



2008

Behavioral Risk Factor Surveillance System

Maine (Part B)

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

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Promotion

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2008 Maine BRFSS (Part B)

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Introduction and Random Adult Selection Module

INTROQST

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

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

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

Is this [XXX-XXX-XXXX]?

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

WRONGNUM - IF INTROQST = 2

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

PRIVRES - IF INTROQST = 1

Is this a private residence?

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

NONRES - IF PRIVRES = 2

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

ISCELL - IF PRIVRES = 1

Is this a cellular telephone?

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

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

CELLYES - IF ISCELL = 2

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

ADULTS - IF ISCELL = 1

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

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

MEN

How many of these adults are men?

-- ENTER NUMBER MEN

WOMEN

How many of these adults are women?

-- ENTER NUMBER WOMEN

WRONGTOT - IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men	-	
Number of Women	-	+

Number of Adults	-	

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

SELECTED - IF ADULT > 1 AND (MEN + WOMEN) = ADULTS

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

Are you the [RANDOMLY SELECTED ADULT]?

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

ONEADULT - IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

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

ASKGENDR - IF ADULT = 1 AND ONEADULT = 3

Is the Adult a man or a woman?

1. MALE
2. FEMALE

GETADULT - IF ONEADULT = 3

May I speak with...

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

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

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

YOURTHE1 - IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

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

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

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

NEWADULT - IF GETNEWAD = 1

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

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

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

INTROSCR

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, please call [GIVE APPROPRIATE STATE TELEPHONE NUMBER].

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

Core Section 01: Health Status

C01Q01

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

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

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

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

C02Q01

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

_ _ NUMBER OF DAYS

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

C02Q02

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

_ _ NUMBER OF DAYS

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

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

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

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_ _ NUMBER OF DAYS

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

Core Section 03: Health Care Access

C03Q01

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

- 1. YES
- 2. NO

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

State Added Section 01: Health Care Coverage

Insert after C03Q01

ME01Q01 If C03Q01 = 1

Previously you said that you had some kind of health care coverage. What type of health care coverage do you use to pay for most of your medical care?

- 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 MaineCare
- 06. The military, CHAMPUS, or the VA
- 07. The Indian Health Service
- 08. Some other source

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

C03Q02

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

INTERVIEWER NOTE: IF "NO" ASK: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

1. YES, ONLY ONE
2. MORE THAN ONE
3. NO

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

C03Q03

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

1. YES
2. NO

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

C03Q04

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

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

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

Core Section 04: Sleep

C04Q01

The next question is about getting enough rest or sleep.

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

_ _ NUMBER OF DAYS

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

Core Section 05: Exercise

C05Q01

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

- 1. YES
- 2. NO

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

Core Section 06: Diabetes

C06Q01

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

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

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

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

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

Module 01: Pre-Diabetes

M01Q01 - IF C06Q01 <> 1

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

1. YES
2. NO

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

M01Q02

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

1. YES
2. NO

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

CATI NOTE: IF C06Q01 = 4; ANSWER Q2 "YES" (CODE 1)

Module 02: Diabetes

Insert After C06Q01

M02Q01 - IF C06Q01 = 1

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

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

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

M02Q02 - IF C06Q01 = 1

Are you now taking insulin?

1. YES
2. NO

9. REFUSED

M02Q03 - IF C06Q01 = 1

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

-- 101-199 = times per day
201-299 = times per week
301-399 = times per month
401-499 = times per year

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

M02Q04 - IF C06Q01 = 1

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

-- 101-199 = times per day
201-299 = times per week
301-399 = times per month
401-499 = times per year

555. NO FEET SKP → M02Q08
888. NEVER
777. DON'T KNOW/NOT SURE
999. REFUSED

M02Q05 - IF C06Q01 = 1

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

-- NUMBER OF TIMES [76 = 76 or greater]

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

M02Q06 - IF C06Q01 = 1

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

-- NUMBER OF TIMES [76 = 76 or greater]

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

M02Q07 - IF C06Q01 = 1 & M02Q04 <> 555

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

-- NUMBER OF TIMES [76 = 76 or greater]

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

M02Q08 - IF C06Q01 = 1

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

READ ONLY IF NECESSARY

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

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

M02Q09 - IF C06Q01 = 1

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

- 1. Yes
- 2. No

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

M02Q10 - IF C06Q01 = 1

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

1. Yes
2. No

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

Core Section 07: Oral Health

C07Q01

How long has it been since you last visited a dentist or a dental clinic for any reason?

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

C07Q02

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

INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

1. 1 to 5
2. 6 or more but not all
3. All

7. DON'T KNOW/NOT SURE
8. NONE
9. REFUSED

C07Q03 - IF C07Q01 <> 8 AND C07Q02 <> 3

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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

Core Section 08: Cardiovascular Disease Prevalence

C08Q01

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

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

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

1. YES
2. NO

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

C08Q02

Ever told you had angina or coronary heart disease?

1. YES
2. NO

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

C08Q03

Ever told you had a stroke?

1. YES
2. NO

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

Core Section 09: Asthma

C09Q01

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

1. YES
2. NO SKP → C010Q01

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

C09Q02 - IF C09Q01 = 1

Do you still have asthma?

1. YES
2. NO

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

Core Section 10: Disability

C10Q01

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

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

1. YES
2. NO

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

C10Q02

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

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

1. YES
2. NO

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

Core Section 11: Tobacco Use

C11Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1. YES
2. NO SKP → C012Q01

7. DON'T KNOW/NOT SURE SKP → C012Q01
9. REFUSED SKP → C012Q01

C11Q02 - IF C11Q01 = 1

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

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL SKP → C012Q01

7. DON'T KNOW/NOT SURE SKP → C012Q01
9. REFUSED SKP → C012Q01

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

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

1. YES
2. NO

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

Core Section 12: Demographics

C12Q01

What is your age?

_ _ CODE AGE IN YEARS

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

C12Q02

Are you Hispanic or Latino?

- 1. YES
- 2. NO

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

C12Q03

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

CHECK ALL THAT APPLY

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

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

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

C12Q04 - IF C12Q03 HAS MORE THAN ONE RESPONSE

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

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

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

C12Q05

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

1. YES
2. NO

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

C12Q06

Are you...?

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

 9. REFUSED

State Added Section 02: Demographics Sexual Orientation

Insert after C12Q06

ME02Q01

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

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

7. Don't Know
9. Refused

C12Q07

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

_ _ NUMBER OF CHILDREN

88. NONE

99. REFUSED

C12Q08

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

READ ONLY IF NECESSARY

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

9. REFUSED

C12Q09

Are you currently...?

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

 9. REFUSED

C12Q10

Is your annual household income from all sources...

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

READ ONLY IF NECESSARY

- 01. Less than \$10,000
- 02. Less than \$15,000 (\$10,000 to less than \$15,000)
- 03. Less than \$20,000 (\$15,000 to less than \$20,000)
- 04. Less than \$25,000 (\$20,000 to less than \$25,000)
- 05. Less than \$35,000 (\$25,000 to less than \$35,000)
- 06. Less than \$50,000 (\$35,000 to less than \$50,000)
- 07. Less than \$75,000 (\$50,000 to less than \$75,000)
- 08. \$75,000 or more

77. DON'T KNOW/NOT SURE

99. REFUSED

C12Q11

About how much do you weigh without shoes?

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

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

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q12 - IF C12Q11 <> 7777 OR 9999

About how tall are you without shoes?

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

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

7777. DON'T KNOW/NOT SURE

9999. REFUSED

C12Q13

How much did you weigh a year ago?

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

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

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

7777. DON'T KNOW/NOT SURE

9999. REFUSED

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

*Programmer Note: IF C12Q13 = C12Q11 SKIP TO C12Q15

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

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q15

What county do you live in?

-- -- -- FIPS COUNTY CODE

777. DON'T KNOW/NOT SURE

999. REFUSED

State Added Section 03: Demographics (Town)

Insert after C12Q14

ME03Q01

What Town do you live in?

-- -- -- -- -- GEOCODE CODE

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C12Q16

What is your ZIP Code where you live?

_ _ _ _ _ ZIP CODE

77777. DON'T KNOW/NOT SURE

99999. REFUSED

C12Q17

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

1. YES

2. NO

SKP → C12Q19

7. DON'T KNOW/NOT SURE

SKP → C12Q19

9. REFUSED

SKP → C12Q19

C12Q18 - IF C12Q17 = 1

How many of these telephone numbers are residential numbers?

_ RESIDENTIAL TELEPHONE NUMBERS [6=6 OR MORE]

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q19

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

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q20

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

1. MALE

SKP → C13Q01

2. FEMALE

C12Q21 - IF C12Q20 = 2 AND C12Q01 < 45

To your knowledge, are you now pregnant?

- 1. YES
- 2. NO

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

Core Section 13: Alcohol Consumption

C13Q01

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

- 1. YES
- 2. NO SKP → C14Q01

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

C13Q02 - IF C13Q01 = 1

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

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

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

C13Q03 - IF C13Q01 = 1 AND C13Q02 <> 888

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

INTERVIEWER NOTE: A 20 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

-- -- NUMBER OF DRINKS

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

C13Q04 - IF C13Q01 = 1 AND C13Q02 <> 888

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

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

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

...or more drinks on an occasion?

_ _ NUMBER OF TIMES

88. NONE

77. DON'T KNOW/NOT SURE

99. REFUSED

C13Q05 - IF C13Q01 = 1 AND C13Q02 <> 888

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

_ _ NUMBER OF DRINKS

77. DON'T KNOW/NOT SURE

99. REFUSED

Core Section 14: Immunization

C14Q01

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

1. YES

2. NO SKP → C14Q03

7. DON'T KNOW/NOT SURE SKP → C14Q03

9. REFUSED SKP → C14Q03

C14Q02 - IF C14Q01 = 1

During what month and year did you receive your most recent flu shot?

_ _ / _ _ _ _ MONTH/YEAR

77 / 7777 DON'T KNOW/NOT SURE

99 / 9999 REFUSED

C14Q03 - IF C14Q01 <> 1

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

- 1. YES
- 2. NO SKP → C14Q05
- 7. DON'T KNOW/NOT SURE SKP → C14Q05
- 9. REFUSED SKP → C14Q05

C14Q04 - IF C14Q03 = 1

During what month and year did you receive your most recent flu vaccine that was sprayed in your nose?

_ _ / _ _ _ _ MONTH/YEAR

- 77 / 7777 DON'T KNOW/NOT SURE
- 99 / 9999 REFUSED

C14Q05

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

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

Core Section 15: Falls

C15Q01 - IF C12Q01 >= 45

The next question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 3 months, how many times have you fallen?

_ _ NUMBER OF TIMES [76 = 76 OR MORE]

- 88. NONE SKP → C16Q01
- 77. DON'T KNOW/NOT SURE SKP → C16Q01
- 99. REFUSED SKP → C16Q01

C15Q02 - C12Q01 >= 45 & C15Q01 < 77

[IF C15Q01 = 1 SHOW] Did this fall cause an injury?

[IF C15Q01 > 1 SHOW] How many of these falls caused an injury?

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

_ _ NUMBER OF FALLS [76 = 76 OR MORE]

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

Core Section 16: Seatbelt Use

C16Q01

How often do you use seat belts when you drive or ride in a car? Would you say...

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

- 7. DON'T KNOW/NOT SURE
- 8. NEVER DRIVE OR RIDE IN A CAR SKP → C18Q01
- 9. REFUSED

Core Section 17: Drinking and Driving

C17Q01 - IF C13Q01 <> 2 & C16Q01 <> 8

During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

_ _ NUMBER OF TIMES

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

Core Section 18: Women's Health

C18Q01 - IF C12Q20 = 2

The next questions are about breast and cervical cancer.

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

1. YES
2. NO SKP → C18Q03
7. DON'T KNOW/NOT SURE SKP → C18Q03
9. REFUSED SKP → C18Q03

C18Q02 - IF C12Q20 = 2 & C18Q01 = 1

How long has it been since you had your last mammogram?

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

C18Q03 - IF C12Q20 = 2

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

1. YES
2. NO SKP → C18Q05
7. DON'T KNOW/NOT SURE SKP → C18Q05
9. REFUSED SKP → C18Q05

C18Q04 - IF C12Q20 = 2 & C18Q03 = 1

How long has it been since your last breast exam?

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

C18Q05 - IF C12Q20 = 2

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

1. YES
2. NO SKP → C18Q07

7. DON'T KNOW/NOT SURE SKP → C18Q07
9. REFUSED SKP → C18Q07

C18Q06 - IF C12Q20 = 2 & C18Q05 = 1

How long has it been since you had your last Pap test?

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

C18Q07 - IF C12Q20 = 2 & C12Q21 <> 1

Have you had a hysterectomy?

READ ONLY IF NECESSARY: "A hysterectomy is an operation to remove the uterus (womb)."

1. YES
2. NO

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

Core Section 19: Prostate Cancer Screening

C19Q01 - IF C12Q20 = 1 & C12Q01 >= 40

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

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?

1. YES
2. NO SKP → C19Q03
7. DON'T KNOW/NOT SURE SKP → C19Q03
9. REFUSED SKP → C19Q03

C19Q02 - IF C12Q20 = 1 & C12Q01 >= 40 & C19Q01 = 1

How long has it been since you had your last PSA test?

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

C19Q03 - IF C12Q20 = 1 & C12Q01 >= 40

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?

1. YES
2. NO SKP → C19Q05
7. DON'T KNOW/NOT SURE SKP → C19Q05
9. REFUSED SKP → C19Q05

C19Q04 - IF C12Q20 = 1 & C12Q01 >= 40 & C19Q03 = 1

How long has it been since your last digital rectal exam?

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

C19Q05 - IF C12Q20 = 1 & C12Q01 >=40

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

1. YES
2. NO

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

Core Section 20: Colorectal Cancer Screening

C20Q01 - C12Q01 >= 50

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

1. YES
2. NO SKP → C20Q03

7. DON'T KNOW/NOT SURE SKP → C20Q03
9. REFUSED SKP → C20Q03

C20Q02 - C12Q01 >= 50 & C20Q01 = 1

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

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

C20Q03 - C12Q01 >= 50

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

1. YES
2. NO SKP → C21Q01

7. DON'T KNOW/NOT SURE SKP → C21Q01
9. REFUSED SKP → C21Q01

C20Q04 - C12Q01 >= 50 & C20Q03 = 1

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

1. SIGMOIDOSCOPY
2. COLONOSCOPY

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

C20Q05 - C12Q01 >= 50 AND C20Q03 = 1

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

READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. Within the past 10 years (5 YEARS BUT LESS THAN 10 YEARS AGO)
6. 10 or more years ago

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

Core Section 21: HIV/AIDS

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

C21Q01 - IF C12Q01 < 65

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

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

1. YES
2. NO SKP → C21Q05

7. DON'T KNOW/NOT SURE SKP → C21Q05
9. REFUSED SKP → C21Q05

C21Q02 - C12Q01 < 65 & C21Q01 = 1

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

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

INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

_ _ / _ _ _ _ CODE MONTH AND YEAR

[EXAMPLE: JUNE OF 2006 = 062006]

77/7777. DON'T KNOW/NOT SURE

99/9999. REFUSED

C21Q03 - IF C12Q01 < 65 & C21Q01 = 1

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

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

77. DON'T KNOW/NOT SURE

99. REFUSED

C21Q04 - IF C12Q01 < 65 & C21Q02 = WITHIN LAST 12 MONTHS

CATI NOTE: IF C21Q02 = WITHIN LAST 12 MONTHS; OTHERWISE GO TO C21Q05

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C21Q05 - IF C12Q01 < 65

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- YOU HAVE USED INTRAVENOUS DRUGS IN THE PAST YEAR
- YOU HAVE BEEN TREATED FOR A SEXUALLY TRANSMITTED DISEASE 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

Core Section 22: Emotional Support and Life Satisfaction

C22Q01

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

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

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

PLEASE READ

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

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

C22Q02

In general, how satisfied are you with your life?

PLEASE READ

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

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

Module 15: Random Child Selection

M15Q01 - IF C12Q07 < 88

[IF C12Q07 = 1 SHOW] Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

[IF C12Q07 > 1 & <88 SHOW] Previously, you indicated there were [ANS C12Q07] children age 17 or younger in your household. Think about those [ANS C12Q07] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

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

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

____ CODE MONTH AND YEAR

777777. DON'T KNOW/NOT SURE

999999. REFUSED

M15Q02 - IF C12Q07 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL

9. REFUSED

M15Q03 - IF C12Q07 < 88

Is the child Hispanic or Latino?

1. Yes
2. No

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

M15Q04 - IF C12Q07 < 88

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

CHECK ALL THAT APPLY

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

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

M15Q05 - IF C12Q07 < 88 & m15Q04 HAS MORE THAN ONE RESPONSE INDICATED

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

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

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

M15Q06 - IF C12Q07 < 88

How are you related to the child?

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

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

Module 16: Childhood Asthma Prevalence

M16Q01 - IF C12Q07 < 88

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

1. Yes
2. No **SKP → NEXT MODULE**

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

M16Q02 - IF C12Q07 < 88 & M16Q01 = 1

Does the child still have asthma?

1. Yes
2. No

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

Asthma Follow-up Module

AdltPerm

We would like to call to you again within the next 2 weeks to talk in more detail about your/your child's experiences with asthma. The information will be used to help develop and improve the asthma programs in XXXXXXXXXXXX.

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

1. YES
2. NO

SKP → Next Module

FName - IF AdltPerm = 1

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

ENTER NAME/INITIALS/NICKNAME:

7. DON'T KNOW
9. REFUSED

CName

Can I please have your child's first name, initials or nickname so we can ask about that child's asthma history?

ENTER NAME/INITIALS/NICKNAME:

7. DON'T KNOW
9. REFUSED

MostKnow

Are you the parent or guardian in the household who knows the most about (child)'s asthma?

1. Yes
2. No

7. DON'T KNOW
9. REFUSED

OthName

You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

ENTER NAME/INITIALS/NICKNAME:

- 7. DON'T KNOW
- 9. REFUSED

CBTime

What is a good time to call you back? For example, evenings, days or weekends?

IF MostKnow = 2:What is a good time to call back and speak with (OthName)? For example, evenings, days or weekends?

ENTER CALLBACK TIME:

- 7. DON'T KNOW
- 9. REFUSED

State Added Section 12: Cigarette Use

ME12Q01 - IF C11Q02 = 1

We have some additional questions on specific health issues that we would like to ask you about.

On the average, about how many cigarettes a day do you now smoke?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

_ _ _ ENTER NUMBER OF CIGARETTES

SKP → ME12Q03

777. DON'T KNOW/NOT SURE

SKP → ME12Q03

999. REFUSED

SKP → ME12Q03

ME12Q02 - IF C11Q02 = 2

We have some additional questions on specific health issues that we would like to ask you about.

On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

_ _ _ ENTER NUMBER OF CIGARETTES

777. DON'T KNOW/NOT SURE

999. REFUSED

ME12Q03 - IF C11Q01 = 1

How old were you when you smoked your first cigarette?

_ _ YEARS

97. DON'T KNOW/NOT SURE

99. REFUSED

IF C11Q01 = 1 & C11Q02 = 3 SKP → ME12Q07

ME12Q04 - IF C11Q01 = 1 & C11Q02 < 3

How do you usually get your cigarettes? Would you say...

1. Convenience store or gas station
2. Tobacco specialty shop
3. Other store
4. Some other way

7. DON'T KNOW/NOT SURE

9. REFUSED

ME12Q05 - IF C11Q01 = 1 & C11Q02 < 3

Do you purchase cigarettes over the internet?

1. YES
2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

ME12Q06 - IF ME12Q05 = 1

In the past month, how many cartons of cigarettes did you buy over the internet?

_ _ _ ENTER NUMBER

888. NONE

777. DON'T KNOW/NOT SURE

999. REFUSED

ME12Q07 - IF C11Q01 = 1 AND C11Q02 = 3

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

1. Within the past month
2. Within the past 3 months
3. Within the past year
4. Within the past 5 years
5. More than 5 years ago
6. Never smoked regularly

7. DON'T KNOW/NOT SURE

9. REFUSED

State Added Section 13: Other Tobacco Products

ME13Q01

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

Do you now use chewing tobacco or snuff or snus 'every day,' 'some days,' or 'not at all'? Snus (Swedish for snuff) is moist smokeless tobacco, usually sold in small pouches, that is placed under the lip against the gum.

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

7. DON'T KNOW/NOT SURE

9. REFUSED

ME13Q02

Do you now smoke regular cigars or cigarillos 'every day,' 'some days,' or 'not at all'?

INTERVIEWER NOTE: REGULAR MEANS NOT FLAVORED OR NOT CIGARETTE SIZED.

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

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

ME13Q03

Do you now smoke flavored cigarettes?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

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

ME13Q04

Do you now smoke small flavored cigars?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL

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

ME13Q05

Do you roll your own cigarettes?

1. YES
2. NO

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

ME13Q06

Have you ever used a waterpipe or hookah to smoke tobacco?

1. YES
2. NO

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

State Added Section 14: Cessation

ME14Q01- IF C11Q02 <3 OR ME13Q01 = 1 OR ME13Q02 = 1 OR ME13Q03 = 1 OR ME13Q04 = 1 OR ME13Q05 = 1 OR ME13Q06 = 1

The next questions are about quitting tobacco use.

Would you like to quit smoking or using other tobacco products?

1. YES
2. NO

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

ME14Q02 - IF ME14Q01 = 1

Are you seriously considering quitting within the next 6 months?

1. YES
2. NO SKP → ME14Q04

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

ME14Q03 - IF ME14Q01 = 1 & ME14Q02 <> 2

Are you planning to stop within the next 30 days?

1. YES
2. NO

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

ME14Q04 - IF C11Q02 <3 OR ME13Q01 = 1 OR ME13Q02 = 1 OR ME13Q03 = 1 OR ME13Q04 = 1 OR ME13Q05 = 1 OR ME13Q06 = 1

Now I'm going to read you a list of products and services that you might have used to help you quit smoking or using other tobacco products. In the last 12 months, have you used...

Self-help materials such as booklets, tapes, or videos?

1. YES
2. NO
3. I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS SKP → ME14Q10

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

ME14Q05 - IF ME14Q04 <> 3

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

Nicotine replacement medications such as nicotine patches, gum, inhaler or nasal spray?

1. YES
2. NO SKP → ME14Q07
3. I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS SKP → ME14Q10
7. DON'T KNOW/NOT SURE SKP → ME14Q07
9. REFUSED SKP → ME14Q07

ME14Q06 - IF M14Q05 = 1

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

1. You paid for it on your own
2. Insurance paid for some of it
3. Insurance paid for all of it
4. You were given the medication free of charge
7. DON'T KNOW/NOT SURE
9. REFUSED

ME14Q07 - IF ME14Q04 <>3 OR ME14Q05 <> 3

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

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

INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN tix"
VARENICLINE PRONOUNCED "ver EN e kleen"

1. YES
2. NO SKP → ME14Q09
3. I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS SKP → ME14Q10
7. DON'T KNOW/NOT SURE SKP → ME14Q09
9. REFUSED SKP → ME14Q09

ME14Q08 - IF ME14Q07 = 1

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

1. You paid for it on your own
2. Insurance paid for some of it
3. Insurance paid for all of it
4. You were given the medication free of charge

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

ME14Q09 - IF ME14Q04 <>3 OR ME14Q05 <> 3 OR ME14Q07 <> 3

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

A quit smoking class, group, counselor, or The Maine Tobacco HelpLine?

1. YES
2. NO
3. I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS

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

ME14Q10 - IF C11Q02 <3 OR ME13Q01 = 1 OR ME13Q02 = 1 OR ME13Q03 = 1 OR ME13Q04 = 1 OR ME13Q05 = 1 OR ME13Q06 = 1

In the past 12 months, has a dentist or dental hygienist advised you to stop smoking?

1. YES
2. NO
3. YOU HAVE NOT SEEN A DENTIST IN THE LAST 12 MONTHS

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

ME14Q11 - IF C11Q02 <3 OR ME13Q01 = 1 OR ME13Q02 = 1 OR ME13Q03 = 1 OR ME13Q04 = 1 OR ME13Q05 = 1 OR ME13Q06 = 1

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

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

Advise you to stop smoking or using other tobacco products?

1. YES
2. NO
3. YOU HAVE NOT VISITED A DOCTOR'S OFFICE IN THE LAST 12 MONTHS SKP →ME14Q16
7. DON'T KNOW/NOT SURE
9. REFUSED

ME14Q12 - IF ME14Q11 <> 3

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

Spend time talking with you about your use of tobacco products, cigarette smoking, or helping you to prepare for quitting?

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

ME14Q13 - IF ME14Q11 <> 3

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

Give you self-help materials (brochures or pamphlets) about quitting smoking or using tobacco products?

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

ME14Q14 - IF ME14Q11 <> 3

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

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

1. YES
2. NO

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

ME14Q15 - IF ME14Q11 <> 3

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

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

INTERVIEWER NOTE: IF CLARIFICATION NEEDED ON 'Medications', STATE:
"Such as nicotine patch or gum, nicotine inhaler or nasal spray, or medication (Zyban, Wellbutrin, Chantix, or Varenicline)"

INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN tix"
VARENICLINE PRONOUNCED "ver EN e kleen"

1. YES
2. NO

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

ME14Q16 - IF C11Q02 <3 OR ME13Q01 = 1 OR ME13Q02 = 1 OR ME13Q03 = 1 OR ME13Q04 = 1 OR ME13Q05 = 1 OR ME13Q06 = 1

In the past 12 months, what is the longest time you have quit smoking?
Would you say...

1. Less than one day
2. 1 to 6 days
3. 7 to 30 days
4. 30 days or more

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

State Added Section 15: Environmental Tobacco Smoke

ME15Q01

Now I'm going to ask you some questions about secondhand cigarette smoke.

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

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

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

ME15Q02

Do you think smoke from other people's cigarettes is harmful? Would you say

1. Not harmful
2. Somewhat harmful
3. Very harmful

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

ME15Q03

How many hours per day do you usually spend inside your home? (Include sleeping)

_ _ HOURS

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

ME15Q04

Other than yourself, how many people living in your household smoke cigarettes, cigars, or pipes?

_ _ PEOPLE

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

ME15Q05

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

_ _ DAYS

77. DON'T KNOW/NOT SURE

99. REFUSED

ME15Q06

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

1. No one is allowed to smoke anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is permitted anywhere inside your home

7. DON'T KNOW/NOT SURE

9. REFUSED

ME15Q07

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

1. No one is allowed to smoke inside your car
2. Smoking is not allowed if children are in your car
3. Smoking is permitted anytime inside your car

7. DON'T KNOW/NOT SURE

9. REFUSED

ME15Q08

In the past 12 months have you asked someone to not smoke near you or around you?

1. YES
2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

ME15Q09

During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes in that car?

INTERVIEWER NOTE: THIS QUESTION REFERS TO PEOPLE SMOKING OTHER THAN THE RESPONDENT.

-- DAYS

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

ME15Q10 - IF C12Q09 < 3

Is your time at work spent mostly indoors, outdoors, or in a vehicle?

INTERVIEWER NOTE: CONSIDER A BOAT OUTDOORS

1. INDOORS
2. OUTDOORS
3. IN A VEHICLE

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

ME15Q11 - IF C12Q09 < 3

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

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

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

ME15Q12 - IF C12Q09 < 3

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

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

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

ME15Q13 -IF C12Q09 < 3

In a typical week, about how many hours would you say you are exposed to secondhand smoke at work?

_ _ _ HOURS

- 222. LESS THAN 1 HOUR
- 888. NONE
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

State Added Section 16: Smoking Beliefs

ME16Q01

Now, I am going to ask your opinions about the effects you believe tobacco has on your community.

In your community, how serious of a problem is tobacco use?

- 1. Not at all serious
- 2. A little serious
- 3. Somewhat serious
- 4. Very serious

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

ME16Q02

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

- 1. Frequently
- 2. Sometimes
- 3. Occasionally
- 4. Almost never
- 5. I DON'T GO TO CONVENIENCE STORES OR GAS STATIONS

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

ME16Q03

Have you seen anyone smoking anywhere on the local school grounds when you have attended a school or non-school event in the past year?

1. YES
2. NO

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

ME16Q04

Out of every 100 high school students in your community, how many do you think smoke cigarettes?

_ _ _ OUT-OF-100 HIGH SCHOOL STUDENTS SMOKE

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

ME16Q05

Out of every 100 adults in your community, how many do you think smoke cigarettes?

_ _ _ OUT-OF-100 ADULTS SMOKE

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

ME16Q06 - IF C12Q07 <> 88

During the last 6 months, how many times have you talked to your child about what he/she can or cannot do when it comes to tobacco?

1. Never
2. Once
3. Twice
4. 3 or more times

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

State Added Section 17: Blood Pressure Awareness

ME17Q01

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

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

1. YES
2. YES, BUT FEMALE TOLD ONLY DURING PRENANCY SKP → ME18Q01
3. NO SKP → ME18Q01
4. TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE SKP → ME18Q01

7. DON'T KNOW/NOT SURE SKP → ME18Q01
9. REFUSED SKP → ME18Q01

ME17Q02 - IF ME17Q01 = 1

Are you currently taking medicine for your high blood pressure?

1. YES
2. NO

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

ME17Q03

Now I'm going to ask you some questions related to cardiovascular health.

Have you ever been told what your blood pressure was in numbers?

1. YES
2. NO

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

ME17Q04

Do you know your blood pressure numbers?

1. YES
2. NO

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

State Added Section 18: Cholesterol Awareness

ME18Q01

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

- 1. YES
- 2. NO SKP → ME19Q01

- 7. DON'T KNOW/NOT SURE SKP → ME19Q01
- 9. REFUSED SKP → ME19Q01

ME18Q02 - IF ME18Q01 = 1

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

Read only if Necessary:

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

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

ME18Q03 - IF ME18Q01 = 1

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

- 1. YES
- 2. NO SKP → ME19Q01

- 7. DON'T KNOW/NOT SURE SKP → ME19Q01
- 9. REFUSED SKP → ME19Q01

ME18Q04 - IF ME18Q01 = 1

Have you ever been told your blood cholesterol level, in numbers?

- 1. YES
- 2. NO

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

ME18Q05 - IF ME18Q01 = 1 AND ME18Q04 = 1

Do you know your cholesterol numbers?

1. YES
2. NO

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

ME18Q06 - If ME18Q03 = 1

To lower your blood cholesterol, have you ever been told by a doctor or other health professional...

To eat fewer high fat or high cholesterol foods?

1. YES
2. NO

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

ME18Q07 - If ME18Q03 = 1 AND ME18Q06 = 1

Are you now eating fewer high fat or high cholesterol foods?

1. YES
2. NO

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

ME18Q08 - If ME18Q03 = 1

To lower your blood cholesterol, have you ever been told by a doctor or other health professional...

To control your weight or lose weight?

1. YES
2. NO

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

ME18Q09 - If ME18Q03 = 1 AND ME18Q08 = 1

Are you currently controlling your weight or trying to lose weight?

1. YES
2. NO

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

ME18Q10 - If ME18Q03 = 1

To lower your blood cholesterol, have you ever been told by a doctor or other health professional...

To increase your physical activity or exercise?

1. YES
2. NO

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

ME18Q11 - If ME18Q03 = 1 AND ME18Q10 = 1

Have you increased your physical activity or exercise?

1. YES
2. NO

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

ME18Q12 - If ME18Q03=1

To lower your blood cholesterol, have you ever been told by a doctor or other health professional...

To take prescribed medicine for your cholesterol?

1. YES
2. NO

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

ME18Q13 - If ME18Q03=1 AND ME18Q12 = 1

Are you currently taking prescribed cholesterol medication?

1. YES
2. NO

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

State Added Section 19: Sexual Violence

ME19Q01

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.

Are you in a safe place to answer these questions?

1. YES
2. NO SKP → ME21Q0C

ME19Q02 - IF ME19Q01 = 1

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

[IF C12Q20 = 2 SHOW]: vagina,

...anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

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

1. YES
2. NO SKP → ME20Q01

7. DON'T KNOW/NOT SURE SKP → ME20Q01
9. REFUSED SKP → ME20Q01

ME19Q03 - IF ME19Q01 = 1 & ME19Q02 = 1

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

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

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

State Added Section 20: Intimate Partner Violence

ME20Q01 - IF ME19Q01 = 1

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

In the past 12 months, have you been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?

1. YES
2. NO

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

ME20Q02 - IF ME19Q01 = 1

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

- 1. YES
- 2. NO SKP → ME21Q0C

- 7. DON'T KNOW/NOT SURE SKP → ME21Q0C
- 9. REFUSED SKP → ME21Q0C

ME20Q03 - IF ME19Q01 = 1 & ME20Q02 = 1

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

- 1. YES
- 2. NO

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

State Added Section 21: Violence Questions Special Closing

ME21Q0C

We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk with a trained advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat those numbers?

- 1. CONTINUE TO BRFSS CLOSING

CLOSING

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