



2009

**Behavioral Risk Factor Surveillance System
Questionnaire**

Montana

Behavioral Risk Factor Surveillance System MONTANA 2009 Questionnaire

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Interviewer's Script

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

Is this (phone number) ?

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**

Is this a private residence in (state) ?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone?

[Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood."]

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ 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). **Go to page 5.**

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" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

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

If "you," go to page 4



To the correct respondent:

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

Core Sections

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

Section 1: Health Status

1.1 Would you say that in general your health is— (73)

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? (74–75)

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

- | | | | |
|---|---|-----------------------|---|
| – | – | Number of days | |
| 8 | 8 | None | [If Q2.1 and Q2.2 = 88 (None), go to next section] |
| 7 | 7 | Don't know / Not sure | |
| 9 | 9 | Refused | |

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

- | | | |
|---|---|-----------------------|
| – | – | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

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?” (81)

- | | |
|---|-----------------------|
| 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? (82)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

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

(83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

MT1_1 if Q3.1 = 2 (No)] 401-402

MT1_1 What is the main reason you are without health care coverage?

Read Only if Necessary

- 01 Lost job or changed employers
- 02 Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]
- 03 Employer doesn't offer or stopped offering coverage
- 04 Cut back to part time or became temporary employee
- 05 Benefits from employer or former employer ran out
- 06 Couldn't afford to pay the premiums
- 07 Insurance company refused coverage
- 08 Rarely sick; do not need or want health insurance

Do Not Read

- 87 Other
- 77 Don't know / Not sure
- 99 Refused

MT1_2 if Q3.1 = 1 (Yes)] 403-404

MT1_2 What type of health care coverage pays for **most** (or all) of your medical care? Would you say:

Please Read

- 01 Medicare
- 02 Medicaid
- 03 Railroad Retirement Plan
- 04 The military, Tricare, Champus, or the Veteran's Administration (VA)
- 05 Indian Health Service (IHS)
- 06 Health insurance through your work or union
- 07 Health insurance through someone else's work or union
- 08 Health insurance bought directly by you
- 09 Health insurance bought directly by someone else
- 10 Other type of health care coverage

Do Not Read

- 77 Don't know / Not sure
- 88 No health care coverage
- 99 Refused

[Ask all respondents] 405

MT1_3 When you are sick or need advice about your health, to which one of the following places do you usually go?

Please Read

- 1 A doctor's office
- 2 A public health clinic or community health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 An urgent care center
- 6 Some other kind of place, or
- 8 No usual place

Do Not Read

- 7 Don't know / Not sure
- 9 Refused

Section 4: Sleep

The next question is about getting enough rest or sleep.

- 4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

(84-85)

- Number of days
- None
- Don't know / Not sure
- Refused

Section 5: Exercise

- 5.1** 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?

(86)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Diabetes

6.1 Have you ever been told by a doctor that you have diabetes?

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

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

(87)

- 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

Module 1: Pre-Diabetes

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

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

(245)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI note: If Core Q6.1 = 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?”

(246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes

To be asked following Core Q6.1; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (247-248)

Code age in years [97 = 97 and older]
 9 8 Don't know / Not sure
 9 9 Refused

2. Are you now taking insulin? (249)

1 Yes
 2 No
 9 Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (250-252)

1 -- Times per day
 2 -- Times per week
 3 -- Times per month
 4 -- Times per year
 8 8 8 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (253-255)

1 -- Times per day
 2 -- Times per week
 3 -- Times per month
 4 -- Times per year
 5 5 5 No feet
 8 8 8 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

Number of times [76 = 76 or more]
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(258-259)

— — Number of times [76 = 76 or more]
8 8 None
9 8 Never heard of "A one C" test
7 7 Don't know / Not sure
9 9 Refused

CATI note: If Q4 = 555 (No feet), go to Q8.

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

(260-261)

— — Number of times [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

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

(262)

Read only if necessary:

1 Within the past month (anytime less than 1 month ago)
2 Within the past year (1 month but less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago

Do not read:

7 Don't know / Not sure
8 Never
9 Refused

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

(263)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

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

(264)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 7: Hypertension Awareness

- 7.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (88)

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] |

- 7.2** Are you currently taking medicine for your high blood pressure? (89)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 8: Cholesterol Awareness

- 8.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

- 8.2** About how long has it been since you last had your blood cholesterol checked? (91)

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 |
| 9 | Refused |

8.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (92)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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."

9.1 (Ever told) you had a heart attack, also called a myocardial infarction? (93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9.2 (Ever told) you had angina or coronary heart disease? (94)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9.3 (Ever told) you had a stroke? (95)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 10: Asthma

10.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 10.2** Do you still have asthma? (97)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 11: Tobacco Use

- 11.1** Have you smoked at least 100 cigarettes in your entire life? (98)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

- 11.2** Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

- 11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

- 11.4** How long has it been since you last smoked cigarettes regularly? (101-102)

- 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

11.5 Do you currently use chewing tobacco, snuff, or **snus** every day, some days, or not at all? (103)

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 12: Demographics

12.1 What is your age? (104-105)

- Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

12.2 Are you Hispanic or Latino? (106)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.3 Which one or more of the following would you say is your race? (107-112)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.

12.4 Which one of these groups would you say best represents your race? (113)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

- 7 Don't know / Not sure
- 9 Refused

12.5 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(114)

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 7 Don't know / Not sure
- 9 Refused

12.6 Are you...? (115)

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

12.7 How many children less than 18 years of age live in your household? (116-117)

- — Number of children
- 8 8 None
- 9 9 Refused

12.8 What is the highest grade or year of school you completed? (118)

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:

- 9 Refused

12.9 Are you currently...? (119)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 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

12.10 Is your annual household income from all sources— (120-121)
If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**
 (\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**
 (\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**
 (\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If “no,” code 02**

- 0 5 Less than \$35,000 **If “no,” ask 06**
 (\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**
 (\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**
 (\$50,000 to less than \$75,000)

- 0 8 \$75,000 or more

Do not read:

- 7 7 Don't know / Not sure
- 9 9 Refused

12.11 About how much do you weigh without shoes? (122-125)

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

- Weight
 (pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

CATI note: If Q12.11 = 7777 (Don't Know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14.

12.12 About how tall are you without shoes? (126-129)

Note: If respondent answers in metrics, put “9” in column 126.

Round fractions down

- Height
 (ft / inches/meters/centimeters)
- 7 7 / 7 7 Don't know / Not sure
- 9 9 / 9 9 Refused

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <46.**

(130-133)

Note: If respondent answers in metrics, put "9" in column 130.

Round fractions up

| | | |
|--------------------|-----------------------|-----------------------|
| _ _ _ _ | Weight | |
| (pounds/kilograms) | | |
| 7 7 7 7 | Don't know / Not sure | [Go to Q12.15] |
| 9 9 9 9 | Refused | [Go to Q12.15] |

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

12.14 Was the change between your current weight and your weight a year ago intentional?

(134)

| | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

12.15 What county do you live in?

(135-137)

| | |
|-------|-----------------------|
| _ _ _ | FIPS county code |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

12.16 What is your ZIP Code where you live?

(138-142)

| | |
|-----------|-----------------------|
| _ _ _ _ _ | ZIP Code |
| 7 7 7 7 7 | Don't know / Not sure |
| 9 9 9 9 9 | Refused |

12.17 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.

(143)

| | | |
|---|-----------------------|-----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q12.19] |
| 7 | Don't know / Not sure | [Go to Q12.19] |
| 9 | Refused | [Go to Q12.19] |

12.18 How many of these telephone numbers are residential numbers? (144)

- 6 Residential telephone numbers [**6 = 6 or more**]
- 7 Don't know / Not sure
- 9 Refused

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[CELL PHONE QUESTIONS—to be inserted following Q12.19]

12.20 Indicate sex of respondent. Ask only if necessary. (146)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

12.21 To your knowledge, are you now pregnant? (147)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 13: Caregiver Status

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

13.1 During the past month, did you provide any such care or assistance to a friend or family member? (148)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (149)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

14.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (150)

Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Section 15: Alcohol Consumption

15.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (151)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

15.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (152-154)

- 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
- 9 9 9 Refused

15.3 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? (155-156)

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

15.4 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? (157-158)

_____ Number of times
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

15.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (159-160)

_____ Number of drinks
 7 7 Don't know / Not sure
 9 9 Refused

Section 16: Immunization

16.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (161)

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 During what month and year did you receive your most recent flu shot? (162-167)

_____ / _____ Month / Year
 7 7 / 7 7 7 7 Don't know / Not sure
 9 9 / 9 9 9 9 Refused

16.3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
The flu vaccine sprayed in the nose is also called FluMist™.

(168)

- 1 Yes
- 2 No [Go to Q16.5]
- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

16.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

(169-174)

- / Month / Year
- / Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

16.5 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?

(175)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[Pandemic Influenza Questions---to be inserted following Section 16:
Immunization]

Section 17: Arthritis Burden

Next I will ask you about arthritis.

17.1 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(176)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

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)

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

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

(177)

- | | | |
|---|-----------------------|--|
| 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: Q17.3 should be asked of all respondents regardless of employment status.

17.3 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? (178)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type 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."

17.4 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? (179)

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."

17.5 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer 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.* (180-181)

- Enter number [00-10]
- 7 7** Don't know / Not sure
- 9 9 Refused

Section 18: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

18.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (182-184)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.2 Not counting juice, how often do you eat fruit? (185-187)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.3 How often do you eat green salad? (188-190)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (191-193)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.5 How often do you eat carrots?

(194-196)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

(197-199)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 19: Physical Activity

CATI note: If Core **Q12.9** = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to **Q19.2**.

19.1 When you are at work, which of the following best describes what you do? Would you say—

(200)

If respondent has multiple jobs, include all jobs.

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

19.2 Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (201)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (202-203)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? [Go to Q19.5]
- 7 7 Don't know / Not sure [Go to Q19.5]
- 9 9 Refused [Go to Q19.5]

19.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (204-206)

- : Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

19.5 Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (207)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

19.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (208-209)

- Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

19.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (210-212)

- . Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 20: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

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.

20.1 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. (213)

- 1 Yes
- 2 No [Go to Q20.5]
- 7 Don't know / Not sure [Go to Q20.5]
- 9 Refused [Go to Q20.5]

20.2 Not including blood donations, in what month and year was your last HIV test? (214-219)

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.

- 7 7 / 7 7 7 7 Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

20.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (220-221)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: Ask **Q20.4**; if **Q20.2** = within last 12 months. Otherwise, go to **Q20.5**.

20.4 Was it a rapid test where you could get your results within a couple of hours? (222)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you? (223)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 21: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

21.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source.”

(224)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 9 Refused

21.2 In general, how satisfied are you with your life?

(225)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 22: Cancer Survivors

Now I am going to ask you about cancer.

22.1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (226)

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

- | | | |
|---|-----------------------|--------------------------------|
| 1 | Yes | |
| 2 | No | [Go to Core closing Statement] |
| 7 | Don't know / Not sure | [Go to Core closing Statement] |
| 9 | Refused | [Go to Core closing Statement] |

22.2 How many different types of cancer have you had? (227)

- | | | |
|---|-----------------------|--------------------------------|
| 1 | Only one | |
| 2 | Two | |
| 3 | Three or more | |
| 7 | Don't know / Not sure | [Go to Core closing Statement] |
| 9 | Refused | [Go to Core closing Statement] |

22.3 At what age were you told that you had cancer? (228-229)

- | | | |
|------------|-----------------------|--|
| <u> </u> | Age in years | |
| <u>7 7</u> | Don't know / Not sure | |
| 9 9 | Refused | |

CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”

INTERVIEWER NOTE: This question refers to the first time **they** were told about **their** first cancer.

22.4 What type of cancer was it?

(230-231)

If Q22.2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses 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) [1-28]:

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

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer:

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

Do not read:

- 7 7 Don't know / Not sure
- 9 9 Refused

[CELL PHONE QUESTIONS to be inserted in Demographics Section following Q12.19]

12.19a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

(232)

- 1 Yes **[Go to Q12.19c]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.19b Do you share a cell phone for personal use (at least one-third of the time) with other adults?

(233)

- 1 Yes **[Go to Q12.19d]**
- 2 No **[Go to Q12.20]**
- 7 Don't know / Not sure **[Go to Q12.20]**
- 9 Refused **[Go to Q12.20]**

12.19c. Do you usually share this cell phone (at least one-third of the time) with any other adults?

(234)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.19d. Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

(235-237)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused



Transition to Modules and/or State-Added Questions

Please read:

Finally, I have just a few questions left about some other health topics.

Module 6: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI note: If Core Q9.1 = 1 (Yes), ask Q1. If Core Q9.1 = 2, 7, or 9, skip Q1.

- 1.** **Following your heart attack,** did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (291)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

CATI note: If Core Q9.3 = 1 (Yes), ask Q2. If Core Q9.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

- 2.** **Following your stroke,** did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (292)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

[Question 3 is asked of all respondents.]

- 3.** Do you take aspirin daily or every other day? (293)
- | | | |
|---|--------------------------------|--|
| 1 | Yes [Go to next module] | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

- 4.** Do you have a health problem or condition that makes taking aspirin unsafe for you? (294)

If "Yes", ask "Is this a stomach condition?" Code upset stomach as stomach problems.

- | | | |
|---|--------------------------|--|
| 1 | Yes, not stomach related | |
| 2 | Yes, stomach problems | |
| 3 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

Module 7: Actions to Control High Blood Pressure

CATI note: If Core Q7.1 = 1 (Yes); continue. Otherwise, go to next module.

Are you now doing any of the following to help lower or control your high blood pressure?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (295)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (296)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (297)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (298)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (299)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (300)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (301)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (302)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (303)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (304)

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

Module 8: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me “yes,” “no,” or you’re “not sure.”

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (305)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (306)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (307)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (308)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (309)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (310)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (311)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (312)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (313)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (314)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (315)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (316)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (317)

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

Or

- 5 Do something else

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 25: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q12.7 = 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 Q12.7 is >1 and Core Q12.7 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? (465-470)

| | |
|---|-----------------------|
| $\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$ | Code month and year |
| $\frac{_}{9} \frac{_}{9} / \frac{_}{9} \frac{_}{9} \frac{_}{9} \frac{_}{9}$ | Don’t know / Not sure |
| | 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? (471)

| | |
|---|---------|
| 1 | Boy |
| 2 | Girl |
| 9 | Refused |

3. Is the child Hispanic or Latino? (472)

| | |
|---|-----------------------|
| 1 | Yes |
| 2 | 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? (473-478)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race? (479)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

6. How are you related to the child? (480)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 26: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

Now, I would like to ask you 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? (481)
 - 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? (482)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

State Added

[If Core Q12.7 = 88 (None) or 99 (Refused), go to next section/module] 406

The next questions also ask about the "Xth" [CATI: please fill in correct number] child.

MT2_1 Does the child have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicaid or CHIP?

- 1 Yes
- 2 No [Go to MT2_3]
- 7 Don't know/Not sure [Go to next module]
- 9 Refused [Go to next module]

407-408

MT2_2 What type of health care coverage pays for **most** (or all) of the child's medical care?

Please Read

- 01 CHIP
- 02 Medicaid
- 03 Medicare
- 04 Indian Health Service (IHS)
- 05 Health insurance provided by your or someone else's employer
- 06 Health insurance bought directly by you, a family member, or someone else
- 07 Other type of health care coverage

Do Not Read

- 77 Don't know / Not sure
- 88 No health care coverage
- 99 Refused

MT2_3 What is the main reason the child is without health care coverage?

Read Only If Necessary

- 01 Parent lost job or changed employers
- 02 Insurance not available through parent's employer
- 03 Change in parent marital status
- 04 Could not afford to pay the premiums
- 05 Could not afford out of pocket expenses
- 06 Needed medical services were not covered by insurance
- 07 Rarely sick; do not need or want health insurance

Do Not Read

- 87 Other
- 77 Don't know / Not sure
- 99 Refused

MONTANA STATE ADDED 3: BINGE DRINKING

[If Q15.4 is equal to or greater than 1 but less than 77 continue. Otherwise, go to next module]

Previously, you answered that you drank **[CATI FILL IN: "5 or more" for men, "4 or more" for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are **about the most recent occasion** when this happened. For these questions, **one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor**. So, a 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

INTERVIEWER NOTE: If asked, "occasion" means in a row or within a few hours.

411-412

MT3_1 During the **most** recent occasion when you had **["5 or more" for men, "4 or more" for women]** alcoholic beverages, about **how many beers**, including malt liquor, did you drink?

- __ Number
- 88 None
- 77 Don't know / Not sure
- 99 Refused

413-414

MT3_2 During the same occasion, about **how many glasses of wine** did you drink?

- __ Number
- 88 None
- 77 Don't know / Not sure
- 99 Refused

415-416

MT3_3 During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

- __ Number
- 88 None
- 77 Don't know / Not sure
- 99 Refused

MT3_4 During the same occasion, about **how many other pre-mixed, flavored** drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.

__ Number

- 88 None
- 77 Don't know / Not sure
- 99 Refused

419

MT3_5 During this most recent occasion, **where were you** when you did **most** of your drinking?

Read Only If Necessary

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event

Do Not Read

- 6 Other
- 7 Don't know / Not sure
- 9 Refused

420

MT3_6 Did you drive a motor vehicle such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion?

INTERVIEWER NOTE: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[Ask MT3_7 only if response to MT3_5 = 3 (At a restaurant or banquet hall) or 4 (At a bar or club). Otherwise, go to next module]

421-423

MT3_7 During this most recent occasion, approximately how much did **you pay** for the alcohol which **you drank**?

INTERVIEWER NOTE: If anyone asks, they do not need to include the amount spent on tips.

- ___ Total amount
- 888 Paid nothing – all drinks free or paid for by others
- 777 Don't know / Not sure
- 999 Refused

MONTANA STATE ADDED 4: BRAIN INJURY

Brain injury means an injury to the brain caused by a blow or jolt to the head or a penetrating head injury—occurring in events like a fall, motor vehicle accident, sports injury, or assault.

Brain injury also means brain damage caused by a health problem—like a tumor, stroke or aneurism.

424

MT4_1 In the past 12 months, have you [CATI: insert if numadult >1: “or any adult aged 18 or older who lives in your household”] sustained [had] a brain injury that caused a **limitation for more than a week in any way in any activities?**

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

[Ask MT4_1a if MT4_1 = 1 (Yes) and numadult > 1; else if MT4_1 = 1 (Yes) and numadult =1, go to MT4_2]

425

MT4_1a How many adults in your household, including yourself, sustained [had] a brain injury in the past 12 months?

INTERVIEWER NOTE: If more than 2, verify number.

- __ Number
- 7 Don't know / Not sure **[Go to next section]**
- 8 None **[Go to next section]**
- 9 Refused **[Go to next section]**

[CATI: insert Pre- MT4_2 script if MT4_1a > 1; else if MT4_1a = 1, go to MT4_2]

Pre- MT4_2 script

i) Thinking of these **[CATI: insert number of adults from MT4_1a]** adults, please answer the next two questions for the adult who has the *next birthday* **[continue to MT4_2]**.

426-427

MT4_2 What was the cause of the brain injury?

INTERVIEWER NOTE: If more than one, probe for the main cause.

Read only if necessary:

- 01 Assault (violence inflicted by others, including gunshot)
- 02 Bicycle accident
- 03 Equestrian accident
- 04 Fall
- 05 Motorcycle accident
- 06 Motor vehicle accident (e.g., car, truck)
- 07 Recreational vehicle accident (e.g., ATV, snowmobile)
- 08 Recreation-related event

- 09 Sports-related event

- 10 Struck by/against event (other than those listed above)

- 11 Health problem, like a tumor, stroke or aneurysm
- 12 Lack of oxygen to the brain (as in near drowning, drug overdose, heart attack/failure, electrical shock, etc)

Do not read:

- 87 Other cause
- 77 Don't know / Not sure
- 99 Refused

428

MT4_3 [CATI: If MT4_1=1 and numadult=1 insert "Are you"; else if MT4_1a ≥ 1 insert "Is this adult"] STILL limited in any way in any activities because of the brain injury?

- 1 Yes
- 2 No

- 7 Don't know/Not sure
- 9 Refused

MONTANA STATE ADDED 5: SUICIDE

The next two questions deal with suicide. Many people feel that this subject is personal, but we would appreciate you trying to answer these questions. Remember that you do not have to answer any question that you don't want to.

429

MT5_1 During the past 12 months, have you seriously considered attempting suicide, even if you would not really do it?

- 1 Yes
- 2 No **[Go to suicide closing comment]**
- 7 Don't know/Not sure **[Go to suicide closing comment]**
- 9 Refused **[Go to suicide closing comment]**

430-431

MT5_2 During the past 12 months, how many times have you made a suicide attempt?

- __ Number of times **[Go to suicide closing comment]**
- 88 None **[Go to suicide closing comment]**
- 77 Don't know / Not sure **[Go to suicide closing comment]**
- 99 Refused **[Go to suicide closing comment]**

SUICIDE CLOSING STATEMENT

If, at anytime, you or a person close to you are in crisis, please contact the Montana Suicide Prevention Lifeline at 1-800-273-TALK. Would you like me to repeat this number?

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.