



2007

Behavioral Risk Factor Surveillance System

Maine Part A

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

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Promotion

Division of Adult and Community Health

2007 Maine BRFSS Part A

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Introduction and Random Adult Selection Module

INTROQST

HELLO, I'm calling for the **Maine Center for Disease Control and Prevention**. My name is [INTERVIEWER NAME].

We are gathering information about the health of **Maine** residents. This project is conducted with assistance from the **National Centers for Disease Control and Prevention**. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

INTERVIEWER NOTE: THE MAINE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) IS FORMERLY THE MAINE BUREAU OF HEALTH.

Is this [XXX-XXX-XXXX]?

1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) **SKP → PRIVRES**
2. NUMBER IS NOT THE SAME **SKP → WRONGNUM**

WRONGNUM - IF INTROQST = 2

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.

PRIVRES - IF INTROQST = 1

Is this a private residence?

1. YES, CONTINUE **SKP → ISCELL**
2. NO, NON-RESIDENTIAL **SKP → NONRES**

NONRES - IF PRIVRES = 2

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

ISCELL - IF PRIVRES = 1

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1. NO, NOT A CELLULAR TELEPHONE, CONTINUE. **SKP → ADULTS**
2. YES, A CELLULAR TELEPHONE **SKP → CELLYES**

CELLYES - IF ISCELL = 2

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

ADULTS - IF ISCELL = 1

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

-- ENTER NUMBER OF ADULTS IF ADULTS = 1 SKP → ONEADULT

MEN

How many of these adults are men?

-- ENTER NUMBER MEN

WOMEN

How many of these adults are women?

-- ENTER NUMBER WOMEN

WRONGTOT - IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men	-	
Number of Women	-	+

Number of Adults	-	

1. CORRECT THE NUMBER OF MEN SKP → MEN
2. CORRECT THE NUMBER OF WOMEN SKP → WOMEN
3. CORRECT THE NUMBER OF ADULTS SKP → ADULTS

SELECTED - IF ADULT > 1 & MEN + WOMEN = ADULTS

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

1. YES SKP → YOURTHE1
2. NO SKP → GETNEWAD

ONEADULT - IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1. YES AND THE RESPONDENT IS A MALE. SKP → YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE. SKP → YOURTHE1
3. NO

ASKGENDR - IF ADULT = 1 & ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ADULT > 1

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?
[IF ASKGENDR = 2 SHOW] ...her?

1. YES, ADULT IS COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

YOURTHE1 - IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE SKP → INTROSCR
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE SKP → NEWADULT
2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK SKP → NEWADULT
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the **Maine Center for Disease Control and Prevention**. My name is [INTERVIEWER NAME].

We are gathering information about the health of **Maine** residents. This project is conducted with assistance from the National 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.

1. PERSON INTERESTED, CONTINUE
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

INTROSCR

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

1. PERSON INTERESTED, CONTINUE SKP → C01Q01
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS

Core Section 01: Healthy Status

C01Q01

Would you say that in general your health is...

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

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

Core Section 02: Healthy Days—Health-Related Quality of Life

C02Q01

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?

_ _ NUMBER OF DAYS

- 88 NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

C02Q02

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?

_ _ NUMBER OF DAYS

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C03Q01

C02Q03 - IF C02Q01 <> 88 OR C02Q02 <> 88

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?

_ _ NUMBER OF DAYS

- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Core Section 03: Health Care Access

C03Q01

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

- 1. YES
- 2. NO

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

State Added Section 01: Maine Care

ME01Q01

MaineCare, also known as Medicaid, is a health coverage plan. Do you have MaineCare or Medicaid?

- 1. YES
- 2. NO

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

C03Q02

Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: 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. DON'T KNOW/NOT SURE
9. REFUSED

C03Q03

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1. YES
2. NO

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

C03Q04

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

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

7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

Core Section 04: Exercise

C04Q01

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?

1. YES
2. NO

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

Core Section 05: Diabetes

C05Q01

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

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"

INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY SKP → C06Q01
3. NO SKP → C06Q01
4. NO, PRE-DIABETES OR BORDERLINE DIABETES SKP → C06Q01

7. DON'T KNOW/NOT SURE SKP → C06Q01
9. REFUSED SKP → C06Q01

Module 03: Diabetes

M03Q01 - IF C05Q01 = 1

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

_ _ Code age in years [97 = 97 or higher]

- 98. DON'T KNOW/NOT SURE
- 99. REFUSED

M03Q02 - IF C05Q01 = 1

Are you now taking insulin?

- 1. YES
- 2. NO

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

M3Q03 - IF C05Q01 = 1

Are you now taking diabetes pills?

- 1. YES
- 2. NO

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

M03Q04 - IF C05Q01 = 1

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

_ _ _ ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

- 888. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M03Q05 - IF C05Q01 = 1

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

-- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NO FEET
888. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

M03Q06 - IF C05Q01 = 1

Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

1. YES
2. NO

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

M03Q07 - IF C05Q01 = 1

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 GREATER]

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

M03Q08 - IF C05Q01 = 1

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

-- NUMBER OF TIMES [76 = 76 OR GREATER]

88. NEVER
98. NEVER HEARD OF "A ONE C"
77. DON'T KNOW/NOT SURE
99. REFUSED

M03Q09 - IF C05Q01 = 1 & M03Q05 <> 555

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 GREATER]

- 88. NEVER
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M03Q10 - IF C05Q01 = 1

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

READ ONLY IF NECESSARY

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

- 7. DON'T KNOW/NOT SURE
- 8. NEVER
- 9. REFUSED

M03Q11 - IF C05Q01 = 1

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

- 1. YES
- 2. NO

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

M03Q12 - IF C05Q01 = 1

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

- 1. YES
- 2. NO

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

Core Section 06: Hypertension Awareness

C06Q01

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

INTERVIEWER NOTE: IF "YES" AND RESPONDENT FEMALE, ASK: "Was this only when you were pregnant?"

- 1. YES
- 2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY SKP → C07Q01
- 3. NO SKP → C07Q01
- 4. TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE SKP → C07Q01

- 7. DON'T KNOW/NOT SURE SKP → C07Q01
- 9. REFUSED SKP → C07Q01

C06Q02 - IF C06Q01 = 1

Are you currently taking medicine for your high blood pressure?

- 1. YES
- 2. NO

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

Core Section 07: Cholesterol Awareness

C07Q01

Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

- 1. YES
- 2. NO SKP → C08Q01

- 7. DON'T KNOW/NOT SURE SKP → C08Q01
- 9. REFUSED SKP → C08Q01

C07Q02 - IF C07Q01 = 1

About how long has it been since you last had your blood cholesterol checked?

READ ONLY IF NECESSARY

1. WITHIN THE PAST YEAR (ANYTIME LESS THAN 12 MONTHS AGO)
2. WITHIN THE PAST 2 YEARS (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. WITHIN THE PAST 5 YEARS (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. 5 OR MORE YEARS AGO

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

C07Q03 - IF C07Q01 = 1

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

1. YES
2. NO

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

Core Section 08: Cardiovascular Disease Prevalence

C08Q01

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

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

Ever told you had a heart attack, also called a myocardial infarction?

1. YES
2. NO

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

C08Q02

Ever told you had angina or coronary heart disease?

1. YES
2. NO

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

C08Q03

Ever told you had a stroke?

1. YES
2. NO

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

Core Section 09: Asthma

C09Q01

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

1. YES
2. NO SKP → C010Q01

7. DON'T KNOW/NOT SURE SKP → C010Q01
9. REFUSED SKP → C010Q01

C09Q02 - IF C09Q01 = 1

Do you still have asthma?

1. YES
2. NO

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

Core Section 10: Immunization

C10Q01

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

1. YES
2. NO

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

C10Q02

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

1. YES
2. NO

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

C10Q03

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

1. YES
2. NO

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

C10Q04

Have you ever received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

INTERVIEWER NOTE: RESPONSE IS "YES" ONLY IF RESPONDENT HAS RECEIVED THE ENTIRE SERIES OF THREE SHOTS.

1. YES
2. NO

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

C10Q05

The next question is about behaviors related to Hepatitis B.

Please tell me if any of these statements is true for you. Do not tell me which statement or statements are true for you, just if any of them are:

- "You have hemophilia and have received clotting factor concentrate"
- "You have had sex with a man who has had sex with other men, even just one time"
- "You have taken street drugs by needle, even just one time"
- "You have traded sex for money or drugs, even just one time"
- "You have tested positive for HIV"
- "You have had sex (even just one time) with someone who would answer 'yes' to any of these statements"
- "You had more than two sex partners in the past year"

Are any of these statements true for you?

1. YES, AT LEAST ONE STATEMENT IS TRUE
2. NO, NONE OF THESE STATEMENTS IS TRUE

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

Core Section 11: Tobacco Use

C11Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1. YES
2. NO SKP → C12Q01

7. DON'T KNOW/NOT SURE SKP → C12Q01
9. REFUSED SKP → C12Q01

C11Q02 - IF C11Q01 = 1

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

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL SKP → C12Q01

7. DON'T KNOW/NOT SURE SKP → C12Q01
9. REFUSED SKP → C12Q01

C11Q03 - IF C11Q01 = 1 AND C11Q02 = 1 OR 2

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

1. YES
2. NO

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

Core Section 12: Demographics

C12Q01

What is your age?

-- CODE AGE IN YEARS

07. DON'T KNOW/NOT SURE
09. REFUSED

C12Q02

Are you Hispanic or Latino?

1. YES
2. NO

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

C12Q03

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

CHECK ALL THAT APPLY

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

8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: IF MORE THAN ONE RESPONSE TO C12Q03, CONTINUE. OTHERWISE SKP TO C12Q05

C12Q04 - IF C12Q03 HAS MORE THAN ONE RESPONSE

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

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

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

C12Q05

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.

1. YES
2. NO

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

C12Q06

Are you...

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple

9. REFUSED

State Added Section 02: Sexual Orientation

ME02Q01

Now I'll read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual (gay or lesbian); and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself:

1. Heterosexual or straight
2. Homosexual (gay or lesbian)
3. Bisexual
4. Other

7. Don't Know
9. Refused

C12Q07

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

_ _ NUMBER OF CHILDREN

88. NONE
99. REFUSED

C12Q08

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

READ ONLY IF NECESSARY

1. NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
2. GRADES 1 THROUGH 8 (ELEMENTARY)
3. GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
4. GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
5. COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL)
6. COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE)

9. REFUSED

C12Q09

Are you currently...

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

9. REFUSED

C12Q10

Is your annual household income from all sources...

INTERVIEWER NOTE: IF RESPONDENT REFUSES ANY INCOME LEVEL, CODE AS "99"
REFUSED

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 (\$25,000 to less than \$35,000)
06. Less than \$50,000 (\$35,000 to less than \$50,000)
07. Less than \$75,000 (\$50,000 to less than \$75,000)
08. \$75,000 or more

77. DON'T KNOW/NOT SURE
99. REFUSED

C12Q11

About how much do you weigh without shoes?

-- -- -- -- ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS =
9110)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

C12Q12

About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS DOWN

_ _ _ _ ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509) OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

C12Q13 - IF C12Q11 <> 7777 OR 9999

How much did you weigh a year ago?

IF FEMALE RESPONDENT SAY: "If you were pregnant a year ago, how much did you weigh before your pregnancy?"

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN FIRST COLUMN. ROUND FRACTIONS DOWN

_ _ _ _ ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS = 9110)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

C12Q14 - IF ((C12Q11 & C12Q13) <> (7777, 9999)) AND (C12Q13 <> C12Q11)

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

1. YES
2. NO

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

*Programmer Note: IF C12Q13 = C12Q11 SKIP TO C12Q15

C12Q15

What county do you live in?

_ _ _ FIPS COUNTY CODE

777. DON'T KNOW/NOT SURE
999. REFUSED

State Added Section 03: Demographics (Town)

ME03Q01

What Town do you live in?

— — — — — GEOCODE CODE

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C12Q16

What is your ZIP Code where you live?

— — — — — ZIP CODE

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C12Q17

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. YES

2. NO

SKP → C12Q19

7. DON'T KNOW/NOT SURE

SKP → C12Q19

9. REFUSED

SKP → C12Q19

C12Q18 - IF C12Q17 = 1

How many of these telephone numbers are residential numbers?

1. ONE

2. TWO

3. THREE

4. FOUR

5. FIVE

6. SIX OR MORE

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q19

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

1. YES
2. NO

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

C12Q20

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

1. MALE SKP → C13Q01
2. FEMALE

C12Q21 - IF C12Q20 = 2 AND C12Q01 < 45

To your knowledge, are you now pregnant?

1. YES
2. NO

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

Core Section 13: Alcohol Consumption

C13Q01

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

1. YES
2. NO SKP → C14Q01

7. DON'T KNOW/NOT SURE SKP → C14Q01
9. REFUSED SKP → C14Q01

C13Q02 - IF C13Q01 = 1

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

_ _ _ ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS
(101-107 = DAYS PER WEEK; 201-230 = IN PAST 30 DAYS)

888. NO DRINKS IN LAST 30 DAYS **SKP → C14Q01**
777. DON'T KNOW/NOT SURE
999. REFUSED

C13Q03 - IF C13Q01 = 1 AND C13Q02 <> 888

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?

_ _ NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE
99. REFUSED

C13Q04 - IF C13Q01 = 1 AND C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

[IF C12Q20 = 1 SHOW] ...5...
[IF C12Q20 = 2 SHOW] ...4...

...or more drinks on an occasion?

_ _ NUMBER OF TIMES

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

C13Q05 - IF C13Q01 = 1 AND C13Q02 <> 888

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

_ _ NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE
99. REFUSED

Core Section 14: Disability

C14Q01

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

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

1. YES
2. NO

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

C14Q02

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

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

1. YES
2. NO

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

Core Section 15: Arthritis Burden

C15Q01

The next questions refer to the joints in your body. Please do not include the back or neck.

During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

1. YES
2. NO SKP → C15Q04

7. DON'T KNOW/NOT SURE SKP → C15Q04
9. REFUSED SKP → C15Q04

C15Q02 - IF C15Q01 = 1

Did your joint symptoms first begin more than 3 months ago?

1. YES
2. NO SKP → C15Q04
7. DON'T KNOW/NOT SURE SKP → C15Q04
9. REFUSED SKP → C15Q04

C15Q03 - IF C15Q01 = 1 AND C15Q02 = 1

Have you ever seen a doctor or other health professional for these joint symptoms?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

C15Q04

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

INTERVIEWER: ARTHRITIS DIAGNOSES INCLUDE:

- * RHEUMATISM, POLYMYALGIA RHEUMATICA
- * OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- * TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- * CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- * JOINT INFECTION, REITER'S SYNDROME
- * ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- * ROTATOR CUFF SYNDROME
- * CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- * VASCULITIS (GIANT CELL ARTERITIS, HENOCHE-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: IF EITHER C15Q02 = 1 OR C15Q04 = 1 CONTINUE; OTHERWISE GO TO C16Q01

C15Q05 - IF C15Q02 = 1 OR C15Q04 = 1

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

INTERVIEWER NOTE: IF A RESPONDENT QUESTION ARISES ABOUT MEDICATION, THEN THE INTERVIEWER SHOULD REPLY: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

1. YES
2. NO

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

Core Section 16: Fruit and Vegetables

C16Q01

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

How often do you drink fruit juices such as orange, grapefruit, or tomato?

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q02

Not counting juice, how often do you eat fruit?

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q03

How often do you eat green salad?

-- -- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q04

How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

-- -- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q05

How often do you eat carrots?

-- -- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

C16Q06

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

INTERVIEWER NOTE: "For example a serving of vegetables at both lunch and dinner would be two servings."

-- -- ENTER NUMBER OF TIMES PER DAY, WEEK, MONTH OR YEAR
101-105 = PER DAY 201-238 = PER WEEK
301-399 = PER MONTH 401-499 = PER YEAR

555. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

Core Section 17: Physical Activity

CATI note: If Core C12Q09 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to C17Q02.

C17Q01 - IF C12Q09 = 1 OR 2

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

INTERVIEWER NOTE: IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS.

1. Mostly Sitting or Standing
2. Mostly walking
3. Mostly heavy lifting or physically demanding work

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

C17Q02

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

Now, thinking about the moderate activities you do...

[IF C12Q09 = 1 OR 2 SHOW]: "when you are not working"

...in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1. YES
- 2. NO

SKP → C17Q05

- 7. DON'T KNOW/NOT SURE

SKP → C17Q05

- 9. REFUSED

SKP → C17Q05

C17Q03 - IF C17Q02 = 1

How many days per week do you do these moderate activities for at least 10 minutes at a time?

_ _ DAYS PER WEEK

- 88. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME

SKP → C17Q05

- 77. DON'T KNOW/NOT SURE

SKP → C17Q05

- 99. REFUSED

SKP → C17Q05

C17Q04 - IF C17Q02 = 1 AND C17Q03 < 88

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

_ _ _ HOURS AND MINUTES PER DAY

EXAMPLE: 30 MINUTES IS CODED AS 30

60 MINUTES IS CODED AS 100

2 HOURS AND 30 MINUTES IS CODED AS 230

- 777. DON'T KNOW/NOT SURE

- 999. REFUSED

C17Q05

Now, thinking about the vigorous activities you do...

[IF C12Q09 = 1 OR 2 SHOW]: "when you are not working"

...in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1. YES
- 2. NO SKP → C18Q01
- 7. DON'T KNOW/NOT SURE SKP → C18Q01
- 9. REFUSED SKP → C18Q01

C17Q06 - IF C17Q05 = 1

How many days per week do you do these vigorous activities for at least 10 minutes at a time?

_ _ DAYS PER WEEK

- 88. DO NOT DO ANY VIGOROUS PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES AT A TIME SKP → C18Q01
- 77. DON'T KNOW/NOT SURE SKP → C18Q01
- 99. REFUSED SKP → C18Q01

C17Q07 - IF C17Q05 =1 AND C1706 < 88

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

_ _ _ HOURS AND MINUTES PER DAY

EXAMPLE: 30 MINUTES IS CODED AS 30
60 MINUTES IS CODED AS 100
2 HOURS AND 30 MINUTES IS CODED AS 230

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

Core Section 18: HIV/AIDS

CATI NOTE: IF RESPONDENT IS 65 YEARS OLD OR OLDER, GO TO NEXT SECTION

C18Q01 - IF C12Q01 < 65

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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

- 1. YES
- 2. NO SKP → C19Q01

- 7. DON'T KNOW/NOT SURE SKP → C19Q01
- 9. REFUSED SKP → C19Q01

C18Q02 - IF C18Q01 = 1 AND C12Q01 < 65

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

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE AS "DON'T KNOW"

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.

_ _ _ _ _ ENTER MONTH AND YEAR

EXAMPLE: JUNE OF 2006 = 062006

- 77777. DON'T KNOW/NOT SURE
- 99999. REFUSED

C18Q03 - IF C18Q01 = 1 AND C12Q01 < 65

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

01. PRIVATE DOCTOR OR HMO OFFICE
02. COUNSELING AND TESTING SITE
03. HOSPITAL
04. CLINIC
05. JAIL OR PRISION (OR OTHER CORRECTIONAL FACILITY)
06. DRUG TREATMENT FACILITY
07. AT HOME
08. SOMEWHERE ELSE

77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: IF C18Q02 = WITHIN LAST 12 MONTHS CONTINUE. OTHERWISE GO TO NEXT SECTION

C18Q04 - IF C18Q02 = WITHIN LAST 12 MONTHS

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

1. YES
2. NO

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

Core Section 19: Emotional Support and Life Satisfaction

C19Q01

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

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

INTERVIEWER NOTE: IF ASKED SAY: "please include support from any source".

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

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

C19Q02

In general, how satisfied are you with your life?

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

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

Core Section 20: Gastrointestinal Disease

C20Q01

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

In the past 30 days, did you have diarrhea that began within the 30 day period? Diarrhea is defined as 3 or more loose stools or bowel movements in a 24-hour period.

1. YES
2. NO **SKP → M01Q01**

7. DON'T KNOW/NOT SURE **SKP → M01Q01**
9. REFUSED **SKP → M01Q01**

C20Q02 - IF C20Q01 = 1

Did you visit a doctor, nurse or other health professional for this diarrheal illness?

1. YES
2. NO **SKP → M01Q01**

7. DON'T KNOW/NOT SURE **SKP → M01Q01**
9. REFUSED **SKP → M01Q01**

C20Q03

When you visited your health care provider, did you provide a stool sample for testing?

1. YES
2. NO

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

Module 01: Random Child Selection

M01Q01 - IF C12Q07 >= 1 & < 88

[IF C12Q07 = 1 SHOW] 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.

[IF C12Q07 > 1 & <88 SHOW] Previously, you indicated there were [ANS C12Q07] children age 17 or younger in your household. Think about those [ANS C12Q07] 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.

I have some additional questions about one specific child. The child I will be referring to is the [Xth] child in your household. All following questions about children will be about the [Xth] child.

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

_ _ _ _ _ CODE MONTH AND YEAR

777777. DON'T KNOW/NOT SURE
999999. REFUSED

M01Q02 - IF C12Q07 >= 1 & < 88

Is the child a boy or a girl?

1. BOY
2. GIRL

9. REFUSED

M01Q03 - IF C12Q07 >= 1 & < 88

Is the child Hispanic or Latino?

1. YES
2. NO

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

M01Q04 - IF C12Q07 >= 1 & < 88

Which one or more of the follow would you say is the race of the child?

CHECK ALL THAT APPLY

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

8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

M01Q05 - IF C12Q07 >= 1 & < 88 & M01Q04 HAS MORE THAN ONE RESPONSE INDICATED

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

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

8. NO ADDITIONAL CHOICES
7. DON'T KNOW/NOT SURE
9. REFUSED

M01Q06 - IF C12Q07 >= 1 & < 88

How are you related to the child?

1. Parent (INCLUDE BIOLOGIC, STEP, OR ADOPTIVE PARENT)
2. Grandparent
3. Foster parent or guardian
4. Sibling (INCLUDE BIOLOGIC, STEP, AND ADOPTIVE SIBLING)
5. Other relative
6. Not related in any way

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

Module 02: Child Asthma Prevalence

M02Q01 - IF C12Q07 >= 1 & < 88

Has a doctor or other health professional ever said that the child has asthma?

1. YES
2. NO **SKP → M06Q01**

7. DON'T KNOW/NOT SURE **SKP → M06Q01**
9. REFUSED **SKP → M06Q01**

M02Q02 - IF C12Q07 < 88 & M02Q01 = 1

Does the child still have asthma?

1. YES
2. NO

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

State Added Section 04: Asthma Callback

ME04Q01 - IF C09Q01 = 1 OR (M02Q01 = 1 AND M01Q06 = 1, 3)

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 Maine.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1. YES
- 2. NO **SKP → M06Q01**

ME04Q02 - IF ME03Q01 = 1

Can I please have either your first name or initials so we will know who to ask for when we call back?

_____ ENTER FIRST NAME OR INITIALS

- 9. REFUSED

ME04Q03 - IF ME03Q01 = 1 & [PIKCHILD <> 0]

Can I please have either the child's first name or initials so we will know which child to ask about when we call back?

_____ ENTER FIRST NAME OR INITIALS

- 9. REFUSED
- **All Part A respondents will now continue to Module 6: Cardiovascular Health M06Q01**

Module 06: Cardiovascular Health

M06Q01 - C08Q01 = 1

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

After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

1. YES
2. NO

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

M06Q02 - C03Q03 = 1

After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

1. YES
2. NO

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

M06Q03

Do you take aspirin daily or every other day?

1. YES
 2. NO

 7. DON'T KNOW/NOT SURE
 9. REFUSED
- SKP → M07Q01

M06Q04 - M06Q03 <> 1

Do you have a health problem or condition that makes taking aspirin unsafe for you?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT, ASK: "Is this a stomach condition?"

INTERVIEWER NOTE: CODE UPSET STOMACH AS STOMACH PROBLEMS.

1. YES, NOT STOMACH RELATED
2. YES, STOMACH PROBLEMS
3. NO

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

Module 07: Actions to Control High Blood Pressure

M07Q01 - IF C06Q01 = 1

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

Are you changing your eating habits to help lower or control your high blood pressure?

1. YES
2. NO

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

M07Q02 - IF C06Q01 = 1

Are you cutting down on salt to help lower or control your high blood pressure?

1. YES
2. NO
3. DO NOT USE SALT

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

M07Q03 - IF C06Q01 = 1

Are you reducing alcohol use to help lower or control your high blood pressure?

1. YES
2. NO
3. DO NOT DRINK

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

M07Q04 - IF C06Q01 = 1

Are you exercising to help lower or control your high blood pressure?

1. YES
2. NO

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

M07Q05 - IF C06Q01 = 1

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

Ever advised you to change your eating habits to help lower or control your high blood pressure?

1. YES
2. NO

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

M07Q06 - IF C06Q01 = 1

Ever advised you to cut down on salt to help lower or control your high blood pressure?

1. YES
2. NO
3. DO NOT USE SALT

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

M07Q07 - IF C06Q01 = 1

Ever advised you to reduce alcohol use to help lower or control your high blood pressure?

1. YES
2. NO
3. DO NOT DRINK

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

M07Q08 - IF C06Q01 = 1

Ever advised you to exercise to help lower or control your high blood pressure?

1. YES
2. NO

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

M07Q09 - IF C06Q01 = 1

Ever advised you to take medication to help lower or control your high blood pressure?

1. YES
2. NO

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

M07Q10 - IF C06Q01 = 1

Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"

1. YES
2. YES, BUT FEMALE TOLD DURING PREGNANCY
3. NO
4. TOLD BORDERLINE OR PRE-HYPERTENSIVE

7. DON'T KNOW
9. REFUSED

Module 11: Colorectal Cancer Screening

M11Q01 - IF C12Q01 >= 49

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

1. YES
2. NO

SKP → M11Q03

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

SKP → M11Q03

SKP → M11Q03

M11Q02 - IF C12Q01 >= 49 & M11Q01 = 1

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

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

M11Q03 - IF C12Q01 >=49

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

1. YES
2. NO

SKP → M16Q01

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

SKP → M16Q01

SKP → M16Q01

M11Q04 - IF C12Q01 >= 49 & M11Q03 = 1

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

1. SIGMOIDOSCOPY
2. COLONOSCOPY
3. SOMETHING ELSE

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

M11Q05 - IF C12Q01 >= 49 & M11Q03 = 1

How long has it been since you had your last sigmoidoscopy or colonoscopy?

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. Within the past 10 years (5 years but less than 10 years ago)
5. 10 or more years ago

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

Module 16: Mental Illness and Stigma

M16Q01

Now, I am going to ask you some questions about how you have been feeling during the past 30 days...

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

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q02

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

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q03

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

IF NECESSARY READ: all, most, some, a little, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q04

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

IF NECESSARY READ: all, most, some, a little, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q05

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

IF NECESSARY READ: all, most, some, a little, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q06

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

IF NECESSARY READ: all, most, some, a little, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE

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

M16Q07

The next question asks if any type of mental health condition or emotional problem recently kept you from doing your work or other usual activities.

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

INTERVIEWER NOTE: IF ASKED, "usual activities" include house work, self-care, care giving, volunteer work, attending school, studies or other usual activities".

_ _ NUMBER OF DAYS

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

M16Q08

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

1. YES
2. NO

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

M16Q09

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you agree or disagree with these statements about people with mental illness.

INTERVIEWER NOTE: IF ASKED THE PURPOSE OF M16Q09 SAY: "Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

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

1. STRONGLY AGREE
2. AGREE
3. NEITHER AGREE NOR DISAGREE
4. DISAGREE
5. STRONGLY DISAGREE

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

M16Q10

INTERVIEWER NOTE: IF ASKED THE PURPOSE OF M16Q09 SAY: "Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

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

1. STRONGLY AGREE
2. AGREE
3. NEITHER AGREE NOR DISAGREE
4. DISAGREE
5. STRONGLY DISAGREE

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

State Added Section 05: Skin Cancer

ME05Q01

The next questions are about what you do to protect your skin when you go outside.

When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sun block? Would you say...

1. Always
 2. Nearly always
 3. Sometimes
 4. Seldom
 5. Never
 6. Don't stay out more than an hour
 7. DON'T KNOW/NOT SURE
 9. REFUSED
- SKP → ME05Q03
SKP → ME05Q06
SKP → ME05Q03
SKP → ME05Q03

ME05Q02 - IF ME05Q01 = 1 OR 2 OR 3 OR 4

What is the Sun Protection Factor or SPF of the sunscreen you use most often?

_ _ ENTER NUMBER

77. DON'T KNOW/NOT SURE
99. REFUSED

ME05Q03 - IF ME05Q01 <> 6

When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade? Would you say:

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

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

ME05Q04 - IF ME05Q01 <> 6

When you go outside on a sunny summer day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun?

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

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

ME05Q05 - IF ME05Q01 <> 6

When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts? Would you say:

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

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

ME05Q06

Suppose that after several months of not being out in the sun, you then went out in the sun without a hat, sunscreen, or protective clothing for an hour. Would you...

1. Sunburn
2. Darken without sunburn **SKP → ME06Q01**
3. Not have anything happen **SKP → ME06Q01**

7. DON'T KNOW/NOT SURE **SKP → ME06Q01**
9. REFUSED **SKP → ME06Q01**

ME05Q07 - IF ME05Q06 = 1

Suppose that after several months of not being out in the sun, you then went out in the sun without a hat, sunscreen, or protective clothing for an hour. Would you...

1. Burn severely with blisters
2. Burn severely with peeling in a few days
3. Burn mildly without peeling

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

State Added Section 06: Substance Abuse/Binge Drinking

ME06Q01 - IF C13Q04 <> 77 OR 88 OR 99

The following questions involve substance use.

The next questions are about the most recent occasion when you had...

[If C12Q20 = 1 SHOW] 5 or more alcoholic beverages,

[If C12Q20 = 2 SHOW] 4 or more alcoholic beverages,

One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor.

INTERVIEWER NOTE: "Occasion means in a row or within a few hours."

INTERVIEWER NOTE: IF THE RESPONDENT ASKS ABOUT HOW TO COUNT AN OVER-SIZED DRINK (E.G., A 40-OUNCE BOTTLE OF MALT LIQUOR) THEN REPEAT: "One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor".

During the most recent occasion when you had

[IF C12Q20 = 1 SHOW] 5 or more alcoholic beverages,

[IF C12Q20 = 2 SHOW] 4 or more alcoholic beverages,

...about how many beers, including malt liquor, did you drink?

_ _ NUMBER (ROUND UP)

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

ME06Q02 - IF C13Q04 <> 77 OR 88 OR 99

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

_ _ NUMBER (ROUND UP)

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

ME06Q03 - IF C13Q04 <> 77 OR 88 OR 99

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

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

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

ME06Q04 - IF C13Q04 <> 77 OR 88 OR 99

During this most recent occasion, how did you get most of the alcohol?

1. Someone else bought it for you or gave it to you
2. You bought it at a store, such as a liquor store, convenience store or grocery store
3. You bought it at a restaurant, bar or public place.
4. Other

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

ME06Q05

During the past 30 days, have you used marijuana?

1. YES
2. NO

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

ME06Q06

During the past 30 days, have you used prescription drugs not prescribed to you by a doctor, or used them in a way other than the one prescribed?

1. YES
2. NO

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

State Added Section 07: Injury/Suicide

ME07Q01

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.

During the past 12 months, did you ever seriously consider attempting suicide?

1. YES
2. NO

7. DON'T KNOW
9. REFUSED

ME07Q02

During the past 12 months, did you make a plan about how you would attempt suicide?

1. YES
2. NO

7. DON'T KNOW
9. REFUSED

ME07Q03

During the past 12 months, did you ever attempt suicide?

1. YES
2. NO SKP → ME07Q0C

7. DON'T KNOW SKP → ME07Q0C
9. REFUSED SKP → ME07Q0C

ME07Q04

Did any attempt result in an injury, poisoning or overdose that had to be treated by a doctor or nurse?

1. YES
2. NO

7. DON'T KNOW
9. REFUSED

ME07Q0C

Would you like me to repeat the statewide crisis number?

IF YES, SAY: The number is 1-888-568-1112.

1. CONTINUE TO ME08Q01

State Added Section 08: Sexual Violence

ME08Q01

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

SKP → ME10Q0C

ME08Q02 - IF ME08Q01 = 1

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your

[IF C12Q20 = 2 SHOW]: 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.

During the past 12 months, has anyone had sex with you after you said or showed that you didn't want them to or without your consent?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

SKP → ME09Q01

SKP → ME09Q01

SKP → ME09Q01

ME08Q03 - IF ME08Q01 = 1 & ME08Q02 = 1

At the time of the most recent incident, what was your relationship to the person who had sex with you after you said or showed that you didn't want to or without your consent?

01. Current boyfriend/girlfriend
02. Former boyfriend/girlfriend
03. Fiancé
04. Spouse or live-in partner
05. Former spouse or partner
06. Someone you were dating
07. First date
08. Friend
09. Acquaintance
10. A person known for less than 24 hours
11. Complete stranger
12. Parent
13. Step-parent
14. Parent's partner
15. Parent in-law
16. Other relative
17. Neighbor
18. Co-worker
19. Other non-relative
20. Multiple perpetrators

77. DON'T KNOW/NOT SURE
99. REFUSED

State Added Section 09: Intimate Partner Violence

ME09Q01 - IF ME08Q01 = 1

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.

In the past 12 months, have you 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. DON'T KNOW/NOT SURE
9. REFUSED

ME09Q02 - IF ME08Q01 = 1

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

SKP → ME10Q0C

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

SKP → ME10Q0C

SKP → ME10Q0C

ME09Q03 - IF ME08Q01 = 1 & ME09Q02 = 1

In the past 12 months, have you had any serious injuries as a result of this physical violence or unwanted sex, such as bruises, cuts, burns, black eyes, vaginal or anal tears, broken bones, or loss of consciousness due to hitting or choking?

1. YES
2. NO

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

State Added Section 10: Violence Questions Special Closing

ME10Q0C

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 with 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 those numbers?

1. CONTINUE TO BRFSS CLOSING

CLOSING

That is 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.