



2011

**Montana Behavioral Risk Factor Surveillance System
Questionnaire**

January 28, 2011

Behavioral Risk Factor Surveillance System 2011 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 in (state) . **STOP**

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) 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

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? (94)

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? (95)
- 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. Have you EVER had your blood cholesterol checked? (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]

5.2 About how long has it been since you last had your blood cholesterol checked? (97)

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

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (98)

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

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

6.1. Has a doctor, nurse or other health professional EVER told you that you had a heart attack also called a myocardial infarction? (99)

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

6.2. (Ever told) you have had angina or coronary heart disease? (100)

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

- 6.3.** (Ever told) you have had a stroke? (101)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.4.** Have you ever been told by a doctor, nurse or other health professional that you had asthma? (102)
- 1 Yes
 - 2 No [Go to Q7.6]
 - 7 Don't know / Not sure [Go to Q7.6]
 - 9 Refused [Go to Q7.6]
- 6.5.** Do you still have asthma? (103)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.6.** Have you EVER been told by a doctor, nurse, or other health professional that you had skin cancer? (104)
- 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
 - 7 Don't know / Not sure
 - 9 Refused
- 6.7.** Have you ever been told by a doctor, nurse, or other health professional that you had any other types of cancer? (105)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 6.8.** Has a doctor, nurse or other health professional ever said that you have COPD (chronic obstructive pulmonary disease, emphysema or chronic bronchitis)? (106)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

- 6.9.** 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? (107)
- | | |
|---|-----------------------|
| 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.** Has a doctor, nurse or other health professional ever said that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (108)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

- 6.11.** Has a doctor, nurse or other health professional ever said that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

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

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

(109)

6.12. Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses? (110)

- 1 Yes
- 2 No
- 3 Respondent is blind
- 7 Don't know / Not sure
- 9 Refused

MT1_1 Has a doctor, nurse or other health professional ever said that you have hearing impairment in one or both ears, even when wearing a hearing aid or using a listening device?

- 1 Yes
- 2 No
- 3 Not applicable (Deaf)
- 7 Don't know / Not sure
- 9 Refused

6.13. Have you ever been told by a doctor that you have diabetes? (111)

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

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

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

CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module. If any other response to Q6.13, go to Pre-Diabetes Optional Module.

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.13 (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 Q6.13 = 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 Q6.13; 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: Tobacco Use

7.1 Have you smoked at least 100 cigarettes in your entire life? (112)

NOTE: 5 packs = 100 cigarettes

1 Yes
2 No [Go to Q8.5]
7 Don't know / Not sure [Go to Q8.5]
9 Refused [Go to Q8.5]

7.2 Do you now smoke cigarettes every day, some days, or not at all? (113)

1 Every day
2 Some days
3 Not at all [Go to Q8.4]
7 Don't know / Not sure [Go to Q8.5]
9 Refused [Go to Q8.5]

7.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (114)

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | [Go to Q8.5] |
| 2 | No | [Go to Q8.5] |
| 7 | Don't know / Not sure | [Go to Q8.5] |
| 9 | Refused | [Go to Q8.5] |

7.4 How long has it been since you last smoked a cigarette, even one or two puffs? (115-116)

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

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

Snus (rhymes with 'goose')

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

(117)

- | | |
|---|------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all |

Do not read:

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

Section 8: Demographics

8.1 What is your age? (118-119)

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

- 8.2** Are you Hispanic or Latino? (120)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 8.3** Which one or more of the following would you say is your race? (121-126)

(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

- 8.4** Which one of these groups would you say best represents your race? (127)

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:

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

8.5 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. (128)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...? (129)

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 How many children less than 18 years of age live in your household? (130-131)

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

8.8 What is the highest grade or year of school you completed? (132)

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

8.9 Are you currently...?

(133)

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

8.10 Is your annual household income from all sources—

(134-135)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

8.11 About how much do you weigh without shoes? (136-139)

NOTE: If respondent answers in metrics, put "9" in column 174.

Round fractions up

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

8.12 About how tall are you without shoes? (140-143)

NOTE: If respondent answers in metrics, put "9" in column 178.

Round fractions down

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

8.13 What county do you live in? (144-146)

ANIS county code
 7 7 7 Don't know / Not sure
 9 9 9 Refused

8.14 What is the ZIP Code where you live? (147-151)

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

8.15 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. (152)

1 Yes
 2 No [Go to Q8.17]
 7 Don't know / Not sure [Go to Q8.17]
 9 Refused [Go to Q8.17]

8.16 How many of these telephone numbers are residential numbers? (153)

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

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (154)

- 1 Yes [Go to Q8.19]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.18 Do you share a cell phone for personal use (at least one-third of the time) with other adults? (155)

- 1 Yes [Go to Q8.20]
- 2 No [Go to Q8.21]
- 7 Don't know / Not sure [Go to Q8.21]
- 9 Refused [Go to Q8.21]

8.19 Do you usually share this cell phone (at least one-third of the time) with any other adults? (156)

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

8.20 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (157-159)

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

8.21 Do you own or rent your home? (160)

- 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.

INTERVIEWER NOTE: Home is defined as a primary residence the family or social unit occupies the majority of the time.

8.22 Indicate sex of respondent. Ask only if necessary. (161)

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

8.23 To your knowledge, are you now pregnant? (162)

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

Section 9: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

9.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (163-165)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month



5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

9.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (166-168)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

9.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

(169-171)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, garbanzo beans, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, garbanzo, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

9.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(172-174)

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time."

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, arugula, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

9.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? (175-177)

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

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

9.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes. (178-180)

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

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Section 10: 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.

10.1 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? (181)

- | | | |
|---|-----------------------|-----------------------------|
| 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. What type of physical activity or exercise did you spend the most time doing during the past month? (182-183)

- | | | |
|-------|------------------------------|-----------------------------|
| _____ | (Specify) | [See Coding List A] |
| 8 8 | No aerobic physical activity | |
| 7 7 | Don't know / Not Sure | |
| 9 9 | Refused | [Go to next section] |

INTERVIEWER INSTRUCTION: If the respondent's activity is yoga, Pilates, Tai Chi, or weight lifting please repeat the question to respondent using the following lead-in, “Other than [respondent's activity],” what type of physical activity or exercise did you spend the most time doing during the past month?

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as “Other “.

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

10.3 How many times per week or per month did you take part in this activity during the past month? (184-186)

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (187-189)

- _:__ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.5 What other type of physical activity gave you the next most exercise during the past month? (190-191)

- _____ (Specify) **[See Coding List A]**
- 8 8 No aerobic physical activity
- 9 9 Refused **[Go to next section]**

INTERVIEWER INSTRUCTION: If the respondent's activity is yoga, Pilates, Tai Chi, or weight lifting please repeat the question to respondent using the following lead-in, "Other than [respondent's activity]," what type of physical activity or exercise did you spend the most time doing during the past month?

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.6 How many times per week or per month did you take part in this activity during the past month? (192-194)

- 1__ Times per week
- 2__ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

10.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (195-197)

- _:__ Hours and minutes

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

- 10.8** 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. (198-200)
- 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 11: Disability

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

- 11.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (201)
- 1 Yes
 2 No
 7 Don't know / Not Sure
 9 Refused

- 11.2** 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? (202)

NOTE: Include occasional use or use in certain circumstances.

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

- MT2_1** Because of a physical, mental, or emotional condition, do have serious difficulty concentrating, remembering or making decisions?

1 Yes
 2 No
 7 DK/NS
 9 Refused

- MT2_2** Do you have serious difficulty walking or climbing stairs?

1 Yes
 2 No
 7 DK/NS

The following question is about your home environment and whether people who have problems walking would be able to enter your home without assistance. Typical building standards for accessible designs include features such as wider doorways, a bathroom on the main floor, and at least one zero-step or no-step entrance into the home.

- MT2_3** Is it possible to enter your home or apartment WITHOUT climbing up or down any steps or stairs? Please consider all entrances and any ramps that could be used.
- 1 Yes
 - 2 No
 - 7 DK/NS
 - 9 Refused

Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about arthritis.

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

- 12.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (203)
- 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: Q12.2 should be asked of all respondents regardless of employment status.

- 12.2** 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? (204)
- 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.”

- 12.3** 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? (205)

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."

- 12.4** 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. 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.* (206-207)

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

Section 13: Seatbelt Use

- 13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (208)

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 14: Immunization

14.1 Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (84)

- 1 Yes
- 2 No **[Go to Q14.4]**
- 7 Don't know / Not sure **[Go to Q14.4]**
- 9 Refused **[Go to Q14.4]**

14.2 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? (85-90)

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

14.3 At what kind of place did you get your last seasonal flu vaccine? (91-92)

- 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
- 7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

14.4 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? (93)

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

Section 15: Alcohol Consumption

15.1 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?
(209-211)

- 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]**

15.2 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?

(212-213)

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

15.3 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?

(214-215)

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

15.4 During the past 30 days, what is the largest number of drinks you had on any occasion?
(216-217)

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

State Added 3: Sexual Orientation

MT3_1 Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be ...

- 1 Heterosexual or straight
IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.
- 2 Homosexual, gay, or lesbian
IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.

- 3 Bisexual
IF NEEDED: A person who has sex with and/or is attracted to people of either sex.
- 4 Or something else?

Remember, your answers are confidential. **IF NEEDED:** Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Montana. You don't have to answer any question if you don't want. **IF NEEDED:** If you would like to talk with someone about these issues, you may call <hotl>

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

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. (218)

- 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? (219-224)

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'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?

(225)

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

Closing Statement or Transition to Modules and/or State-Added Questions

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.

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules and State Added Questions

Module 32: Random Child Selection

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.7 = 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 Q8.7 is >1 and Core Q8.7 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? (488-493)

_ _ / _ _	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? (494)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (495)

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? (496-501)

[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? (502)

- 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? (503)

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 33: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q8.7 = 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? (504)

- 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? (506)

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

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you 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?

(515)

- 1 Yes
- 2 No

Module 9: Cardiovascular Health

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

CATI NOTE: If Core Q6.1 = 1 (Yes), continue. If Core Q6.1 = 2, 7, or 9 (No, Don't know, or Refused), skip Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (312)

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

CATI NOTE: If Core Q6.3 = 1 (Yes), ask Q2. If Core Q6.3 = 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." (313)
- 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? (314)
- 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? (315)
- 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 10: Actions to Control High Blood Pressure

CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next module.

Earlier you stated that you had been diagnosed with high blood pressure.

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)? (316)
- 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)? (317)

- 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)? (318)

- 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)? (319)

- 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)? (320)

- 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)? (321)

- 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)? (322)

- 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)? (323)

- 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)? (324)

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

10. Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure? (325)

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 22: Chronic Obstructive Pulmonary Disease (COPD)

CATI NOTE: If core Q6.8 = 1 (Yes) then continue, else go to next module.

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD).

1. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (405)

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

9 Refused

2. Would you say that shortness of breath affects the quality of your life? (406)

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

3. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (407)

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

4. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (408)

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

5. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (409-410)

-- Number (01-76)
7 7 Don't know / Not sure
88 None
9 9 Refused

State Added 4: Oral Health

MT4_1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Read only if necessary:

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

9 Refused

MT4_2 What is the main reason you did not visit the dentist in the last year?

Read only if necessary:

01 Fear, apprehension, nervousness, pain, dislike going

02 Could not afford/cost/too expensive

(PROBE: "Is that because you do not have any dental insurance?" if yes code 03 if no code 02)

03 No insurance

04 Dentist would not accept my insurance, including Medicaid

05 Do not have/know a dentist

06 Lack transportation/ too far away

07 Hours aren't convenient

08 Could not get an appointment

09 Did not have time/ didn't think about it /Low priority

10 Other ailments prevent dental care

11 Don't need it/ No dental problems

12 No teeth

13 Other

Do Not Read:

77 Don't Know

99 Refused

State Added 5: Outdoor Recreation

Now I would like to ask some questions about OUTDOOR recreational activities. Please keep in mind that we are not interested in INDOOR activities, such as bowling, line-dancing, or weight-lifting, or other inside exercise activities.

MT5_1 What was the primary outdoor recreational activity you participated in during the past 12 months?

[DO NOT READ]

01	Backpacking
02	Baseball or softball
03	Basketball
04	Bicycling--mountain
05	Bicycling--street
06	Bird watching
07	Boating: motorized
08	Boating: non-motorized
09	Boating: sailing
10	Camping
11	Cross country skiing
12	Downhill skiing/ snowboarding
13	Fishing
14	Fitness course activities
15	Football
16	Golf
17	Horseback riding

18	Hunting
19	Ice skating
20	Jogging
21	Off Highway (4X4, motorcycles, etc.)
22	Picnicking
23	Playground activities
24	Recreational shooting
25	Rodeo activities
26	Skateboarding/rollerblading
27	Snowmobiling
28	Soccer
29	Swimming
30	Tennis
31	Volleyball
32	Walking
33	Windsurfing
34	OTHER (specify _____) {28 character limit}
77	Don't know/Not sure {Go to MT5_3}
88	None {Go to MT5_3}
99	Refused {Go to MT5_3}

MT5_2 How often did you participate in this outdoor activity in the past 12 months?

1 __	times per week
2 __	times per month
3 __	times per year
777	Don't know/Not sure
999	Refused

MT5_3 Are there any outdoor recreational activities you would like to have participated in during the past twelve months, but did not?

1	Yes
2	No {Go to MT5_6}
7	Don't know/Not sure {Go to MT5_6}
9	Refused {Go to MT5_6}

MT5_4 What is the top outdoor recreational activity you would like to have participated in during the past 12 months, but did not?

[Do NOT READ]

- 01 Backpacking
- 02 Baseball or softball
- 03 Basketball
- 04 Bicycling--mountain
- 05 Bicycling--street
- 06 Bird watching
- 07 Boating: motorized
- 08 Boating: non-motorized
- 09 Boating: sailing
- 10 Camping
- 11 Cross country skiing
- 12 Downhill skiing/ snowboarding
- 13 Fishing
- 14 Fitness course activities
- 15 Football
- 16 Golf
- 17 Horseback riding
- 18 Hunting
- 19 Ice skating
- 20 Jogging
- 21 Off Highway (4X4, motorcycles, etc.)
- 22 Picnicking
- 23 Playground activities
- 24 Recreational shooting
- 25 Rodeo activities
- 26 Skateboarding/rollerblading
- 27 Snowmobiling
- 28 Soccer
- 29 Swimming
- 30 Tennis
- 31 Volleyball
- 32 Walking
- 33 Windsurfing
- 34 OTHER (specify _____) {28 character limit}
- 77 Don't know/Not sure {Go to MT5_6}
- 88 None {Go to MT5_6}
- 99 Refused {Go to MT5_6}

MT5_5 What was the primary reason you were not able to participate in this activity?

[Do NOT READ]

- | | |
|----|--|
| 01 | Advanced age |
| 02 | Congestion and crowding |
| 03 | Cost |
| 04 | Lack of child care |
| 05 | Lack of facilities (e.g., ball fields, tennis courts, hiking trails, etc.) |
| 06 | Lack of information (knowledge of activity, directions to facilities, etc.) |
| 07 | Lack of landscape features (e.g., no local lakes, no beaches, etc.) |
| 08 | Lack of other participants |
| 09 | Lack of personal equipment |
| 10 | Lack of skill |
| 11 | Lack of time |
| 12 | Physical disability |
| 13 | Poor environmental conditions (lack of fish, game, water levels, etc.) |
| 14 | Poor facility conditions (facilities are old, in disrepair, dangerous, etc.) |
| 15 | Poor health |
| 16 | Safety concerns |
| 17 | OTHER reason not listed |
| 77 | Don't know/Not sure |
| 88 | None |
| 99 | Refused |

MT5_6 Which ONE type of outdoor recreational activity in YOUR COUNTY do you feel is in the greatest need of additional facilities or sites?

[Do NOT READ]

- | | |
|----|-------------------------------|
| 01 | Backpacking |
| 02 | Baseball or softball |
| 03 | Basketball |
| 04 | Bicycling--mountain |
| 05 | Bicycling--street |
| 06 | Bird watching |
| 07 | Boating: motorized |
| 08 | Boating: non-motorized |
| 09 | Boating: sailing |
| 10 | Camping |
| 11 | Cross country skiing |
| 12 | Downhill skiing/ snowboarding |
| 13 | Fishing |
| 14 | Fitness course activities |
| 15 | Football |
| 16 | Golf |
| 17 | Horseback riding |
| 18 | Hunting |
| 19 | Ice skating |
| 20 | Jogging |

- 21 Off Highway (4X4, motorcycles, etc.)
- 22 Picnicking
- 23 Playground activities
- 24 Recreational shooting
- 25 Rodeo activities
- 26 Skateboarding/rollerblading
- 27 Snowmobiling
- 28 Soccer
- 29 Swimming
- 30 Tennis
- 31 Volleyball
- 32 Walking
- 33 Windsurfing
- 34 OTHER (specify _____) {28 character limit}
- 77 Don't know/Not sure
- 88 None
- 99 Refused

MT5_7 What do you think is the single most important outdoor recreational issue or concern facing YOUR COUNTY today?

[Do Not Read]

- 01 Commercial use (Guides and outfitters, etc.)
- 02 Congestion and crowding
- 03 Inadequate access
- 04 Inappropriate behavior of outdoor enthusiasts
- 05 Lack of funding
- 06 Need for facilities (e.g., ball fields, tennis courts, hiking trails, etc.)
- 07 Non-resident use (Out-of-staters)
- 08 Poor facility conditions (facilities are old, in disrepair, dangerous, etc.)
- 09 Other
- 77 Don't know/Not sure
- 88 None
- 99 Refused

MT5_8 Sometimes people with a physical disability are prevented from participating in an outdoor recreational activity because of conditions such as lack of facilities, facilities in violation of the Americans with Disabilities Act, or lack of transportation. Has this happened to You in Montana the in last 5 years?

- 1 Yes
- 2 Yes, but the respondent was not the disabled individual.
- 3 No
- 7 Don't know/Not sure
- 9 Refused

Module 31: Adverse Childhood Experience

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age--

1. Did you live with anyone who was depressed, mentally ill, or suicidal? (477)

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

2. Did you live with anyone who was a problem drinker or alcoholic? (478)

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

3. Did you live with anyone who used illegal street drugs or who abused prescription medications? (479)

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

4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (480)

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

5. Were your parents separated or divorced? (481)

 - 1 Yes
 - 2 No
 - 8 Parents not married
 - 7 Don't know / Not sure
 - 9 Refused

6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (482)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say--- (483)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? (484)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (485)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? (486)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

11. How often did anyone at least 5 years older than you or an adult, force you to have sex? (487)

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number? **NOTE: If no local or state hotline is available, the National Hotline for child abuse is 1-800-422-4-A-CHILD (1-800-422-4453).**

State Added 6: Prescription Drug Use

MT6_1 In the past year, did you use any pain medications that were prescribed to you by a doctor?

- 1. Yes
- 2. No (include "not prescribed" and "prescribed but did not use") (skip to MT6_8)
- 7. Don't know / Not Sure (skip to MT6_8)
- 9. Refused (skip to MT6_8)

MT6_2 In the past year, what prescription pain medications were prescribed to you by a doctor?

(Interviewer, DO NOT READ RESPONSES, Record all) – "Anything else?"

- 1. Butorphanol Tartrate
- 2. Carisoprodol
- 3. Celebrex
- 4. Codeine
- 5. Darvocet
- 6. Darvon
- 7. Demerol
- 8. Dilaudid
- 9. Duragesic
- 10. Embeda
- 11. Fentanyl

12. Fentora
13. gabapentin
14. Hydrocodone
15. Hydromorphone
16. Ibuprofen / Motrin
17. Kadian
18. Levorphanol
19. Lortab
20. Lorcet
21. Meperidine
22. Methadone
23. Morphine
24. Naproxen
25. Narcan
26. Neurontin
27. Opium Tincture
28. Oxycodone
29. Oxycontin
30. Pentazocine
31. Percocet
32. Percodan
33. Propoxyphene
34. Roxicet
35. Soma
36. Stadol
37. Suboxone
38. Subutex
39. Toradol
40. Tramadol
41. Tylenol with codeine (Tylenol #3)
42. Tylox
43. Ultram (Ultram ER)
44. Ultracet
45. Vicodin
46. Other (specify_____) {28 character limit}
77. Don't know / not sure (skip to MT6_8)
99. Refused (skip to MT6_8)

MT6_3 The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

1. Yes
2. No (skip to MT6_5)
7. Don't know / Not sure (skip to MT6_5)
9. Refused (skip to MT6_5)

MT6_4 We want to understand why people use prescription medication other than prescribed. What were the reasons you used the medication differently than prescribed?

(Interviewer, DO NOT READ RESPONSES, CHECK ALL THAT APPLY) – “Anything else?”

1. Pain relief, prescribed dose did not relieve pain
2. To relieve other physical symptoms
3. To relieve anxiety or depression
4. For fun, good feeling, getting high, peer pressure (friends were doing it)

5. To prevent or relieve withdrawal symptoms
6. Other (specify_____) {28 character limit}
7. Don't know / Not Sure
9. Refused

MT6_5 The last time you filled a prescription for pain medication was there any medication leftover?

1. Yes
2. No (skip to MT6_7)
7. Don't know / Not sure (skip to MT6_7)
9. Refused (skip to MT6_7)

MT6_6 What did you do with the leftover prescription pain medication?

(Interviewer, DO NOT READ RESPONSES)

1. Kept it
2. Disposed of it
3. Gave it to someone else
4. Sold it
5. Other (specify_____) {28 character limit}
7. Don't know / Not sure
9. Refused

MT6_7 Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.

Please remember that your answers are strictly confidential and you do not have to answer any question you don't want to.

In the past year, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication NOT medication that is available over the counter.

(DO NOT READ RESPONSES)

1. Yes
2. No (skip to closing)
7. Don't know / Not sure (skip to closing)
9. Refused (skip to closing)

MT6_8 What were the prescription pain medications you took that were not prescribed specifically to you by a doctor?

1. Butorphanol Tartrate
2. Carisoprodol
3. Celebrex
4. Codeine
5. Darvocet
6. Darvon
7. Demerol
8. Dilaudid
9. Duragesic
10. Embeda
11. Fentanyl

12. Fentora
13. gabapentin
14. Hydrocodone
15. Hydromorphone
16. Ibuprofen / Motrin
17. Kadian
18. Levorphanol
19. Lortab
20. Lorcet
21. Meperidine
22. Methadone
23. Morphine
24. Naproxen
25. Narcan
26. Neurontin
27. Opium Tincture
28. Oxycodone
29. Oxycontin
30. Pentazocine
31. Percocet
32. Percodan
33. Propoxyphene
34. Roxicet
35. Soma
36. Stadol
37. Suboxone
38. Subutex
39. Toradol
40. Tramadol
41. Tylenol with codeine (Tylenol #3)
42. Tylox
43. Ultram (Ultram ER)
44. Ultracet
45. Vicodin
46. Other (specify_____) **{28 character limit}**
77. Don't know / not sure (skip to END)
99. Refused (skip to END)

MT6_9 We want to understand why people use prescription medication that was not prescribed specifically to them. The last time you used prescription pain medication that was not prescribed to you, what were the reasons?

(Interviewer, this question refers only to medications not available over the counter.) – “Anything else?”

1. To relieve pain
2. To relieve other physical symptoms
3. To relieve anxiety or depression
4. For fun, good feeling, getting high, peer pressure (friends were doing it)
5. To prevent or relieve withdrawal symptoms
6. Other (specify_____) **{28 character limit}**
7. Don't know / Not Sure
9. Refused

MT6_10 From whom did you obtain the prescription pain medication?

(Interviewer can clarify with: “referring to the last time you used prescription pain medication not available over the counter and not prescribed specifically for you”.)

READ RESPONSES IF NECESSARY

1. From a friend OR relative
2. From an acquaintance
3. From a street dealer or other person I did not know
4. Online
5. Other
7. don't know/not sure
9. refused

State Added 7: Binge Drinking

Previously, you answered that you drank **[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: if asked, “occasion” means in a row or within a few hours

MT7_1 During the most recent occasion when you had **[5 or more for men, 4 or more for women]** or more alcoholic beverages, about **how many beers**, including malt liquor, did you drink?

- __ Number
- 8 8 None
- 7 7 Don't know/not sure
- 9 9 Refused

MT7_2 During the same occasion, about **how many glasses of wine** did you drink?

- __ Number
- 8 8 None
- 7 7 Don't know/not sure
- 9 9 Refused

MT7_3 During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

- __ Number
- 8 8 None
- 7 7 Don't know/not sure
- 9 9 Refused

MT7_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
- 8 8 None
- 7 7 Don't know/not sure
- 9 9 Refused

MT7_5 During this most recent occasion, **where were you** when you did **most** of your drinking?

Interviewer: Read only if necessary

Interviewer: If someone indicates that they drank at multiple locations, encourage them to report where they drank *most* of the alcohol.

- 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
- 6 Other
- 8 Outdoor recreation (ie camping, on the lake, hiking ect.)
- 7 Don't know/not sure
- 9 Refused

MT7_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: For those who drove but feel they weren't impaired, let them know that 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

C.A.T.I. PROGRAMMING:
**QUESTION 7 IS ASKED OF THOSE WITH RESPONSE CATEGORIES 3 OR 4 FROM QUESTION 5;
ELSE GO TO NEXT MODULE**

MT7_7 During this most recent occasion, approximately how much did **you pay** for the alcohol which **you drank**?

Interviewer: If someone bought drinks for others or had drinks bought for them, remind them to report only how much the *respondent spent* for the alcohol the *respondent consumed*.

Interviewer: If anyone asks whether to include tips, indicate that they should.

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

State Added 8: Sexual Assault

Now I'd like to ask you some questions about sexual violence or 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.

This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.

Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

MT8_1 Are you in a safe place to answer these questions?

- 1 Yes
- 2 No {Go to SV_closing}

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.

MT8_2 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

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

MT8_3 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

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

(SV_Closing): 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, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 0 Other
3 0 Mountain climbing	9 9 Refused
3 1 Mowing lawn	
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	