

**2002 Massachusetts
Behavioral Risk Factor Surveillance System
Final Draft: January 21, 2002**

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* Asked of GLB population only on these splits

HELLO, I'm name calling for the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention. We're gathering information on the health of Massachusetts residents to guide state health policies. Your phone number has been chosen randomly, and I'd like to ask some questions about day-to-day living habits that may affect health.

Is this (phone number) ? **If "no"** Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence? **If "no"** Thank you very much, but we are only interviewing private residences. **Stop**

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

___ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to page 2**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent" at bottom of page**

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

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.
If "you," go to page 2

To correct respondent HELLO, I'm (name) calling for the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention. We're gathering information on the health of Massachusetts residents to guide state health policies. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. This information will help the Department of Public Health make improvements in overall health and health access. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

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

(72)

| | | Please Read |
|--------------------|---|---------------------|
| | 1 | Excellent |
| | 2 | Very good |
| | 3 | Good |
| | 4 | Fair |
| | | or |
| | 5 | Poor |
| Do not read | 7 | Don't know/Not sure |
| | 9 | Refused |

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
(73)

- 1 Yes
- 2 No **Go to MA2.3**
- 7 Don't know/Not sure **Go to MA2.3**
- 9 Refused **Go to MA2.3**

State-added: Health Care Access

[Splits 1,2,3]

- 1 Yes **Go to MA2.4**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA2.2 What type of health care coverage do you use to pay for most of your medical care?

(please read)

Is it coverage through: Coverage Code ___ __

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Masshealth
- 06 The military, CHAMPUS, TriCare or the VA
[or CHAMP-VA]
- 07 The Indian Health Service
[or the Alaska Native Health Service]
- or**
- 08 Some other source

(don't read these responses)

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

GO TO MA2.4

MA2.3. There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

(please read)

Coverage through: Coverage Code — —

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Masshealth
- 06 The military, CHAMPUS, TriCare or the VA
 [or CHAMP-VA]
- 07 The Indian Health Service
 [or the Alaska Native Health Service]
- or**
- 08 Some other source

(don't read these responses)

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

MA2.4. During the past 12 months, have you seen a doctor, nurse or other health professional for a routine visit or checkup?

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

2.2. Do you have one person you think of as your personal doctor or health care provider?
(74)

- | | | |
|-------------------------------|---|---------------------|
| If "no," ask | 1 | Yes, only one |
| "Is there <u>more</u> | 2 | More than one |
| <u>than one</u> or is | 3 | No |
| there <u>no</u> person | 7 | Don't know/Not sure |
| who you think of?" | 9 | Refused |

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

(75)

Would you say: **[Please read]**

A doctor's office

A public health clinic or community health center

3 A hospital outpatient department

4 A hospital emergency room

Urgent care center

6 Some other kind of place

8 No usual place

Do not read.

7 Don't know

9 Refused

2.4. Was there a time in the past 12 months when you needed medical care, but could not get it?

(76)

1 Yes **Go to Q2.5**

2 No **Go to Section 3: Exercise**

7 Don't know **Go to Section 3: Exercise**

9 Refused **Go to Section 3: Exercise**

2.5. What is the main reason you did not get medical care?

(77-78)

Note: if more than one instance ask about the most recent.

Would you say: Please read

01 Cost **[Include no insurance]**

Distance

Office wasn't open when I could get there.

Too long a wait for an appointment

Too long a wait in waiting room

No child care

No transportation

No access for people with disabilities

The medical provider didn't speak my language.

Other

Do not read.

77 Don't know/ Not sure

99 Refused

Section 3: Exercise

3.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(79)

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

Section 4: Fruits and Vegetables

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

4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

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

4.2. Not counting juice, how often do you eat fruit? (83-85)

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

4.3. How often do you eat green salad? (86-88)

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

4.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?
(89-91)

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

4.5. How often do you eat carrots? (92-94)

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

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

- Example:** 1 ___ ___ Per day (95-97)
A serving of 2 ___ ___ Per week
vegetables at 3 ___ ___ Per month
both lunch 4 ___ ___ Per year
and dinner 5 5 5 Never
would be two 7 7 7 Don't know/Not sure
servings 9 9 9 Refused

Section 5: Asthma

5.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (98)

- 1 Yes
- 2 No **Go to Q6.1**
- 7 Don't know/Not sure **Go to Q6.1**
- 9 Refused **Go to Q6.1**

(99)

5.2. Do you still have asthma?

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

Section 6: Diabetes

6.1. Have you ever been told by a doctor that you have diabetes? (100)

| | | | |
|---|---|--|-------------------------------------|
| If "Yes" and female, ask "Was this only when you were pregnant | 1 | Yes | |
| | 2 | Yes, but female told only during pregnancy | GO TO Section 7: Oral Health |
| | 3 | No | GO TO Section 7: Oral Health |
| | 7 | Don't know/Not sure | GO TO Section 7: Oral Health |
| | 9 | Refused | GO TO Section 7: Oral Health |

Module: Diabetes Module

mod1.1. How old were you when you were told you have diabetes? (193-194)

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

mod1.2. Are you now taking insulin? (195)

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

mod1.3. Are you now taking diabetes pills? (196)

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

mod1.4. 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. (197-199)

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

mod1.5. 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. (200-202)

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

mod1.6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (203)

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

mod1.7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (204-205)

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

mod1.8. A test for hemoglobin "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 hemoglobin "A one C"?
(206-207)

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

IF MOD1.5 = 555 THEN GO TO MOD1.10; ELSE CONTINUE WITH MOD1.9

mod1.9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (208-209)

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

State-added Diabetes

[Splits 1,2,3]

MA6.1. When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot.

Read only if necessary

- 1 Within the past month (0 to 1 month ago)
- 2 Within the past year (1 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't Know/Not Sure
- 9 Refused

mod1.10. 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. (210)

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

mod1.11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (211)

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

mod1.12. Have you ever taken a course or class in how to manage your diabetes yourself? (212)

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

State-added Diabetes

MA6.2. Besides a course or class, have you received education from any of the following on how to care for your diabetes--

| | <u>Yes</u> | <u>No</u> | <u>Don't know</u> | <u>Refused</u> |
|-----------------------------------|------------|-----------|-------------------|----------------|
| a. a nurse or nurse practitioner? | 1 | 2 | 7 | 9 |
| b. a nutritionist or dietitian | 1 | 2 | 7 | 9 |
| c. a doctor? | 1 | 2 | 7 | 9 |
| or | | | | |
| d. someone else {specify: _____} | 1 | 2 | 7 | 9 |

Section 7: Oral Health

7.1. How long has it been since you last visited a dentist or a dental clinic for any reason?
(101)

Read Only if Necessary

| | | |
|--|---|---|
| Include visits to dental specialists, such as orthodontists | 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 |
| | 8 | Never |
| | 9 | Refused |

7.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
(102)

| | | |
|--|---|-----------------------|
| Include teeth lost due to "infection" | 1 | 1 to 5 |
| | 2 | 6 or more but not all |
| | 3 | All |
| | 8 | None |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

IF Q7.1 = 8/NEVER or Q7.2 = 3/ALL GO TO Section 8: Immunization; ELSE CONTINUE

7.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
(103)

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 |
| 8 | Never |
| 9 | Refused |

Section 8: Immunization

8.1. During the past 12 months, have you had a flu shot? (104)

- 1 Yes
- 2 No **Go to pre-MA8.1**
- 7 Don't know/Not sure **Go to Q8.3**
- 9 Refused **Go to Q8.3**

8.2. At what kind of place did you get your last flu shot? (105-106)

Would you say: **[READ ONLY IF NECESSARY]**

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center
[Example: a community health center]
- 04 A senior, recreation, or community center

- 05 A store **[Examples: supermarket, drug store]**
- 06 A hospital or emergency room
- 07 Workplace
or
- 08 Some other kind of place
- 77 Don't know
- 99 Refused

State-added literal: Some other kind of place **[specify]** _____

State-added Flu immunization

[Splits 1,2,3]

pre-MA8.1

If Q8.1 = 1 then GO TO MA8.1

Else if Q8.1 = 2 AND interview occurred between January and August GO TO MA8.2

Else if Q8.1 = 2 AND interview occurred between September and December GO TO MA8.1

MA8.1. Did you get a flu shot between September and December of last year, that is in 2001?

- 1 Yes **go to Q8.3**
- 2 No **go to MA8.2**
- 7 Don't know/Not sure **if Q8.1=2 go to MA8.4; else if Q8.1=1 go to MA8.3**
- 9 Refused **if Q8.1=2 go to MA8.4; else if Q8.1=1 go to MA8.3**

MA8.2. Did you try to get a flu shot between September and December of last year, that is in 2001, but could not because flu shots were not available?

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

pre-MA8.3

If Q8.1=1 AND MA8.1=2, go to MA8.3

If Q8.1=2 go to MA8.4

MA8.3. Did you get a flu shot this year, that is between January 1st and [if interview occurs between January and May, then insert “**month of interview**”, else if interview occurs between June and December read “**May**”] of this year?

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

pre-MA8.4

If MA8.2=1 AND MA8.3=(1,7,9) go to Q8.3

Else If MA8.2=1 AND MA8.3=2 go to MA8.4 (why not later)

Else if MA8.2=2 go to MA8.4 (why not sept-dec)

Else if MA8.2=(7,9) AND MA8.3=(1,2,7,9) go to MA8.4

Else if MA8.1=(7,9) go to Q8.3

MA8.4. What is the main reason you didn't get a flu shot [if (Q8.1=2 AND MA8.2=(2,7,9)) OR (Q8.1=2 AND MA8.1=(7,9)) read “**during the past 12 months?** ”]; [else if Q8.1=1 AND MA8.2=(2,7,9) read “**September to December last year, that is in 2001**”]; [else if (Q8.1=2 AND MA8.2=1) OR (MA8.2=1 AND MA8.3=2) read “**a little later when it was available**”];

(read only if necessary)

- 01 Didn't know I needed it
- 02 Doctor didn't recommend it
- 03 Didn't think of it/forgot/missed it
- 04 Tried to get a flu shot, but no flu shots were available
- 05 Tried to get a flu shot, but my doctor said I didn't need it
- 06 Didn't think it would work
- 08 Don't need a flu shot/not at risk/flu not serious
- 10 Shot could give me the flu/allergic reaction/other health problem
- 11 Doctor recommended against getting the shot/allergic to shot/medical reasons
- 12 Don't like shots or needles / don't want it
- 13 Other [specify} _____
- 77 Don't Know/Not Sure
- 99 Refused

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

(107)

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

Section 9: Tobacco Use

9.1. Have you smoked at least 100 cigarettes in your entire life? (108)

| | | |
|---|---|--|
| 5 packs = 100 cigarettes | 1 | Yes Go to MA9.2 |
| | 2 | No Go to MA9.1 |
| | 7 | Don't know/Not sure Go to Section 10: Alcohol Consumption |
| | 9 | Refused Go to Section 10: Alcohol Consumption |

STATE-ADDED TOBACCO USE

[Splits 1,2,3]

MA9.1. Have you smoked at least one whole cigarette in the past 6 months?

| | |
|---|--|
| 1 | Yes Go to Section 10: Alcohol Consumption |
| 2 | No Go to Section 10: Alcohol Consumption |
| 7 | Don't Know/Not Sure Go to Section 10: Alcohol Consumption |
| 9 | Refused Go to Section 10: Alcohol Consumption |

MA9.2. About how old were you the first time you smoked a cigarette, even one or two puffs?

| |
|--------------------------------|
| Code age in years |
| <u>0</u> <u>7</u> 7 or younger |
| 7 6 76 or older |
| 7 7 Don't know/Not sure |
| 9 9 Refused |

MA9.3. How old were you when you first started smoking cigarettes regularly?

| |
|--------------------------------|
| Code age in years |
| <u>0</u> <u>7</u> 7 or younger |
| 7 6 76 or older |
| 8 8 Never smoked regularly |
| 7 7 Don't know/Not sure |
| 9 9 Refused |

9.2. Do you now smoke cigarettes every day, some days, or not at all? (109)

| | |
|---|--|
| 1 | Every day Go to core Q9.3 |
| 2 | Some days Go to core Q9.3 |
| 3 | Not at all |
| 9 | Refused Go to Section 10: Alcohol Consumption |

MA9.4. About how long has it been since you last smoked cigarettes regularly, that is, daily?

(Read Only if Necessary)

Time code

— —

- 01 Within the past month (0 to 1 month ago) **Go to MA9.6**
- 02 Within the past 3 months (1 to 3 months ago) **Go to MA9.6**
- 03 Within the past 6 months (3 to 6 months ago) **Go to MA9.6**
- 04 Within the past year (6 to 12 months ago) **Go to MA9.6**
- 08 Within the past 3 years (1 to 3 years ago) **Go to Section 10: Alcohol**
- 05 Within the past 5 years (3 to 5 years ago) **Go to Section 10: Alcohol**
- 06 Within the past 15 years (5 to 15 years ago) **Go to Section 10: Alcohol**
- 07 15 or more years ago **Go to Section 10: Alcohol**
- 77 Don't know/Not sure **Go to Section 10: Alcohol**

- 88 Never smoked regularly **Go to Section 10: Alcohol**
- 99 Refused **Go to Section 10: Alcohol**

9.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)

- 1 Yes
- 2 No **Go to Section 10: Alcohol**
- 7 Don't know/Not sure **Go to Section 10: Alcohol**
- 9 Refused **Go to Section 10: Alcohol**

STATE-ADDED TOBACCO USE

[SPLITS 1,2,3]

MA9.5. How long did you stay off cigarettes during your most recent quit attempt?

- 1 one day
- 2 2-6 days (less than one week)
- 3 7-14 days (two weeks or less)
- 4 15 days-1 month (one month or less)
- 5 More than 1 month-3 months
- 6 More than 3 months-6 months
- 8 More than 6 months
- 77 Don't Know/Not Sure
- 99 Refused

MA9.6. **{IF Q9.2 = 1,2: READ}**: During the past 12 months, how many times have you... **{IF Q9.2**

- 1 None
- 2 1 time
- 3 2 times
- 4 3-5 times
- 5 6-9 times
- 6 10 or more times

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

Section 10: Alcohol Consumption

10.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage? (111-113)

- 1 ___ ___ Days per week
- 2 ___ ___ Days in past 30
- 8 8 8 No drinks in past 30 days **Go to Q11.1**
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused **Go to 11.1**

10.2. On the days when you drank, about how many drinks did you drink on the average? (114-115)

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

10.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)

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

10.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (118-119)

- ___ ___ Number of times
- 88 None
- 77 Don't know/Not sure
- 99 Refused

Section 11: Use of Seatbelts

11.1 How often do you use seatbelts when you drive or ride in a car?

(120)

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

Do not read

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

Section 12: Demographics

12.1. What is your age? (121-122)

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

12.2. Are you Hispanic or Latino? (123)

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

12.3. Which one or more of the following would you say is your race? (124-129)

Please Read

**Mark all
that apply**

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

or

- 6 Other **[specify]**
 8 No additional choices

Do not read

- 7 Don't know/Not sure
 9 Refused

| |
|--|
| If more than one response to Q12.3, continue. Otherwise, go to pre MA12.1 |
|--|

12.4. Which one of these groups would you say best represents your race? (130)

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

State-added Country of Origin

[Splits 1,2,3]

pre-MA12.1. If Q12.2 = 1 or Q12.3 = 3 then Go to MA12.1; else go to Q12.5

MA12.1. Which best describes your ancestry or heritage? Would you say ...[If Q12.2 = 1, please read {1,2,3,4,6,12,13}; Else if Q12.3 = 3, please read {5,6,8,10,11,14}]

- 1 Puerto Rican
- 2 Dominican
- 3 Mexican
- 4 Salvadorian
- 5 Chinese
- 6 Filipino
- 8 Cambodian
- 10 Vietnamese
- 11 Japanese
- or
- 12 Other Central American [specify] _____
- 13 Other South American [specify] _____
- 14 Other Asian [specify] _____

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

12.5. Are you: (131)

Please Read

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

Do not read 9 Refused

12.6. How many children less than 18 years of age live in your household? (132-133)

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

12.7. What is the highest grade or year of school you completed? (134)

Read Only if Necessary

- Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
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

12.8. Are you currently: (135)

Please Read

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

Do not read

12.9. Is your annual household income from all sources: (136-137)

Read as Appropriate

- If respondent refuses at any income level, code refused** 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read 77 Don't know/Not sure
99 Refused

12.10. About how much do you weigh without shoes? (138-140)

Round _____ Weight
fractions up pounds
7 7 7 Don't know/Not sure
9 9 9 Refused

12.11. About how tall are you without shoes? (141-143)

Round _____ Height
fractions /_____
down ft/inches
7 7 7 Don't know/Not sure
9 9 9 Refused

STATE-ADDED TOWN

[SPLITS 1,2,3]

MA12.2. What city or town do you live in?

8 8 8 Town code [001-351]
7 7 7 **OTHER: (SPECIFY)** _____
9 9 9 Don't Know/Not Sure
Refused

(Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON)

STATE-ADDED ZIPCODE

[SPLITS 1,2,3]

MA12.3. What is your zip code?
0 _____ Zip code
77777 Don't know/not sure
99999 Refused

State-Added Boston Region

[SPLITS 1,2,3]

IF [stratum = 01 AND MA12.2 NOT EQUAL TO (46, 49, 57, 93, 189, 207, 274, 346)] OR MA12.2= 35 THEN continue; ELSE go to Q12.13

MA12.4. What neighborhood in Boston do you live in?

- 01 Allston, Brighton
- 02 Back Bay, Beacon Hill
- 03 Charlestown
- 04 Chinatown
- 05 Dorchester
- 06 Downtown
- 08 East Boston
- 10 Fenway
- 11 Hyde Park
- 12 Jamaica Plain
- 13 Mattapan
- 14 Mission Hill
- 15 North End
- 16 Roslindale
- 17 Roxbury
- 18 South Boston
- 19 South End
- 20 West End
- 21 West Roxbury
- 22 Other (Specify _____)
- 88 Don't live in Boston
- 77 Don't know/not sure
- 99 Refused

12.13. 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.

(147)

- 1 Yes
- 2 No **Go to Q12.15**
- 7 Don't know/Not sure **Go to Q12.15**
- 9 Refused **Go to Q12.15**

12.14. How many of these are residential numbers?

(148)

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

12.15. Indicate sex of respondent. **Ask only if necessary** (149)

- 1 Male **Go to pre-MA12.5**
 2 Female

If respondent 45 years old or older, go to pre-MA12.5

12.16. To your knowledge, are you now pregnant? (150)

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

State-added: Sexual Orientation

[Split 1,2,3]

pre-MA12.5:

**If age 65 and older, go to Section 13: Family Planning
 else if age is 18-64 or age = [7,9] then continue**

MA12.5. [Among adults ages 18-64] Do you consider yourself to be:

PLEASE READ

- 1 Heterosexual or straight
 2 Homosexual or [if respondent is male read "gay"; else if female, read
 "lesbian"]
 3 Bisexual
 -or-
 4 other

(don't read these responses)

- 7 Don't Know/Not Sure
 9 Refused

Section 13: Family Planning

If respondent is female and age 45 years of age or older or male 60 years or older go to Section 14: Women's Health

Else if female and pregnant (yes to core 12.16) go to MA13.4

Else continue

The next few questions ask about pregnancy and ways to prevent pregnancy.

13.1. [Females 18-44 years of age and males 18-59 years of age] Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert "you"; insert "her" if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

(If multiple partners, consider usual method.)

(151)

- 1 Yes
- 2 No **Go to Q13.4**
- 3 No partner/not sexually active **Go to pre-MA13.2**
- 4 Same sex partner **Go to pre-MA13.2**
- 7 Don't know/Not sure **Go to pre-MA13.2**
- 9 Refused **Go to pre-MA13.2**

13.2. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing

(INTERVIEWER: Record respondent's condition if both have had sterilization procedures)

Read Only if Necessary

- Tubes tied (sterilization) **Go to pre-MA13.2**
- Vasectomy (sterilization) **Go to pre-MA13.2**
- Pill
- Condoms
- Foam, jelly, cream
- Diaphragm
- Norplant
- IUD
- 09 Shots (Depo-Provera)
- 10 Withdrawal
- 11 Not having sex at certain times (rhythm)
- 12 No partner/Not sexually active **Go to pre-MA13.2**
- 13 Other method(s)
- 77 Don't know/not sure **Go to pre-MA13.2**

99 Refused **Go to pre-MA13.2**

State-added literal: Other method(s) [specify] _____

13.3. What other method are you also using to prevent pregnancy? (154-155)

Read only if necessary

- Tubes tied (sterilization) **Go to MA13.1**
- Vasectomy (sterilization) **Go to MA13.1**
- Pill **Go to MA13.1**
- Condoms **Go to MA13.1**
- Foam, jelly, cream **Go to MA13.1**
- Diaphragm **Go to MA13.1**
- 07 Norplant **Go to MA13.1**
- 08 IUD **Go to MA13.1**
- 09 Shots (Depo-Provera) **Go to MA13.1**
- 10 Withdrawal **Go to MA13.1**
- 11 Not having sex at certain times (rhythm) **Go to MA13.1**
- 12 No partner/Not sexually active **Go to pre-MA13.2**
- 13 Other methods(s) **Go to MA13.1**

- 87 **NO** other method(s) **Go to MA13.1**

- 77 Don't know/not sure **Go to MA13.1**
- 99 Refused **Go to MA13.1**

13.4. **[FEMALES]** What is your main reason for not doing anything to keep you from getting pregnant?

[MALES] What is your main reason for not doing anything to keep your partner from getting pregnant?

(156-157)

Read Only if Necessary

- 01 Not sexually active/no partner
 - Didn't think was going to have sex/no regular partner
 - You want a pregnancy
 - You or your partner don't want to use birth control
 - You or your partner don't like birth control/fear side effects
 - You can't pay for birth control
 - Lapse in use of a method
 - Don't think you or your partner can get pregnant
 - You or your partner had tubes tied (sterilization)
 - You or your partner had a vasectomy (sterilization)
 - You or your partner had a hysterectomy
 - You or your partner are too old
 - You or your partner are currently breast-feeding

- 14 You or your partner just had a baby/postpartum
- 15 Other reason
- 16 Don't care if get pregnant
- 17 Same sex partner
- 18 Partner is pregnant now

- 77 Don't know/not sure
- 99 Refused

State-added literal: Other reason [**specify**] _____

State-added Family Planning

[Splits 1, 2, 3]

If Respondent is male or women age 45 and older, Go to Section 14: Women's Health; Else If Woman age 18-44 and core Q13.1 = [2,3,4,7,9] then go to pre-MA13.2; Else if woman age 18-44 and core Q13.1 = 1, then continue

MA13.1. Overall, how satisfied are you with using {enter response to core Q13.2} as a birth control method? Would you say...

PLEASE READ

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

- Do not read these**
- 7 Don't know
 - 9 Refused

pre-MA13.2: If pregnant now ("Yes" to core Q12.16), go to MA13.4; Else if woman age 18-44 and Q12.16 = [2,7,9], continue

MA13.2. Have you been pregnant in the last 5 years?

- 1 Yes
- 2 **No Go to Section 14: Women's Health**
- 7 **Don't know/Not sure Section 14: Women's Health**
- 9 **Refused Go to Section 14: Women's Health**

MA13.3. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

Would you say: **Please Read**

- 1 You wanted to be pregnant sooner
- 2 You wanted to be pregnant later
- 3 You wanted to be pregnant then
- 4 You didn't want to be pregnant then or
at anytime in the future

or

- 7 You don't know
- 9 Refused

Do not read

GO TO Section 14: Women's Health

MA13.4. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?

Would you say: **Please Read**

- 1 You wanted to be pregnant sooner
- 2 You wanted to be pregnant later
- 3 You wanted to be pregnant then
- 4 You didn't want to be pregnant then or
at anytime in the future

or

- 7 You don't know
- 9 Refused

Do not read

If respondent is male, go to Section 15: Prostate Cancer Screening

Section 14: Women's Health

14.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (158)

- 1 Yes
- 2 No **Go to Q14.3**
- 7 Don't know/Not sure **Go to Q14.3**
- 9 Refused **Go to Q14.3**

14.2. How long has it been since you had your last mammogram? (159)

Read only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

14.3. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (160)

- 1 Yes
- 2 No **Go to Q14.5**
- 7 Don't know/Not sure **Go to Q14.5**
- 9 Refused **Go to Q14.5**

14.4. How long has it been since your last breast exam? (161)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

14.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (162)

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

14.6. How long has it been since you had your last Pap smear? (163)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

If Q13.4 = 11 (had hysterectomy) or Q12.16 = 1 (is pregnant) then go to Section 16: Colorectal Cancer.

14.7. Have you had a hysterectomy? (164)

- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- A hysterectomy is an operation to remove the uterus (womb)**

Section 15: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Section 16: Colorectal Cancer Screening

15.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (165)

- 1 Yes
- 2 No **Go to Q15.3**
- 7 Don't Know/not Sure **Go to Q15.3**
- 9 Refused **Go to Q15.3**

15.2. How long has it been since you had your last PSA test? (166)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 Don't know
- 9 Refused

15.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

(167)

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

15.4. How long has it been since your last digital rectal exam? (168)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

15.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

(169)

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

Section 16: Colorectal Cancer Screening

If respondent 49 years old or younger, go to Section 17: HIV/AIDS

16.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (170)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't know/Not sure **Go to Q16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last blood stool test using a home kit? (171)

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

16.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (172)

- 1 Yes
- 2 No **Go to 17.1**
- 7 Don't know/Not sure **Go to 17.1**
- 9 Refused **Go to 17.1**

16.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (173)

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 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

Section 17: HIV/AIDS

If respondent is 65 years old or older, go to Section 18: Firearms

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 don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

17.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (174)

- 1 True
- 2 False
- 7 Don't know/Not Sure
- 9 Refused

17.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (175)

- 1 True
- 2 False
- 7 Don't know/Not Sure
- 9 Refused

17.3. How important do you think it is for people to know their HIV status by getting tested? (176)

Would you say:

Please Read

- 1 Very important
- 2 Somewhat important
- or
- 3 Not at all important
- 8 Depends on risk
- 7 Don't know/Not sure
- 9 Refused

Do not read

17.4. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (177)

Include 1 Yes
saliva tests 2 No **Go to Q17.8**
 7 Don't know/Not sure **Go to Q17.8**
 9 Refused **Go to Q17.8**

17.5. Not including blood donations, in what month and year was your last HIV test? (178-183)
interviewer note: If response is before January 1985 code "don't know".

Include ___ ___ / ___ ___ ___ Code month and year
saliva tests 7 7 7 7 7 7 Don't know/Not sure
 9 9 9 9 9 9 Refused

17.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (184-185)

Please Read

___ ___ Reason code

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read 7 7 Don't Know/Not Sure
 9 9 Refused

17.7. 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 home, or somewhere else? (186-187)

- ___ Facility code
 ___ Private doctor or HMO
 ___ Counseling and testing site
 ___ Hospital
 ___ Clinic
 ___ In a jail or prison (or other correctional facility)
 ___ Home
 ___ Somewhere else

Do not read 7 7 Don't Know/Not Sure
 9 9 Refused

17.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (188)

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

Do any of these situations apply to you?

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

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

17.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (189)

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

Section 18: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries.

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

18.1. Are any firearms kept in or around your home? (190)

- 1 Yes
- 2 No **Go to Section 19: Tobacco and Tobacco Policy**
- 7 Don't know/Not sure **Go to Section 19: Tobacco and Tobacco Policy**
- 9 Refused **Go to Section 19: Tobacco and Tobacco Policy**

18.2. Are any of these firearms now loaded? (191)

- 1 Yes
- 2 No **Go to Section 19: Tobacco and Tobacco Policy**
- 7 Don't know/Not sure **Go to Section 19: Tobacco and Tobacco Policy**
- 9 Refused **Go to Section 19: Tobacco and Tobacco Policy**

18.3. Are any of these loaded firearms also unlocked? By unlocked we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (192)

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

Section 19: Tobacco and Tobacco Policy

[Splits 1,2,3]

Now I would like to ask you some more questions about smoking.

If Q9.2 = 1 go to MA19.1

Else if Q9.2 = 2 or MA9.1 = 1 go to MA19.2

Else if Q9.2 = 3 and MA9.4 = [1,2,3,4] Go to MA19.5

Else if Q9.1 = [7,9] or Q9.2 = 9 or MA9.1 = [2,7,9] then go to MA19.17

Else if Q9.2 = 3 and MA9.4 = [5,6,7,8,77,88,99] then go to MA19.17

MA19.1. [Daily smokers] On the average, about how many cigarettes a day do you now smoke?

| | | |
|-----------------------------------|-------|--|
| 1 pack = 20 cigarettes | __ __ | Number of cigarettes [76 = 76 or more] Go to MA19.4 |
| | 7 7 | Don't know/Not sure Go to MA19.4 |
| | 9 9 | Refused Go to MA19.4 |

MA19.2. [Someday smokers] On how many of the past 30 days did you smoke cigarettes?

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

If MA19.2=88, Go to pre-MA19.4

MA19.3. [Someday smokers] On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

| | | |
|-----------------------------------|-------|----------------------|
| 1 pack = 20 cigarettes | __ __ | Number of cigarettes |
| | 7 7 | Don't know/Not sure |
| | 9 9 | Refused |

pre-MA19.4: If MA9.1 = 1 then go to MA19.17; else continue

MA19.4. How soon after you awake in the morning do you usually smoke your first cigarette?

| | |
|---------------------|------|
| Hours and minutes: | |
| Immediately | 0000 |
| Don't know/Not sure | 2357 |
| Refused | 2359 |

MA19.5. **{IF Q9.2 = 1,2}**: What brand do you usually smoke?
{IF Q9.2 = 3}: Just before you quit smoking, what brand did you usually smoke?

| | | | |
|-----------------------|----|-----------------|----|
| BASIC | | | |
| BENSON & HEDGES | 08 | NEWPORT | 62 |
| CAMBRIDGE | 16 | NOW | 64 |
| CAMEL | 18 | PALL MALL | 66 |
| CARLTON | 20 | PARLIAMENT | 68 |
| GPC | 32 | SALEM | 84 |
| KENT | 36 | STERLING | 85 |
| KOOL | 38 | TRUE | 88 |
| LUCKY STRIKE | 46 | VICEROY | 90 |
| MARLBORO | 48 | VIRGINIA SLIMS | 92 |
| MERIT | 50 | WINSTON | 94 |
| MISTY | 52 | ALL DIFF TYPE | 95 |
| MONARCH | 54 | GENERIC IN GEN. | 96 |
| MONTCLAIR | 56 | | |
| OTHER (specify) _____ | | | 97 |
| DON'T KNOW | | | 77 |
| REFUSED | | | 99 |

MA19.6. Are the words "light" or "ultra-light" on the package of the brand
you usually... **{IF Q9.2 = 1,2: READ}**: smoke? **{IF Q9.2 = 3: READ}**: smoked?

| | | | |
|------------------|---|-------------------------------|---------------------|
| Probe for | 1 | Light | |
| which | 2 | Ultra-light | |
| | 3 | Yes, but can't remember which | |
| | 4 | No | Go to MA19.8 |
| | 7 | Don't know | Go to MA19.8 |
| | 9 | Refused | Go to MA19.8 |

MA19.7. Are you smoking "light" or "ultralight" cigarettes because of...

Please Read

| | |
|----|-------------------------------|
| 1 | Lower tar and nicotine |
| 2 | Less health risk |
| 3 | Price |
| 4 | Coupons, rebates, merchandise |
| 5 | Taste/enjoyment |
| 6 | Trying to quit |
| 8 | Other, SPECIFY _____ |
| 77 | Don't know |
| 99 | Refused |

MA19.8. **{IF Q9.2 = 1,2: READ}**: Do... **{IF Q9.2 = 3: READ}**: Did... you usually smoke

menthol cigarettes?

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

MA19.9. [IF Q9.2 = 1,2: READ]: Have you switched brands in the past year?

[IF Q9.2 = 3: READ]: Did you switch brands during the year before you quit smoking?

- 1 Yes
- 2 No **Go to MA19.14**
- 7 Don't know/Not sure **Go to MA19.14**
- 9 Refused **Go to MA19.14**

MA19.10. What brand did you switch from?

| | | | |
|-----------------------|----|-----------------|----|
| BASIC | 06 | | |
| BENSON & HEDGES | 08 | NEWPORT | 62 |
| CAMBRIDGE | 16 | NOW | 64 |
| CAMEL | 18 | PALL MALL | 66 |
| CARLTON | 20 | PARLIAMENT | 68 |
| GPC | 32 | SALEM | 84 |
| KENT | 36 | STERLING | 85 |
| KOOL | 38 | TRUE | 88 |
| LUCKY STRIKE | 46 | VICEROY | 90 |
| MARLBORO | 48 | VIRGINIA SLIMS | 92 |
| MERIT | 50 | WINSTON | 94 |
| MISTY | 52 | ALL DIFF TYPE | 95 |
| MONARCH | 54 | GENERIC IN GEN. | 96 |
| MONTCLAIR | 56 | | |
| OTHER (specify) _____ | | | 97 |
| DON'T KNOW | | | 77 |
| REFUSED | | | 99 |

MA19.11. Were the words "light" or "ultra-light" on the package of this brand?

- Probe for which**
- 1 Light
 - 2 Ultra-light
 - 3 Yes, but can't remember which
 - 4 No
 - 7 Don't know
 - 9 Refused

MA19.12. Were these menthol cigarettes?

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

MA19.13. What is the main reason you switched brands?

READ ONLY IF NECESSARY

- 1 Lower tar and nicotine
- 2 Less health risk
- 3 Price
- 4 Coupons, rebates, merchandise
- 5 Taste/enjoyment
- 6 Trying to quit
- 8 Other, SPECIFY _____
- 77 Don't know
- 99 Refused

MA19.14. In the past year, have you...

| | yes | no | don't know | refused |
|---------------------------------------|-----|----|------------|---------|
| a. Bought cigarettes on the Internet? | 1 | 2 | 7 | 9 |
| b. Bought cigarettes by mail order? | 1 | 2 | 7 | 9 |

If Q9.2 = (1,2) then go to MA19.15; Else if Q9.2 = 3 then go to MA19.17

MA19.15. Are you planning to quit smoking in the next 30 days?

- 1 Yes **GO TO MA19.17**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA19.16. Are you thinking about quitting smoking in the next 6 months?

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

MA19.17. (ASK ALL:) Is there anyone [if Q9.2 = (1,2): please read "else"] living in your household who smokes cigarettes?

- 1 Yes

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

MA19.18. (ASK ALL:) Which statement best describes the rules about smoking in your home

...

PLEASE READ

- 1 no one is allowed to smoke anywhere
- 2 smoking is allowed in some places or at some times
- or**
- 3 smoking is permitted anywhere
- 7 Don't know/Not sure
- 9 Refused

Additional State-added Tobacco Use

[Split 1,2]

If Split = [3] then GO TO State-added Tobacco Policy (MA19.32)

Else if Split = [1,2] AND [Q9.1 = (2,7,9) OR MA9.4 = (5,6,7,77,88,99)] then GO TO Section 23: Diabetes Information

Else if Split = [1,2] AND MA9.4 = 8 GO TO MA19.22

Else if Split = [1,2] AND [MA9.4 = (1,2,3,4) or Q9.2=(1,2)] then continue

MA19.19. (CURRENT SMOKERS AND 1-YEAR QUITTERS) In the past 12 months, did a medical doctor or other health professional advise you to stop smoking?

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

MA19.20. In the past 12 months, have you heard, read, or seen any information about quitting smoking?

- 1 Yes
- 2 No **Go to MA19.22**
- 7 Don't know/Not sure **Go to MA19.22**
- 9 Refused **Go to MA19.22**

MA19.21. I'm going to read you a list of places where you may have gotten this quit-smoking information. Did you get any of this information --

Yes No Don't know Refused

| | | | | |
|--|---|---|---|---|
| a. from television? | 1 | 2 | 7 | 9 |
| b. from a billboard? | 1 | 2 | 7 | 9 |
| c. from a doctor? | 1 | 2 | 7 | 9 |
| d. from a dentist? | 1 | 2 | 7 | 9 |
| e. from another health care professional? | 1 | 2 | 7 | 9 |
| f. by calling the Smokers Telephone Quit-Line? | 1 | 2 | 7 | 9 |
| g. from the Internet? | 1 | 2 | 7 | 9 |
| IF MA19.21G = 1 THEN GO TO MA19.21H; ELSE GO TO MA19.22 | | | | |
| h. from the website trytostop.org | 1 | 2 | 7 | 9 |

MA19.22. (CURRENT SMOKERS AND 3-YEAR QUITTERS) Have you ever used stop-smoking products such as nicotine gum, patches, or inhalers, or pills such as Zyban or Wellbutrin?

- | | |
|---|---|
| 1 | Yes |
| 2 | No GO TO Section 23: Diabetes Information |
| 7 | Don't know/Not sure GO TO Section 23: Diabetes Information |
| 9 | Refused GO TO Section 23: Diabetes Information |

MA19.23. How long has it been since you last used a stop-smoking product?

- | | |
|---|---|
| 1 | Within past 30 days |
| 2 | Within past 12 months (1-12 months ago) |
| 3 | Within the past 2 years (1-2 years ago) |
| 4 | Within the past 5 years (2-5 years ago) |
| 5 | 5 or more years ago |
| 7 | Don't Know/Not Sure |
| 9 | Refused |

MA19.24. Thinking back to the last time you used these products, which of the following stop-smoking products did you use? I am going to read you a list, since some people use more than one at the same time. Please tell me which product or products you used the last time. (IF MORE THAN ONE MENTIONED, CODE FIRST TWO THAT ARE MENTIONED.)

- | | |
|---|--------------------------------|
| 1 | Gum |
| 2 | Patch |
| 3 | Inhaler |
| 4 | Pill (i.e., Zyban, Wellbutrin) |
| 5 | Other (specify _____) |
| 7 | Don't Know/Not Sure |
| 9 | Refused |

MA19.25. Again thinking about your most recent use, which of the following best describes the main reason you used this (these) product(s)?

PLEASE READ THE FIRST 4 RESPONSES:

- 1 As a substitute in places where I can't smoke
- 2 To try to quit smoking
- 3 To cut down on the amount I smoke
- 4 Or is there some other reason (specify) _____
- 7 Don't know/Not Sure
- 9 Refused

MA19.26. About how long did you use this (these) product(s)?

- 1 ___ Days
- 2 ___ Weeks
- 3 ___ Months
- 7 7 7 Don't know
- 9 9 9 Refused

MA19.27. Did you buy this (these) product(s) over-the-counter (that is, directly from the store without a prescription) or did you have a prescription?

- 1 OTC
- 2 Prescription
- 3 Both OTC and prescription
- 7 Don't Know/Not Sure
- 9 Refused

MA19.28. Did you pay for this (these) product(s) completely on your own, or did an insurance plan or other medical assistance cover at least part of the cost?

- 1 Self
- 2 Insurance
- 7 Don't Know/Not Sure
- 9 Refused

IF core Q9.2=3, GO TO MA19.29; ELSE IF core Q9.2=1,2, GO TO MA19.30.

MA19.29. (FORMER SMOKERS) You earlier said that you have not smoked ____ (**FILL IN RESPONSE CATEGORY from MA9.4 = 1-4 or 8**). Did you use any of these stop-smoking products for the quit attempt when you actually stopped smoking?

- 1 Yes
- 2 No

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

IF MA9.4 = [1,2,3,4] AND core Q2.1 = [1] GO TO MA19.31

Else if MA9.4 = [8] OR core Q2.1 = [2,7,9] then GO TO Section 23: Diabetes Information

MA19.30. (CURRENT SMOKERS) Overall, how satisfied were you with this (these) stop-smoking product(s)? Would you say you were..

PLEASE READ

- 1 Not at all satisfied
- 2 Somewhat satisfied
- 3 Satisfied
- 4 Very satisfied
- 7 Don't know
- 9 Refused

Don't read these responses

**pre-MA19.31. If core Q2.1 = (2,7,9) go to Section 23: Diabetes Information
Else go to MA19.31.**

MA19.31. [ALL CURRENT AND 1-YEAR FORMER SMOKERS] Does your insurance company cover some or all of the cost for...

| | yes | no | dk/ns | ref |
|--|-----|----|-------|-----|
| a. Stop smoking counseling or group classes | 1 | 2 | 7 | 9 |
| b. Nictotine Replacement Therapy or other stop smoking products | 1 | 2 | 7 | 9 |

State-added Tobacco Policy

[Split 3]

**If Split = [1,2] then GO TO Section 23: Diabetes Information
else if split = [3] continue**

The next questions are about your opinions on issues related to smoking.

MA19.32. I'm going to read you a list of places where smoking may or may not be allowed. For each one, please tell me if you think that smoking should be allowed there without restriction, should be permitted only in designated areas, or should not be allowed at all.

Concerning smoking in (NAME OF PLACE) -- should it be allowed without restriction, should it be permitted only in designated areas, or not be allowed at all?

[Interviewer Note: After first two, you may read "How about...?"]

Allowed without restriction = 1, Permitted in designated areas = 2, Not at all = 3, Don't know = 7, Refused = 9

| | | | | | |
|-------------------------------|---|---|---|---|---|
| a. Restaurants | 1 | 2 | 3 | 7 | 9 |
| b. Indoor work areas | 1 | 2 | 3 | 7 | 9 |
| c. Bars and cocktail lounges? | 1 | 2 | 3 | 7 | 9 |
| d. Outdoor sporting events? | 1 | 2 | 3 | 7 | 9 |

MA19.33. Please tell me which of the following best describes your feelings about discarded cigarette butts on the ground. Would you say...

Please Read

- 1 It doesn't bother me
- 2 It is a nuisance
- 3 A problem for the environment
- 4 Both a nuisance and an environmental problem

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

MA19.34. Compared with smoking regular cigarettes, would smoking low tar and low nicotine cigarettes increase, decrease, or have no effect on someone's risk of having health problems?

- 1 Increase
- 2 Decrease
- 3 No effect
- 7 Don't know/Not sure
- 9 Refused

MA19.35. How many light cigarettes would someone have to smoke to get the same level of tar as from one regular cigarette?

__ __ Number of light cigarettes

8 8 Less than one or none

7 7 Don't Know/Not Sure

9 9 Refused

MA19.36. How many ultralight cigarettes would someone have to smoke to get the same level of tar as from one regular cigarette?

__ __ Number of light cigarettes

8 8 Less than one or none

7 7 Don't Know/Not Sure

9 9 Refused

MA19.37. During the past 12 months, have you received in the mail promotional information, coupons or ads from tobacco companies?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

Section 20: ETS Exposure

[Split 3]

If Split = [1,2] then go to Section 23: Diabetes Information

The next series of questions is about your exposure to other people's tobacco smoke.

If core Q12.8 = [1,2] go to MA20.1; else if core Q12.8 = [3,4,5,6,7,8,9] go to MA20.2

MA20.1. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work?

- _____ Number of hours per week [76 = 76 or more]
- 01 An hour or less per week
- 88 None
- 77 Don't Know
- 99 Refused

MA20.2. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at home?

- _____ Number of hours per week [76 = 76 or more]
- 01 An hour or less per week
- 88 None
- 77 Don't Know
- 99 Refused

MA20.3. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were in other places?

- _____ Number of hours per week [76 = 76 or more]
- 01 An hour or less per week
- 88 None
- 77 Don't Know
- 99 Refused

Section 21: Workplace ETS

[Splits 3]

If Split = [1,2] then go to Section 23: Diabetes Information

Else if Split = [3] and core Q12.8 = (3,4,5,7,8,9) Go to Section 22: Smokeless Tobacco

Else if Split = [3] and core Q12.8 = (1,2,6) then continue

The next few questions are about your exposure to other people's cigarette smoke in the workplace.

MA21.1. Do you work primarily indoors or outdoors?

- 1 Indoors
- 2 Outdoors **Go to Section 22: Smokeless Tobacco**
- 3 Both
- 4 Don't currently work **Go to Section 22: Smokeless Tobacco**
- 7 Don't Know/Not Sure **Go to Section 22: Smokeless Tobacco**
- 9 Refused **Go to Section 22: Smokeless Tobacco**

MA21.2. Which of the following best describes your main place of work [if MA21.1=3 then read: "when you work indoors"]?

PLEASE READ

- 1 Office building
- 2 Factory
- 3 Store
- 4 School
- 5 Hospital or other healthcare facility
- 6 Restaurant or bar
- 8 At home **Go to Section 22: Smokeless Tobacco**
- 10 or some other place (specify) _____

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

MA21.3. I am going to read you a list of typical workplace smoking policies. Please tell me which one is most like the policy at your workplace.

PLEASE READ

- 1 Smoking is not allowed anywhere inside the building
- 2 Smoking is only allowed in a few designated smoking areas
- 3 Smoking is allowed in most areas
- 7 Don't Know/Not sure
- 9 Refused

Section 22: Smokeless Tobacco Products

[Split 3]

If Split = [1,2] GO TO SECTION 23: Diabetes Information

Now I would like to ask you about other tobacco products.

MA22.1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- 1 Yes
- 2 No **Go to Section 23: Diabetes Information**
- 7 Don't know/Not sure **Go to Section 23: Diabetes Information**
- 9 Refused **Go to Section 23: Diabetes Information**

MA22.2. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

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

pre-MA22.3. If Q9.1 = 1 then go to MA22.3; Else if Q9.1 = [2,7,9] go to Section 23: Diabetes Information

MA22.3. Did you ever use smokeless tobacco for any of the following reasons?

PLEASE READ

- 1 As a substitute in places where I can't smoke
- 2 To try to quit smoking
- 3 To cut down on the amount I smoke
- 4 Or is there some other reason (specify)_____

don't read these responses

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

Section 23: Diabetes Information

[Split 1]

If Split=[2], Go to Section 25: Disability

Else if Split = [3], Go to Section 24: Glaucoma and Melanoma Awareness

Else if Split = 1 then continue

MA23.1. In the past 6 months, have you heard, read or seen any information about the importance of controlling diabetes?

- 1 Yes
- 2 No **Go to Section 24: Glaucoma and Melanoma Awareness**
- 7 Don't know/Not sure **Go to Section 24: Glaucoma and Melanoma Awareness**
- 9 Refused **Go to Section 22: Section 24: Glaucoma and Melanoma Awareness**

MA23.2. I'm going to read you a list of places where you might have gotten information about the importance of controlling diabetes. Did you get any of this information:

| | <u>Yes</u> | <u>No</u> | <u>Don't know</u> | <u>Refused</u> |
|---|------------|-----------|-------------------|----------------|
| a. from television? | 1 | 2 | 7 | 9 |
| b. from the radio? | 1 | 2 | 7 | 9 |
| d. from a newspaper or magazine | 1 | 2 | 7 | 9 |
| e. from a brochure or other printed material? | 1 | 2 | 7 | 9 |
| f. Internet? | 1 | 2 | 7 | 9 |

Section 24: Glaucoma and Melanoma Awareness

[Split 3]

If Split = [1,2], GO TO Section 25: Disability

Else if Split = [3] AND Respondent's age is 18 to 39, GO TO MA24.4

Else if Split = [3] and age is 40 or older then continue.

MA24.1. [Adults age 40 and older] Glaucoma is a disease that affects your...

PLEASE READ

- 1 Skin
- 2 Eyes
- 3 Heart
- 4 Lungs

Don't read these responses 7 Don't Know/Not Sure **Go to MA24.4**
9 Refused

MA24.2. Have you ever been told by a doctor or other health professional that you have glaucoma?

- 1 Yes
- 2 No **Go to MA24.4**
- 7 Don't Know/Not Sure **Go to MA24.4**
- 9 Refused **Go to MA24.4**

MA24.3. Are you currently being treated for your glaucoma?

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

MA24.4. Melanoma is...

PLEASE READ

- 1 A cancer of the blood
- 2 A cancer of the skin
- 3 A sleep disorder
- 4 A heart disorder

□□□□Ó□□□ 7 Don't Know/Not Sure
9 Refused

Section 25: Disability, Healthy Days and Quality of Life

[Split 1,2,3]

Now I would like to ask you some questions about your health and problems you may have.

MA25.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

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

MA25.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

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

MA25.3. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

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

MA25.4. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

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

MA25.5. During the past 30 days, for about how many days have you felt worried, tense, or

anxious?

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

State-added Disability

[Splits 1,2,3*]

pre-MA25.6:

If Split = 3 and MA12.5 = [1,4,7,9] then GO TO SECTION 27: Varicella/Shingles

Else if Split = 3 and age > 64 then GO TO SECTION 27: Varicella/Shingles

Else if Split = 3 and MA12.5 = [2,3] then continue *Only asked of GLB population

Else if Split = [1,2] then continue

[Questions on disability are asked of all adults on Splits 1 and 2, and of the GLB population on Split 3]

MA25.6. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

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

MA25.7. 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?

| | | |
|--|---|---------------------|
| Include occasional use or use in certain circumstances | 1 | Yes |
| | 2 | No |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

MA25.8. Are you limited in any way in any activities because of any impairment or health problem?

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

Pre-MA25.9: If MA25.7 = 1 then go to MA25.9; Else if MA25.7 = [2,7,9] then GO TO pre-MA25.10

MA25.9 What is the farthest distance you can walk by yourself, without any special equipment or help from others?

PLEASE READ

- 1 Not any distance
- 2 Across a small room
- 3 About the length of a typical house
- 4 About one or two city blocks
- 5 About one mile
- or-**
- 6 More than one mile
- 7 Don't know / Not sure
- 9 Refused

pre-MA25.10: If MA25.6 = 1 or MA25.7 = 1 or MA25.8 = 1 then GO TO MA25.10; ELSE GO TO MA25.14.

MA25.10. What is the major impairment or health problem that limits your activities?

[If respondent says, "I'm not limited," say, "I'm referring to the impairment you indicated on an earlier question."]

Reason Code
Read Only if Necessary

- 0 1 Arthritis/rheumatism
- 0 2 Back or neck problem
- 0 3 Fractures, bone/joint injury
- 0 4 Walking problem
- 0 5 Lung/breathing problem
- 0 6 Hearing problem
- 0 7 Eye/vision problem
- 0 8 Heart problem
- 0 9 Stroke problem
- 1 0 Hypertension/high blood pressure
- 1 1 Diabetes
- 1 2 Cancer
- 1 3 Depression/anxiety/emotional problem
- 1 4 Other impairment/problem [specify]_____
- 7 7 Don't know/Not sure
- 9 9 Refused

MA25.11. For how long have your activities been limited because of your major impairment or

health problem?

- | | | |
|---|-----|---------------------|
| 1 | ___ | Days |
| 2 | ___ | Weeks |
| 3 | ___ | Months |
| 4 | ___ | Years |
| 7 | 77 | Don't know/Not Sure |
| 9 | 99 | Refused |

MA25.12. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

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

MA25.13. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- | | | |
|---|---------------------|---|
| 1 | Yes | Go To Section 26: Drug and Alcohol Awareness |
| 2 | No | Go To Section 26: Drug and Alcohol Awareness |
| 7 | Don't know/Not sure | Go To Section 26: Drug and Alcohol Awareness |
| 9 | Refused | Go To Section 26: Drug and Alcohol Awareness |

MA25.14. A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

- | | |
|---|---|
| 1 | Yes |
| 2 | No GO TO Section 26: Drug and Alcohol Awareness |
| 7 | Don't know / Not sure GO TO Section 26: Drug and Alcohol Awareness |
| 9 | Refused GO TO Section 26: Drug and Alcohol Awareness |

MA25.15. What is your major disability?

Specify: _____

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

MA25.16. For HOW LONG have you had your main disability?

| | | |
|---|-----|---------------------|
| 1 | ___ | Days |
| 2 | ___ | Weeks |
| 3 | ___ | Months |
| 4 | ___ | Years |
| 7 | 7 7 | Don't know/Not Sure |
| 9 | 9 9 | Refused |

MA25.17. Because of your disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

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

MA25.18. Because of your disability, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

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

Section 26: Alcohol and Drug Awareness

[Split 1]

If Split = [2,3] Go to Section 27: Varicella/Shingles

Else if Split = 1 then continue

The next questions are about the public health issue of drug and alcohol use.

MA26.1. I'm going to read you a list of statements about opinions on alcohol and drug use. For each statement, please tell me whether you Strongly agree, Agree, Disagree, or Strongly Disagree.

[Note to interviewer: after the first three statements, you do not have to read the responses unless needed to prompt respondent]

a. You can tell, just by looking at someone, if he or she is an alcoholic or drug addict. Do you...

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read these responses 7 Don't Know/Not Sure
9 Refused

b. A person who only drinks beer can be an alcoholic. Do you...

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read these responses 7 Don't Know/Not Sure
9 Refused

c. Alcohol is a drug. Do you...

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read these responses

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

d. Alcoholism and drug addiction can be treated successfully.

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

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

e. Addiction to alcohol or drugs is a sign of personal weakness.

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

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

f. A person who is an alcoholic or drug addict has a brain disease.

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

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

g. If a parent, brother or sister is an alcoholic or drug addict, it increases one's chance of becoming an alcoholic or drug addict.

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

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

Section 27: State-Added: Varicella/Shingles

[Splits 2,3]

If Split = 1, Go to Section 30: Childhood Asthma**Else if Split = [2,3] then continue**

I would like to ask about the health of children, as well as other adults in the household.

MA27.1. Going from youngest to oldest, what are the ages of each person currently living in your household?

Code ages**97 = 97 and older****98 = DK/NS****99 = Refused**

a. Person #1 --

b. Person #2 --

[Etc.]

MA27.2. Have you or anyone else currently living in your household had chickenpox in the past 12 months?

- 1 Yes
- 2 No **Go to MA27.4**
- 7 Don't know/Not sure **Go to MA27.4**
- 9 Refused **Go to MA27.4**

MA27.3. What are the current ages of all those who had chickenpox in the past 12 months?

Code ages**0 = <1 year****97 = 97 and older****98 = Dk/NS****99 = Ref**

a. Person #1 _____

b. Person #2 _____

[Etc.]

MA27.4. Have you or anyone else currently living in your household ever had shingles?

- 1 Yes
- 2 No **Go to SECTION 28: Child's Health/Dental**
- 7 Don't know/Not sure **Go to SECTION 28: Child's Health/Dental**
- 9 Refused **Go to SECTION 28: Child's Health/Dental**

MA27.5. What are the current ages of all those who ever had shingles?

Code ages,

0 = <1 year

97 = 97 and older

98 = Dk/Ns

99 = Ref

a. Person #1 _____

b. Person #2 _____

[Etc.]

MA27.6. [Ask for each person listed in MA27.5, in the same order as MA27.5] How old was the _____ year old when they had shingles?

Code ages,

0 = <1 year

97 = 97 and older

98 = Dk/Ns

99 = Ref

a. Person #1 _____

b. Person #2 _____

[Etc.]

Section 28: Child's Health/Dental

[Split 2,3]

If Split = 1, GO TO Section 30: Childhood Asthma

If Split = (2,3) and Q12.6 = 88 then GO TO Section 31: Adult Asthma History

The next few questions are about health insurance and health care for children in your household.

If Split = (2,3) and Q12.6 = 99, Go to MA28.2.

Else if Split =(2,3) and Q12.6 is between 1-76, Go to MA28.1.

MA28.1 [read only if Q12.6 > 1 “We need to ask the next questions only about one child in a household.”] [read for all] What is the age of the child in your household, under the age of 18, [read only if Q12.6 > 1 “who has had the most recent birthday?”]

| | |
|-----|---|
| ___ | Age (years, if <1, code 0) Go to MA28.3 |
| 77 | Don't know/not sure Go to Section 30: Childhood Asthma |
| 99 | Refused Go to Section 30: Childhood Asthma |

MA28.2 If there are children in your household under the age of 18, what is the age of the child who has had the most recent birthday?

| | |
|-----|--|
| ___ | Age (years, if <1, code 0) |
| 88 | No children in household Go to Section 30: Childhood Asthma |
| 77 | Don't know/not sure Go to Section 30: Childhood Asthma |
| 99 | Refused Section 30: Childhood Asthma |

MA28.3. Please answer the next few questions [READ “only” IF Q12.6 > 1] about this child in your household. How are you related to this child? Is this child a(n)...?

PLEASE READ

| | |
|----|--------------------------------------|
| 01 | Natural-born or adopted son/daughter |
| 02 | Stepson/stepdaughter |
| 03 | Grandchild |
| 04 | Foster child |
| 05 | Niece or nephew |
| 06 | Brother or sister |
| 07 | Other relative |
| 08 | Other non-relative |
| 77 | Don't know/Not sure |
| 99 | Refused |

MA28.4. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

- 1 Yes **GO TO MA28.6**
- 2 No
- 7 Don't know/Not sure **GO TO MA28.6**
- 9 Refused **GO TO MA28.6**

MA28.5. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

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

MA28.6. About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?

- 1 Within 1 month
- 2 Within the past 3 months (1-3 months)
- 3 Within the past 6 months (3-6 months)
- 4 Within the past year (6-12 months)
- 5 More than one year
- 7 Don't know
- 9 Refused

MA28.7. Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

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

IF MA28.1 is < 3 years old or MA28.2 is < 3 years old then GO TO MA28.11; ELSE continue

MA28.8. [Children age 3-17] Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

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

If child is MA28.1 =[3,4,5] or MA28.2 =[3,4,5] then GO TO MA28.11; else continue

MA28.9. [Children age 6-17] A dental sealant is a clear or white plastic-like material that is painted on a child's back teeth by a dentist or hygienist to prevent tooth decay. Has this child ever received dental sealants on their permanent teeth?

- | | | |
|--|---|--|
| Permanent teeth come in after primary teeth and include | 1 | Yes |
| | 2 | No Go to MA28.11 |
| | 7 | Don't Know/Not Sure Go to MA28.11 |
| | 9 | Refused Go to MA28.11 |

MA28.10. On how many of this child's permanent teeth are there dental sealants?

PLEASE READ

- | | | |
|--------------------|---|---------------------|
| | 1 | 1-4 teeth |
| | 2 | 5-8 teeth |
| | 3 | None |
| do not read | 7 | Don't know/Not sure |
| | 9 | Refused |

MA28.11. [All Children] Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child?

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

Section 29: Bioterrorism and Child's Health

[Splits 2,3]

If Split = [1] then go to Section 30: Childhood Asthma

Else if Split = [2,3] AND {MA28.1 = 0,1,2,77,99 OR MA28.2 = 0,1,2,77,88,99} then go to Section 30: Childhood Asthma

Else if Split = [2,3] AND {MA28.1 is between 3-17 OR MA28.2 is between 3-17} then continue

[Households with children age 3-17] I would like to ask you some questions about how the recent events and threats of terrorism and bioterrorism have affected this child.

MA29.1. Has this child been feeling more sad, tense or worried than usual because of the events or threats of terrorism and bioterrorism? Would you say...

PLEASE READ

- 1 Yes, a lot more than usual
- 2 Yes, a little bit more than usual
- 3 No, about the same or less than usual

Do not read these responses 7 Don't Know/Not Sure
9 Refused

MA29.2. Because of the events or threats, has this child had trouble falling asleep, had nightmares, had trouble eating, or been more irritable than usual? Would you say...

PLEASE READ

- 1 Yes, quite a lot more
- 2 Yes, a little bit more
- 3 No, not at all

Do not read these responses 7 Don't Know/Not Sure
9 Refused

Section 30: Module 9: Childhood Asthma

[Splits 1,2,3]

If core Q12.6 = 88/no children, Go to Section 31: Adult Asthma History

mod9.1. Earlier you said there were [fill in number from core Q12.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (275-276)

| | | | |
|-----|-----|--------------------|---|
| ___ | ___ | Number of children | |
| 8 | 8 | None | Go to Section 31: Adult Asthma History |
| 7 | 7 | Don't know | Go to Section 31: Adult Asthma History |
| 9 | 9 | Refused | Go to Section 31: Adult Asthma History |

mod9.2. [Fill in (Does this child/How many of these children) from mod9.1] still have asthma?

(277-278)

| | | | |
|-----|-----|--------------------|---|
| ___ | ___ | Number of children | |
| 8 | 8 | None | Go to Section 31: Adult Asthma History |
| 7 | 7 | Don't know | Go to Section 31: Adult Asthma History |
| 9 | 9 | Refused | Go to Section 31: Adult Asthma History |

**If only one child from mod9.1
and response is "yes" to mod9.2
code "01". If response is
"no" code '88'.**

MA30.1. [If mod9.2 = 1 read] "What is the age of the child who currently has asthma?" [If mod9.2 > 1 read] "What are the ages of the children who currently have asthma?"

**Code ages,
0 = <1 year**

a. Child #1 ___
b. Child #2 ___ ETC,

Section 31: Module 8-Adult Asthma History

[Splits 1,2,3]

If Q5.1 = 1 then go to mod8.1. Else if Q5.1 = (2,7,9) then go to Section 33: Depression

Previously you said you were told by a doctor, nurse, or other health professional that you had asthma.

mod8.1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

(260-261)

| | |
|-----|---|
| — — | Age in years 11 or older [96 = 96 and older] |
| 9 7 | Age 10 or younger |
| 9 8 | Don't know/Not sure |
| 9 9 | Refused |

pre-mod8.2. If Q5.2 = 1 then continue; else if Q5.2 = (2,7,9) then go to Section 32: Work-related Asthma

mod8.2. During the past 12 months, have you had an episode of asthma or an asthma attack?

(262)

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

mod8.3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

(263-264)

| | |
|-----|---|
| — — | Number of visits [87 = 87 or more] |
| 8 8 | None |
| 9 8 | Don't know/Not sure |
| 9 9 | Refused |

mod8.4. [If one or more visits to mod8.3, fill in (Besides those emergency room visits,)]
 During the past 12 months, how many times did you see a doctor, nurse, or other health professional for urgent treatment of worsening asthma symptoms?
 (265-266)

| | | |
|-----|-----|---|
| ___ | ___ | Number of visits [87 = 87 or more] |
| 8 | 8 | None |
| 9 | 8 | Don't know/Not sure |
| 9 | 9 | Refused |

mod8.5. During the past 12 months, how many times did you see a doctor or other health professional for a routine checkup for your asthma?

(267-268)

| | | |
|-----|-----|---|
| ___ | ___ | Number of visits [87 = 87 or more] |
| 8 | 8 | None |
| 9 | 8 | Don't know/Not sure |
| 9 | 9 | Refused |

mod8.6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

(269-271)

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

mod8.7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? (272)

Would you say: **Please Read**

| | |
|---|---|
| 8 | Not at any time Go to mod8.9 |
| 1 | Less than once a week |
| 2 | Once or twice a week |
| 3 | More than 2 times a week, but not every day |
| 4 | Every day, but not all the time |
| | or |
| 5 | Every day, all the time |

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

mod8.8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? (273)

Would you say: **Please Read**

- | | |
|---|---------------|
| 8 | None |
| 1 | One or two |
| 2 | Three to four |
| 3 | Five |
| 4 | Six to ten |
| | or |
| 5 | More than ten |

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

mod8.9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler. (274)

Would you say: **Please Read**

- | | |
|---|---|
| 8 | Didn't take any |
| 1 | Less than once a week |
| 2 | Once or twice a week |
| 3 | More than 2 times a week, but not every day |
| 4 | Once every day |
| | or |
| 5 | 2 or more times every day |

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

Section 32: Work-related Asthma

[Splits 1,2,3]

If Q5.1 = 1 then continue; else if Q5.1 = (2,7,9) then GO TO Section 33: Depression

MA32.1. Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had?

| | | |
|--|---|---|
| If "no", ask: "Have you ever held a job outside the home?" | 1 | Yes |
| | 2 | No |
| | 3 | Never worked outside the home Go to Section 33: Depression |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

MA32.2. Did you ever tell a doctor or other medical person that your asthma was related to any job you ever had?

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

preMA32.3: IF mod8.1 IS BETWEEN 16-97, GO TO MA32.3; ELSE GO TO Section 33: Depression

MA32.3. When you first developed symptoms of asthma, what kind of work were you doing? (For example, RN, supervisor of order department, auto mechanic, accountant)

| | |
|---|---|
| | _____ (specify occupation) |
| 3 | Didn't have a job when asthma started GO TO Section 33: Depression |
| 7 | Don't know |
| 9 | Refused |

MA32.4. What kind of business or industry was that job in? (For example, hospital, newspaper publishing, mail order house, auto repair shop, bank)

| | |
|---|--------------------------------------|
| | _____ (specify business or industry) |
| 7 | Don't know |
| 9 | Refused |

Section 33: Depression

[Split 1,2*,3*]

If Split = [2,3] AND MA12.5 = [1,4,7,9] then go to Section 34: Osteoporosis

Else if Split = [2,3] AND age > 64 then go to Section 34: Osteoporosis

Else if Split = [2,3] AND MA12.5 = [2,3] then Continue *Only asked of GLB population

Else if Split = 1 then Continue

MA33.1. During the past year was there ever a time that you felt sad, blue or depressed for 2 weeks or more in a row?

- 1 Yes
- 2 No **Go to MA33.3**
- 7 Don't Know/Not Sure **Go to MA33.3**
- 9 Refused **Go to MA33.3**

MA33.2. How much of the past year have you felt sad, blue or depressed? Would you say...

PLEASE READ

- 1 Almost all of the year
- 2 Most of the year
- 3 About half of the year
- 4 A few months of the year
- 5 One month or less

Don't read these responses

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

MA33.3. During the past year have you been told by a doctor, nurse or mental health professional that you have depression?

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

If MA33.1 = [2,7,9] AND MA33.3 = [2,7,9], then go to Section 34: Osteoporosis; Else Continue

MA33.4. During the past year have you received treatment, such as counseling, therapy or medication, from a health professional for feeling sad, blue or depressed?

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

Section 34: Osteoporosis

[Splits 2,3]

If Split = 1 Go to Section 37: Sexual Behavior

Else if Split = [2,3] AND sex = 1 [male] Go to Section 35 Physical Activity

Else if Split = [2,3] AND sex = 2 [female] AND age is between 18-39 Go to MA34.2

Else if Split = [2,3] AND sex = 2 [female] AND age is 40 or older or age is [7,9] CONTINUE

MA34.1. (WOMEN 40+) Have you ever been told that you have osteoporosis?

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

MA34.2. (ALL WOMEN) How often do you do strength-building exercise, like lifting free weights, using training machines or doing push-ups or pull-ups?

- 1 More than 3 times per week
- 2 1-3 times per week
- 3 1-3 times per month
- 4 Less than once per month
- 5 Never
- 7 Don't Know/Not Sure
- 9 Refused

MA34.3. (All WOMEN) How many servings of milk or milk products do you usually consume each day? One serving equals 8 ounces of milk or yogurt , or two slices of cheese.

- 0 Less than one
- 1 1 Serving
- 2 2 Servings
- 3 3 Servings
- 4 4 Servings
- 5 5 or more servings
- 6 Don't consume milk or milk products
- 7 Don't know/Not sure
- 9 Refused

MA34.4. During the past month, did you take any supplements containing only calcium regularly, that is on most days?

- 1 Yes
- 2 No **Go to Section 35: Physical Activity**
- 7 Don't know **Go to Section 35: Physical Activity**
- 9 Refused **Go to Section 35: Physical Activity**

MA34.5 During the past month, did you take calcium.....

Please Read

- 1 every day?
- 2 on most days?
- 3 or less than one-half of the days?
- 7 Don't know
- 9 Refused

Section 35: Physical Activity

[Split 3]

If Split = [1], Go to Section 37: Sexual Behavior

Else if Split = [2], Go to Section 36: Abstinence

Else if Split = 3 and Q12.8 = [3,4,5,6,7,8,9] then go to MA35.2

Else if Split = 3 and Q12.8 = [1,2: employed/self-employed] then continue

MA35.1. When you are at work, which of the following best describes what you do?
Would you say:

Please Read

| | | |
|--|----|---|
| If respondent has multiple jobs, include all jobs | 1 | Mostly sitting or standing |
| | 2 | Mostly walking |
| | or | |
| | 3 | Mostly heavy labor or physically demanding work |
| Do not read | 7 | Don't know/Not sure |
| | 9 | Refused |

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause

MA35.2. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q12.8]** 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 small increases in breathing or heart rate?

- 1 Yes
- 2 No **Go to MA35.5**
- 7 Don't know/Not sure **Go to MA35.5**
- 9 Refused **Go to MA35.5**

MA35.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?

- — Days per week
- 8 8 Don't do any moderate physical activity for at least 10 minutes at a time
Go to MA35.5
- 7 7 Don't know/Not sure
- 9 9 Refused

MA35.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

| | | | |
|---------------------|-------------------|-------------------|---------------------------|
| $\frac{\quad}{7}$: | $\frac{\quad}{7}$ | $\frac{\quad}{7}$ | Hours and minutes per day |
| 7 | 7 | 7 | Don't know/Not sure |
| 9 | 9 | 9 | Refused |

MA35.5. Now thinking about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q12.8]** 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 Go to Section 36: Abstinence |
| 7 | Don't know/Not sure Go to Section 36: Abstinence |
| 9 | Refused Go to Section 36: Abstinence |

MA35.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

| | | |
|-------------------|-------------------|--|
| $\frac{\quad}{8}$ | $\frac{\quad}{8}$ | Days per week |
| 8 | 8 | Do not do any vigorous physical activity for at least 10 minutes at a time Go to Section 36: Abstinence |
| 7 | 7 | Don't know/Not sure Go to Section 36: Abstinence |
| 9 | 9 | Refused Go to Section 36: Abstinence |

MA35.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

| | | | |
|---------------------|-------------------|-------------------|---------------------------|
| $\frac{\quad}{7}$: | $\frac{\quad}{7}$ | $\frac{\quad}{7}$ | Hours and minutes per day |
| 7 | 7 | 7 | Don't know/Not sure |
| 9 | 9 | 9 | Refused |

Section 36: Abstinence

[Split 2,3]

If Split = 1, GO TO Section 37: Sexual Behavior

Else if Q12.6 = 1 AND MA28.1 = [0,1,2,3,4,77,99], then GO TO Section 37: Sexual Behavior

Else if Q12.6 = 88, then GO TO Section 37: Sexual Behavior

Else if Q12.6 = 99 AND MA28.2 = 88, then GO TO Section 37: Sexual Behavior

Else continue

The next few questions ask you about your perceptions and attitudes about sexual activity among adolescents, including abstaining from sexual activity until marriage.

If MA28.1 is between 5-17 or MA28.2 is between 5-17 then GO TO MA 36.2.

Else if MA28.1 = (0,1,2,3,4,77,99) or MA29.2 = (0,1,2,3,4,77,99) then continue

MA36.1 We want to ask these questions to adults living in a household with children between the ages of 5 and 17. Is there a child who is between the ages of 5 and 17 living in your household?

- | | | |
|---|----------------------|--|
| 1 | Yes | |
| 2 | No | GO TO Section 37: Sexual Behavior |
| 7 | Don't Know/ Not Sure | GO TO Section 37: Sexual Behavior |
| 9 | Refused | GO TO Section 37: Sexual Behavior |

MA36.2 During the past 30 days, about how often have you heard or seen messages on TV or radio, or during public events, promoting the importance of teens delaying sexual activity until marriage?

PLEASE READ

- | | |
|---|---|
| 1 | Not at all in the past 30 days |
| 2 | About once or twice in the past 30 days |
| 3 | About once a week |
| 4 | Several times a week |
| 7 | Don't know/Not sure |
| 9 | Refused |

MA36.3 Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once?

__ . __ Number

(If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.)

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

MA36.4. Starting at what age do you think parents should begin to talk to their child about sexuality and ways to prevent teen pregnancy, HIV, and other sexually transmitted diseases? For example, this could include talking about abstinence.

| | |
|-----|---------------------|
| ___ | Age (years) |
| 77 | Don't know/Not sure |
| 99 | Refused |

MA36.5. Regarding the oldest child in your household, how old is this child and is this child a boy or a girl?

| | |
|-------|---------------------|
| 1 ___ | Male age in years |
| 2 ___ | Female age in years |
| 999 | Refused |

If Q12.6 = 1 AND MA28.1=(9-17) go to MA36.7.

Else if MA36.5 = (105-108,205-208, 999) go to Section 37: Sexual Behavior

Else if MA36.5=(109-117,209-217) continue

MA36.6 You may have answered this question earlier, but how are you related to this child? Is this child a(n)...?

PLEASE READ

| | |
|----|--------------------------------------|
| 01 | Natural-born or adopted son/daughter |
| 02 | Stepson/stepdaughter |
| 03 | Grandchild |
| 04 | Foster child |
| 05 | Niece or nephew |
| 06 | Brother or sister |
| 07 | Other relative |
| 08 | Other non-relative |

| | | |
|----------------------------|----|---------------------|
| Don't read these responses | 77 | Don't know/Not sure |
| | 99 | Refused |

MA36.7. During the past 12 months, about how often have you or other adults in the household had a conversation with this child regarding sexuality and ways to prevent pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

PLEASE READ

- 1 More than once a month
- 2 About once a month
- 3 About once every few months
- 4 Once in the past 12 months
- 5 Not at all in the past 12 months

Don't read these responses

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

Section 37: Sexual Behavior

[Splits 1*,2*,3]

If Split = [1,2] AND MA12.5 = [1,4,7,9], go to Section 38: Sexual Assault

Else if Split = [1,2,3] and age > 64, go to Section 39: Gambling

Else if Split = [1,2] AND MA12.5 = [2,3] then continue * = only asked of GLB population

Else if split = [3] and age 18-64 or age = [7,9] then continue

The next questions are about your sexual behavior. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

MA37.1. During the past 12 months, have you had sex?

- 1 Yes
- 2 No **Go to Section 38: Sexual Assault**
- 7 Don't Know/ Not sure **Go to Section 38: Sexual Assault**
- 9 Refused **Go to Section 38: Sexual Assault**

MA37.2. During the past 12 months, with how many people have you had sex?

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

If MA37.2 = 1, go to MA37.4

MA37.3. During the past 12 months, have you had sex with only males, only females, or with both males and females?

- 1 Only males
- 2 Only females
- 3 Both males and females
- 7 Don't Know/ Not sure
- 9 Refused

MA37.4. Now, thinking back about the last time you had sex, did you or your partner use a condom?

- 1 Yes **If MA37.2 = 1, go to MA37.5.
Else go to MA37.7**
- 2 No **If MA37.3 = (1,2,7,9) go to Pre-MA37.6. Else if MA37.2=1 or
MA37.3=3 go to MA37.5**
- 7 Don't Know **If MA37.2=1, go to MA37.5.
Else go to MA37.7**
- 9 Refused **If MA37.2=1, go to MA37.5.
Else go to MA37.7**

MA37.5. The last time you had sex, was your partner male or female?

- 1 Male
- 2 Female
- 7 Don't Know/ Not Sure **Go to MA37.7**
- 9 Refused **Go to MA37.7**

Pre-MA37.6

If MA37.4 = (1,7,9), go to MA37.7

Else if MA37.4=2 AND (MA37.3 = 1 or MA37.5 = 1), go to MA37.6.

Else if MA37.4=2 AND (MA37.3 = 2 or MA37.5 = 2) AND Q12.15 = 1, go to MA37.6.

Else if MA37.4=2 AND (MA37.3 = 2 or MA37.5 = 2) and Q12.15 = 2, Go MA37.7

Else if MA37.4=2 AND MA37.3=(7,9), Go to MA37.7

MA37.6. Which best describes the reason you did not use a condom the last time you had sex?
 [if Q12.15 = 1 and (MA37.3 = 1 or MA37.5 = 1), then read 1,2,3,14,15,5,6,12,11]
 [else if (Q12.15 = 2 and (MA37.3 = 1 or MA37.5 = 1)) or (Q12.15 = 1 and (MA37.3 = 2 or
 MA37.5 = 2)), then read 1,2,3,13,14,15,8,10,12,11].

PLEASE READ

- 1 No condom was available
- 2 I was too embarrassed or afraid to discuss using a condom
- 3 My partner refused to use a condom
- 13 My partner and I were using another form of birth control
- 14 Partner and I are in a monogamous relationship
- 15 Did not think at risk for STD or HIV
- 5 I believed my partner and I had the same HIV status
- 6 We did not have anal sex
- 8 My partner and I were trying to get pregnant
- 10 We did not have vaginal or anal sex
- 12 I do not like to use condoms
- or-**
- 11 Some other reason (**specify**) _____
- 77 Don't Know / Not Sure
- 99 Refused

MA37.7. During the past 12 months, have you been tested for a sexually transmitted disease or STD because you were concerned about having an infection?

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

MA37.8. During the past 12 months, has a doctor, nurse or other health professional told you that you had a sexually transmitted disease or STD?

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

Section 38: Sexual Assault

[Split 1,2,3]

If respondent is age > 59 then GO TO Section 39: Gambling.

Else if respondent is age 18-59 then continue

This section is about unwanted sexual contact, which many people have experienced. The person who makes unwanted sexual contact isn't always a stranger. It can be a friend, a boyfriend or girlfriend, or a family member. These incidents could have happened when you were a child or an adult. These questions may bring up uncomfortable feelings. If you would like to talk with a counselor after the survey, you can call a toll-free, confidential, sexual assault hotline at 1-800-922-8772. I will start the questions now. Please remember that your answers are confidential and that you don't have to answer every question if you don't want to.

MA38.1 Has anyone ever had sexual contact with you that you didn't want?

- 1 Yes
- 2 No **Go to Section 39: Gambling**
- 7 Don't know/not sure **Go to Section 39: Gambling**
- 9 Refused **Go to Section 39: Gambling**

MA38.2. When was the last time you experienced unwanted sexual contact?

Please read if necessary:

- 1 Within the past 12 months
- 2 1 to 5 years ago
- 3 6 to 10 years ago
- 4 11 to 15 years ago
- 5 16 to 20 years ago
- 6 21 to 25 years ago
- 8 26 to 30 years ago
- 10 31 to 35 years ago
- 11 36 to 40 years ago
- 12 41 or more years ago

Don't read these responses:

- 77 Don't know/not sure
- 99 Refused

MA38.3 In this most recent incident of unwanted sexual contact, was there one person or more

than one person who made you have sexual contact when you didn't want to?

- 1 One
- 2 More than one
- 7 Don't know/not sure **Go to MA38.5**
- 9 Refused **Go to MA38.5**

MA38.4 [If MA38.3 = 1, read] Was this person male or female?

[If MA38.3 = 2, read] Were these people male, female or both males and females?

- 1 Males
- 2 Females
- 3 Both males and females
- 7 Don't know/not sure
- 9 Refused

MA38.5 What was your relationship to the person(s) who had this contact with you?
(if MA38.3 = 2, ask for each person. Code up to 3)

READ ONLY IF NECESSARY

- 1 stranger
- 2 current or ex spouse or live in partner
- 3 date, or current or ex boyfriend or girlfriend
- 4 parent or step-parent
- 5 relative other than a husband or parent or step parent
- 6 someone you know in a professional context, such as a co-worker health professional, or professional caretaker
- 7 some other acquaintance or friend
- 8 someone else (specify)_____

Don't read these responses

- 77 Don't know/not sure
- 99 Refused

If MA38.2 = 1 OR 2 THEN continue with MA38.6. Else go to MA38.7

MA38.6 If you did tell anyone about this most recent incident, who did you tell? Did you tell a(n)...

| | <u>Yes</u> | <u>No</u> | <u>Don't know</u> | <u>Refused</u> |
|--------------------------------------|------------|-----------|-------------------|----------------|
| a. friend | 1 | 2 | 7 | 9 |
| b. family member | 1 | 2 | 7 | 9 |
| c. member of clergy | 1 | 2 | 7 | 9 |
| d. medical provider | 1 | 2 | 7 | 9 |
| e. police | 1 | 2 | 7 | 9 |
| f. rape crisis hotline/counselor | 1 | 2 | 7 | 9 |
| g. therapist | 1 | 2 | 7 | 9 |
| h. anyone else (specify _____) | 1 | 2 | 7 | 9 |
| Ask response i. Only if a-h=2 | | | | |
| i. no one (until now) | 1 | 2 | 7 | 9 |

MA38.7 Did this or any other incident of unwanted sexual contact in your life include any kind of completed or attempted penetration of any part of your body with any object or body part? This would include attempted or completed oral, anal, or vaginal sex without your consent.

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

Read where MA38.1 = 1: Again, if you would like to talk with someone at a confidential sexual assault hotline, you can call toll free, 1-800-922-8772. (Ask if they need time to write it down or hear it again)

Section 39: Gambling

[Split 1]

If Split = [2,3] go to Section 40: State-added Alcohol

Else if Split = 1 continue

One issue that may cause stress in a person's life or in relationships with others is gambling. The next questions are about gambling and games of chance.

MA39.1. Gambling and games of chance include: lottery games, scratch tickets or Keno; bingo; dice or card games for money; horse or dog races; sports pools; casinos; or gambling over the Internet. In the last 12 months, have you gambled or played games of chance for money?

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

MA39.2. At any time in your life would you or anyone else in your family say that the money or time you have spent gambling led to financial problems or any other problems in your family, work, or personal life?

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

Section 40: State-added Alcohol

[Splits 1,2,3*]

If Split = 3 and MA12.5 = [1,4,7,9] then go to Section 45: Permission for Follow-up

Else if Split = 3 and age > 65 then go to Section 45: Permission for Follow-up

Else if Split = 3 and MA12.5 = [2,3] then continue * = only asked of GLB population

Else if Split = [1,2] then continue

This section is about alcohol and drugs. Remember that your answers are strictly confidential. First, I would like to ask a few more questions about alcohol consumption.

If Q10.3 = (77,88,99) then go to MA40.4

Else if Q10.3 = 1-76 then go to MA40.7

Else if Q10.1 = (777,888,999) then continue

MA40.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 cocktail, or 1 shot of liquor. How long has it been since you last drank an alcoholic beverage at least once a month?

- 1 Within the last year
- 2 Within the last two years
- 3 3-5 years ago
- 4 5 or more years ago
- 8 Never drank/Never drank regularly **Go to Section 41: State Added Drug Use**
- 7 Don't Know/Not sure
- 9 Refused

MA40.2. During the most recent times you were drinking, about how often during a week or month did you have at least one drink of any alcoholic beverage?

- 1 ___ Days per week
- 2 ___ Days per month
- 8 8 8 Never drank **Go to Section 41: State Added Drug Use**
- 7 7 7 Don't know/Not sure **Go to MA40.4**
- 9 9 9 Refused **Go to MA40.4**

MA40.3. During the most recent times you were drinking, on the days when you drank, about how many drinks did you have on average?

- ___ Number of drinks
- 8 8 None **Go to Section 41: State Added Drug Use**
- 7 7 Don't know/Not sure
- 9 9 Refused

MA40.4. At any time in your life, did you ever have [if Q12.15=1 then read, "5", else if

Q12.15=2, then read, “4”] or more drinks on the same occasion?

- 1 Yes
- 2 No **GO TO MA40.7**
- 7 Don't Know/Not sure **GO TO MA40.7**
- 9 Refused **GO TO MA40.7**

MA40.5. How long has it been since you had [if **Q12.15=1 then read, ”5”, else if Q12.15=2, then read, “4”] or more drinks on the same occasion?**

- 1 Within the past 12 months
- 2 1-2 years ago
- 3 3-5 years ago
- 4 5 or more years ago
- 7 Don't Know/Not sure
- 9 Refused

MA40.6. At that time, how often did you have [if **Q12.15=1 then read, ”5”, else if Q12.15=2, then read, “4”] or more drinks on the same occasion? Would you say...**

PLEASE READ

- 1 Daily
- 2 3 to 6 days per week
- 3 1 to 2 days per week
- 4 1 to 3 days per month
- or**
- 5 Less often
- 7 Don't Know/Not Sure
- don't read** 9 Refused

MA40.7. Have you or anyone else ever thought that you might have a problem with alcohol?

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

MA40.8. At any time in your life, have you ever, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up?

- 1 Yes
- 2 No **GO TO pre-MA40.10**
- 7 Don't Know/Not sure **GO TO pre-MA40.10**
- 9 Refused **GO TO pre-MA40.10**

MA40.9. When was the last time this happened?

- 1 Within the past 30 days
- 2 More than 30 days ago, but within past 12 months
- 3 More than 12 months ago
- 7 Don't Know/Not Sure
- 9 Refused

pre-MA40.10: [Ever problem drinkers]

If [Q10.2=2 AND Q10.1 =(107,230)] OR [Q10.2=3 AND Q10.1 =(105-107,220-230)] OR [Q10.2=4 AND Q10.1 =(104-107,215-230)] OR Q10.2=(5-76) OR Q10.3=(4-76) then continue.

Else if MA40.7 = 1 OR MA40.8=1 OR [MA40.3=2 AND MA40.2 =(107,230)] OR [MA40.3=3 AND MA40.2 =(105-107,220-230)] OR [MA40.3=4 AND MA40.2 =(104-107,215-230)] OR MA40.3=(5-76) OR MA40.6=(1,2,3) then continue.

[Never problem drinkers] Else go to Section 41: Drug Use

MA40.10. [Ever problem drinkers] How old were you the first time you had a whole drink of an alcoholic beverage? By drink we mean an entire alcohol beverage by yourself, such as a glass of wine, bottle of beer, or mixed drink?

___ ___ years old (Code 76 for 76 or older)

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

pre-MA40.11: [Recent problem drinker]

If [Q10.2=2 AND Q10.1 =(107,230)] OR [Q10.2=3 AND Q10.1 =(105-107,220-230)] OR [Q10.2=4 AND Q10.1 =(104-107,215-230)] OR Q10.2=(5-76) OR Q10.3=(4-76) OR [Q10.1=(101-230) AND MA40.7=1] then continue.

Else if [MA40.1 = 1 AND MA40.3=2 AND MA40.2 =(107,230)] OR [MA40.1 = 1 AND MA40.3=3 AND MA40.2 =(105-107,220-230)] OR [MA40.1 = 1 AND MA40.3=4 AND MA40.2 =(104-107,215-230)] OR [MA40.1 = 1 AND MA40.3=(5-76)] then continue.

Else if [MA40.5=1 AND MA40.6 = (1,2,3)] OR [MA40.1=1 AND MA40.7 = 1] OR [MA40.9=(1,2)] then continue.

[Not recent problem drinker] Else go to Section 41: Drug Use

The next set of questions are about things that might have happened as a result of using alcohol during the past 12 months.

MA40.11. [Recent problem drinker] During the past 12 months, was there a time when ...

| | yes | no | dk/ns | ref |
|---|-----|----|-------|-----|
| a. You spent a lot of time getting over the effects of alcohol? | 1 | 2 | 7 | 9 |
| b. You used alcohol more often or in larger quantities than you meant to? | 1 | 2 | 7 | 9 |
| c. Using the same amount of alcohol had less effect than before, or it took longer to feel the effect? | 1 | 2 | 7 | 9 |
| d. Your alcohol use kept you from working, going to school, caring for children, or taking part in recreational activities? | 1 | 2 | 7 | 9 |
| e. Your use of alcohol caused you to feel depressed, suspicious of people, or paranoid? | | 1 | 2 | 7 |
| f. Your use of alcohol caused you to have any physical problems? | 1 | 2 | 7 | 9 |
| g. You wanted to stop using, or cut down on alcohol, but found that you couldn't? | 1 | 2 | 7 | 9 |
| h. You made rules about where, when, or how much you would use alcohol, and then broke the rules more than once? | 1 | 2 | 7 | 9 |
| i. Did you have symptoms such as anxiety, vomiting, or trouble sleeping as the effect of the alcohol was wearing off? | 1 | 2 | 7 | 9 |
| j. Did you drink alcohol to prevent or cure any of these symptoms? | 1 | 2 | 7 | 9 |

Section 41: State-added Drug Use

[Splits 1,2,3*]

If Split = 3 and MA12.5 = [1,4,7,9] then go to Section 45: Permission for Follow-up

Else if Split = 3 AND age > 65 then go to Section 45: Permission for Follow-up

Else if Split = 3 and MA12.5 = [2,3] then continue * only asked of GLB population

Else if Split = [1,2] then continue

I want to ask you some questions about drugs. I only want to know about drugs that have not been prescribed for you by your doctor or other health professional.

MA41.1. Have you ever, even once, used marijuana?

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

MA41.2. Have you ever, even once, used any of the following drugs: powder or crack cocaine, heroin, hallucinogens, (if respondent's age 18-35 then **read** "MDMA/Ecstasy or Oxycontin")

- 1 Yes
- 2 No **Go to MA41.4**
- 7 Don't Know/Not Sure **Go to MA41.4**
- 9 Refused **Go to MA41.4**

MA41.3. Which drugs have you tried even once in your lifetime? **[If respondents age > 35, please read {1,2,3,4}; Else if respondent age 18-35 then read {1,2,3,4,5,6}]**

(Code up to five responses)

PLEASE READ

- 1 Powder Cocaine
- 2 Crack Cocaine
- 3 Heroin
- 4 Hallucinogens
- 5 MDMA/Ecstasy
- 6 Oxycontin
- 7 Don't Know/Not Sure
- 9 Refused

MA41.4. Now I want to ask you about use of sedatives or tranquilizers that may or may not have been prescribed for you by your doctor or other health professional. Have you ever used sedatives or tranquilizers that were not prescribed to you, or used more than the recommended amount of these drugs when they were prescribed for you?

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

Pre-MA41.5:

If MA41.1 = (2,7,9) AND MA41.2 = (2,7,9) AND MA41.4 = (2,7,9) then GO TO Section 42: Drug and Alcohol Treatment.

Else ask MA41.5 for each drug that respondent said yes to in MA41.1, MA41.3 or MA41.4.

MA41.5. How old were you the first time you used ...

| | | years old (97 or older = 97) | DK/NS | Refused |
|----|-------------------------|------------------------------------|-------|---------|
| a. | Marijuana | ___ | 98 | 99 |
| b. | Powder Cocaine | ___ | 98 | 99 |
| c. | Crack Cocaine | ___ | 98 | 99 |
| d. | Heroin | ___ | 98 | 99 |
| e. | Hallucinogens | ___ | 98 | 99 |
| f. | MDMA/Ecstasy | ___ | 98 | 99 |
| g. | Tranquilizers/Sedatives | ___ | 98 | 99 |
| h. | Oxycontin | ___ | 98 | 99 |

Ask MA41.6 for each drug that respondent said yes to in MA41.1, MA41.3, or MA41.4.

MA41.6. How long has it been since you last used ...

| | | w/i 30 days | w/i year | >1 yr | DK/NS | Ref |
|----|-------------------------|-------------|----------|-------|-------|-----|
| a. | Marijuana | 1 | 2 | 3 | 7 | 9 |
| b. | Powder Cocaine | 1 | 2 | 3 | 7 | 9 |
| c. | Crack Cocaine | 1 | 2 | 3 | 7 | 9 |
| d. | Heroin | 1 | 2 | 3 | 7 | 9 |
| e. | Hallucinogens | 1 | 2 | 3 | 7 | 9 |
| f. | MDMA/Ecstasy | 1 | 2 | 3 | 7 | 9 |
| g. | Tranquilizers/Sedatives | 1 | 2 | 3 | 7 | 9 |
| h. | Oxycontin | 1 | 2 | 3 | 7 | 9 |

Ask MA41.7 for each drug where MA41.6a-h=1. If MA41.6a-h=[2,3,7,9 or skipped] for all drugs, GO TO pre-MA41.8.

MA41.7. During the past 30 days, on how many days did you use ...

| | range(1-30) | DK/NS | Refused |
|----------------------------|-------------|-------|---------|
| a. Marijuana | ___ | 77 | 99 |
| b. Powder Cocaine | ___ | 77 | 99 |
| c. Crack Cocaine | ___ | 77 | 99 |
| d. Heroin | ___ | 77 | 99 |
| e. Hallucinogens | ___ | 77 | 99 |
| f. MDMA/Ecstasy | ___ | 77 | 99 |
| g. Tranquilizers/Sedatives | ___ | 77 | 99 |
| h. Oxycontin | ___ | 77 | 99 |

pre-MA41.8: Ask MA41.8 for each drug that respondent responded yes to in MA41.1, MA41.3 or MA41.4.

MA41.8. Have you or anyone else ever thought that you might have a problem with ...

| | yes | no | dk/ns | refused |
|----------------------------|-----|----|-------|---------|
| a. Marijuana | 1 | 2 | 7 | 9 |
| b. Powder Cocaine | 1 | 2 | 7 | 9 |
| c. Crack Cocaine | 1 | 2 | 7 | 9 |
| d. Heroin | 1 | 2 | 7 | 9 |
| e. Hallucinogens | 1 | 2 | 7 | 9 |
| f. MDMA/Ecstasy | 1 | 2 | 7 | 9 |
| g. Tranquilizers/Sedatives | 1 | 2 | 7 | 9 |
| h. Oxycontin | 1 | 2 | 7 | 9 |

pre-MA41.9: if MA41.2 = [2,7,9] go to pre-MA41.11

MA41.9. Have you ever injected any drug in order to get high, even just once?

- 1 Yes
- 2 No **GO TO pre-MA41.11**
- 7 Don't Know/Not Sure **GO TO pre-MA41.11**
- 9 Refused **GO TO pre-MA41.11**

MA41.10. How long has it been since you last injected a drug to get high?

- 1 Within the past 30 days
 - 2 Within the past year (30 days to 1 year)
 - 3 Within the past 5 years (1 to 5 years ago)
 - 4 5 or more years ago
 - 7 Don't Know/Not Sure
 - 9 Refused
-

pre-MA41.11:

[Recent drug users] If MA41.6a-h = (1,2) or MA41.10 = (1,2) then go to MA41.11.

[Ever drug users] Else if MA41.6a-h = (3,7,9) or MA41.10 = (3,4,7,9) then go to Section 42: Drug and alcohol treatment

[Non-drug users] Else if [MA41.1 = (2,7,9) AND MA41.2 = (2,7,9) AND MA41.4 = (2,7,9)] then go to Section 42: Drug and Alcohol Treatment

The next set of questions are about things that might have happened as a result of using any of the drugs you may have used in the past 12 months. I won't be asking about which drug was responsible, only if it happened.

MA41.11. [Recent drug user] During the past 12 months, was there a time when ...

| | yes | no | dk/ns | ref |
|---|-----|----|-------|-----|
| a. You spent a lot of time getting over the effects of the drug? | 1 | 2 | 7 | 9 |
| b. You used the drug more often or in larger quantities than you intended to? | 1 | 2 | 7 | 9 |
| c. Using the same amount of the drug had less effect than before, or it took longer to feel the effect? | 1 | 2 | 7 | 9 |
| d. Your use of the drug often kept you from working, going to school, caring for children, or taking part in recreational activities? | 1 | 2 | 7 | 9 |
| e. Your use of drugs caused you to feel depressed, suspicious of people, paranoid, or to have strange ideas? | 1 | 2 | 7 | 9 |
| f. Your use of drugs caused you to have any physical problems? | 1 | 2 | 7 | 9 |
| g. You wanted to stop using, or cut down on drugs, but found that you couldn't? | 1 | 2 | 7 | 9 |
| h. You made rules about where, when, or how much you would use the drug, and then broke the rules more than once? | 1 | 2 | 7 | 9 |
| i. Did you have symptoms such as anxiety, vomiting, or trouble sleeping as the effect of the drug was wearing off? | 1 | 2 | 7 | 9 |
| j. Did you take drugs to prevent or cure any of these symptoms? | 1 | 2 | 7 | 9 |

Section 42: State-added Drug and Alcohol Treatment

[Split 1,2,3*]

If Split = 3 and MA12.5 = [1,4,7,9] then go to Section 45: Permission for Follow-up

Else if Split = 3 and age > 65 then go to Section 45: Permission for Follow-up

Else if Split = 3 and MA12.5 = [2,3] then continue* [only asked of GLB population]

Else if Split = (1,2) then continue

MA42.1. During past 12 months, has doctor, nurse or other health professional talked to you about the negative health effects of illegal drugs or alcohol abuse?

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

[Ever Drug User] If MA41.1 = 1 OR MA41.2 = 1 OR MA41.4 = 1 then continue;

[Ever Problem Drinker] Else if [Q10.2=2 AND Q10.1 =(107,230)] OR [Q10.2=3 AND Q10.1 =(105-107,220-230)] OR [Q10.2=4 AND Q10.1 =(104-107,215-230)] OR Q10.2=(5-76) OR Q10.3=(4-76) then continue.

Else if MA40.7 = 1 OR MA40.8=1 OR [MA40.3=2 AND MA40.2 =(107,230)] OR [MA40.3=3 AND MA40.2 =(105-107,220-230)] OR [MA40.3=4 AND MA40.2 =(104-107,215-230)] OR MA40.3=(5-76) OR MA40.6=(1,2,3) then continue.

Else Go to Section 43: Terrorism and Bioterrorism

The next few questions are about counseling or treatment for alcohol or drugs, but do not include treatment for cigarette smoking. First, I will ask about attendance at self-help group meetings. Please do not include educational classes in your answers.

MA42.2. [Ever drug user AND ever problem drinker] Have you ever attended even one meeting of a self-help program such as Alcoholics Anonymous or Narcotics Anonymous because you thought you might have a problem?

- 1 Yes
- 2 No **GO TO MA42.6**
- 7 Don't Know/Not Sure **GO TO MA42.6**
- 9 Refused **GO TO MA42.6**

MA42.3. How long has it been since you attended a meeting of a self-help program?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA42.4. For how long (if MA42.3=1 then read “**have you been attending**”; else if MA42.3=2-9

then read “**did you attend**”) these meetings?

- 1 ___ ___ (number of days)
- 2 ___ ___ (number of weeks)
- 3 ___ ___ (number of months)
- 4 ___ ___ (number of years)
- 7 7 7 Don't Know/Not Sure
- 9 9 9 Refused

MA42.5. About how many self-help meetings have you ever attended in your entire life? Would you say...

PLEASE READ

- 1 10 or fewer
- 2 More than 10 but fewer than 100
- 3 100 or more
- 7 Don't Know/Not Sure
- 9 refused

MA42 .6. Have you ever taken a class for an offense of driving while under the influence of alcohol or drugs?

- 1 Yes
- 2 No **Go to MA42.8**
- 7 Don't Know/Not Sure **Go to MA42.8**
- 9 Refused **Go to MA42.8**

MA42.7. How long ago did you take a class?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA42.8. Now I will ask about professional help, not including self-help groups or educational classes. Have you ever received professional treatment or counseling for your use of alcohol or any drug?

- 1 Yes
- 2 No **Go to pre-MA42.16**
- 7 Don't Know/Not Sure **Go to pre-MA42.16**
- 9 Refused **Go to pre-MA42.16**

MA42.9. How many times in your life have you been in treatment or counseling?

- ____ # times
 7 7 Don't Know/Not Sure
 9 9 Refused

MA42.10. How long ago were you in treatment or counseling (if MA42.9>1 then read "**the last time**")?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA42.11. Which of the following was the main place you received treatment or counseling (if MA42.9>1 then read "**the last time**")?

(please read)

- 1 Hospital Emergency Room
- 2 Hospital as an Inpatient
- 3 Detox Facility
- 4 Residential drug or alcohol rehabilitation facility
- 5 Outpatient drug or alcohol rehabilitation facility
- 6 Outpatient mental health facility
- 8 Private therapist or doctor's office
- 10 Some other place/facility (**specify**) _____
- 77 Don't Know/Not Sure
- 99 Refused

MA42.12. How did your (if MA42.9>1 then read "**last**") treatment or counseling end? Would you say you...

(please read)

- 1 Successfully completed treatment **Go to MA42.14**
- 2 Left treatment before completing it **Go to MA42.13**
- 3 Still in treatment now **Go to MA42.14**

(don't read)

- 7 Don't Know/Not Sure **Go to MA42.15**
- 9 Refused **Go to MA42.15**

MA42.13. What was the reason you did not complete treatment? Did you leave because...?

(please read)

- 1 You had a problem with the program?
- 2 You could not afford to continue treatment?
- 3 Your family needed you
- 4 You began using alcohol or drugs again
- 5 Staff discharged you
- 6 some other reason: **(specify)** _____

(don't read these responses)

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

MA42.14. [If MA42.9=1:] How long [if MA42.12=(1,2) then read "**did you stay**"; else if MA42.12=3 then read "**have you been**"] in treatment?
 [If MA42.9>1:] How long [if MA42.12=(1,2) then read "**did you stay in treatment the last time**"; else if MA42.12=3 then read "**have you been in treatment this time**"]?

- 1 ___ # days
- 2 ___ # weeks
- 3 ___ # months
- 4 ___ # years
- 7 7 7 Don't Know/Not Sure
- 9 9 9 Refused

MA42.15. Which one of the following sources paid the majority of the cost of your (if MA42.9>1 then read "**last**") treatment?

PLEASE READ

- 1 Private health insurance
- 2 Medicare
- 3 Medicaid
- 4 Family members
- 5 The Courts
- 6 Military health care
- 8 Employer
- 10 Other public assistance program
- 11 Your own savings or earnings
- 12 Some other source: (**specify** _____)

don't read 77 Don't Know/Not Sure
99 Refused

pre: MA42.16:

**[Recent drug user] If MA41.6a-h = (1,2) OR MA41.10 = (1,2) then Go to MA42.16.
Else go to pre-MA42.17.**

MA42.16. [Recent drug user] During the past 12 months, did you need treatment or counseling for your use of drugs but did not receive it?

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

pre-MA42.17:

[Recent Problem Drinker]

If [Q10.2=2 AND Q10.1 =(107,230)] OR [Q10.2=3 AND Q10.1 =(105-107,220-230)] OR [Q10.2=4 AND Q10.1 =(104-107,215-230)] OR Q10.2=(5-76) OR Q10.3=(4-76) OR [Q10.1=(101-230) AND MA40.7=1] then continue.

Else if [MA40.1 = 1 AND MA40.3=2 AND MA40.2 =(107,230)] OR [MA40.1 = 1 AND MA40.3=3 AND MA40.2 =(105-107,220-230)] OR [MA40.1 = 1 AND MA40.3=4 AND MA40.2 =(104-107,215-230)] OR [MA40.1 = 1 AND MA40.3=(5-76)] then continue.

Else if [MA40.5=1 AND MA40.6 = (1,2,3)] OR [MA40.1=1 AND MA40.7 = 1] OR [MA40.9=(1,2)] then continue.

[Not Recent Problem Drinker] Else go to pre-MA42.18

MA42.17. [Recent problem drinker] During the past 12 months, did you need treatment or counseling for your use of alcohol but did not receive it?

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

9 Refused

pre: MA42.18: If MA42.2 = 2 AND MA42.8 = 2 AND [any of MA41.8a-h = 1] then go to MA42.18. Else if MA42.2 = 2 AND MA42.8 = 2 AND MA40.7 = 1 go to MA42.18. Else go to Section 43: Terrorism and Bioterrorism

MA42.18. What is the main reason you did not seek treatment for your alcohol or drug use?

read only if necessary

- 1 Thought could handle the problem on my own
- 2 Did not think problem was serious
- 3 Thought problem would get better by itself
- 4 Could not afford treatment
- 5 Wanted to keep drinking or using drugs
- 6 Too embarrassed to talk about it with anyone
- 8 Did not think anyone could help
- 10 Was afraid of what friends, family, etc would think
- 11 Did not have the time
- 12 Other **specify** _____

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

Section 43: State-Added: Terrorism and Bioterrorism

[Splits 1,2]

If Split = 3 go to Section 44: Gay, Lesbian and Bisexual Health

Else if Split = [1,2] then continue

The following questions are about the public health effects of the recent events and threats around terrorism and bioterrorism

MA43.1. I'm interested in finding out whether you have been feeling more sad, stressed, tense or worried because of the events or threats of terrorism or bioterrorism. Would you say you have been feeling sad, tense or stressed...

PLEASE READ

- | | |
|---|-----------------------------------|
| 1 | A lot more than usual |
| 2 | A little bit more than usual |
| 3 | About the same or less than usual |

| | | |
|----------------------------|---|----------------------|
| Don't read these responses | 7 | Don't Know/ Not Sure |
| | 9 | Refused |

MA43.2. Since the threats and events of terrorism and bioterrorism, have you had the social support you needed from family and friends to cope with the stress of these events? Would you say...

PLEASE READ

- | | |
|---|--------------|
| 1 | Quite a lot |
| 2 | Moderate |
| 3 | A little bit |
| 4 | Not at all |

| | | |
|----------------------------|---|---------------------|
| Don't read these responses | 7 | Don't Know/Not Sure |
| | 9 | Refused |

MA43.3. Have you talked with a health care provider or community organization about your feelings as a result of the threats and events?

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

pre-MA43.4a: If Q10.1 = (888, 777, 999) go to pre-MA43.4b; Else continue

MA43.4. Because of the events or threats of terrorism and bioterrorism, have you...

| | Yes | No | DK | Ref |
|---|-----|----|----|-----|
| a. Been drinking alcohol more? | 1 | 2 | 7 | 9 |
| pre-MA43.4b: If MA40.1 = (1,2,3,4) then continue; else go to pre-MA43.4c | | | | |
| b. Wanted to start drinking alcohol? | 1 | 2 | 7 | 9 |
| pre-MA43.4c. If <u>any</u> of MA41.6a-h = 1 then continue; else go to pre-MA43.4d | | | | |
| c. Been using more drugs? | 1 | 2 | 7 | 9 |
| pre-MA43.4d. If MA43.4c = (1,2,7,9) then go to pre-MA43.4e; else if <u>any</u> of MA41.6a-h = (2,3) only then continue; else go to pre-MA43.4e | | | | |
| d. Wanted to start using drugs again? | 1 | 2 | 7 | 9 |
| pre-MA43.4e. If Q9.2 = (1,2) then continue; else go to pre-MA43.4f | | | | |
| e. Been smoking more cigarettes? | 1 | 2 | 7 | 9 |
| pre-MA43.4f. If MA9.4 = (1,2,3,4,8,5) then continue; else go to MA43.4g | | | | |
| f. Wanted to start smoking again? | 1 | 2 | 7 | 9 |
| g. Had more problems eating or sleeping? | 1 | 2 | 7 | 9 |
| h. Have you been avoiding your usual activities or staying at home more? | 1 | 2 | 7 | 9 |

Section 44: Gay, Lesbian, Bisexual Health

[Splits 1,2,3]

If MA12.5 = [1,4,7,9] or respondent age > 65 then go to Section 45: Permission for Follow-up Else if MA12.5 =[2,3] continue

The next questions are about social support from your family.

MA44.1. Have you ever talked with your parents or step-parents about being [if MA12.5 = 2 and sex = 1 read “gay”; else if MA12.5 = 2 and sex = 2 read “lesbian”; else if MA12.5 = 3 read “bisexual”]

- 1 Yes
- 2 No **Go to MA44.5**
- 7 Don't Know/Not Sure **Go to MA44.5**
- 9 Refused **Go to MA44.5**

MA44.2. Who was the first parent that you spoke with?

Read if necessary

- 1 Mother
- 2 Father
- 3 Step-mother
- 4 Step-father
- 7 Don't Know/Not Sure **Go to MA44.5**
- 9 Refused **Go to MA44.5**

MA44.3. How old were you when you first spoke with your fill in from MA44.2?

___ age when first spoke

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

MA44.4. Do you think your fill in from MA44.2 provided you with the social and emotional support you needed after talking to them about being [if MA12.5 = 2 and sex = 1 read “gay”; else if MA12.5 = 2 and sex = 2 read “lesbian”; else if MA12.5 = 3 read “bisexual”]? Would you say...

PLEASE READ

- 1 Yes, a lot of support
- 2 Yes, a little support
- 3 No, not much support at all
- 7 Don't Know/ Not Sure
- 9 Refused

MA44.5. What [if MA44.1 = 1 read "other"] family members have you had a discussion with about being [if MA12.5 = 2 and Q12.15 = 1 read "gay"; else if MA12.5 = 2 and Q12.15 = 2 read "lesbian"; else if MA12.5 = 3 read "bisexual"]? [If MA44.1 = 1 then read {1,2,3,4,5,6}; Else if MA44.1 = {2,7,9} then read {1,2,3,4,5,8}]

PLEASE READ

(Code up to 3)

- 1 Brother or sister
- 2 Cousin
- 3 Grandparent
- 4 Aunt or Uncle
- 5 Other [specify] _____
- or-
- 6 No one else
- 8 I have never talked to anyone in my family

□□□□Ó□□□□ 77 Don't Know/Not Sure
 □□□□Ó□□□□ 99 Refused

MA44.6. Have you ever told one or more people with whom you have worked that you are [if MA12.5 = 2 and Q12.15 = 1 read "gay"; else if MA12.5 = 2 and Q12.15 = 2 read "lesbian"; else if MA12.5 = 3 read "bisexual"]

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

MA44.7. Have you ever experienced verbal, sexual or physical harrassment from someone other than a date or partner because of your sexual orientation?

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

The next questions deal with intimate partner abuse. I realize this is a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you believe it would not be safe for you to talk about this now, or at anytime during this part of the survey, please tell me to skip to the next topic.

For these questions, intimate partners are any current or former husband, partner, boyfriend or

girlfriend. A date would also be an intimate partner.

MA44.8. In the past 12 months, have you been frightened for the safety of yourself, your family, friends, or pets because of the anger or threats of an intimate partner?

- Ó□□□
- 1 Yes
 - 2 No
 - 3 Respondent requested to skip to next topic **Go to Section 45: Permission to follow-up**
 - 4 Respondent terminated interview at this point **Go to end of interview**
 - 7 Don't Know/Not Sure
 - 9 Refused

MA44.9. In the past 12 months, has an intimate partner hit, slapped, punched, shoved, choked, kicked, shaken, or otherwise physically hurt you?

- 1 Yes
- 2 No **Go To MA44.11**
- 7 Don't Know/Not Sure **Go To MA44.11**
- 9 Refused **Go To MA44.1**

MA44.10. In the past 12 months, did you have any injuries, such as bruises, cuts, black eye, or broken bones, as a result of being hurt by an intimate partner?

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

MA44.11. In the past 12 months, has an intimate partner made you take part in any sexual activity when you did not want to, including touching that made you feel uncomfortable?

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

If MA44.8 = 1 or MA44.9 = 1 or MA44.11 = 1 then go to MA44.12a; Else go to Section 45: Permission for Follow-up

MA44.12. In the past 12 months, have you done any of the following as a result of the violence, anger, or threats of an intimate partner? Have you...

- | | Yes | No | DK/NS | Refused |
|--------------------------------------|-----|----|-------|---------|
| a. Sought medical help for yourself? | 1 | 2 | 7 | 9 |

if MA44.12a = (2,7,9) go to MA44.12b; Else continue

a1. Did you seek help at an emergency room? 1 2 7 9

Have you...

b. Sought counseling or therapy for yourself 1 2 7 9

c. Sought help from a domestic violence
hotline or program 1 2 7 9

If Q12.6 = (88,99) then go to MA44.12e; Else continue

d. Sought help for your children? 1 2 7 9

e. Obtained a restraining order? 1 2 7 9

f. Sought to break up, separate or divorce? 1 2 7 9

g. Had contact with the police? 1 2 7 9

If MA44.8 = 1 or MA44.9 = 1 or MA44.11 = 1 then read: If you or anyone you know is ever in immediate danger, you can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt, threatened, or controlled by an intimate partner. Would you like the hotline’s number? **[If yes, continue]** The hotline’s number is 1-800-799-SAFE (7233).

Section 45: State-Added: Permission for Follow-up Survey

[Splits 1,2,3]

MA45.1 Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

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

Closing Statement

That's 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.