



2012

**Behavioral Risk Factor Surveillance System
Questionnaire**

Montana

January 6, 2012

Behavioral Risk Factor Surveillance System 2012 Questionnaire

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Interviewer's Script (Landline Telephone Sample)

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 "Yes" [Go to cellular phone question]

If "No" [Go to college housing]

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

College Housing

Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

If "No,"

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

Cellular Phone

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 or college housing. **STOP**

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection

Adult

Are you 18 years of age or older?

- 1 **Yes, respondent is male** **[Go to Page 6]**
- 2 **Yes, respondent is female** **[Go to Page 6]**
- 3 **No**

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. 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 6.**

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 6

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.

Interviewer's Script (Cellular Telephone Sample)

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 a safe time to talk with you?

Yes **[Go to phone]**
No

If "No",

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) **STOP**

Phone

Is this (phone number) ?

Yes **[Go to cellular phone]**
No **[Confirm 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**

Cellular Phone

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."

Yes **[Go to adult]**
No

If "No",

Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

Adult

Are you 18 years of age or older?

1 **Yes, respondent is male** **[Go to Private Residence]**
2 **Yes, respondent is female** **[Go to Private Residence]**
3 **No**

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time.
STOP

Private Residence

Do you live in a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

Yes **[Go to state of residence]**
No **[Go to college housing]**

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

Are you a resident of _____ **(state)** _____?

Yes **[Go to landline]**
No **[Go to state]**

State

In what state do you live?

_____ ENTER FIPS STATE

Landline

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

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

Yes **[Go to cellular phone usage]**
No **[Go to Core]**

NOTE: If the response is “don’t know/not sure, or refused”,
Thank you for your time. **STOP**

Cellular Phone Usage

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?

___ % Record value between 1% and 100%, allow for DK and REF responses.

888 Zero
777 Don’t know/Not sure
999 Refused

If "90-100" [Go to Core]

NOTE: If the response is “0-89”, don’t know/not sure, or refused”,
Thank you very much. Those are all the questions that I have for you today. **STOP**

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, government plans such as Medicare, or Indian Health Service? (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: Exercise

- 4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5: Chronic Health Conditions

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

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

- 5.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (85)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 5.2** (Ever told) you had angina or coronary heart disease? (86)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

5.3 (Ever told) you had a stroke? (87)

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

5.4 (Ever told) you had asthma? (88)

- 1 Yes
- 2 No [Go to Q5.6]
- 7 Don't know / Not sure [Go to Q5.6]
- 9 Refused [Go to Q5.6]

5.5 Do you still have asthma? (89)

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

5.6 (Ever told) you had skin cancer? (90)

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

5.7 (Ever told) you had any other types of cancer? (91)

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

5.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (92)

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

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

(93)

- 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)

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

(94)

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

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

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

(95)

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

- 5.12** Do you have any trouble seeing, even when wearing glasses or contact lenses? (96)
- 1 Yes
 - 2 No
 - 3 Not applicable (blind)
 - 7 Don't know / Not sure
 - 9 Refused

- 5.13** (Ever told) you have diabetes? (97)
- 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 Q5.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q5.13, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q5.13 (Diabetes awareness question).

- 1.** Have you had a test for high blood sugar or diabetes within the past three years? (210)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Core Q5.13 = 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? (211)
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**

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

Module 2: Diabetes

To be asked following Core Q5.13; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (212-213)

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

2. Are you now taking insulin? (214)

- 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. (215-217)

- 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. (218-220)

- 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? (221-222)

— — 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"? (223-224)

— — 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? (225-226)

— — 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. (227)

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? (228)

- 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?

(229)

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

Section 6: Oral Health

6.1 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.

(98)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

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

6.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

(99)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

SA – Oral Health

– added “specify” to other category. Approved to insert into core after Section 6

CATI note: If Q6.1 = 1 (within the past year), go to next module. If Q6.1=2.3.4.or 8 ask MT1.1

MT1.1 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, specify**
- Do Not Read:**
- 77 Don't Know
- 99 Refused

Section 7: Demographics

7.1 What is your age?

(100-101)

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

7.2 Are you Hispanic or Latino? (102)

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

7.3 Which one or more of the following would you say is your race? (103 -108)

(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 Q7.3; continue. Otherwise, go to Q7.5.

7.4 Which one of these groups would you say best represents your race? (109)

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

7.5 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. (110)

- 1 Yes
- 2 No

Do not read:

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

7.6 Are you...? (111)

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

7.7 How many children less than 18 years of age live in your household? (112-113)

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

7.8 What is the highest grade or year of school you completed? (114)

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

7.9 Are you currently...?

(115)

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

7.10 Is your annual household income from all sources—

(116-117)

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

7.11 About how much do you weigh without shoes? (118-121)

NOTE: If respondent answers in metrics, put “9” in column 118.

Round fractions up

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

7.12 About how tall are you without shoes? (122-125)

NOTE: If respondent answers in metrics, put "9" in column 122.

Round fractions down

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

7.13 What county do you live in? (126-128)

__ __ __	ANSI County Code (formerly FIPS county code)
7 7 7	Don't know / Not sure
9 9 9	Refused

7.14 What is the ZIP Code where you live? (129-133)

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

7.15 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. (134)

1	Yes	
2	No	[Go to Q7.17]
7	Don't know / Not sure	[Go to Q7.17]
9	Refused	[Go to Q7.17]

7.16 How many of these telephone numbers are residential numbers? (135)

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

7.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (136)

- 1 Yes
- 2 No **[Go to Q7.19]**
- 7 Don't know / Not sure **[Go to Q7.19]**
- 9 Refused **[Go to Q7.19]**

7.18 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? (137-139)

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

7.19 Do you own or rent your home? (140)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

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

7.20 Indicate sex of respondent. **Ask only if necessary.** (141)

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

7.21 To your knowledge, are you now pregnant? (142)

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

Section 8: Disability

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

8.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (143)

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

8.2 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? (144)

Include occasional use or use in certain circumstances.

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

Section 9: Tobacco Use

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

(145)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

(146)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

(147)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

(148-149)

- 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

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

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (150)

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

Do not read:

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

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (151-153)

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (154-155)

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

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

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X **[CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (156-157)

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

- 10.4** During the past 30 days, what is the largest number of drinks you had on any occasion?
(158-159)
- | | |
|-----|-----------------------|
| __ | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 11: Immunization

- 11.1** Now I will ask you questions about the 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?
(160)

READ IF NECESSARY:

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

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q11.4] |
| 7 | Don't know / Not sure | [Go to Q11.4] |
| 9 | Refused | [Go to Q11.4] |

- 11.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
(161-166)

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

- 11.3** At what kind of place did you get your last flu shot/vaccine?
(167-168)

- | | |
|-----|--|
| 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?") |

Do not read:

- | | |
|-----|---------|
| 9 9 | Refused |
|-----|---------|

- 11.4** 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? (169)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 12: Falls

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

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- 12.1** In the past 12 months, how many times have you fallen? (170-171)
- | | | | |
|---|---|-----------------------|-----------------------------|
| – | – | Number of times | [76 = 76 or more] |
| 8 | 8 | None | [Go to next section] |
| 7 | 7 | Don't know / Not sure | [Go to next section] |
| 9 | 9 | Refused | [Go to next section] |

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

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

(172-173)

- | | | | |
|---|---|-----------------------|--------------------------|
| – | – | Number of falls | [76 = 76 or more] |
| 8 | 8 | None | |
| 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— (174)

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

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

The next question is about drinking and driving.

- 14.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175-176)

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

Section 15: Breast and Cervical Cancer Screening

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

- 15.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

- 1 Yes
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

15.2 How long has it been since you had your last mammogram? (178)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (179)

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

15.4 How long has it been since your last breast exam? (180)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

- 1 Yes
- 2 No [Go to Q15.7]
- 7 Don't know / Not sure [Go to Q15.7]
- 9 Refused [Go to Q15.7]

15.6 How long has it been since you had your last Pap test? (182)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

CATI note: If response to Core Q7.21 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (183)

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

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

Section 16: Prostate Cancer Screening

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

Now, I will ask you some questions about prostate cancer screening.

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (184)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (185)

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (186)

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

16.4 Have you EVER HAD a PSA test? (187)

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

16.5 How long has it been since you had your last PSA test? (188)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

16.6 What was the MAIN reason you had this PSA test – was it ...? (189)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do Not Read:

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

Section 17: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

17.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (190)

- 1 Yes
- 2 No [Go to Q17.3]
- 7 Don't know / Not sure [Go to Q17.3]
- 9 Refused [Go to Q17.3]

17.2 How long has it been since you had your last blood stool test using a home kit? (191)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

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

17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (192)

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

17.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (193)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (194)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 18: 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 do not 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.

18.1 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. (195)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 Not including blood donations, in what month and year was your last HIV test? (196-201)

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
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused / Not sure

18.3 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?

(202)

- | | |
|---|-----------------------|
| 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 help us provide 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

Module 5: Sugar Sweetened Beverages and Menu Labeling

Now I would like to ask you some questions about sugary beverages.

Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol.

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (248-250)

1 __ Times per day
2 __ Times per week
3 __ Times per month

Do not read:

8 8 8 None
7 7 7 Don't know / Not sure
9 9 9 Refused

2. During the past 30 days, how often did you drink sweetened fruit drinks, such as Kool-aid, cranberry juice cocktail, and lemonade? Include fruit drinks you made at home and added sugar to. (251-253)

Interviewer note: Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring. Do not include 100% fruit juice, sweet tea, coffee drinks, sports drinks, or energy drinks.

1 __ Times per day
2 __ Times per week
3 __ Times per month

Do not read:

8 8 8 None
7 7 7 Don't know / Not sure
9 9 9 Refused

3. The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order? (254-255)

Please read:

01 Always
02 Most of the time
03 About half the time

- 04 Sometimes
- 05 Never

Do not read:

- 06 Never noticed or never looked for calorie information
- 08 Usually cannot find calorie information
- 55 Do not eat at fast food or chain restaurants
- 77 Don't know / Not sure
- 99 Refused

Module 17: Mental Illness and Stigma

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

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (338)
 - 1 All
 - 2 Most
 - 3 Some
 - 4 A little
 - 5 None
 - 7 Don't know / Not sure
 - 9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (339)
 - 1 All
 - 2 Most
 - 3 Some
 - 4 A little
 - 5 None
 - 7 Don't know / Not sure
 - 9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**? (340)

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

 - 1 All
 - 2 Most
 - 3 Some
 - 4 A little
 - 5 None
 - 7 Don't know / Not sure
 - 9 Refused

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

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

(341)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

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

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

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

(342)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

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

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

(343)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

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

(344-345)

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

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

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(346)

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

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

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

(347)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

10. People are generally caring and sympathetic to people with mental illness. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly?

(348)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

Module 19: General Preparedness

The next series of questions asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

1. How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say... (357)

Please read:

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

Do not read:

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

2. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day. (358)

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

3. Does your household have a 3-day supply of nonperishable food for everyone who lives there? By nonperishable we mean food that does not require refrigeration or cooking. (359)

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

4. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (360)

- 1 Yes
- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know / Not sure
- 9 Refused

5. Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (361)

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

6. Does your household have a working flashlight and working batteries for your use if the electricity is out? (362)

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

7. In a large-scale disaster or emergency, what would be your main method or way of communicating with relatives and friends? (363)

Read only if necessary:

1 Regular home telephones
2 Cell phones
3 Email
4 Pager
5 2-way radios
6 Other

Do not read:

7 Don't know / Not sure
9 Refused

8. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency? (364)

Read only if necessary:

1 Television
2 Radio
3 Internet
4 Print media
5 Neighbors
6 Other

Do not read:

7 Don't know / Not sure
9 Refused

9. Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (365)

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

10. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate?

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

11. What would be the main reason you might not evacuate if asked to do so? (367-368)

Read only if necessary:

- 0 1 Lack of transportation
- 0 2 Lack of trust in public officials
- 0 3 Concern about leaving property behind
- 0 4 Concern about personal safety
- 0 5 Concern about family safety
- 0 6 Concern about leaving pets
- 0 7 Concern about traffic jams and inability to get out
- 0 8 Health problems (could not be moved)
- 0 9 Other

Do not read:

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

Module 20: Veteran's Health

CATI NOTE: If Core Q7.5 = 1 (Yes) continue, else go to module 21 (COPD).

The next questions relate to veteran's health.

1. Did you ever serve in a combat or war zone? (369)

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

2. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (370)

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

3. A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)?

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

4. In the past 12 months, did you receive any psychological or psychiatric counseling or treatment?

(372)

Please read:

- 1 Yes, from a VA facility
- 2 Yes, from a non-VA facility
- 3 Yes, from both VA and non-VA facilities
- 4 No

Do not read:

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

The next few questions are 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.

5. Has there been a time in the past 12 months when you thought of taking your own life?

(373)

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

6. During the past 12 months, did you attempt to commit suicide? Would you say---

(374)

Please read:

- 1 Yes, but did not require treatment
- 2 Yes, was treated at a VA facility
- 3 Yes, was treated at a non-VA facility
- 4 No

Do not read:

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

As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

SA -- Veteran's Healthcare

CATI NOTE: If Core Q7.5 = 1 (Yes) continue, else go to module 21 (COPD).

MT2.1 The VA Montana Healthcare System provides some health benefits to veterans at Fort Harrison and in community settings. Are you currently enrolled in the VA Healthcare System?

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

INTERVIEWERS NOTE: To learn about enrollment in health services or see if you qualify, call 1-877-222-VETS (8387)

Module 21: Chronic Obstructive Pulmonary Disease (COPD)

CATI NOTE: If core Q5.8 = 1 (Yes) then continue, else go to next module.

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

1. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (375)

- 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? (376)

- 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? (377)

- 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? (378)

- 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? (379-380)

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

Module 23: Random Child Selection

CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q7.7 = 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 Q7.7 is >1 and Core Q7.7 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? (392-397)

_ / _	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? (398)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (399)

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? (400-405)

[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? (406)

- 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? (407)

Please read:

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

Do not read:

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

Module 24: Childhood Asthma Prevalence

CATI note: If response to Core Q7.7 = 88 (None) or 99 (Refused), go to next module.

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

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (408)

- 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? (409)

- 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?

(422)

- 1 Yes
- 2 No

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

_____ Enter first name or initials

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back? (423)

- 1 Adult
- 2 Child

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

_____ Enter first name or initials

SA -- MT Occupation and Industry questions,

CATI note: If Q7.9 = 1,2 or 4 Ask MT3.1 and MT3.2. Else go to MT4.1.

MT3.1 What is your job title? (for example, registered nurse, janitor, cashier, auto mechanic)

If no job title, ask "What kind of work do you do?"

If Q6.9 = 4, ask: "When you last worked, what was your job title"?

()

Specify: _____

99 Refused

MT3.2 What kind of business or industry do you work in ? (For example, hospital, elementary school, clothing manufacturing, restaurant)

If Q6.9 = 4, ask: "What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

()

Specify: _____

99 Refused

SA -- Primary Seatbelt Law

Currently, Montana has a *secondary seat belt law* for anyone [over the age of 6](#). This means that law enforcement officers cannot stop vehicles because a driver or any passengers are unbelted; there must be another reason for the stop.

A *primary seat belt law* allows officers to stop vehicles when they observe any unbelted driver or passengers in the vehicle.

MT4.1 Do you support a *primary seat belt law* for all ages in Montana?

()

- 1 Yes

- 2 No
- 7 Do not know / Unsure
- 9 No Response

SA -- Cancer Compliance Screening

CATI: If Core Q15.1 = 2 (has never had a mammogram) or if Core Q15.2 = 3, 4, or 5 (has not had a mammogram within the past 2 years), Continue. Else go to next module)

Previously you said that you have not had a mammogram [if Q15.2 = 3, 4, or 5, insert “within the past two years”].

MT5.1 What is the main reason you have not had a mammogram[if Q15.2=3,4. or 5, insert “in the past two years”]?

()

- 01=Does not apply to me/didn't feel I needed it
- 02=Doctor has not recommended it
- 03= Fear of the procedure
- 04=Cost [Include no insurance]
- 05=Distance
- 06=Too long a wait for an appointment
- 07=No transportation
- 08=No access for people with disabilities
- 09=Other, specify _____
- 77=DK/NS
- 99=Refused

CATI: If Core Q15.5 = 2 (has never had a pap test) or if Core Q15.6 = 4 or 5 (has not had a pap test within the past 3 years), Continue. Else go to next module)

Previously you said that you have not had a pap test [if Q15.6 = 4 or 5, insert “within the past three years”].

MT5.2 What is the main reason you have not had a pap test [if Q15.6=4 or 5, insert “in the past three years”]?

()

- 01=Does not apply to me/didn't feel I needed it
- 02=Doctor has not recommended it
- 03= Fear of the procedure
- 04=Cost [Include no insurance]
- 05=Distance
- 06=Too long a wait for an appointment
- 07=No transportation
- 08=No access for people with disabilities
- 09=Other, specify _____

77=DK/NS
99=Refused

CATI: If Core Q17.3 = 2 (has never had a sigmoidoscopy or colonoscopy) Continue. Else, go to next module

Previously you said that you have not had a sigmoidoscopy or colonoscopy test .

()

MT5.3 What is the main reason you have never had a colonoscopy/sigmoidoscopy?

- 01=Does not apply to me/didn't feel I needed it
- 02=Doctor has not recommended it
- 03= Fear of the procedure
- 04=Cost [Include no insurance]
- 05=Distance
- 06=Too long a wait for an appointment
- 07=No transportation
- 08=No access for people with disabilities
- 09=Other, specify _____
- 77=DK/NS
- 99=Refused

SA -- State Added: Diabetes Awareness

CATI: If Core Q5.13 does NOT equal 1 continue. Else go to next module.

MT6.1 Have you ever been told by a doctor or health care professional that you have high blood pressure?

()

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

MT6.2 Have you ever had your blood cholesterol checked?

()

- 1. Yes
- 2. No **[Go to MT6.4]**
- 7. Don't know/Not sure **[Go to MT6.4]**
- 9. Refused **[Go to MT6.4]**

MT6.3 Have you ever been told by a doctor or health care professional that your blood cholesterol was high?

()

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

MT6.4 Do you have a parent, brother or sister, or child related by blood who has been diagnosed with diabetes by a health care provider? Do not include female relatives who only had diabetes during pregnancy.

Interviewer instructions: If respondent volunteers that they have half-brothers or half-sisters with a history of diabetes, then code as "Yes".

()

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

MT6.5 Do you think you are at risk for diabetes?

()

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

SA -- State Added Binge Drinking Module

CATI: If Q10.3 does NOT equal 88, 77 or 99 continue. Else go to next Module.

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
88 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
- 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

CATI: IF MT7.5= 3 or 4 ask MT7.7. 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

SA – Sexual Orientation

MT8.1 Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be ...

- A. Heterosexual or straight **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.**
- B. Homosexual, gay, or lesbian **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.**
- C. Bisexual **IF NEEDED: A person who has sex with and/or is attracted to people of either sex.**
- D. 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 <1-888-843-4564> (GLB National Hotline)

- 1 Heterosexual, that is, straight
- 2 Homosexual, that is gay or lesbian
- 3 Bisexual
- 4 Other (Specify: _____)

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

SA – 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.

MT9.1 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.

MT9.2 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

MT9.3 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?

SA – American Indian Follow Up

CATI: If Q7.3=5 alone or in combination with any other race ask. Else go to closing statement.

MT10.1 Earlier you stated your race to be American Indian/Alaska Native. Which one or more of the following best represents your American Indian heritage? ()

- 01. Blackfeet Tribe
- 02. Chippewa Cree Tribe
- 03. Confederated Salish, Kootenai Tribe
- 04. Pend d'Oreille Tribe
- 05. Crow Tribe
- 06. Fort Belknap Assiniboine Tribe
- 07. Gros Ventre Tribe
- 08. Fort Peck Assiniboine Tribe
- 09. Sioux Tribe
- 10. Northern Cheyenne Tribe
- 11. Little Shell
- 12. Other (specify) _____
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

MT10.2 Are you an enrolled member of this [above mentioned] Tribe? ()

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

MT10.3 Do you reside on Reservation or Trust Land in Montana? ()

- 1. Yes
- 2. No **[Go to Closing Statement]**
- 7. Don't Know/Not Sure **[Go to Closing Statement]**
- 9. Refused **[Go to Closing Statement]**

MT10.4 On which reservation or trust land do you reside? ()

- 01. Blackfeet Reservation
- 02. Rocky Boy's Reservation
- 03. Flathead Reservation
- 04. Crow Reservation
- 05. Fort Belknap Reservation

- 06. Fort Peck Reservation
- 07. Northern Cheyenne Reservation
- 08. Other, specify _____
- 77. Don't Know/Not Sure
- 99. Refused

Closing statement

Please read:

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