

2021 BRFSS Questionnaire



Maine

February 16, 2021

Paths A and B

(All questions to be asked of all respondents unless Path indicated)

Table of Contents

OMB Header and Introductory Text..... 4

Landline Introduction..... 4

Cell Phone Introduction..... 9

Core Section 1: Health Status..... 13

Core Section 2: Healthy DaysError! Bookmark not defined.....**13**

Core Section 3: Health Care Access (Paths A & B)..... 14

State Added Health Care Access (Paths A & B)..... 16

Core Section 4: Exercise..... 18

(SAPA) Physical Activity (Path A & B) 18

Physical Activity Table.....20

Core Section 5: Hypertension Awareness.....23

Core Section 6: Cholesterol Awareness.....24

Core Section 7: Chronic Health Conditions.....25

Module 1: Pre-Diabetes (Paths A and B).....28

Module 2: Diabetes (Paths A and B).....28

Core Section 8: Arthritis.....31

Core Section 9: Demographics Q1 to 4.....33

State Added Sexual Orientation and Gender Identity (Paths A & B).....35

Core Section 9: Demographics Q5 to 19..... 37

Core Section 10: Disability.....41

Core Section 11: Tobacco Use (Path A & B) Q1 and 2.....42

Module 22 Tobacco Cessation (Path A & B).....43

Core Section 11: Tobacco Use (Path A & B) Q344

(SAOTP) Other Tobacco Products...(Path B).....44

(SAECIG2) E-Cigarettes 2 (Path B) Q1..... 45

Core Section 11: Tobacco Use (Path A & B) Q4..... 45

(SAECIG) E-Cigarettes (Path B) 46

Core Section 12: Alcohol Consumption..... 47

Core Section 13: Immunization..... 48

Core Section 14: H.I.V./AIDS..... 50

Core Section 15: Fruits and Vegetables.....50

Optional Modules

Module 9: Lung Cancer Screening (Paths A & B).....54

State Added Lung Cancer Screening (Paths A & B)55

Module 16: Home/ Self-measured Blood Pressure (Paths A & B).....56

Module 17: Sodium or Salt-Related Behavior (Paths A & B).....57

Module 19: Caregiver (Path A).....58

Maine 2021 BRFSS

Module 20: Adverse Childhood Experiences (Paths A & B).....	61
Module 21: Marijuana Use (Path A & B).....	64
(SAECG) Electronic Vaper Use (Path B).....	65
Module 25: Random Child Selection (Paths A & B).....	66
Module 26: Childhood Asthma Prevalence (Paths A & B).....	69
Asthma Call Back Survey (Paths A & B).....	69
(SACIG) Cigarette Use (Path B).....	70
(SAQUIT) Cessation (Path B).....	71
(SAETOB) Environmental Tobacco (Path B).....	76
(SASMB) Smoking Beliefs (Path B).....	80
(SAPOA) Proof of Age (Path B).....	81
(SAT21) Age 21 (Path B).....	81
 State Added Questions	
(SASV) Sexual Violence (Path A)	82
(SAENV) Environmental Health... PATH A ONLY – Questions SAENV.01, SAENV.02, SAENV.07, SAENV.08, SAENV.09 -- PATH A & B – Questions SAENV.03, SAENV.04, SAENV.05, SAENV.06.....	84
(SACVD) Aspirin (Paths A & B)	86
(SARXMU) Substance Abuse (Paths A & B)	87
(SAMH) Mental Health (Paths A & B)	87
(SAGAMB) Gambling (Paths A & B)	88
(SASUIC) Suicide (Paths A & B)	88
Closing Statement.....	89

Maine 2021 BRFSS

Interviewer's Script Landline –

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2021

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

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

CTELENM1

LL01 HELLO, I am calling for the Maine Center for Disease Control and Prevention. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the U.S. 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) ?

1. Yes
2. No

[CATI /INTERVIEWER NOTE: IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. CATI NOTE: STOP OR REDIAL]

PVTRES1

LL02 Is this a private residence?

READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

Maine 2021 BRFSS

DO NOT READ: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes [GO TO LL04]
2. No [GO TO LL03]
3. No, this is a business

[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME.

INTERVIEWER NOTE: Business numbers which are also used for personal communication ARE eligible]

COLGHOUS

LL03 Do you live in college housing?

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

1. Yes [GO TO LL04]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

STATERE1

LL04. Do you currently live in _____ (state) _____?

1. Yes [GO TO LL05]
2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [STATE] AT THIS TIME. STOP]

CELPON1

LL05 Is this a cell telephone?

DO NOT READ: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).

READ ONLY IF NECESSARY: BY CELL TELEPHONE WE MEAN A TELEPHONE THAT IS MOBILE AND USABLE OUTSIDE OF YOUR NEIGHBORHOOD.

Maine 2021 BRFSS

- 1 Yes, it is a cell phone [TERMINATE]
- 2 Not a cell phone (GO TO LL06)

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

LADULT1

LL06 Are you 18 years of age or older?

- 1 Yes
- 2 No

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

[CATI NOTE: IF YES 18 YEARS OF AGE OR OLDER AND IF COLLEGE HOUSING = YES, CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

[CATI NOTE: IF NO 18 YEARS OF AGE OR OLDER AND IF COLLEGE HOUSING = YES, TERMINATE; OTHERWISE GO TO ADULT RANDOM SELECTION]

COLGSEX

[CATI NOTE: ONLY FOR RESPONDENTS WHO ARE LL AND COLGHOUSE=1]

LL07 Are you male or female?

- 1 Male
- 2 Female
- 7 (DO NOT READ) Don't know/not sure
- 9 (DO NOT READ) Refused

[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport?]

[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

Adult Random Selection

NUMADULT

Maine 2021 BRFSS

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

LL08 ___ Number of adults

1 = Number of adults in the household - **Go to LL.09, LANDSEX**

2 = Number of adults in the household - **Go to LL.12, NUMMEN**

3 = Number of adults in the household - **Go to LL.12, NUMMEN**

4 = Number of adults in the household - **Go to LL.12, NUMMEN**

5 = Number of adults in the household - **Go to LL.12, NUMMEN**

6-99 = 6 or more - **Go to LL.12, NUMMEN**

If 1: Are you the adult?

1 Yes

2 No

[CATI/INTERVIEWER NOTE: IF YES: THEN YOU ARE THE PERSON I NEED TO SPEAK WITH. GO TO LL09.]

[CATI/INTERVIEWER NOTE: IF NO,: MAY I SPEAK WITH THE ADULT IN THE HOUSEHOLD]

CATI/INTERVIEWER NOTE; IF 1, GO TO LL09; IF 2-6 OR MORE GO TO LL12.

LANDSEX

LL09. Are you male or female?

1 Male

2 Female

7 (DO NOT READ) Don't Know/Not Sure

9 (DO NOT READ) Refused

[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport?]

[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; TERMINATE - THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

[CATI/INTERVIEWER NOTE; IF 1 OR 2, GO TO TRANSITION SECTION 1]

RESPSLCT

LL12. The person in your household that I need to speak with is [**Oldest/Second Oldest/Youngest/Second Youngest/Adult.**] Are you the [**Oldest/Second Oldest/Youngest/Second Youngest/Adult**] in this household?

INTERVIEWER NOTE: If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12.

Are you male or female?

- 1 Male
- 2 Female
- 7 (DO NOT READ) Don't know/Not sure
- 9 (DO NOT READ) Refused

[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport?]

[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; TERMINATE THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

[CATI/INTERVIEWER NOTE; IF 1 OR 2, GO TO TRANSITION SECTION 1]

Maine 2021 BRFSS

Interviewer's Script Cell Phone –

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2021

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

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

HELLO, I am calling for the Maine Center for Disease Control and Prevention. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the U.S. 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.

SAFETIME

CP01 Is this a safe time to talk with you?

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CP02. IF NO: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

CTELNUM1

CP02 Is this (phone number) ?

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CP03. IF NO: TERMINATE. 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]

Maine 2021 BRFSS

CELLFON5

CP03 Is this a cell telephone?

Read only if necessary: By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood.

- 1 Yes
- 2 No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CADULT1; IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

CADULT1

CP04 Are you 18 years of age or older?

- 1. Yes
- 2. No

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

CELLSEX

CP05. Are you male or female?

- 1 Male
- 2 Female
- 7 (DO NOT READ) Don't know/Not sure
- 9 (DO NOT READ) Refused

[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport?]

[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

PVTRES3

CP06 Do you live in a private residence?

Read only if necessary: By private residence, we mean someplace like a house or apartment.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 1. Yes

Maine 2021 BRFSS

2. No

CATI NOTE: IF YES GO TO CP08. IF NO, GO TO CP07.

CCLGHOUS

CP07 Do you live in college housing?

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

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CP08. 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]

CSTATE1

CP08 Do you currently live in _____ **(state)** _____?

1. Yes **GO TO CP10**
2. No

RSPSTAT1

CP09 In what state do you currently live?

- _____ ENTER FIPS STATE
- 77 Live outside US and participating territories

TERMINATE

Thank you very much, but we are only interviewing persons who live in the US.

- 99 (DO NOT READ) Refused

TERMINATE

Thank you very much, but we are only interviewing persons who live in the US.

LANDLINE

CP10 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.

1. Yes
2. No
- 7 (DO NOT READ) Don't know/Not Sure

Maine 2021 BRFSS

9 (DO NOT READ) Refused

HHADULT

CP11 How many members of your household, including yourself, are 18 years of age or older?

- Number of adults
- 77 (DO NOT READ) Don't know/Not sure
- 99 (DO NOT READ) Refused

[CATI/INTERVIEWER NOTE: IF CP07 COLLEGE HOUSING = YES THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

TRANSITION TO SECTION 1

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 not be connected to any personal information. If you have any questions about the survey, please call Melissa Damren (207) 287-1420.

Maine 2021 BRFSS

Core 1: Health Status

GENHLTH

CHS.01 Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

Core 2: Healthy Days

PHYSHLTH

CHD.01 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?

INTERVIEWER NOTE: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

- – Number of days (01 – 30)
- 8 8 None
- 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 (DO NOT READ) Refused

MENTHLTH

CHD.02 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?

INTERVIEWER NOTE: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

Maine 2021 BRFSS

- Number of days (01 – 30)
- 8 8 None
- 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 (DO NOT READ) Refused

CATI NOTE: SKIP CHD.03 IF CHD.01, PHYSHLTH, IS 88 AND CHD.02, MENTHLTH, IS 88.

POORHLTH

CHD.03 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?

INTERVIEWER NOTE: 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

- Number of days (01-30)
- 8 8 None
- 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 (DO NOT READ) Refused

Core 03: Health Care Access

PRIMINSR

CHCA.01 What is the current primary source of your health care coverage?

INTERVIEWER NOTE: If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan). If purchased on their own (or by a family member), select 02, if Medicaid select 05.

READ IF NECESSARY :

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS), VA health care/CHAMP-VA

Maine 2021 BRFSS

- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type

DO NOT READ:

- 77 Don't Know/Not Sure
- 99 Refused

PERSDOC3

CHCA.02 Do you have one person or a group of doctors you think of as your personal health care provider?

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

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

MEDCOST1

CHCA.03 Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CHECKUP1

CHCA.04 About how long has it been since you last visited a doctor for a routine checkup?

Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Read if necessary:

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

Do not read:

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

Maine 2021 BRFSS

9 Refused

STATE ADDED HEALTH CARE ACCESS (PATHS A AND B)

DELAYME1

SAHCA.01 Other than affordability, have you delayed getting medical care for one of the following reasons in the past 12 months? Was it because.....

READ:

- 1 You couldn't get through on the telephone
- 2 You couldn't get an appointment soon enough
- 3 Once you got there, you had to wait too long to see the doctor
- 4 The clinic or doctor's office wasn't open when you got there
- 5 You didn't have transportation
- 6 Other

DO NOT READ:

- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't Know/Not Sure
- 9 Refused

CATI NOTE: If CHCA.01=1 –10 go to SAHC.02A; if CHCA.01=77, 88 or 99 go to SAHCA.02b

NOCOV121

SAHCA.02a In the past 12 months was there any time when you did not have any health insurance or coverage?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CATI NOTE: GO TO SAHCA.03

If CHCA.01 = 77, 88 or 99, continue, else Go to SAHCA.03

LSTCOVRG

SAHCA.02b About how long has it been since you last had health care coverage?

Read if necessary:

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never

Do not read:

Maine 2021 BRFSS

7 Don't know/Not sure
9 Refused

CATI NOTE: GO TO SAHCA.03

DRVISITS

SAHCA.03 How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

__ Number of times [76 = 76 or more]
88 None
77 (DO NOT READ) Don't know / Not sure
99 (DO NOT READ) Refused

MEDSCOS1

SAHCA.04 Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

1 Yes
2 No
3 No medication was prescribed
7 (DO NOT READ) Don't know/ not sure
9 (DO NOT READ) Refused

CARERCVD

SAHCA.05 In general, how satisfied are you with the health care you received? Would you say—

Read:

1 Very satisfied
2 Somewhat satisfied
3 Not at all satisfied

Do not read:

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

MEDBILL1

SAHCA.06 Do you currently have any health care bills that are being paid off over time?

READ IF NECESSARY: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

Maine 2021 BRFSS

READ IF NECESSARY: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know/Not Sure
- 9 (DO NOT READ) Refused

Core 04: Exercise

EXERANY2

CEX.01 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?

DO NOT READ: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do

- 1 Yes
 - 2 No
 - 7 (DO NOT READ) Don't know / Not sure
 - 9 (DO NOT READ) Refused
-

SAPA: PHYSICAL ACTIVITY – PATH A & B

IF CEX.01 RESPONSE = 2, 7 OR 9 - GO TO NEXT SECTION.

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

INTERVIEWER NOTE: 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.

EXTRACT11

SAPA.01

What type of physical activity or exercise did you spend the most time doing in the past month?

INTERVIEWER NOTE: If the respondent’s activity is not included in the Physical Activity Coding List, choose the option listed as “Other”, Code 98.

__ _ Specify from Physical Activity Coding list

- 77 (DO NOT READ) Don't know/Not sure
- 99 (DO NOT READ) Refused

Maine 2021 BRFSS

IF SAPA.01 RESPONSE = 77 OR 99, GO TO NEXT SECTION

EXEROFT1

SAPA.02 How many times per week or per month did you take part in this activity during the past month?

- 1 __ Times per week
- 2 __ Times per month
- 7 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 9 (DO NOT READ) Refused

EXERHMM1

SAPA.03 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- 1 __ _ Minutes
- 2 __ _ Hours
- 7 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 9 (DO NOT READ) Refused

EXTRACT21

SAPA.04 What other type of physical activity gave you the next most exercise during the past month.

INTERVIEWER NOTE: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as "Other ", Code 98.

__ _ Specify from Physical Activity Coding list

- 88 No other activity
- 77 (DO NOT READ) Don't know/not sure
- 99 (DO NOT READ) Refused

CATI NOTE: IF SAPA.04 RESPONSE = 77, 88, OR 99, GO TO Next Section

EXEROFT2

SAPA.05 How many times per week or per month did you take part in this activity during the past month?

- 1 __ Times per week
- 2 __ Times per month

Maine 2021 BRFSS

7 7 7 (DO NOT READ) Don't know / Not sure

9 9 9 (DO NOT READ) Refused

EXERHMM2

SAPA.06 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

1__ _Minutes

2__ _Hours

7 7 7 (DO NOT READ) Don't know / Not sure

9 9 9 (DO NOT READ) Refused

Physical Activity Coding List

01	Active Gaming Devices (Wii Fit, Dance Revolution)
02	Aerobics video or class
03	Backpacking
04	Badminton
05	Basketball
06	Bicycling machine exercise
07	Bicycling
08	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
09	Bowling
10	Boxing
11	Calisthenics
12	Canoeing/rowing in competition
13	Carpentry
14	Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
15	Elliptical/EFX machine exercise
16	Fishing from riverbank or boat
17	Frisbee
18	Gardening (spading, weeding, digging, filling)
19	Golf (with motorized cart)
20	Golf (without motorized cart)
21	Handball
22	Hiking – cross-country

Maine 2021 BRFSS

23	Hockey
24	Horseback riding
25	Hunting large game – deer, elk
26	Hunting small game – quail
27	Inline Skating
28	Jogging
29	Lacrosse
30	Mountain climbing
31	Mowing lawn
32	Paddleball
33	Painting/papering house
34	Pilates
35	Racquetball
36	Raking lawn
37	Running
38	Rock climbing
39	Rope skipping
40	Rowing machine exercise
41	Rugby
42	Scuba diving
43	Skateboarding
44	Skating – ice or roller
45	Sledding, tobogganing
46	Snorkeling
47	Snow blowing
48	Snow shoveling by hand
49	Snow skiing
50	Snowshoeing
51	Soccer
52	Softball/Baseball
53	Squash
54	Stair climbing/stair master
55	Stream fishing in waders
56	Surfing
57	Swimming
58	Swimming in laps
59	Table tennis
60	Tai Chi
61	Tennis
62	Touch football
63	Volleyball
64	Walking
66	Waterskiing
67	Weightlifting

Maine 2021 BRFSS

68	Wrestling
69	Yoga
71	Childcare
72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)
73	Household Activities (vacuuming, dusting, home repair, etc.)
74	Karate/Martial Arts
75	Upper Body Cycle (Wheelchair sports, ergometer, etc.)
76	Yard Work (cutting/gathering wood, trimming hedges, etc.)
98	Other
77	(DO NOT READ) DON'T KNOW
99	(DO NOT READ) REFUSED

Core 5: Hypertension Awareness

BPHIGH6

C05.01

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

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

INTERVIEWER NOTE: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-hypertensive or elevated blood pressure
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Maine 2021 BRFSS

BPMEDS

C05.02 Are you currently taking prescription medicine for your high blood pressure?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Core Section 6: Cholesterol Awareness

CHOLCHK3

C06.01 Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

- 1 Never (**GO TO NEXT SECTION**)
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago
- 7 (DO NOT READ) Don't know/ Not sure (**GO TO NEXT SECTION**)
- 9 (DO NOT READ) Refused (**GO TO NEXT SECTION**)

TOLDHI3

C06.02 Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

INTERVIEWER NOTE: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CHOLMED3

C06.03 Are you currently taking medicine prescribed by your doctor or other health professional for your -cholesterol?

INTERVIEWER NOTE: If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk

Maine 2021 BRFSS

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Core Section 7: Chronic Health Conditions

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

CVDINFR4

CCHC.01 (Ever told) you that you had a heart attack also called a myocardial infarction?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CVDCRHD4

CCHC.02 (Ever told) (you had) angina or coronary heart disease?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CVDSTRK3

CCHC.03 (Ever told) (you had) a stroke?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

ASTHMA3

CCHC.04 (Ever told) (you had) asthma?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Maine 2021 BRFSS

CATI NOTE: IF CCHC.04 is 2, 7, OR 9 GO TO CCHC.06)

ASTHNOW

CCHC.05

Do you still have asthma?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CHCSCNCR

CCHC.06

(Ever told) (you had) skin cancer?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CHCOCNCR

CCHC.07

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

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CHCCOPD3

CCHC.08

(Ever told) (you had) C.O.P.D., (Chronic Obstructive Pulmonary Disease), emphysema or chronic bronchitis?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Maine 2021 BRFSS

ADDEPEV3

CCHC.09

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

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CHCKDNY2

CCHC.10

Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?

READ IF NECESSARY: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

DIABETE4

CCHC.11

(Ever told) (you had) diabetes?

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

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

- 1 Yes **Go to CCHC.12**
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CATI NOTE: IF RESPONSE 2, 3, 4, 7 OR 9, go to Pre-Diabetes Optional Module 1 (M01.01)

DIABAGE3

CCHC.12

How old were you when you were told you had diabetes?

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

Maine 2021 BRFSS

Module 1: Pre-Diabetes

CATI NOTE: Skip if Section CCHC.11, DIABETE4, is coded 1

PDIABTST

M01.01 Have you had a test for high blood sugar or diabetes within the past three years?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CATI note: Skip M01.02 if Core CCHC.11, DIABETE4 is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (Yes).

PREDIAB1

M01.02 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Module 2: Diabetes

CATI NOTE: To be asked following Core CCHC.12; if response to CCHC.11 is Yes (code = 1)

INSULIN1

M02.01 Are you now taking insulin?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

BLDSUGAR

M02.02 About how often do you check your blood for glucose or sugar?

Maine 2021 BRFSS

READ IF NECESSARY: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

DO NOT READ: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 888 Never
- 777 (DO NOT READ) Don't know / Not sure
- 999 (DO NOT READ) Refused

FEETCHK3

M02.03

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

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 555 No feet
- 888 Never
- 777 (DO NOT READ) Don't know / Not sure
- 999 (DO NOT READ) Refused

DOCTDIAB

M02.04

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

- __ Number of times [76 = 76 or more]
- 88 None
- 77 (DO NOT READ) Don't know / Not sure
- 99 (DO NOT READ) Refused

CHKHEMO3

M02.05

About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.

Maine 2021 BRFSS

__ Number of times [76 = 76 or more]
88 None
98 Never heard of A-one-C test
77 (DO NOT READ) Don't know / Not sure
99 (DO NOT READ) Refused

CATI NOTE: If M02.03 = 555 (No feet), go to M02.07

FEETCHK

M02.06 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

__ Number of times [76 = 76 or more]
88 None
77 (DO NOT READ) Don't know / Not sure
99 (DO NOT READ) Refused

EYEEEXAM1

M02.07 When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

Read 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

DIABEYE

M02.08 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know/ not sure
- 9 (DO NOT READ) Refused

DIABEDU

Maine 2021 BRFSS

M02.09 Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know/ not sure
- 9 (DO NOT READ) Refused

Core 8: Arthritis

HAVARTH5

C08.01 Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No **(GO TO NEXT SECTION)**
- 7 (DO NOT READ) Don't know / Not sure **(GO TO NEXT SECTION)**
- 9 (DO NOT READ) Refused **(GO TO NEXT SECTION)**

ARTHEXER

C08.02 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

(INTERVIEWER NOTE: If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.)

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

ARTHEDU

C08.03 Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

LMTJOIN3

C08.04 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

Maine 2021 BRFSS

INTERVIEWERS NOTE: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment"

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

ARTHDIS2

C08.05

In the 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?

INTERVIEWERS NOTE: If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

JOINPAI2

C08.06

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 on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?

- ___ Enter number (00 – 10)
- 77 (DO NOT READ) Don't know / Not sure
- 99 (DO NOT READ) Refused

Maine 2021 BRFSS

Core 9: Demographics - QUESTIONS 1 TO 4

AGE

CDEM.01 What is your age?

__ Code age in years

__07 = (DO NOT READ) Don't know/Not sure

__09 = (DO NOT READ) Refused

HISPANC3

CDEM.02 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

INTERVIEWER NOTE: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

MRACE1

CDEM.03 Which one or more of the following would you say is your race?

INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One of more categories may be selected.

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**

Maine 2021 BRFSS

40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CATI NOTE: IF MORE THAN ONE RESPONSE TO CDEM.03, CONTINUE. OTHERWISE GO TO SAGISO.01

ORACE3

CDEM.04 Which one of these groups would you say best represents your race?

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

INTERVIEWER NOTE: IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE AS 'REFUSED'

10 White

- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

Maine 2021 BRFSS

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

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

STATE ADDED: GENDER IDENTITY AND SEXUAL ORIENTATION – PATHS A & B

SEXBIRTH

SAGISO.01

The next questions are about gender identity and sexual orientation.
What sex were you assigned at birth, on your original birth certificate?

IF NEEDED, SAY: “We ask these questions in order to better understand the health and health care needs of people with different sexual orientations and gender identities.”

INTERVIEWER NOTE: This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.

- 1 Male
- 2 Female

DO NOT READ:

- 7 Don't Know/ Not Sure
- 9 Refused

GENDRID

Maine 2021 BRFSS

SAGISO.02 I'll read a list of terms people sometimes use to describe their gender identity. Please tell me which number best describes how you think of yourself.

**INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE.
RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT WORD.**

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER, SAY:

"Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual."

- 1 Male
- 2 Female
- 3 Transgender
- 4 Do not Identify as female, male, or transgender

DO NOT READ

- 7 Don't Know/ Not Sure
- 9 Refused

SXL ORNT

SAGISO.03 Now I'll read a list of terms people sometimes use to describe their sexual orientation. Please tell me which number best describes how you think of yourself.

**INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE.
RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.**

- 1 Straight or heterosexual
- 2 Gay or lesbian
- 3 Bisexual
- 4 Other

DO NOT READ:

- 7 Don't Know/ Not Sure
- 9 Refused

Maine 2021 BRFSS

Core 9: Demographics - QUESTIONS 5 TO 19

MARITAL

CDEM.05 Are you...?

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

EDUCA

CDEM.06 What is the highest grade or year of school you completed?

Read 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

RENTHOM1

CDEM.07 Do you own or rent your home?

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Maine 2021 BRFSS

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.

READ IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

CTYCODE2

CDEM.08 In what county do you currently live?

— — — ANSI County Code (formerly FIPS county code)
7 7 7 (DO NOT READ) Don’t know / Not sure
8 8 8 County from another state
9 9 9 (DO NOT READ) Refused

ZIPCODE1

CDEM.09 What is the ZIP Code where you currently live?

— — — — ZIP Code
7 7 7 7 7 (DO NOT READ) Don’t know / Not sure
9 9 9 9 9 (DO NOT READ) Refused

CATI NOTE: If cellular telephone interview, do not ask CDEM.10, go to CDEM.12

NUMHHOL3

CDEM.10 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

1 Yes
2 No
7 (DO NOT READ) Don’t know / Not sure
9 (DO NOT READ) Refused

CATI NOTE: IF RESPONSE TO CDEM.10 IS 2, 7, OR 9, GO TO CDEM.12

NUMPHON3

CDEM.11 How many of these telephone numbers are residential numbers?

Maine 2021 BRFSS

- Enter number[1-5]
- 6 Six or more
- 7 Don't know / Not sure
- 8 (DO NOT READ) None
- 9 (DO NOT READ) Refused

CDEM.12 is last question needed for partial complete.

CPDEMO1B

CDEM.12 How many cell phones do you have for personal use?

Read if necessary: Include cell phones used for both business and personal use.

- Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 (DO NOT READ) None
- 9 (DO NOT READ) Refused

VETERAN3

CDEM.13 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?

READ IF NECESSARY: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

EMPLOY1

CDEM.14 Are you currently...?

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

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Maine 2021 BRFSS

Or

8 Unable to work

Do not read:

9 Refused

CHILDREN

CDEM.15 How many children less than 18 years of age live in your household?

__ __ Number of children

8 8 None

9 9 (DO NOT READ) Refused

INCOME3

CDEM.16 Is your annual household income from all sources—

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

CATI NOTE: Start with category 05 and move up or down categories.

Read only if necessary:

__01 Less than \$10,000?

__02 Less than \$15,000? (\$10,000 to less than \$15,000)

__03 Less than \$20,000? (\$15,000 to less than \$20,000)

__04 Less than \$25,000 (\$20,000 to less than \$25,000)

__05 Less than \$35,000 If (\$25,000 to less than \$35,000)

__06 Less than \$50,000 If (\$35,000 to less than \$50,000)

__07 Less than \$75,000? (\$50,000 to less than \$75,000)

__08 Less than \$100,000? (\$75,000 to less than \$100,000)

__09 Less than \$150,000? (\$100,000 to less than \$150,000)

__10 Less than \$200,000? (\$150,000 to less than \$200,000)

__11 \$200,000 or more

Do not read:

__77 Don't know / Not sure

__99 Refused

CATI NOTE: Skip if Male (SAGISO.01 is coded 1 OR if SAGISO.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1) or if CDEM.01, AGE, is greater than 49

PREGNANT

CDEM.17 To your knowledge, are you now pregnant?

1 Yes

Maine 2021 BRFSS

- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

WEIGHT2

CDEM.18

About how much do you weigh without shoes?

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

Round fractions UP

 _ _ _ _ Weight
(pounds/kilograms)

- 7 7 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 9 9 (DO NOT READ) Refused

HEIGHT3

CDEM.19

About how tall are you without shoes?

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

Round fractions DOWN

__ / __ Height
(ft / inches/meters/centimeters)

- 7 7 / 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 / 9 9 (DO NOT READ) Refused

Core 10: Disability

DEAF

CDIS.01

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not Sure
- 9 (DO NOT READ) Refused

BLIND

CDIS.02

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not Sure
- 9 (DO NOT READ) Refused

Maine 2021 BRFSS

DECIDE

CDIS.03

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

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

DIFFWALK

CDIS.04

Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

DIFFDRES

CDIS.05

Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

DIFFALON

CDIS.06

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Core Section 11: Tobacco Use – Questions 1-2 - PATH A and B

SMOKE100

CTOB.01

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

INTERVIEWER NOTE: "Do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

Maine 2021 BRFSS

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CATI NOTE: IF CTOB.01 RESPONSES 2, 7 OR 9 GO TO CTOB.03

SMOKDAY2

CTOB.02 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

MODULE 22: TOBACCO CESSATION - PATHS A & B

CATI NOTE: ASK M22.01 IF CTOB.01 = 1 AND CTOB.02 = 3

LASTSMK2

M22.01 How long has it been since you last smoked a cigarette, even one or two puffs?

Read if necessary:

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more

Do not read:

- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: ASK M22.02 IF CTOB.02=1 OR 2

STOPSMK2

M22.02 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Maine 2021 BRFSS

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Core Section 11: Tobacco Use – Question 3 PATHS A & B

USENOW3

CTOB.03

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

Snus (rhymes with 'goose')

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

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

Do not read:

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

STATE ADDED: OTHER TOBACCO PRODUCTS – PATH B ONLY

CIGARNOW2

SAOTP.01

Now I would like to ask you some questions about using other kinds of tobacco.

Do you now smoke regular cigars, cigarillos or little cigars that look like cigarettes 'every day,' 'some days,' or 'not at all'?

Read if necessary

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

Do not read

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

STATE ADDED: E-CIGARETTES 2 (SAECIG2) – PATH B ONLY

ECIGARET

SAECIG2.01 Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

1 Yes

2 No

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

Core Section 11: Tobacco Use – Question 4 – PATHS A & B

ECIGNOW1

CTOB.04 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

INTERVIEWER NOTE: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

READ:

1 Every day

2 Some days

3 Not at all

4 Never used e-cigs

DO NOT READ:

7 DON'T KNOW / NOT SURE

Maine 2021 BRFSS

9 REFUSED

STATE ADDED: E-CIGARETTES (SAECIG) - PATH B ONLY

CATI NOTE: ASK IF SAECIG2.01 = 1

WHY ECIG2

SAECIG.01 Why did you start to use e-cigarettes or other electronic vaping products?

- 1 Try something new
- 2 As a way to reduce or quit smoking
- 3 Friends (introduced, pressured, recommended)
- 4 Health Reasons (to improve health, perceived as less harmful)
- 8 Other
- 7 (DO NOT READ) Don't Know/Not sure
- 9 (DO NOT READ) Refused

CATI NOTE: ASK IF ((CTOB.01 > 0 AND CTOB.02 <3) OR SAOTP.01 <3 OR CTOB.03 <3) and SAECIG2.01 = 1

FRQ ECIG2

SAECIG.02 Do you or did you use e-cigarettes or other electronic vaping products the same, more or less frequently than other tobacco products?

Read if necessary

- 1 Same
- 2 More
- 3 Less
- 7 (DO NOT READ) Don't Know/Not sure
- 9 (DO NOT READ) Refused

CATI NOTE: ASK IF CTOB.04 < 3

STP TBCO

SAECIG.03 Have you stopped using other tobacco products completely?

- 1 Yes
- 2 No
- 3 Never use other tobacco products
- 7 (DO NOT READ) Don't Know/Not sure
- 9 (DO NOT READ) Refused

Maine 2021 BRFSS

CATI NOTE: ASK IF SAECIG2.01 = 1

CNT_ECIG2

SAECIG.04 Will you continue to use e-cigarettes or other electronic vaping products or plan to use them in the future?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

Core Section 12: Alcohol Consumption

ALCDAYS5

CALC.01 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 __ Days per week
- 2 __ Days in past 30 days
- 8 8 8 No drinks in past 30 days
- 7 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 9 (DO NOT READ) Refused

[READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.]

CATI NOTE: IF CALC.01 RESPONSE = 888, 777 OR 999, GO TO NEXT SECTION

AVEDRNK3

CALC.02 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?

READ IF NECESSARY: 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 (DO NOT READ) Don't know / Not sure
- 9 9 (DO NOT READ) Refused

CATI NOTE: For CALC.03, X = 5 for men, X = 4 for women, Use sex at birth to determine sex (SAGISO.01)

Maine 2021 BRFSS

DRNK3GE5

CALC.03

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

- Number of times
- 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 (DO NOT READ) Refused

MAXDRNKS

CALC.04

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

- Number of drinks
- 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 (DO NOT READ) Refused

Core Section 13: Immunization

FLUSHOT7

CIMM.01

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

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
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CATI NOTE: IF CIMM.01 RESPONSE = 2, 7, OR 9 GO TO CIMM.04

FLSHTMY3

CIMM.02

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

- / ---- Month / Year
- 7 7 / 7 7 7 7 (DO NOT READ) Don't know / Not sure
- 0 9 / 9 9 9 9 (DO NOT READ) Refused

Maine 2021 BRFSS

IMFVPLA2

CIMM.03 At what kind of place did you get your last flu shot or vaccine?

Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"

Read if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

Do not read:

- 12 A drive through location at some other place than listed above
- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure
- 99 Refused

PNEUVAC4

CIMM.04 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

READ IF NECESSARY: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Core 14: H.I.V./AIDS

HIVTST7

Maine 2021 BRFSS

CHIV.01 Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

READ IF NECESSARY: 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.

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CATI NOTE: IF CHIV.01 RESPONSE = 2, 7, OR 9 GO TO NEXT SECTION

HIVSTD3

CHIV.02 Not including blood donations, in what month and year was your last H.I.V. test?

NOTE: If response is before January 1985, code "777777"

INTERVIEWER NOTE: 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 (DO NOT READ) Don't know / Not sure
- 99 / 9999 (DO NOT READ) Refused / Not sure

Core 15: Fruits and Vegetables

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

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

FRUIT2

CFV.01 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

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

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': "Include fresh, frozen or canned fruit. Do not include dried fruits.."

Maine 2021 BRFSS

If Respondent responds less than once per month, code as 300.

If Respondent gives a number without a time frame, ASK: “Was that per day, week or month?”

1 __ Days
2 __ Weeks
3 __ Months
3 0 0 Less than once a month
5 5 5 Never
7 7 7 (DO NOT READ) Don’t know / Not sure
9 9 9 (DO NOT READ) Refused

FRUITJU2

CFV.02 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

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

If Respondent gives a number without a time frame, ASK: “Was that per day, week or month?”

If Respondent responds less than once per month, code as 300.

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: “Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends.”

1 __ Days
2 __ Weeks
3 __ Months
3 0 0 Less than once a month
5 5 5 Never
7 7 7 (DO NOT READ) Don’t know / Not sure
9 9 9 (DO NOT READ) Refused

FVGREEN1

CFV.03 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

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

Maine 2021 BRFSS

If Respondent gives a number without a time frame, ASK: “Was that per day, week or month?”

If Respondent responds less than once per month, code as 300.

READ IF RESPONDENT ASKS ABOUT SPINACH: “Include spinach salads.”

1 __ Days
2 __ Weeks
3 __ Months
3 0 0 Less than once a month
5 5 5 Never
7 7 7 (DO NOT READ) Don’t know / Not sure
9 9 9 (DO NOT READ) Refused

FRENCHF1

CFV.04 How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

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

If Respondent gives a number without a time frame, ASK: “Was that per day, week or month?”

If Respondent responds less than once per month, code as 300.

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “Do not include potato chips.”

1 __ Days
2 __ Weeks
3 __ Months
3 0 0 Less than once a month
5 5 5 Never
7 7 7 (DO NOT READ) Don’t know / Not sure
9 9 9 (DO NOT READ) Refused

POTATOE1

CFV.05 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

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

If Respondent gives a number without a time frame, ASK: “Was that per day, week or month?”

Maine 2021 BRFSS

If Respondent responds less than once per month, code as 300.

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes."

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 9 (DO NOT READ) Refused

VEGETAB2

CFV.06 Not including lettuce salads and potatoes, how often did you eat other vegetables?

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

If Respondent gives a number without a time frame, ASK: "Was that per day, week or month?"

If Respondent responds less than once per month, code as 300.

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice."

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 3 0 0 Less than once a month
- 5 5 5 Never
- 7 7 7 (DO NOT READ) Don't know / Not sure
- 9 9 9 (DO NOT READ) Refused

Maine 2021 BRFSS

MODULE 09: LUNG CANCER SCREENING – PATHS A AND B

CATI NOTE: If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question M09.04.

LCSFIRST

M09.01 You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

___ Age in Years (001 – 100)
777 (DO NOT READ) Don't know/Not sure
999 (DO NOT READ) Refused
888 Never smoked cigarettes regularly (**GO TO M09.04**)

CATI NOTE/INTERVIEWER NOTE: If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

LCSLAST

M09.02 How old were you when you last smoked cigarettes regularly?

___ Age in Years (001 – 100)
777 (DO NOT READ) Don't know/Not sure
999 (DO NOT READ) Refused

LCSNUMCG

M09.03 On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

INTERVIEWER NOTE: Respondents may answer in packs instead of number of cigarettes.

Below is a conversion table:

0.5 pack = 10 cigarettes	0.75 pack = 15 cigarettes	1 pack = 20 cigarettes
1.25 pack = 25 cigarettes	1.5 pack = 30 cigarettes	1.75 pack = 35 cigarettes
2 packs = 40 cigarettes	2.5 packs = 50 cigarettes	3 packs = 60 cigarettes

___ Number of cigarettes
777 (DO NOT READ) Don't know/Not sure

Maine 2021 BRFSS

999 (DO NOT READ) Refused

LCSTSCN

M09.04

The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

Read if necessary:

- 1 Yes, to check for lung cancer
- 2 No (did not have a CT scan)
- 3 Had a CT scan, but for some other reason

Do not read:

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

STATE ADDED: LUNG CANCER SCREENING – PATHS A AND B

LST12M_SCAN

SALCS.01_

Lung cancer screening occurs when someone who is healthy, without any symptoms or signs of lung cancer, is tested to see if lung cancer is present. The test that is used for lung cancer screening is called a CT or CAT scan. During this test, you lie flat on your back on a table, which moves through a donut-shaped x-ray machine that takes pictures of your lungs.

In the last 12 months, did any of your health care providers ask you whether you wanted to have a CT scan for lung cancer screening?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

BNFTS_SCAN

SALCS.02

In the last 12 months, did your health care providers talk to you about the possible benefits of the CT scan for lung cancer screening?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

HRMS_SCAN

SALCS.03

In the last 12 months, did your health care providers talk to you about the possible harms of the CT scan for lung cancer screening?

- 1 Yes
- 2 No

Maine 2021 BRFSS

- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

LCS_CTSCN

SALCS.04

In the last 12 months, did you have a CT scan for lung cancer screening?

INTERVIEWER NOTE: Confirm with respondent that the CT scan was performed for lung cancer screening, not for other reasons (such as evaluation of symptoms like cough, shortness of breath, etc.)

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

LCS_FMLY

SALCS.05

How many parents, brothers, or sisters in your family have had lung cancer?

- 1 None
- 2 One
- 3 2 or more
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

LCS_EXPSD

SALCS.06

Have you been exposed to asbestos at work?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

MODULE 16: HOME/SELF-MEASURED BLOOD PRESSURE – PATHS A AND B

HOMBPCHK

M16.01

Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?

INTERVIEWER NOTE: By other healthcare professional, we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/ Not Sure
- 9 (DO NOT READ) Refused

Maine 2021 BRFSS

HOMRGCHK

M16.02 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/ Not Sure
- 9 (DO NOT READ) Refused

CATI NOTE: If 2, 7, OR 9, Go to next section.

WHEREBP

M16.03 Do you take it mostly at home or on a machine at a pharmacy, grocery, or similar location?

- 1 At home
- 2 On a machine at a pharmacy, grocery or similar location
- 3 Do not check it
- 7 (DO NOT READ) Don't Know / Not Sure
- 9 (DO NOT READ) Refused

SHAREBP

M16.04 How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as e-mails, internet portal or fax, or in person?

DO NOT READ:

- 1 Telephone
- 2 Other methods such as email, internet portal or fax, OR
- 3 In Person
- 4 Do not share information
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

MODULE 17: SODIUM OR SALT-RELATED BEHAVIOR – PATHS A AND B

WTCHSALT

M17.01 Are you currently watching or reducing your sodium or salt intake?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/ Not Sure
- 9 (DO NOT READ) Refused

Maine 2021 BRFSS

DRADVISE

- M17.02** Has a doctor or other health professional ever advised you to reduce sodium or salt intake?
- 1 Yes
 - 2 No
 - 7(DO NOT READ) Don't Know/ Not Sure
 - 9 (DO NOT READ) Refused

MODULE 19 – CAREGIVER – PATH A ONLY

CAREGIV1

- M19.01** During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?
- 1 Yes
 - 2 No (**GO TO M19.09**)
 - 7 (DO NOT READ) Don't Know/ Not Sure (**GO TO M19.09**)
 - 8 Caregiving recipient died in past 30 days (**GO TO NEXT MODULE**)
 - 9 (DO NOT READ) Refused (**GO TO M19.09**)

Interviewer Note: If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss.

CRGVREL4

- M19.02** What is his or her relationship to you?

INTERVIEWER NOTE: If more than one person, say: Please refer to the person to whom you are giving the most care

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live-in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/ Family friend
- 77 (DO NOT READ) Don't know/Not sure

Maine 2021 BRFSS

99 (DO NOT READ) Refused

CRGVLNG1

M19.03

For how long have you provided care for that person?

Read if necessary:

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

Do not read:

- 7 Don't Know/ Not Sure
- 9 Refused

CRGVHRS1

M19.04

In an average week, how many hours do you provide care or assistance?

Read if necessary:

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

Do not read:

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

CRGVPRB3

M19.05

What is the main health problem, long-term illness, or disability that the person you care for has?

- 01 Arthritis/ rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as emphysema or COPD
- 05 Alzheimer's disease, dementia or other cognitive impairment disorder
- 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida
- 07 Diabetes
- 08 Heart disease, hypertension, stroke
- 09 Human Immunodeficiency Virus Infection (H.I.V.)
- 10 Mental illnesses, such as anxiety, depression, or schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance abuse or addiction disorders
- 13 Injuries, including broken bones
- 14 Old age/ infirmity/frailty

Maine 2021 BRFSS

- 15 Other
- 77 (DO NOT READ) Don't know/Not sure
- 99 (DO NOT READ) Refused

CATI NOTE: If M19.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue

CRGVALZD

M19.06 Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/ Not Sure
- 9 (DO NOT READ) Refused

CRGVPER1

M19.07 In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/ Not Sure
- 9 (DO NOT READ) Refused

CRGVHOU1

M19.08 In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/ Not Sure
- 9 (DO NOT READ) Refused

CATI NOTE: SKIP QUESTION M19.09 IF M19.01 CAREGIV1 IS CODED 1 OR 8

CRGVEXPT

M19.09 In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/ Not Sure
- 9 (DO NOT READ) Refused

Maine 2021 BRFSS

MODULE 20: ADVERSE CHILDHOOD EXPERIENCES – PATH A ONLY

Interviewer note: Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.

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.

ACEDEPRS

M20.01

Now, looking back before you were 18 years of age---

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

1 Yes

2 No

7 (DO NOT READ) Don't Know/Not Sure

9 (DO NOT READ) Refused

ACEDRINK

M20.02

Did you live with anyone who was a problem drinker or alcoholic?

1 Yes

2 No

7 (DO NOT READ) Don't Know/Not Sure

9 (DO NOT READ) Refused

ACEDRUGS

M20.03

Did you live with anyone who used illegal street drugs or who abused prescription medications?

1 Yes

2 No

7 (DO NOT READ) Don't Know/Not Sure

9 (DO NOT READ) Refused

ACEPRISN

M20.04

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

1 Yes

Maine 2021 BRFSS

- 2 No
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

ACEDIVRC

M20.05 Were your parents separated or divorced?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/Not Sure
- 8 PARENTS NOT MARRIED**
- 9 (DO NOT READ) Refused

ACEPUNCH

M20.06 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
Was it...

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

ACEHURT1

M20.07 Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

ACESWEAR

M20.08 How often did a parent or adult in your home ever swear at you, insult you, or put you down?
Was it...

Read:

- 1 Never

Maine 2021 BRFSS

- 2 Once
- 3 More than once

Don't Read:

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

ACETOUCH

M20.09

How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

ACETHEM

M20.10

How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

ACEHVSEX

M20.11

How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

Maine 2021 BRFSS

ACEADSAF

M20.12 For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

1. Never
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
- 7 (DO NOT READ) Don't Know/Not sure
- 9 (DO NOT READ) Refused

ACEADNED

M20.13 For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

1. Never
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
- 7 (DO NOT READ) Don't Know/Not sure
- 9 (DO NOT READ) Refused

EPILOGUE: Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.

If yes, the ChildHelp National Child Abuse Helpline is 1-800-4-A-Child (1-800-422-4453).

Module 21: Marijuana Use – PATHS A AND B

MARIJAN1

M21.01 During the past 30 days, on how many days did you use marijuana or cannabis?

INTERVIEWER NOTE: If asked, participants should be advised NOT to include hemp-based CBD products.

- __ __ 01-30 Number of days
- 88 None **(GO TO NEXT SECTION)**
- 77 (DO NOT READ) Don't know/not sure **(GO TO NEXT SECTION)**
- 99 (DO NOT READ) Refused **(GO TO NEXT SECTION)**

Maine 2021 BRFSS

USEMRJN3

M21.02

During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

INTERVIEWER NOTE: Select one. If respondent provides more than one say: which way did you use it most often. Read parentheticals only if asked for more detail.

Read:

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)
- 3 Drink it (for example, in tea, cola, or alcohol)
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates), or
- 6 Use it some other way.

Do not read:

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

RSNMRJN2

M21.03

When you used marijuana or cannabis during the past 30 days, was it usually:

Read:

- 1 For medical reasons (like to treat or decrease symptoms of a health condition);
- 2 For non-medical reasons (like to have fun or fit in), or
- 3 For both medical and non-medical reasons.

Do not read:

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

STATE ADDED: ELECTRONIC VAPOR USE – PATH B

CATI NOTE: ASK SAECG.01 IF CTOB.04 < 3 OR M21.02 = 4

INL ECG

SAECG.01

When you use e-cigarettes or other electronic vaping products what do you most often inhale? Would you say...

INTERVIEWER NOTE: Marijuana and cannabis include CBD and THC.

- 1 Nicotine
- 2 Marijuana, cannabis or THC
- 3 Just flavoring
- 7 (DO NOT READ) Don't Know/Not sure

Maine 2021 BRFSS

9 (DO NOT READ) Refused

MODULE 25: RANDOM CHILD SELECTION - PATHS A AND B

CATI NOTE: If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core CDEM.15 = 1 AND CDEM.15 DOES NOT EQUAL 88 or 99 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 CDEM.15 is >1 and CDEM.15 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.

RCSBIRTH

M25.01. What is the birth month and year of the [Xth] child?

__/____	Code month and year
77/7777	(DO NOT READ) Don’t know / Not sure
99/9999	(DO NOT READ) Refused

RCSGENDR

M25.02. Is the child a boy or a girl?

1	Boy
2	Girl
9	(DO NOT READ) Refused

RCHISLA1

M25.03. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

Maine 2021 BRFSS

Read:

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

RCSRACE1

M25.04. Which one or more of the following would you say is the race of the child?

(Select all that apply)

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

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

Maine 2021 BRFSS

- 60 Other
- 77 Don't know / Not sure
- 88 No additional choices
- 99 Refused

[CATI NOTE: IF MORE THAN ONE RESPONSE TO M25.04; CONTINUE. OTHERWISE, GO TO M25.06.]

RCSBRAC2

M25.05 Which one of these groups would you say best represents the child's race?

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

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

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

RCSRLTN2

M25.06 How are you related to the child? Are you a.....

Please read:

- 1 Parent (include biologic, step, or adoptive parent)

Maine 2021 BRFSS

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

Do not read:

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

MODULE 26: CHILDHOOD ASTHMA PREVALENCE: - PATHS A AND B

CATI NOTE: If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module.

CASTHDX2

M26.01 The next two questions are about the "Xth" [CATI: please fill in correct number] child.

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

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

CATI NOTE: IF 2, 7 OR 9, GO TO NEXT MODULE

CASTHNO2

M26.02 Does the child still have asthma?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't know / Not sure
- 9 (DO NOT READ) Refused

Asthma Call-Back Permission Script - PATHS A AND B

CALLBACK

CB01.01 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

Maine 2021 BRFSS

name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.

Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

ADLTCHLD

CB01.02 Which person in the household was selected as the focus of the asthma call-back?

- 1 ADULT
- 2 CHILD

CB01.03 Can I please have either (your/your child's) the first name or initials so we will know who to ask for when we call back?

_____ Enter first name or initials

STATE ADDED: CIGARETTE USE- PATH B

CATI NOTE: Ask if CTOB.01 = 1 and CTOB.02 = 1

SMOKENUM

SACIG.01 We have some additional questions on specific health issues we would like to ask you about. On the average, about how many cigarettes a day do you now smoke?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

____ Enter number of cigarettes
777(DO NOT READ) Don't Know/Not sure
999 (DO NOT READ) Refused

_____ **CATI NOTE: Ask if CTOB.01 = 1 and CTOB.02 = 2**

SMOKNM30

SACIG.02 We have some additional questions on specific health issues we would like to ask you about. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?

Maine 2021 BRFSS

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

___ Enter number of cigarettes
777 (DO NOT READ) Don't Know/Not sure
999 (DO NOT READ) Refused

CATI NOTE: Ask if CTOB.01 = 1

FIRSTSMK

SACIG.03 How old were you when you smoked your first cigarette?

___ Age in years
777 (DO NOT READ) Don't Know/Not sure
999 (DO NOT READ) Refused

CATI NOTE for state added section SAQUIT: IF (CTOB.02 > 0 AND CTOB.02 < 3) OR SAOTP.01 < 3 OR CTOB.03 < 3 or CTOB.04 < 3 continue, else go to Section SAETOB – Environmental Tobacco

SAQUIT - Cessation - Path B

STP SMOK

SAQUIT.01 The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?

1 Yes
2 No (**Go to SAQUIT.04**)
7 (DO NOT READ) Don't Know/Not Sure (**Go to SAQUIT.04**)
9 (DO NOT READ) Refused (**Go to SAQUIT.04**)

CATI NOTE: ASK IF SAQUIT.01 = 1

SMK Q6MO

SAQUIT.02 Are you seriously considering quitting within the next 6 months?

1 Yes
2 No (**Go to SAQUIT.04**)
7 (DO NOT READ) Don't Know/Not Sure
9 (DO NOT READ) Refused

CATI NOTE: ASK IF SAQUIT.01 = 1 AND (SAQUIT.02 > 0 AND SAQUIT.02 < 2)

SMK Q30D

SAQUIT.03 Are you planning to stop within the next 30 days?

1 Yes

Maine 2021 BRFSS

- 2 No
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

MED NCTN

SAQUIT.04

Now I am going to read you a list of products and services that you might have used to help you quit smoking or using other Tobacco products.

In the last 12 Months, have you Used...Nicotine Replacement medication such as nicotine patches, gum, inhaler or nasal spray?

- 1 Yes
- 2 No (**GO TO SAQUIT.06**)
- 3 I did not try to quit smoking or using tobacco products (**Go to SAQUIT.08**)
- 7 (DO NOT READ) Don't Know/Not sure (**Go to SAQUIT.06**)
- 9 (DO NOT READ) Refused (**Go to SAQUIT.06**)

CATI NOTE ASK IF SAQUIT.04 = 1

PAY NCTN

SAQUIT.05

How did you pay for it (nicotine replacement systems)? Would you say ...

- 1 You paid for it on your own
- 2 Insurance paid for some of it
- 3 Insurance paid for all of it
- 4 You were given the medication free of charge
- 7 (DO NOT READ) Don't Know/Not sure
- 9 (DO NOT READ) Refused

CATI NOTE: ASK IF SAQUIT.04 > 0 AND SAQUIT.04 <> 3

NON NCTN

SAQUIT.06

In the last 12 months, have you used...

Non-nicotine Medication such as Zyban, Wellbutrin, Chantix, Varenicline or other Medications?

- 1 Yes
- 2 No (**Go to SAQUIT.08**)
- 3 I Did not try to quit smoking or using tobacco products (**Go to SAQUIT.08**)
- 7 (DO NOT READ) Don't Know/Not sure (**Go to SAQUIT.08**)
- 9 (DO NOT READ) Refused (**Go to SAQUIT.08**)

CATI NOTE: ASK IF SAQUIT.06 = 1

PAY NNCT

Maine 2021 BRFSS

SAQUIT.07 How did you pay for it (non-nicotine medication)? Would you say...

- 1 You paid for it on your own
- 2 Insurance paid for some of it
- 3 Insurance paid for all of it
- 4 You were given the medication free of charge
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

DNT QUIT

SAQUIT.08 In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?

- 1 Yes
- 2 No
- 3 I have not seen a dentist in the last 12 months
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

DNT ADVC

SAQUIT.09 The next set of questions are about experiences you may have had during a visit to a doctor's office in the last 12 months.

During any such visit, did any health professional advise you to stop smoking or using other tobacco products?

- 1 Yes
- 2 No
- 3 I have not visited a doctor's office in the last 12 months (**Go to SAQUIT.12**)
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

CATI NOTE: IF SAQUIT.09 > 0 AND SAQUIT.09 <= 3 continue; else go to SAQUIT.12

DNT CLSS2

SAQUIT.10 During any such visit, did any health professional...

Give you information about counseling classes or programs, such as the Maine QuitLink (formerly the Maine Tobacco HelpLine), to help you quit smoking or using other tobacco products?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/Not sure
- 9 (DO NOT READ) Refused

DNT OTHR

Maine 2021 BRFSS

SAQUIT.11 During any such visit, did any health professional....

Talk with you about medications to help you stop smoking or using other tobacco products?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/Not Sure
- 9(DO NOT READ) Refused

SMK TVAD

SAQUIT.12 During the past 30 days, have you seen any advertisements on television about help to quit smoking or using tobacco products?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

SMK SMAD

SAQUIT.13 During the past 30 days, have you seen any advertisements on social media such as Facebook, Instagram, or YouTube about help to quit smoking or using other tobacco products?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

MQL USE

SAQUIT.14 In the last 12 months, how many times have you accessed services from the Maine QuitLink?

INTERVIEWER NOTE READ IF NECESSARY: The Maine Quitlink, formerly the Maine Tobacco Helpline, provides services such as phone and web coaching, text or email supports, nicotine replacement therapy starter kits, and other web-based services.

Would you say...

PLEASE READ

- 1 Zero Times
- 2 One Time
- 3 Two Times
- 4 Three or more times

DO NOT READ

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

Maine 2021 BRFSS

CATI NOTE: Ask if SAQUIT.14<6

SQL RFR

SAQUIT.15 How were you referred to the Maine QuitLink?

PLEASE READ

2 From ads/materials promoting the QuitLink

3 By a healthcare professional

4 By a family member or friend

5 I was not referred to the Maine QuitLink

DO NOT READ

7 Don't Know/Not Sure

9 Refused

CATI NOTE: KEEP NUMBERING OF RESPONSES AS IS. There is no #1 selection

SAETOB: Environmental Tobacco (Path B)

LIV_BLDG

SAETOB.01 These next questions ask about the type of building you live in and how long have lived there.

In what type of living space do you currently reside?

PLEASE READ

- 1 Single family home
- 2 Duplex
- 3 Double or multi-family home
- 4 Condominium
- 5 Townhouse
- 6 Apartment building

DO NOT READ:

- 7 Don't Know/Not Sure
- 9 Refused

LIV_CRNT

SAETOB.02 How long have you lived in your current residence?

- __ Enter amount of time
- 777 (DO NOT READ) Don't Know/Not Sure
- 999 (DO NOT READ) Refused

CATI NOTE: 101 MIN 499 MAX
101 - 199 Number of Days
201 - 299 Number of Weeks
301 - 399 Number of months
401 - 499 number of years

LIV_PBLC

SAETOB.03 Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

Maine 2021 BRFSS

SCD_HAND

SAETOB.04 Now I am going to ask you some questions about second-hand cigarette smoke.

Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say

PLEASE READ

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

HME_S30D

SAETOB.05 On how many of the past 30 days, has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

__ Days **CATI NOTE: 30. MAX**

88 None

77 (DO NOT READ) Don't Know/Not Sure

99 (DO NOT READ) Refused

RLS_SMOK2

SAETOB.06 Which of the following statements best describes the rules about smoking inside your home?

Please read

- 1 No one is allowed to smoke anywhere inside your home
- 2 Smoking is not allowed if children are in the home
- 3 Smoking is allowed in some places or at some times
- 4 Smoking is permitted anywhere inside your home

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

CATI NOTE: ASK IF SAETOB.01 > 1 AND SAETOB.01 < 7

SMK_BLDG

SAETOB.07 Which of the following statements best describes the official smoking policy in your building?

Maine 2021 BRFSS

Please read

- 1 Smoking is not allowed in any areas of the building including living units
- 2 Smoking is not allowed in shared areas, but is allowed inside living units
- 3 Smoking is allowed anywhere

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

CAR_SMRL

SAETOB.08 Which of the following statements best describes the rules about smoking inside your car?

Please read

- 1 No one is allowed to smoke inside your car
- 2 Smoking is not allowed if children under the age of 16 are in your car
- 3 Smoking is permitted anytime inside your car
- 4 Don't own a car

DO NOT READ

- 7 Don't Know/Not Sure
 - 9 Refused
-

CATI NOTE: Program today's day of the week}

SMK_RIDE

SAETOB.09 During the past 7 days, that is, since last {today's day of the week}, on how many days did you ride in a vehicle where someone other than you was smoking tobacco?

INTERVIEWER NOTE: 07 Max

__ Number of Days (01-07)

88 None

77 (DO NOT READ) Don't Know/Not Sure

99 (DO NOT READ) Refused

CATI NOTE: IF CDEM.14 = 1 OR CDEM.14 = 2 continue, else go to next section.

PUB_WRPL

SAETOB.10 Which of these bests describes your place of work's smoking policy for indoor public common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is

Maine 2021 BRFSS

Please read

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

WRK_WRPL

SAETOB.11 Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...

Please read

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

WRK_VHCL

SAETOB.12 Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...

Please read:

- 1 Not allowed in any vehicles
- 2 Allowed in some vehicles
- 3 Allowed in all vehicles
- 4 My work does not involve the use of any vehicles at any time

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

CATI NOTE: Program {Today's day of the week}

CATI NOTE: 07 MAX

WRK_SMOK

SAETOB.13 The next question is about exposure to secondhand smoke.

Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past 7 days, that is, since last {Today's day of the week}, on how many days did you breathe the smoke at your workplace from someone other than you who was smoking tobacco?

__ Number of Days (01-07)

Maine 2021 BRFSS

88 None
77 (DO NOT READ) Don't Know/Not sure
99 (DO NOT READ) Refused

SASMB: Smoking Beliefs - Path B

CMN_SMAD2

SASMB.01 When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, other tobacco products or electronic vapor products? Would you say...

Please read

- 1 Frequently
- 2 Sometimes
- 3 Almost Never
- 4 I Don't go to convenience stores or gas stations

Do not read:

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

CATI NOTE: IF CDEM.15 < 88 continue, else go to SASMB.03

PRV_CHLD2

SASMB.02 Do you try to prevent the children in your household from using cigarettes, other tobacco products or electronic vapor products?

- 1 Yes
- 2 No
- 7 (DO NOT READ) DON'T KNOW/NOT SURE
- 9 (DO NOT READ) Refused

NCT_ECIG

SASMB.03 Do you believe e-cigarettes or other Electronic vaping products have the same, more or less nicotine than regular cigarettes?

- 1 Same
- 2 More
- 3 Less
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

READ IF NECESSARY: Electronic cigarettes (e-cigarettes and other electronic products include electronic hookahs, (e-hookahs), vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint or candy. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen and blu.

SAPOA: Proof of Age - Path B

RTL_POA

SAPOA.01 During the past 30 days when you bought or tried to buy any tobacco products, including cigarettes, cigars, smokeless tobacco, hookah tobacco or electronic vapor products in a store, were you asked to show proof of age?

- 1 Yes
- 2 No
- 3 I have not bought any tobacco products in a store in the past 30 days
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

SAT21: AGE 21 – PATH B

PRV_SMK

SAT21.01 PLEASE READ:

As of July 1, 2018, the legal age to purchase tobacco Products in Maine was raised to 21. Do you agree or disagree with the following statement: "Raising the legal age of sale for tobacco products will reduce youth smoking."

PLEASE READ

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

RTL_T21

SAT21.02 During the past 30 days, have you seen any signage in retail stores, such as grocery or convenience stores, that the legal age for tobacco sales in Maine is 21?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/Not Sure
- 9 (DO NOT READ) Refused

STATE ADDED: SEXUAL VIOLENCE (SASV) – PATH A

SVSAFE

SASV.01 Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. 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.

Are you in a safe place to answer these questions?

1. YES
2. NO

CATI NOTE: IF 2 (NO), END SECTION.

CATI NOTE: ASK IF SASV.01=1

CATI NOTE: IF female (SAGISO.01, is coded 2 or if SAGISO.01= missing) and (CP05=2 or LL12=2; or LL09=2 or LL07=2), then include "vagina" prior to anus.

EHDSE1

SASV.02 Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your **{IF female (SAGISO.01, is coded 2 or if SAGISO.01= missing and (CP05=2 or LL12=2; or LL09=2 or LL07=2), vagina}**, 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.

Has anyone EVER had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?

1. YES
2. NO
7. (DO NOT READ) DON'T KNOW/NOT SURE
9. (DO NOT READ) REFUSED

CATI NOTE: IF 2, 7, OR 9, GO TO SASV.04

Maine 2021 BRFSS

CATI NOTE: Ask if SASV.02 = 1

NFRG_12MN

SASV.03 Has this happened in the past 12 months?

- 1 Yes
- 2 No
- 7 (DO NOT READ) Don't Know/ Not Sure
- 9 (DO NOT READ) Refused

CATI NOTE: ASK IF SASV.01 = 1

SVSEXTCH

SASV.04 In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent?

1. YES
2. NO
7. (DO NOT READ) DON'T KNOW/NOT SURE
9. (DO NOT READ) REFUSED

CATI NOTE: ASK IF SASV.01 = 1

FRG_SFTY

SASV.05 The next questions are about conflicts in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

Have you EVER been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?

1. YES
2. NO
7. (DO NOT READ) DON'T KNOW/NOT SURE
9. (DO NOT READ) REFUSED

CATI NOTE: ASK IF SASV.01 = 1

SEX_VLNC

SASV.06 In the past 12 months, have you experienced physical violence or had unwanted sex with a current or former intimate partner? Physical violence includes being hit, kicked, punched, choked or otherwise physically hurt.

1. YES
2. NO
7. (DO NOT READ) DON'T KNOW/NOT SURE

Maine 2021 BRFSS

9. (DO NOT READ) REFUSED

CATI NOTE: ASK IF SASV.01 = 1

SASV.07 We realize that these questions 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 advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers?

STATE ADDED SAENV: ENVIRONMENTAL (HS1) HEALTH –

PATH A ONLY – Questions SAENV.01, SAENV.02, SAENV.07, SAENV.08, SAENV.09

PATH A & B – Questions SAENV.03, SAENV.04, SAENV.05, SAENV.06

AIR COND

SAENV.01 Do you have any type of air conditioning in your home?

READ: Any type of air conditioning means a central air conditioning system or window air conditioning units, or a heat pump used to cool the air in your home.

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

CATI NOTE: ASK SAENV.02 IF SAENV.01 = 1

TYP COND

SAENV.02 Do you have central air conditioning, or a window air conditioner unit, or a heat pump?

(INTERVIEWER NOTE: CHECK ALL THAT APPLY)

1. Central air conditioning;

2. A window air conditioning unit;

4. Heat pump;

DO NOT READ

7. Don't know/not sure;

9. Refused

Maine 2021 BRFSS

WAT WELL

SAENV.03 Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing. Do you get any of your water from a well?

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

CATI NOTE: ASK SAENV.04 IF SAENV.03 = 1, ELSE SKIP TO SAENV.07

WAT TEST

SAENV.04 Have you ever had your current well water tested?

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

CATI NOTE: Ask SAENV.05 if SAENV.04=1 (Yes), else skip to SAENV.07

TST ARSN

SAENV.05 Arsenic is not included in all water tests. Have you tested your well water for arsenic?

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

CATI NOTE: Ask SAENV.06 if SAENV.04=1 (Yes), else skip to SAENV.07

RDN WATR

SAENV.06 Radon is not included in all water tests. Testing water for radon is not the same as testing your household air for radon. Have you tested your well water for radon?

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

Maine 2021 BRFSS

RDN TEST

SAENV.07 Testing household air for radon is not the same as testing your water for radon. Has your household air been tested for the presence of radon gas?

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

CATI NOTE: Ask SAENV.08 if SAENV.07 = 1(yes), else skip to next section.

RDN LEVL

SAENV.08 Were the radon levels in your household above normal?

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

CATI NOTE: Ask SAENV.09 if SAENV.08=1 (Yes)

RDN FIXD

SAENV.09 Have the radon levels been reduced or fixed?

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

STATE ADDED SACVD: ASPIRIN FOR CVD PREVENTION – PATHS A AND B

ASPIRIN

SACVD.01 How often do you take an aspirin to prevent or control heart disease, heart attacks, or stroke? Would you say....

Maine 2021 BRFSS

Read list:

- 1 Daily
- 2 Some days
- 3 Used to take it but had to stop due to side effects, OR
- 4 Do not take it

Do not read:

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

STATE ADDED: SUBSTANCE USE – PATHS A AND B

NUSE_DRUG

SARXMU.01

Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?

- 1 NEVER USED
- 2 HAVE USED BUT NOT IN THE LAST 30 DAYS
- 3 1-2 DAYS
- 4 3-5 DAYS
- 5 6 OR MORE DAYS

DO NOT READ

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

STATE ADDED: MENTAL HEALTH – PATHS A AND B

ADPLEASR

SAMH.01 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

CATI NOTE: 14 DAY MAX

- __ 01-14 Days
- 88 None
- 77 (DO NOT READ) Don't Know/Not sure
- 99 (DO NOT READ) Refused

ADDOWN

SAMH.02

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

CATI NOTE: 14 DAY MAX

- __ 01-14 Days
- 88 None
- 77 (DO NOT READ) Don't Know/Not sure
- 99 (DO NOT READ) Refused

Maine 2021 BRFSS

ADANXEV

SAMH.03 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

MISTMNT

SAMH.04 Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health condition or emotional problem?

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

STATE ADDED: GAMBLING – PATHS A AND B

LFE_GMBL

SAGAMB.01 In your lifetime, how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?

1 0 times (**Go to END OF MODULE**)

2 1-2 times

3 3-9 times

4 10-19 times

5 20-39 times

6 40 or more times

DO NOT READ

7 Don't Know/Not Sure (**Go to END OF MODULE**)

9 Refused (**Go to END OF MODULE**)

Maine 2021 BRFSS

PRB_GMBL

SAGAMB.02 Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?

1 Yes

2 No

DO NOT READ

7 Don't Know/ Not Sure

9 Refused

STATE ADDED: SUICIDE (SASUICD) – PATHS A AND B

INTRODUCTION: The next questions deal with the topic of suicide. Answering these questions may bring up strong feelings. If you feel that you need help with these feelings please write down the statewide crisis number 1-888-568-1112, so that you can call them if needed.

CMT_SUCD

SASUICD.01 During the last 12 months, did you ever seriously consider attempting suicide?

1 Yes

2 No

DO NOT READ

7 Don't know

9 Refused

ATM_SUCD

SASUICD.02 During the last 12 months, did you ever attempt suicide?

1 Yes

2 No

DO NOT READ

7 Don't know

9 Refused

CLOSING SUICIDE STATEMENT: Would you like me to repeat the statewide suicide number?

If yes say: The number is, 1-888-568-1112

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.