 9 9 9 Refused

## Section 15a: Module 17: Influenza [Split 1]

**If Split = 1 continue; Else go to next section]**

**CATI Note: If Q15.1 = 1 (Yes) then continue, else go to 15.3.**

**Earlier, you told me you had received an influenza vaccination in the past 12 months.**

**1** At what kind of place did you get your last flu shot/vaccine? (441-442)

**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 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)

1 1 A school

**Do not read:**

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

## Section 14: Immunization (cont)

**15.3** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(261)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

**15.4** Have you ever had the shingles or zoster vaccine? (262)

                        1          Yes

                        2          No

                        7          Don’t know / Not sure

                        9          Refused

**INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.**

## Section 16: 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.

**16.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (263)

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

(264-269)

**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

**16.3** 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 injected any drug other than those prescribed for you in the past year.

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

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

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

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

Do any of these situations apply to you? (270)

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**

Transition to Modules and/or State-Added Questions

# Optional Modules

## 

## Module 24: 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? (476)

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?

(477-478)

\_\_ \_\_ 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…

(479)

**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? (480)

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? (481)

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: (482)

**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.** Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? (483)

**Please read:**

1 None of the time,

2 A little of the time,

3 Some of the time,

4 Most of the time, or

5 All of the time

**Do not read:**

7. Don't know/not sure

9. Refused

## Module 26: 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:                                                                                    (684)

**Please read:**

                        1          1 - Straight

2          2 - Lesbian or gay

3          3 - Bisexual

**Do not read:**

4 Other

1. Don’t know/Not sure

9 Refused

**2.** Do you consider yourself to be transgender?                    (685)

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: Work- Related Injury [Split 1, 2]

**WRKINJ** During the past 12 months, were you injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional?

1 Yes

2 No

7 Don’t know/not sure

9 Refused

## State-Added: Cancer Survivorship [Split 1]

[CATI NOTE: IF CORE Q6.6 OR Q6.7 = 1 (YES) OR Q16.6 = 4 (BECAUSE YOU WERE TOLD YOU HAD PROSTATE CANCER) CONTINUE, ELSE GO TO NEXT MODULE.]

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

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

**INTERVIEWER NOTE: If more than one type of cancer, ask** “At what age were you first diagnosed with cancer?”

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

9 8 Don’t know / Not sure

9 9 Refused

**CANTYPE1a**  What type of cancer was it?

**INTERVIEWER NOTE: If more than one type of cancer, ask:** “With your most recent diagnosis of cancer, what type of cancer was it?”

**INTERVIEWER NOTE: Please read** **list only if respondent needs prompting for cancer type (i.e., name of cancer)** **[1-30]:**

**Read ONLY if necessary:**

**Breast**

0 1 Breast cancer

**Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 larynx

**Gastrointestinal**

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

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

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

1 7 Leukemia (blood) cancer

1 8 Non-Hodgkin’s Lymphoma

**Male reproductive**

1 9 Prostate cancer

2 0 Testicular cancer

**Skin**

2 1 Melanoma

2 2 Other skin cancer

**Thoracic**

2 3 Heart

2 4 Lung

**Urinary cancer:**

2 5 Bladder cancer

2 6 Renal (kidney) cancer

**Others**

2 7 Bone

2 8 Brain

2 9 Neuroblastoma

3 0 Other

**Do not read:**

7 7 Don’t know / Not sure

9 9 Refused

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

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

**Please read [1-10]:**

0 1 Cancer Surgeon

0 2 Family Practitioner

0 3 General Surgeon

0 4 Gynecologic Oncologist

0 5 General Practitioner, Internist

0 6 Plastic Surgeon, Reconstructive Surgeon

0 7 Medical Oncologist

0 8 Radiation Oncologist

0 9 Urologist

1 0 Other

**Do not read:**

7 7 Don’t know / Not sure

9 9 Refused

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

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No **[Go to CANINS]**

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

9 Refused **[Go to CANINS]**

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE: “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.**

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

1 Yes

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

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

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

**CANPAINC1** Is your pain currently under control?

**Please read:**

1. Yes, with medication (or treatment)
2. Yes, without medication (or treatment)
3. No, with medication (or treatment)
4. No, without medication (or treatment)

**Do not read:**

7 Don’t know / Not sure

9 Refused

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

The next few questions ask about health care work.

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

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

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

home.

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

1 Yes

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

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

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

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

mean physical or hands-on contact with patients.

1 Yes

2 No

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

9 Refused

## Module 19: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) (Adults) [Split 1]

**1** Since 2005, have you had a tetanus shot? (446)

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 18: 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? (443)

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? (444-445)

\_ \_ 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 your exposure to other people’s tobacco smoke.

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

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

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

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

88 None

77 Don’t Know

99 Refused

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

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

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

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

88 None

77 Don’t Know

99 Refused

## Module 28: 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?

(689-694)

\_ \_ **/**\_ \_ \_ \_ 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?

(695)

1 Boy

2 Girl

9 Refused

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

(696-699)

**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?

(700-727)

**(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

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

(728-729)

**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? (730)

**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 29: 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? (731)

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? (732)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

State-Added: Childhood Health [Split 1]

**CATI: If** **Core Q7.16 = 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

## State-added: Mental Illness and Stigma [Split 2]

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

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

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

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

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

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

\_ \_ Number of days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

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

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

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

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

**Read only if necessary:**

1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

**Do not read:**

7 Don’t know / Not sure

9 Refused

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

**agree** slightly or strongly, or **disagree** slightly or strongly?

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

**Read only if necessary:**

1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

**Do not read:**

7 Don’t know / Not sure

9 Refused

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

**If AGE = 18-64, 7, 9 then continue; else go to Next Section**

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

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

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**

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

**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**

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

## State-Added: 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 Crisis line at 1-800-273-TALK (1-800-273-8255)**.You can also speak directly to your doctor or health provider.

## Module 16: Preconception Health / Family Planning [Splits 1, 2]

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

**1**. Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant? (436)

1 Yes

2 No **[Go to Q3]**

3 No partner/not sexually active **[Go to next section]**

4 Same sex partner **[Go to next section]**

5 Has had a Hysterectomy **[Go to next section]**

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

9 Refused **[Go to Q3]**

**2** What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?

(437-438)

**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 “condoms,” probe to determine if “female condoms” or “male condoms.”**

**INTERVIEWER NOTE: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”**

**INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please be specific” 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 (ex. tubal ligation, Essure, Adiana) 02. Male sterilization (vasectomy)

03. Contraceptive implant (ex. Implanon)

04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena)

05. Copper-bearing IUD (ex. ParaGard)

06. IUD, type unknown

07. Shots (ex. Depo-Provera)

08. Birth control pills, any kind

09. Contraceptive patch (ex. Ortho Evra)

10. Contraceptive ring (ex. NuvaRing)

11. Male condoms

12. Diaphragm, cervical cap, 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

77. Don’t know / Not sure

99. Refused

**CATI Note: If Q1 = 2, 7, or 9 Continue. Else Go to next section**

**3.** Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant*.*

What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (439-440)

**INTERVIEWER NOTE: If respondent reports “other reason,” 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 You didn’t think you were going to have sex/no regular partner

02 You just didn’t think about it

03 Don’t care if you get pregnant

04 You want a pregnancy

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

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

07 You couldn’t pay for birth control

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

09 Religious reasons

10 Lapse in use of a method

11 Don’t think you or your partner can get pregnant (infertile or too old)

12 You had tubes tied (sterilization)

13 You had a hysterectomy

14 Your partner had a vasectomy (sterilization) [Go to next module]

15 You are currently breast-feeding

16 You just had a baby/postpartum

17 You are pregnant now

18 Same sex partner

19 Other reason

**Do not read:**

77 Don’t know / Not sure

99 Refused

## State-Added: Drug Use and Health [Split 1,2]

Has a doctor or other health professional ever prescribed the following medicines for you to treat a medical or psychological problem**…**

**NARC1**  Pain killers such as Vicodin, Darvon, Percocet, Codeine, or OxyContin?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARJ1**  Medical marijuana or related prescription drugs, such as Sativex, Marinol, Nabilone, or Cesamet?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

“Non-medical” drug use means using it to get high or experience pleasurable effects, see what the effects are like, or take with friends.

Have you taken the following drugs for non-medical purposes during the past year**…**

**NARC2**  Prescription pain killers?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARJ2**  Marijuana or hashish?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**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

**CATI NOTE: If Split=1, Continue; Else Go To Next Section.**

**CATI NOTE: If NARC1=1 or NARC2=1 Continue; Else Go to pre-MARJ3**

**NARC3** Were there times in the past year when you were under the influence of prescription pain killers in situations where it could cause you or others harm? For example when you were driving a car or operating a machine?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC4** Has your use of prescription pain killers caused problems with your physical or mental health, work or school, or family or friends in the past year?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC5** In the past year, have you felt dependent on prescription pain killers or experienced trouble getting off of the drug when you no longer needed it medically or wanted to use it non-medically?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**NARC6** Have you gone to an emergency room, obtained medical treatment, or received professional counseling for adverse effects of your use of prescription pain killers in the past year?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Pre-MARJ3: CATI NOTE: If MARJ1=1 or MARJ2=1 Continue; Else Go to Closing Statement**

**MARJ3** 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 or operating a machine?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARJ4** Has your use of Marijuana caused problems with your physical or mental health, work or school, or family or friends in the past year?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARJ5** In the past year, have you felt dependent on Marijuana or experienced trouble getting off of the drug when you no longer needed it medically or wanted to use it non-medically?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MARJ6** Have you gone to an emergency room, obtained medical treatment, or received professional counseling for adverse effects of your use of Marijuana in the past year?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

## **Asthma Call-Back Permission Script**

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

(732)

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? (733)

1           Adult

                       2           Child

**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

## **Activity List for Common Leisure Activities**

**(To be used for Section 12: Physical Activity)**

**Code Description (Physical Activity, Questions 12.2 and 12.5 above)**

0 1 Active Gaming Devices (Wii Fit, 4 1 Rugby

Dance Dance revolution) 4 2 Scuba diving

0 2 Aerobics video or class 4 3 Skateboarding

0 3 Backpacking 4 4 Skating – ice or roller

0 4 Badminton 4 5 Sledding, tobogganing

0 5 Basketball 4 6 Snorkeling

0 6 Bicycling machine exercise 4 7 Snow blowing

0 7 Bicycling 4 8 Snow shoveling by hand

0 8 Boating (Canoeing, rowing, kayaking, 4 9 Snow skiing

sailing for pleasure or camping) 5 0 Snowshoeing

0 9 Bowling 5 1 Soccer

1 0 Boxing 5 2 Softball/Baseball

1 1 Calisthenics 5 3 Squash

1 2 Canoeing/rowing in competition 5 4 Stair climbing/Stair master

1 3 Carpentry 5 5 Stream fishing in waders

1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc 5 6 Surfing

1 5 Elliptical/EFX machine exercise 5 7 Swimming

1 6 Fishing from river bank or boat 5 8 Swimming in laps

1 7 Frisbee 5 9 Table tennis

1 8 Gardening (spading, weeding, digging, filling) 6 0 Tai Chi

1 9 Golf (with motorized cart) 6 1 Tennis

2 0 Golf (without motorized cart) 6 2 Touch football

2 1 Handball 6 3 Volleyball

2 2 Hiking – cross-country 6 4 Walking

2 3 Hockey 6 6 Waterskiing

2 4 Horseback riding 6 7 Weight lifting

2 5 Hunting large game – deer, elk 6 8 Wrestling

2 6 Hunting small game – quail 6 9 Yoga

2 7 Inline Skating

2 8 Jogging 7 1 Childcare

2 9 Lacrosse 7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)

3 0 Mountain climbing

3 1 Mowing lawn 7 3 Household Activities (vacuuming, dusting, home repair, etc.)

3 2 Paddleball

3 3 Painting/papering house 7 4 Karate/Martial Arts

3 4 Pilates 7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)

3 5 Racquetball

3 6 Raking lawn 7 6 Yard work (cutting/gathering wood, trimming hedges etc.)

3 7 Running

3 8 Rock Climbing

3 9 Rope skipping 9 8 Other\_\_\_\_\_

4 0 Rowing machine exercise 9 9 Refused