



2009

Behavioral Risk Factor Surveillance System

**MAINE
PATH A & B**

**December 2008
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**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health
Promotion**

Division of Adult and Community Health

2009 MAINE BRFSS (A/B)

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Introduction and Random Adult Selection Module

INTROQST

HELLO, I'm calling for the [HEALTH DEPARTMENT]. My name is [INTERVIEWER NAME].

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

Is this [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 in [STATE].

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 [HEALTH DEPARTMENT]. My name is
[INTERVIEWER NAME].

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

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

INTROSCR

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

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

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

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 (A/B)

CATI Note: Insert after C03Q01 (Same as in 2008).

ME01Q01 - IF C03Q01 = 1

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
3. NO
4. NO, PRE-DIABETES OR BORDERLINE DIABETES

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

Module 01: Pre-Diabetes (A)

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

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

M01Q02

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

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

1. YES
2. YES, DURING PREGNANCY
3. NO

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

Module 02: Diabetes (A)

M02Q01 - IF C06Q01 = 1

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

_ _ Code age in years [97 = 97 and older]

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.

- 1 _ _ Times per day (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 4 _ _ Times per year (401-499)

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.

- 1 _ _ Times per day (101-199)
- 2 _ _ Times per week (201-299)
- 3 _ _ Times per month (301-399)
- 4 _ _ Times per year (401-499)

- 555. NO FEET
- 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. NONE
- 98. NEVER HEARD OF "A one C"
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

CATI NOTE: IF M02Q04 = 555 (NO FEET), GO TO M02Q08.

M02Q07 - IF C06Q01 = 1 AND 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. NONE
- 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: Hypertension Awareness

C07Q01

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

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

- 1. YES
- 2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **SKP → NEXT SECTION**
- 3. NO **SKP → NEXT SECTION**
- 4. TOLD BOARDERLINE HIGH OR PRE-HYPERTENSIVE **SKP → NEXT SECTION**

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

C07Q02 - IF C07Q01 = 1

Are you currently taking medicine for your high blood pressure?

- 1. YES
- 2. NO

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

Core Section 08: Cholesterol Awareness

C08Q01

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

- 1. YES
- 2. NO **SKP → NEXT SECTION**

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

C08Q02 - IF C08Q01 = 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

C08Q03 - IF C08Q01 = 1

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

1. YES
2. NO

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

Core Section 09: Cardiovascular Disease Prevalence

C09Q01

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

C09Q02

Ever told you had angina or coronary heart disease?

1. YES
2. NO

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

C09Q03

Ever told you had a stroke?

1. YES
2. NO

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

Core Section 10: Asthma

C10Q01

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

1. YES
2. NO **SKP → NEXT SECTION**

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

C10Q02 - IF C10Q01 = 1

Do you still have asthma?

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 → C11Q05**

7. DON'T KNOW/NOT SURE **SKP → C11Q05**
9. REFUSED **SKP → C11Q05**

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 → C11Q04

7. DON'T KNOW/NOT SURE SKP → C11Q05
9. REFUSED SKP → C11Q05

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 SKP → C11Q05
2. NO SKP → C11Q05

7. DON'T KNOW/NOT SURE SKP → C11Q05
9. REFUSED SKP → C11Q05

CATI NOTE: IF C11Q02 = 3, CONTINUE. OTHERWISE, GO TO C11Q05

C11Q04 - IF C11Q02 = 3

How long has it been since you last smoked cigarettes regularly?

01. WITHIN THE PAST MONTH (LESS THAN 1 MONTH AGO)
02. WITHIN THE PAST 3 MONTHS (1 MONTH BUT LESS THAN 3 MONTHS AGO)
03. WITHIN THE PAST 6 MONTHS (3 MONTHS BUT LESS THAN 6 MONTHS AGO)
04. WITHIN THE PAST YEAR (6 MONTHS BUT LESS THAN 1 YEAR AGO)
05. WITHIN THE PAST 5 YEARS (1 YEAR BUT LESS THAN 5 YEARS AGO)
06. WITHIN THE PAST 10 YEARS (5 YEARS BUT LESS THAN 10 YEARS AGO)
07. 10 YEARS OR MORE
08. NEVER SMOKED REGULARLY

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

C11Q05

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

INTERVIEWER NOTE: SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

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

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

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

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

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, NOW ON ACTIVE DUTY
2. YES, ON ACTIVE DUTY DURING THE LAST 12 MONTHS, BUT NOT NOW
3. YES, ON ACTIVE DUTY IN THE PAST, BUT NOT DURING THE LAST 12 MONTHS
4. NO, TRAINING FOR RESERVES OR NATIONAL GUARD ONLY
5. NO, NEVER SERVED IN THE MILITARY

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 (A/B)

CATI Note: Insert after C12Q06 (Same as in 2008).

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 RESPONDENT REFUSES ANY INCOME LEVEL, CODE AS "99"
REFUSED

READ ONLY IF NECESSARY

- 04. Less than \$25,000 (\$20,000 to less than \$25,000)
- 03. Less than \$20,000 (\$15,000 to less than \$20,000)
- 02. Less than \$15,000 (\$10,000 to less than \$15,000)
- 01. Less than \$10,000
- 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

CATINOTE: IF C12Q11 = 7777 (DK/NS) OR 9999 (REF), SKIP TO C12Q13 AND
C12Q14.

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

CATI Note: IF C12Q13 = C12Q11 SKIP TO C12Q15.

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.

_ _ _ _ WEIGHT (POUNDS/KILOGRAMS)

POUNDS (EX. 220 POUNDS = 220) OR
KILOGRAMS (EX. 65 KILOGRAMS = 9065
OR 110 KILOGRAMS = 9110)

7777. DON'T KNOW/NOT SURE

SKP → C12Q15

9999. REFUSED

SKP → C12Q15

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

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

1. YES
2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

C12Q15

What county do you live in?

_ _ _ FIPS COUNTY CODE

777. DON'T KNOW/NOT SURE

999. REFUSED

State Added Section 03: Demographics (Town) (A/B)

CATI Note: Insert after C12Q15 (Same as in 2008).

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

Cell Phone Questions (January through December)

C12Q19A

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

1. YES SKP → C12Q19C
2. NO

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

C12Q19B - IF C12Q19A = 2 OR C12Q19A = 7 OR C12Q19A = 9

Do you share a cell phone for personal use (at least one-third of the time) with other adults?

1. YES SKP → C12Q19D
2. NO SKP → C12Q20

7. DON'T KNOW/NOT SURE SKP → C12Q20
9. REFUSED SKP → C12Q20

C12Q19C - IF C12Q19A = 1

Do you usually share this cell phone (at least one-third of the time) with any other adults?

1. YES
2. NO

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

C12Q19D - IF C12Q19A = 1 OR C12Q19B = 1

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

_ _ _ ENTER PERCENT [1-100]

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

C12Q20

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

1. MALE SKP → NEXT SECTION
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: Caregiver Status

C13Q01

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

During the past month, did you provide any such care or assistance to a friend or family member?

1. YES
2. NO

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

Core Section 14: Disability

C14Q01

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

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

1. YES
2. NO

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

C14Q02

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

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

1. YES
2. NO

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

Core Section 15: Alcohol Consumption

C15Q01

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 → NEXT SECTION**

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

C15Q02 - IF C15Q01 = 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?

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days

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

C15Q03 - IF C15Q01 = 1 AND C15Q02 <> 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 40 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

C15Q04 - IF C15Q01 = 1 AND C15Q02 <> 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

C15Q05 - IF C15Q01 = 1 AND C15Q02 <> 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 16: Immunization

C16Q01

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 → C16Q03

7. DON'T KNOW/NOT SURE

SKP → C16Q03

9. REFUSED

SKP → C16Q03

C16Q02 - IF C16Q01 = 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

C16Q03 - IF C16Q01 <> 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 → C16Q05

- 7. DON'T KNOW/NOT SURE SKP → C16Q05
- 9. REFUSED SKP → C16Q05

C16Q04 - IF C16Q03 = 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

C16Q05

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

Required Module: Pandemic Flu (A) (January - February)

C23Q01

What do you think is the most effective one thing you can do to prevent getting sick from the flu?

PLEASE READ

1. Avoiding touching your eyes, nose or mouth as much as possible during the flu season
2. Avoiding close contact with others who may have the flu
3. Getting the flu vaccine
4. Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu.

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

C23Q02

What do you think is the most effective thing you can do to prevent spreading the flu to people when you are sick?

PLEASE READ

1. Frequent hand washing
2. Covering your mouth and nose when coughing or sneezing
3. Staying home when you are sick with the flu
4. Getting the flu vaccine
5. Something else

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

C23Q03

"Pandemic Influenza" or "Pan Flu" is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is not a pandemic flu outbreak occurring.

If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu?

INTERVIEWER NOTE: PLEASE READ BOTH THE SUBJECTIVE LABEL AND THE PERCENTAGE RANGE.

1. Very high (90-100%)
2. High (70-89%)
3. Average (50-69%)
4. Low (20-49%)
5. Very Low (0-19%)

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

C23Q04

If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you?

PLEASE READ

1. Definitely get one
2. Probably get one
3. Probably not get one
4. Definitely not get a pandemic flu vaccination

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

C23Q05

If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you...

PLEASE READ

1. Definitely go
2. Probably go
3. Probably not go
4. Definitely not go to a particular place to get vaccinated

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

C23Q06

Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important one thing you would want to know?

PLEASE READ

01. How to prevent getting the flu
02. How to prevent spreading the flu
03. Symptoms of the flu
04. How to treat the flu
05. Cities where cases of the flu have been identified
06. Information about the flu vaccine
07. Something else

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

C23Q07

During a pandemic flu outbreak in the U.S., what would be you one most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.

INTERVIEWER DO NOT READ

01. NEWSPAPERS
02. TELEVISION
03. RADIO
04. INTERNET WEBSITES
05. YOUR DOCTOR
06. THE CDC (CENTERS FOR DISEASE CONTROL AND PREVENTION)
07. STATE OR LOCAL PUBLIC HEALTH DEPARTMENTS
08. OTHER GOVERNMENT AGENCIES
09. FAMILY OR FRIENDS
10. RELIGIOUS LEADERS
11. SOME OTHER SOURCE

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

C23Q08

Excluding vaccination, what is the one most likely thing you would do if a pandemic flu outbreak were reported in your state? Please choose one from the following list.

PLEASE READ

IF NECESSARY AFTER THE FIRST READ, SAY: "I WILL REPEAT THE QUESTION AND ANSWERS CHOICES TO ASSIST YOUR RECALL.

01. Consult a website
02. Avoid crowds and public events
03. Consult your doctor
04. Try to get a prescription for an anti-viral drug such as Tamiflu
05. Reduce or avoid travel
06. Wash hands frequently
07. Wear a face mask
08. Keep household members at home while the outbreak lasts
09. Stock up on medicines and food to help with flu symptoms
10. Something else

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

C23Q09

If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month?

1. VERY LIKELY
2. SOMEWHAT LIKELY
3. SOMEWHAT UNLIKELY
4. VERY UNLIKELY TO STAY AT HOME FOR A MONTH

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

C23Q10 - IF C12Q09 = 1 OR C12Q09 = 2

I'm going to read you a list of job types. Please tell me if you currently work in any of these fields.

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

1. YES
2. NO

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

Core Section 17: Arthritis Burden

C17Q01

Next I will ask you about arthritis.

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

INTERVIEWER: ARTHRITIS DIAGNOSES INCLUDE:

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

1. YES
2. NO **SKP → NEXT SECTION**

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

C17Q02 - IF C17Q01 = 1

Arthritis can cause symptoms like pain, aching, or stiffness around a joint.

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

INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION.

1. YES
2. NO

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

C17Q03 - IF C17Q01 = 1

In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION OR TREATMENT.

INTERVIEWER NOTE: THIS QUESTION SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

1. YES
2. NO

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

C17Q04 - IF C17Q01 = 1

During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THE RESPONDENT SHOULD BASE ANSWER ON HIS/HER CURRENT EXPERIENCE, REGARDLESS OF WHETHER TAKING ANY MEDICATION OR TREATMENT.

PLEASE READ

1. A lot
2. A little
3. Not at all

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

C17Q05 - IF C17Q01 = 1

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

_ _ ENTER NUMBER [0-10]

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

Core Section 18: Fruit and Vegetables

C18Q01

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

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

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

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

C18Q02

Not counting juice, how often do you eat fruit?

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

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

C18Q03

How often do you eat green salad?

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

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

C18Q04

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

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

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

C18Q05

How often do you eat carrots?

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

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

C18Q06

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

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

- 1 _ _ PER DAY
- 2 _ _ PER WEEK
- 3 _ _ PER MONTH
- 4 _ _ PER YEAR

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

Core Section 19: Physical Activity

CATI NOTE: IF CORE C12Q09 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) THEN CONTINUE. OTHERWISE, GO TO C19Q02.

C19Q01 - IF C12Q09 = 1 OR 2

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

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

PLEASE READ

- 1. Mostly sitting or standing
- 2. Mostly walking
- 3. Mostly heavy labor or physically demanding work

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

C19Q02

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

Now, thinking about the moderate activities you do [fill in "when you are not working" if "employed" or self-employed"] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1. YES
- 2. NO SKP → C19Q05

- 7. DON'T KNOW/NOT SURE SKP → C19Q05
- 9. REFUSED SKP → C19Q05

C19Q03 - IF C19Q02 = 1

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

_ _ DAYS PER WEEK [01-07]

- 88. DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES SKP → C19Q05
- 77. DON'T KNOW/NOT SURE SKP → C19Q05
- 99. REFUSED SKP → C19Q05

C19Q04 - IF C19Q03 <> 77, 88, or 99

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

_ : _ _ HOURS AND MINUTES PER DAY

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

C19Q05

Now, thinking about the vigorous activities you do [fill in "when you are not working" if "employed" or "self-employed"] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1. YES
- 2. NO SKP → NEXT SECTION

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

C19Q06 - IF C19Q05 = 1

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

_ _ DAYS PER WEEK [01-07]

88. DO NOT DO ANY VIGOROUS PHYSICAL ACTIVITY FOR AT LEAST 10 MINUTES **SKP → NEXT SECTION**
77. DON'T KNOW/NOT SURE **SKP → NEXT SECTION**
99. REFUSED **SKP → NEXT SECTION**

C19Q07 - IF C19Q06 <> 77, 88, or 99

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

_ : _ _ HOURS AND MINUTES PER DAY

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

Core Section 20: HIV/AIDS

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

C20Q01 - 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 → C20Q05**
7. DON'T KNOW/NOT SURE **SKP → C20Q05**
9. REFUSED **SKP → C20Q05**

C20Q02 - C12Q01 < 65 & C20Q01 = 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

C20Q03 - C12Q01 < 65 & C20Q01 = 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?

INTERVIEWER NOTE: IF THE RESPONDENT INDICATES A "PUBLIC HEALTH CLINIC", CODE THE RESPONSE AS 04.

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

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

CATI NOTE: ASK C20Q04, IF C20Q02 = WITHIN LAST 12 MONTHS; OTHERWISE GO TO C20Q05.

C20Q04 - IF C12Q01 < 65 & C20Q02 = WITHIN LAST 12 MONTHS

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

1. YES
2. NO

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

C20Q05 - 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 21: Emotional Support and Life Satisfaction

C21Q01

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

C21Q02

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

Core Section 22: Cancer Survivors

C22Q01

Now I am going to ask you about cancer.

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

INTERVIEWER NOTE: READ ONLY IF NECESSARY: BY "OTHER HEALTH PROFESSIONAL" WE MEAN A NURSE PRACTITIONER, A PHYSICIAN'S ASSISTANT, SOCIAL WORKER, OR SOME OTHER LICENSED PROFESSIONAL.

1. YES
2. NO **SKP → CORE CLOSING**

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

C22Q02 - IF C22Q01 = 1

How many different types of cancer have you had?

1. ONLY ONE
2. TWO
3. THREE OR MORE

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

C22Q03 - IF C22Q01 = 1

[IF C22Q02 = 1, ASK] At what age were you told that you had cancer?

[IF C22Q02 = 2 OR 3, ASK] At what age was your first diagnosis of cancer?

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

_ _ AGE IN YEARS [97=97 AND OLDER]

98. DON'T KNOW/NOT SURE

99. REFUSED

C22Q04 - IF C22Q01 = 1

[IF C22Q02 = 1, ASK] What type of cancer was it?

[IF C22Q02 = 2 or 3, ASK] With your most recent diagnoses of cancer, what type of cancer was it?

INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E. NAME OF CANCER) [1-28]:.

BREAST

01. Breast cancer

FEMAL REPRODUCTIVE (GYNECOLOGIC)

02. Cervical cancer (cancer of the cervix)

03. Endometrial cancer (cancer of the uterus)

04. Ovarian cancer (cancer of the ovary)

HEAD/NECK

05. Head and neck cancer

06. Oral cancer

07. Pharyngeal (throat) cancer

08. Thyroid

GASTROINTESTINAL

09. Colon (intestine) cancer

10. Esophageal (esophagus)

11. Liver cancer

12. Pancreatic (pancreas) cancer

13. Rectal (rectum) cancer

14. Stomach

LEUKEMIA/LYMPHOMA (LYMPH NODES AND BONE MARROW)

15. Hodgkin's Lymphoma (Hodgkin's Disease)

16. Leukemia (blood) cancer

17. Non-Hodgkin's Lymphoma

MALE REPRODUCTIVE

18. Prostate cancer

19. Testicular cancer

SKIN

- 20. Melanoma
- 21. Other skin cancer

THORACIC

- 22. Heart
- 23. Lung

URINARY CANCER

- 24. Bladder cancer
- 25. Renal (kidney) cancer

OTHERS

- 26. Bone
 - 27. Brain
 - 28. Neuroblastoma
 - 29. Other
77. DON'T KNOW/NOT SURE
99. REFUSED

Module 06: Cardiovascular Health (A)

CATI NOTE: IF C09Q01 = 1 (YES), ask M06Q01. IF C09Q01 = 2, 7, 9, skip M06Q01.

M06Q01 - IF C09Q01 = 1

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

Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab".

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

CATI NOTE: IF C09Q03 = 1 (YES), ASK M06Q02. IF C09Q03 = 2, 7, 9, skip M06Q02.

M06Q02 - IF C09Q03 = 1

Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab".

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

CATI NOTE: M06Q03 IS ASKED OF ALL RESPONDENTS.

M06Q03

Do you take aspirin daily or every other day?

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

M06Q04 - IF M06Q03 <> 1

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

INTERVIEWER NOTE: IF "YES," ASK "IS THIS A STOMACH CONDITION?"

CODE UPSET STOMACH AS STOMACH PROBLEMS.

1. Yes, not stomach related
2. Yes, stomach problems
3. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 07: Actions to Control High Blood Pressure (A)

M07Q01 - IF C07Q01 = 1

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

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

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

M07Q02 - IF C07Q01 = 1

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

1. YES
2. NO
3. DO NOT USE SALT
7. DON'T KNOW/NOT SURE
9. REFUSED

M07Q03 - IF C07Q01 = 1

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

1. YES
2. NO
3. DO NOT DRINK

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

M07Q04 - IF C07Q01 = 1

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

1. YES
2. NO

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

M07Q05 - IF C07Q01 = 1

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

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

1. YES
2. NO

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

M07Q06 - IF C07Q01 = 1

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

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

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

M07Q07 - IF C07Q01 = 1

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

1. YES
2. NO
3. DO NOT DRINK

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

M07Q08 - IF C07Q01 = 1

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

1. YES
2. NO

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

M07Q09 - IF C07Q01 = 1

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

1. YES
2. NO

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

M07Q10 - IF C07Q01 = 1

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

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS *FEMALE*, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

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

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

Module 08: Heart Attack and Stroke (A)

M08Q01

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me "yes," "no," or you're "not sure."

Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?

1. YES
2. NO

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

M08Q02

Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?

1. YES
2. NO

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

M08Q03

Do you think chest pain or discomfort are symptoms of a heart attack?

1. YES
2. NO

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

M08Q04

Do you think sudden trouble seeing in one or both eyes is a symptom of a heart attack?

1. YES
2. NO

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

M08Q05

Do you think pain or discomfort in the arms or shoulder are symptoms of a heart attack?

1. YES
2. NO

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

M08Q06

Do you think shortness of breath is a symptom of a heart attack?

1. YES
2. NO

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

M08Q07

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

Do you think sudden confusion or trouble speaking are symptoms of a stroke?

1. YES
2. NO

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

M08Q08

Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

1. YES
2. NO

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

M08Q09

Do you think sudden trouble seeing in one or both eyes is a symptom of a stroke?

1. YES
2. NO

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

M08Q10

Do you think sudden chest pain or discomfort are symptoms of a stroke?

1. YES
2. NO

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

M08Q11

Do you think sudden trouble walking, dizziness, or loss of balance are symptoms of a stroke?

1. YES
2. NO

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

M08Q12

Do you think severe headache with no known cause is a symptom of a stroke?

1. YES
2. NO

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

M08Q13

If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

1. Take them to the hospital
2. Tell them to call their doctor
3. Call 911
4. Call their spouse or a family member
5. Do something else

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

Module 11: Colorectal Cancer Screening (A)

M11Q01 - C13Q01 >= 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 → M11Q03

7. DON'T KNOW/NOT SURE SKP → M11Q03
9. REFUSED SKP → M11Q03

M11Q02 - C13Q01 >= 50 & M11Q01 = 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

M11Q03 - C13Q01 >= 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 → M11Q01
7. DON'T KNOW/NOT SURE SKP → M11Q01
9. REFUSED SKP → M11Q01

M11Q04 - C13Q01 >= 50 & M11Q03 = 1

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

1. SIGMOIDOSCOPY
2. COLONOSCOPY
7. DON'T KNOW/NOT SURE
9. REFUSED

M11Q05 - C13Q01 >= 50 AND M11Q03 = 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

Module 25: Random Child Selection (B)

M25Q01 - 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 C13Q07] 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

77/7777. DON'T KNOW/NOT SURE

99/9999. REFUSED

M25Q02 - IF C12Q07 < 88

Is the child a boy or a girl?

1. BOY
2. GIRL

9. REFUSED

M25Q03 - IF C12Q07 < 88

Is the child Hispanic or Latino?

1. YES
2. NO

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

M25Q04 - 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

M25Q05 - IF C12Q07 < 88 & M25Q04 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

M25Q06 - 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

State Added Section 18: Childhood Immunization (Jan-Feb Only) (B)

CATI Note: Insert questions after M25: Random Child Selection.

CATI NOTE: IF CHILD'S AGE IS >= 6 MONTHS, CONTINUE. OTHERWISE GO TO NEXT MODULE.

ME18Q01 - IF C12Q07 < 88 AND SELECTED CHILD'S AGE IS >= 6 MONTHS

During the past 12 months, has [he/she] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose.

1. YES
2. NO

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

ME18Q02 - IF ME18Q01 = 1

During what month and year did [he/she] receive their most recent flu vaccination? The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose.

-- / ---- MONTH/YEAR

77 / 7777 DON'T KNOW/NOT SURE

99 / 9999 REFUSED

Module 26: Childhood Asthma Prevalence (B)

M26Q01 - IF C12Q07 < 88

Now, I would like to ask you about the [Xth] child.

Has a doctor, nurse 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

M26Q02

Does the child still have asthma?

1. YES
2. NO

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

Asthma Follow-up Module (B)

AdltPerm - IF C10Q01 = 1 OR M26Q01 = 1

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 Maine.

The information you gave us today and any you or anyone in your household will give us in the future will be kept confidential. If you agree to this, we will keep your 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 SECTION

FName - IF AdltPerm = 1 AND ADULTCHILD = 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/NOT SURE
9. REFUSED

CName - IF AdltPerm = 1 AND ADULTCHILD = 2

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/NOT SURE
9. REFUSED

MostKnow - IF AdltPerm = 1 AND ADULTCHILD = 2

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

1. YES
2. NO

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

OthName = IF MostKnow = 2

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/NOT SURE
9. REFUSED

CBTime - IF AdltPerm = 1

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 the adult most knowledgeable about the child's asthma? For example, evenings, days or weekends?

ENTER CALLBACK TIME:

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

State Added Section 04: Substance Abuse (A)

ME04Q01

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

READ ONLY IF NECESSARY

1. Never Used
2. Have used but not in the last 30 days
3. 1-2 days
4. 3-5 days
5. 6 or more days

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

State Added Section 05: General Preparedness (A)

ME05Q01

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

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

1. YES
2. NO

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

State Added Section 06: Anxiety and Depression (Module from 2008) (A)

ME06Q01

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

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

_ _ 01-14 DAYS

88. NONE

77. DON'T KNOW/REFUSED

99. REFUSED

ME06Q02

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

_ _ 01-14 DAYS

88. NONE

77. DON'T KNOW/REFUSED

99. REFUSED

ME06Q03

Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

_ _ 01-14 DAYS

88. NONE

77. DON'T KNOW/REFUSED

99. REFUSED

ME06Q04

Over the last 2 weeks, how many days have you felt tired or had little energy?

_ _ 01-14 DAYS

88. NONE

77. DON'T KNOW/REFUSED

99. REFUSED

ME06Q05

Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

_ _ 01-14 DAYS

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

ME06Q06

Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

_ _ 01-14 DAYS

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

ME06Q07

Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the T.V.?

_ _ 01-14 DAYS

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

ME06Q08

Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?

_ _ 01-14 DAYS

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

ME06Q09

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

1. YES
2. NO

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

ME06Q10

Has a doctor or other healthcare provider ever told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1. YES
2. NO

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

State Added Section 07: Sexual Violence (A)

ME07INT

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 → CLOSING

ME07Q01 - IF ME07INT = 1

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

1. YES
2. NO

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

ME07Q02 - IF ME07INT = 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.

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

1. YES
2. NO SKP → ME07CLO

7. DON'T KNOW/NOT SURE SKP → ME07CLO
9. REFUSED SKP → ME07CLO

ME07Q03 - IF ME07Q02 = 1

Has this happened in the past 12 months?

1. YES
2. NO

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

ME07CLO

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

1. CONTINUE SKP → BRFS CLOSE

State Added Section 08: Asthma Follow-up Module (B)

AdltPerm - IF C10Q01 = 1 OR C12Q02 = 1 OR M26Q01 = 1 OR M26Q02 = 1

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 Indiana.

The information you gave us today and any you or anyone in your household will give us in the future will be kept confidential. If you agree to this, we will keep your 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 SECTION

FName - IF AdltPerm = 1 AND ADULTCHILD = 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/NOT SURE
9. REFUSED

CName - IF AdltPerm = 1 AND ADULTCHILD = 2

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/NOT SURE
9. REFUSED

MostKnow - IF AdltPerm = 1 AND ADULTCHILD = 2

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

- 1. YES
- 2. NO

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

OthName = IF MostKnow = 2

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/NOT SURE
- 9. REFUSED

CBTime - IF AdltPerm = 1

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 the adult most knowledgeable about the child's asthma? For example, evenings, days or weekends?

ENTER CALLBACK TIME:

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

State Added Section 09: Cigarette Use (Same as 2008) (B)

ME09Q01 - 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 → ME09Q03

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

SKP → ME09Q03
SKP → ME09Q03

ME09Q02 - IF C11Q02 = 2

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

ME09Q03 - IF C11Q01 = 1

How old were you when you smoked your first cigarette?

_ _ YEARS

97. DON'T KNOW/NOT SURE

99. REFUSED

ME09Q04 - IF C11Q01 = 1 AND C11Q02 > 0 AND 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

ME09Q05 - IF C11Q01 = 1 AND C11Q02 > 0 AND C11Q02 < 3

Do you purchase cigarettes over the internet?

1. YES
2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

ME09Q06 - IF ME09Q05 = 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

ME09Q07 - 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 10: Other Tobacco Products (Same as 2008) (B)

ME10Q01

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

ME10Q02

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

ME10Q03

Do you now smoke flavored cigarettes?

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

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

ME10Q04

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

ME10Q05

Do you roll your own cigarettes?

1. YES
2. NO

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

ME10Q06

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 11: Cessation (B)

CATI Note: Same as 2008 except for skip patterns on ME11Q01, ME11Q04, ME11Q09, ME11Q10, ME11Q11, ME11Q12 through ME11Q15, and ME11Q16

ME11Q01- IF C11Q01 = 1 AND (C11Q02 < 3 OR ME10Q01 < 3 OR ME10Q02 < 3 OR ME10Q03 < 3 OR ME10Q04 < 3 OR ME10Q05 = 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

ME11Q02 - IF ME11Q01 = 1

Are you seriously considering quitting within the next 6 months?

1. YES
 2. NO

 7. DON'T KNOW/NOT SURE
 9. REFUSED
- SKP → ME11Q04

ME11Q03 - IF ME11Q01 = 1 & ME11Q02 <> 2

Are you planning to stop within the next 30 days?

1. YES
2. NO

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

ME11Q04 - IF C11Q01 = 1 AND (C11Q02 < 3 OR ME10Q01 < 3 OR ME10Q02 < 3 OR ME10Q03 < 3 OR ME10Q04 < 3 OR ME10Q05 = 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

 7. DON'T KNOW/NOT SURE
 9. REFUSED
- SKP → ME11Q10

ME11Q05 - IF ME11Q04 > 0 AND ME11Q04 <> 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 → ME11Q07**
3. I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS **SKP → ME11Q10**
7. DON'T KNOW/NOT SURE **SKP → ME11Q07**
9. REFUSED **SKP → ME11Q07**

ME11Q06 - IF ME11Q05 = 1

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

INTERVIEWER NOTE: ANY CASH PAYMENT IS CODED AS RESPONSE 1.

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

ME11Q07 - IF ME11Q05 > 0 AND ME11Q05 <> 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 → ME11Q09**
3. I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS **SKP → ME11Q10**
7. DON'T KNOW/NOT SURE **SKP → ME11Q09**
9. REFUSED **SKP → ME11Q09**

ME11Q08 - IF ME11Q07 = 1

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

INTERVIEWER NOTE: ANY CASH PAYMENT IS CODED AS RESPONSE 1.

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

ME11Q09 - IF ME11Q07 > 0 AND ME11Q07 <> 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

ME11Q10 - IF C11Q01 = 1 AND (C11Q02 < 3 OR ME10Q01 < 3 OR ME10Q02 < 3 OR ME10Q03 < 3 OR ME10Q04 < 3 OR ME10Q05 = 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

ME11Q11 - IF C11Q01 = 1 AND (C11Q02 < 3 OR ME10Q01 < 3 OR ME10Q02 < 3 OR ME10Q03 < 3 OR ME10Q04 < 3 OR ME10Q05 = 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 →ME11Q16
7. DON'T KNOW/NOT SURE
9. REFUSED

ME11Q12 - IF ME11Q11 >0 AND ME11Q11 <> 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

ME11Q13 - IF ME11Q11 >0 AND ME11Q11 <> 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

ME11Q14 - IF ME11Q11 >0 AND ME11Q11 <> 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

ME11Q15 - IF ME11Q11 >0 AND ME11Q11 <> 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

ME11Q16 - IF C11Q01 = 1 AND (C11Q02 <3 OR ME10Q01 < 3 OR ME10Q02 < 3 OR ME10Q03 < 3 OR ME10Q04 < 1 OR ME10Q05 = 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 12: Environmental Tobacco Smoke (B)

CATI Note: Same as 2008 except for skip pattern on ME12Q10 through ME12Q13.

ME12Q01

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

ME12Q02

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

ME12Q03

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

_ _ HOURS

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

ME12Q04

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

_ _ PEOPLE

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

ME12Q05

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

_ _ DAYS

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

ME12Q06

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

ME12Q07

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

- 4. DON'T OWN A CAR
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ME12Q08

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

ME12Q09

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

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

ME12Q10 - IF C12Q09 =1 OR C12Q09 = 2 OR C12Q09 = 4

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

ME12Q11 - IF C12Q09 =1 OR C12Q09 = 2 OR C12Q09 = 4

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

ME12Q12 - IF C12Q09 =1 OR C12Q09 = 2 OR C12Q09 = 4

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

ME12Q13 -IF C12Q09 =1 OR C12Q09 = 2 OR C12Q09 = 4

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 13: Smoking Beliefs (Same as 2008) (B)

ME13Q01

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

ME13Q02

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

ME13Q03

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
3. DID NOT ATTEND ANY EVENTS ON SCHOOL GROUNDS

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

ME13Q04

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
888. NONE
999. REFUSED

ME13Q05

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
888. NONE
999. REFUSED

ME13Q06 - 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 14: Anxiety and Depression (B)

ME14Q01

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

1. YES
2. NO

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

ME14Q02

Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1. YES
2. NO

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

State Added Section 15: Well Water (B)

ME15Q01

Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking, or bathing.

Do you get any of your water from a well?

1. YES
2. NO **SKP → NEXT SECTION**

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

ME15Q02 - IF ME15Q01 = 1

Have you ever had your well water tested?

1. YES
2. NO **SKP → NEXT SECTION**

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

ME15Q03 - IF ME15Q02 = 1

Why did you have your well water tested, was it because..

PLEASE READ

1. You regularly test your well water
2. You bought or sold a home with a well
3. You had some problem with your well
4. You just wanted to make sure the water was safe
5. Some other reason

7. DON'T KNOW/NOT SURE

SKP → NEXT SECTION

9. REFUSED

SKP → NEXT SECTION

ME15Q04 - IF ME15Q02 = 1

Arsenic is not included in all water tests.

Have you tested your well water for arsenic?

1. YES
2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

State Added Section 16: Radon (B)

ME16Q01

Has your household air been tested for the presence of radon gas?

1. YES
2. NO

SKP → NEXT SECTION

7. DON'T KNOW/NOT SURE

SKP → NEXT SECTION

9. REFUSED

SKP → NEXT SECTION

ME16Q02 - IF ME16Q01 = 1

Were the radon levels in your household above normal?

1. YES
2. NO

SKP → NEXT SECTION

7. DON'T KNOW/NOT SURE

SKP → NEXT SECTION

9. REFUSED

SKP → NEXT SECTION

ME16Q03 - IF ME16Q02 = 1

Have the radon levels been reduced or fixed?

1. YES
2. NO

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

State Added Section 17: Carbon Monoxide (B)

ME17Q01

Thinking about your home, do you own or rent your home?

1. OWN
2. RENT
3. OTHER ARRANGEMENT

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

ME17Q02

A carbon monoxide or CO detector checks the level of carbon monoxide in your home, and is different than a smoke detector. Do you have a carbon monoxide detector in your home?

1. YES
2. NO **SKP → BRFS CLOSE**

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

ME17Q03 - IF ME17Q02 = 1

Is at least one CO detector located near the bedrooms or a sleeping area in your home?

1. YES
2. NO

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

State Added Section 19: Interview Length (A/B)

ME19Q01 [CATI NOTE: INTERVIEW TIME]

[INTERVIEW LENGTH IN MINUTES INSERTED INTO DATA SET BY CONTRACTOR]

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.