1999 Montana
Behavioral Risk Factor Surveillance System Questionnaire

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HELLO, I'm _____ calling for the _____. We're doing a study of the health practices of _____residents. Your phone number has been chosen randomly by the _____ to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this _____ ?	**No**	Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**
Is this a private residence?	**No**	Thank you very much, but we are only interviewing private residences. **Stop**

Our study requires that we 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?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**

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

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.
If "you," go to page 3

To correct respondent Hello, I'm _____calling for the _____. I'm a member of a special research team. We're doing a study of _____residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1.1. Would you say that in general your health is: (77)

Please Read

a. Excellent 1

b. Very good 2

c. Good.....3

d. Fair.....4

or

e. Poor 5

Do not read these responses

Don't know/Not Sure 7

Refused 9

1.2. 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? (78-79)

a. Number of days.....__ __

b. None.....8 8

Don't know/Not sure 7 7

Refused 9 9

1.3. 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? (80-81)

a. Number of days .....

b. None ***If Q1.2 also "None," go to Q2.1 (p. 5)*** 8 8

Don't know/Not sure 7 7

Refused 9 9

1.4. 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? (82-83)

a. Number of days.....

b. None.....8 8

Don't know/Not sure 7 7

Refused 9 9

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (84)

a. Yes 1

b. No ***Go to Q2.3a (p. 7)*** 2

Don't know/Not sure ***Go to Q2.6 (p. 8)***.....7

Refused ***Go to Q2.6 (p. 8)*** 9

2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (85)

a. Yes ***Go to Q2.6 (p. 8)***.....1

b. No.....2

Don't know/Not sure.....7

Refused 9

2.3. What type of health care coverage do you use to pay for most of your medical care? (86-87)

Is it coverage through: Coverage Code .....

Please Read

a. Your employer ***Go to Q2.4 (p. 8)*** 0 1

b. Someone else's employer ***Go to Q2.4 (p. 8)*** 0 2

c. A plan that you or someone else buys on your own ***Go to Q2.4 (p. 8)*** 0 3

d. Medicare ***Go to Q2.6 (p. 8)*** 0 4

e. Medicaid or Medical Assistance **[*or substitute state program name]***
Go to Q2.4 (p. 8) 0 5

f. The military, CHAMPUS, TriCare, or the VA ***[or CHAMP-VA]***
Go to Q2.4 (p. 8) 0 6

g. The Indian Health Service ***[or the Alaska Native Health Service]***
Go to Q2.4 (p. 8) 0 7

or

h. Some other source ***Go to Q2.4 (p. 8)*** 0 8

Do not read these responses

None ***Go to Q2.5 (p. 8)*** 8 8

Don't know/Not sure ***Go to Q2.4 (p. 8)*** 7 7

Refused ***Go to Q2.4 (p. 8)*** 9 9

2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (88-89)

Coverage through: Coverage Code ..... __ __

Please Read

If more than one, ask "Which type do you use to pay for most of your medical care?"

a. Your employer 0 1

b. Someone else's employer.....0 2

c. A plan that you or someone else buys on your own 0 3

d. Medicare ***Go to Q2.6 (p. 8)***.....0 4

e. Medicaid or Medical Assistance ***[or substitute state program name]***.....0 5

f. The military, CHAMPUS, TriCare, or the VA ***[or CHAMP-VA]***.....0 6

g. The Indian Health Service ***[or the Alaska Native Health Service]*** 0 7

or

h. Some other source.....0 8

Do not read these responses

None ***Go to Q2.5 (p. 8)*** 8 8

Don't know/Not sure ***Go to Q2.6 (p. 8)***.....7 7

Refused ***Go to Q2.6 (p. 8)***.....9 9

2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (90)

a. Yes ***Go to Q2.6*** 1

b. No ***Go to Q2.6***.....2

Don't know/Not sure ***Go to Q2.6*** 7

Refused ***Go to Q2.6***.....9

2.5. About how long has it been since you had health care coverage? (91)

Read Only if Necessary

a. Within the past 6 months (1 to 6 months ago).....1

b. Within the past year (6 to 12 months ago).....2

c. Within the past 2 years (1 to 2 years ago).....3

d. Within the past 5 years (2 to 5 years ago) 4

e. 5 or more years ago.....5

Don't know/Not sure 7

Never.....8

Refused 9

2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (92)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

2.7. About how long has it been since you last visited a doctor for a routine checkup? (93)

Read Only if Necessary

A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 5 years (2 to 5 years ago) 3

d. 5 or more years ago 4

Don't know/Not sure 7

Never 8

Refused 9

Section 3: Hypertension Awareness

3.1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (94)

Read Only if Necessary

a. Within the past 6 months (1 to 6 months ago) 1

b. Within the past year (6 to 12 months ago) 2

c. Within the past 2 years (1 to 2 years ago) 3

d. Within the past 5 years (2 to 5 years ago) 4

e. 5 or more years ago 5

Don't know/Not sure 7

Never ***Go to Q4.1 (p. 11)*** 8

Refused 9

3.2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (95)

a. Yes 1

b. No ***Go to Q4.1 (p. 11)*** 2

Don't know/Not sure ***Go to Q4.1 (p. 11)*** 7

Refused ***Go to Q4.1 (p. 11)*** 9

3.3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (96)

a. More than once 1

b. Only once 2

Don't know/Not sure 7

Refused 9

Section 4: Cholesterol Awareness

4.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (97)

a. Yes 1

b. No ***Go to Q5.1 (p. 12)*** 2

Don't know/Not sure ***Go to Q5.1 (p. 12)***.....7

Refused ***Go to Q5.1 (p. 12)*** 9

4.2. About how long has it been since you last had your blood cholesterol checked? (98)

Read Only if Necessary

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 5 years (2 to 5 years ago).....3

d. 5 or more years ago.....4

Don't know/Not sure 7

Refused 9

4.3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (99)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Section 5: Diabetes

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

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

a. Yes 1

b. Yes, but female told only during pregnancy.....2

c. No.....3

Don't know/Not sure 7

Refused 9

Section 6: Oral Health

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

Read only if necessary

Include visits to dental specialists, such as orthodontists

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 5 years (2 to 5 years ago).....3

d. 5 or more years ago.....4

Don't know/Not sure.....7

Never.....8

Refused 9

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

Include teeth lost due to "infection"

a. 5 or fewer 1

b. 6 or more but not all.....2

c. All 3

d. None.....8

Don't know/Not sure.....7

Refused 9

➔ If "never" to Q6.1 or "all" to Q6.2, go to Q7.1 (p. 15).

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

Read only if necessary

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 5 years (2 to 5 years ago).....3

d. 5 or more years ago.....4

Don't know/Not sure.....7

Never.....8

Refused 9

Section 7: Skin Cancer

7.1. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? (104)

a. Yes 1

b. No ***Go to Q8.1 (p. 16)*** 2

Don't know/Not sure ***Go to Q8.1 (p. 16)*** 7

Refused ***Go to Q8.1 (p. 16)*** 9

7.2. Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (105)

a. One 1

b. Two 2

c. Three 3

d. Four 4

e. Five 5

f. Six or more 6

Don't know/Not sure 7

Refused 9

Section 8: Tobacco Use

8.1. Have you smoked at least 100 cigarettes in your entire life? (106)

5 packs = 100 cigarettes

a. Yes 1

b. No ***Go to Q9.1 (p. 18)*** 2

Don't know/Not sure ***Go to Q9.1 (p. 18)***.....7

Refused ***Go to Q9.1 (p. 18)*** 9

8.2. Do you now smoke cigarettes everyday, some days, or not at all? (107)

a. Everyday 1

b. Some days ***Go to Q8.3a*** 2

c. Not at all ***Go to Q8.5 (p. 17)*** 3

Refused ***Go to Q9.1 (p. 18)*** 9

8.3. On the average, about how many cigarettes a day do you now smoke? (108-109)

1 pack = 20 cigarettes

Number of cigarettes ***[76 = 76 or more] Go to Q8.4 (p. 17)*** .....

Don't know/Not sure ***Go to Q8.4 (p. 17)***..... 7 7

Refused ***Go to Q8.4 (p. 17)*** 9 9

8.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (110-111)

1 pack = 20 cigarettes

Number of cigarettes ***[76 = 76 or more] Go to Q9.1 (p. 18)*** .....

Don't know/Not sure ***Go to Q9.1 (p. 18)***..... 7 7

Refused ***Go to Q9.1 (p. 18)*** 9 9

8.4. During the past 12 months, have you quit smoking for 1 day or longer? (112)

a. Yes ***Go to Q9.1 (p. 18)***.....1

b. No ***Go to Q9.1 (p. 18)***.....2

Don't know/Not sure ***Go to Q9.1 (p. 18)***.....7

Refused ***Go to Q9.1 (p. 18)***.....9

8.5. About how long has it been since you last smoked cigarettes regularly, that is, daily? (113-114)

Time code.....__ __

Read Only if Necessary

a. Within the past month (0 to 1 month ago).....0 1

b. Within the past 3 months (1 to 3 months ago).....0 2

c. Within the past 6 months (3 to 6 months ago).....0 3

d. Within the past year (6 to 12 months ago).....0 4

e. Within the past 5 years (1 to 5 years ago).....0 5

f. Within the past 15 years (5 to 15 years ago).....0 6

g. 15 or more years ago.....0 7

Don't know/Not sure.....7 7

Never smoked regularly.....8 8

Refused.....9 9

Section 9: Alcohol Consumption

9.1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (115)

a. Yes 1

b. No ***Go to Q10.1 (p. 20)*** 2

Don't know/Not sure ***Go to Q10.1 (p. 20)***.....7

Refused ***Go to Q10.1 (p. 20)*** 9

9.2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (116-118)

a. Days per week.....1

b. Days per month.....2

Don't know/Not sure ***Go to Q9.4*** 7 7 7

Refused ***Go to Q9.4***.....9 9 9

9.3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

(119-120)

Number of drinks .....

Don't know/Not sure 7 7

Refused 9 9

9.4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (121-122)

a. Number of times .....

b. None..... 8 8

Don't know/Not sure 7 7

Refused 9 9

9.5. During the past month, how many times have you driven when you've had perhaps too much to drink? (123-124)

a. Number of times .....

b. None..... 8 8

Don't know/Not sure 7 7

Refused 9 9

Section 10: Demographics

10.1. What is your age? (125-126)

Code age in years .....

Don't know/Not sure 0 7

Refused 0 9

10.2. What is your race? (127)

Would you say: ***Please Read***

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native.....4

or

e. Other: ***[specify]***_____ 5

Do not read these responses

Don't know/Not sure 7

Refused 9

10.3. Are you of Spanish or Hispanic origin? (128)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

10.4. Are you: (129)

Please Read

a. Married.....1

b. Divorced 2

c. Widowed.....3

d. Separated.....4

e. Never been married.....5
or
f. A member of an unmarried couple.....6

Refused 9

10.5. How many children live in your household who are...

Please Read

Code 1-9
7 = 7 or more
8 = None
9 = Refused

a. less than 5 years old? .....__ (130)

b. 5 through 12 years old? .....__ (131)

c. 13 through 17 years old?.....__ (132)

10.6. What is the highest grade or year of school you completed? (133)

Read Only if Necessary

a. Never attended school or only attended kindergarten 1

b. Grades 1 through 8 (Elementary) 2

c. Grades 9 through 11 (Some high school) 3

d. Grade 12 or GED (High school graduate).....4

e. College 1 year to 3 years (Some college or technical school).....5

f. College 4 years or more (College graduate).....6

Refused 9

10.7. Are you currently: (134)

Please Read

a. Employed for wages 1

b. Self-employed.....2

c. Out of work for more than 1 year 3

d. Out of work for less than 1 year 4

e. Homemaker.....5

f. Student.....6

g. Retired.....7

or

h. Unable to work 8

Refused 9

10.8. Is your annual household income from all sources: (135-136)

Read as Appropriate

If respondent refuses at any income level, code refused

a. Less than $25,000 ***If "no," ask e; if "yes," ask b***
($20,000 to less than $25,000).....0 4

b. Less than $20,000 ***If "no," code a; if "yes," ask c***
($15,000 to less than $20,000).....0 3

c. Less than $15,000 ***If "no," code b; if "yes," ask d***
($10,000 to less than $15,000).....0 2

d. Less than $10,000 ***If "no," code c*** 0 1

e. Less than $35,000 ***If "no," ask f***
($25,000 to less than $35,000).....0 5

f. Less than $50,000 ***If "no," ask g***
($35,000 to less than $50,000).....0 6

g. Less than $75,000 ***If "no," code h***
($50,000 to $75,000).....0 7

h. $75,000 or more.....0 8

Do not read these responses

Don't know/Not sure 7 7

Refused 9 9

10.9. About how much do you weigh without shoes? (137-139)

Round fractions up

Weight..... pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

10.10. About how tall are you without shoes? (140-142)

Round fractions down

Height.....__/ ft/inches

Don't know/Not sure 7 7 7

Refused 9 9 9

10.11. What county do you live in? (143-145)

FIPS county code .....

Don't know/Not sure 7 7 7

Refused 9 9 9

10.12. Do you have more than one telephone number in your household? (146)

a. Yes.....1

b. No ***Go to Q10.14 (p. 24)*** 2

Refused ***Go to Q10.14 (p. 24)*** 9

10.13. How many residential telephone numbers do you have? (147)

Exclude dedicated fax and computer lines

Total telephone numbers ***[8 = 8 or more]*** .....

Refused 9

Now I have some questions about other health services you may have received.

10.14. Indicate sex of respondent. ***Ask Only if Necessary*** (148)

Male ***Go to Q12.1 (p. 29)***.....1

Female.....2

Section 11: Women's Health

11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (149)

a. Yes 1

b. No ***Go to Q11.4 (p. 26)*** 2

Don't know/Not sure ***Go to Q11.4 (p. 26)***.....7

Refused ***Go to Q11.4 (p. 26)*** 9

11.2. How long has it been since you had your last mammogram? (150)

Read only if Necessary

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago).....3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago.....5

Don't know/Not sure 7

Refused 9

11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (151)

a. Routine checkup.....1

b. Breast problem other than cancer 2

c. Had breast cancer.....3

Don't know/Not sure 7

Refused 9

11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (152)

a. Yes 1

b. No ***Go to Q11.7 (p. 27)*** 2

Don't know/Not sure ***Go to Q11.7 (p. 27)***.....7

Refused ***Go to Q11.7 (p. 27)*** 9

11.5. How long has it been since your last breast exam? (153)

Read Only if Necessary

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago).....3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago.....5

Don't know/Not sure 7

Refused 9

11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (154)

a. Routine Checkup.....1

b. Breast problem other than cancer.....2

c. Had breast cancer.....3

Don't know/Not sure.....7

Refused.....9

11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (155)

a. Yes.....1

b. No ***Go to Q11.10 (p. 28)***.....2

Don't know/Not sure ***Go to Q11.10 (p. 28)***.....7

Refused ***Go to Q11.10 (p. 28)***.....9

11.8. How long has it been since you had your last Pap smear? (156)

Read Only if Necessary

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago).....2

c. Within the past 3 years (2 to 3 years ago).....3

d. Within the past 5 years (3 to 5 years ago).....4

e. 5 or more years ago.....5

Don't know/Not sure.....7

Refused.....9

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (157)

a. Routine exam 1

b. Check current or previous problem 2

Other 3

Don't know/Not sure 7

Refused 9

11.10. Have you had a hysterectomy? (158)

A hysterectomy is an operation to remove the uterus (womb)

a. Yes ***Go to Q12.1 (p. 29)*** 1

b. No 2

Don't know/Not sure 7

Refused 9

➔ If respondent 45 years old or older, go to Q12.1 (p. 29)

11.11. To your knowledge, are you now pregnant? (159)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Section 12: Immunization

12.1. During the past 12 months, have you had a flu shot? (160)

a. Yes 1

b. No ***Go to Q12.3***.....2

Don't know/Not sure ***Go to Q12.3*** 7

Refused ***Go to Q12.3***.....9

12.2 At what kind of place did you get your last flu shot? (161-162)

Place code .....

Read Only if Necessary

a. A doctor's office or health maintenance organization 0 1

b. A health department.....0 2

c. Another type of clinic or health center
[Example: a community health center].....0 3

d. A senior, recreation, or community center 0 4

e. A store ***[Examples: supermarket, drug store]*** 0 5

f. A hospital or emergency room.....0 6

g. Workplace.....0 7

h. Other ***[specify]***_____ 0 8

Don't know/Not sure.....7 7

Refused 9 9

12.3. Have you ever had a pneumonia vaccination? (163)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Section 13: Colorectal Cancer Screening

➔ If respondent 40 years or older, continue with Q13.1. Otherwise, go to Q14.1 (p. 32).

13.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (164)

a. Yes 1

b. No ***Go to Q13.3***.....2

Don't know/Not sure ***Go to Q13.3*** 7

Refused ***Go to Q13.3***.....9

13.2. When did you have your last blood stool test using a home kit? (165)

Read Only if Necessary

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 5 years (2 to 5 years ago).....3

d. 5 or more years ago.....4

Don't know/Not sure 7

Refused 9

13.3. A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (166)

a. Yes 1

b. No ***Go to Q14.1 (p. 32)***.....2

Don't know/Not sure ***Go to Q14.1 (p. 32)***.....7

Refused ***Go to Q14.1 (p. 32)***.....9

13.4. When did you have your last sigmoidoscopy or colonoscopy? (167)

Read Only if Necessary

a. Within the past year (1 to 12 months ago).....1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 5 years (2 to 5 years ago).....3

d. 5 or more years ago.....4

Don't know/Not sure 7

Refused 9

Section 14: Injury Control

➔ If core Q10.5a, b, and c are all "None," go to Q14.3 (p. 33).

14.1. What is the age of the oldest child in your household under the age of 16? (168-169)

Code <1 yr. as "01"

a. Code age in years .....

b. No children under age 16 ***Go to Q14.3 (p. 33)*** 8 8

Don't know/Not sure ***Go to Q14.3 (p. 33)*** 7 7

Refused ***Go to Q14.3 (p. 33)*** 9 9

➔ If oldest child 5 years or older, continue with Q14.2. Otherwise, go to Q14.3 (p. 33).

14.2. During the past year, how often has the ***[fill in age from Q14.1]***-year-old child worn a bicycle helmet when riding a bicycle? (170)

Would you say: ***Please Read***

a. Always 1

b. Nearly Always 2

c. Sometimes 3

d. Seldom 4

or

e. Never 5

Don't know/Not sure 7

Do not read these responses

Never rides a bicycle 8

Refused 9

14.3. When was the last time you or someone else deliberately tested all of the smoke detectors in your home? (171)

Read Only if Necessary

a. Within the past month (0 to 1 month ago) 1

b. Within the past 6 months (1 to 6 months ago).....2

c. Within the past year (6 to 12 months ago).....3

d. One or more years ago 4

e. Never.....5

f. No smoke detectors in home.....6

Don't know/Not sure 7

Refused 9

Section 15: HIV/AIDS

➔ If respondent is 65 years old or older, go to Closing Statement.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

15.1. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (172-173)

Code 01 through 12

a. Grade .....

b. Kindergarten 5 5

c. Never 8 8

Don't know/Not sure 7 7

Refused 9 9

15.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (174)

a. Yes 1

b. No 2

Would give other advice 3

Don't know/Not sure 7

Refused 9

15.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (175)

Would you say: ***Please Read***

a. High.....1

b. Medium.....2

c. Low 3

or

d. None.....4

Not applicable ***Go to Q15.7a (p. 36)*** 5

Do not read these responses

Don't know/Not sure 7

Refused 9

15.4. Have you donated blood since March 1985? (176)

a. Yes 1

b. No ***Go to Q15.6a (p. 36)***.....2

Don't know/Not sure ***Go to Q15.6a (p. 36)***.....7

Refused ***Go to Q15.6a (p. 36)***.....9

15.5. Have you donated blood in the past 12 months? (177)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

15.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (178)

Include saliva tests

a. Yes ***Go to Q15.7 (p. 36)*** 1

b. No ***Go to Closing Statement*** 2

Don't know/Not sure ***Go to Closing Statement***.....7

Refused ***Go to Closing Statement*** 9

15.6a. Have you ever been tested for HIV? (179)

Include saliva tests

a. Yes ***Go to Q15.7a*** 1

b. No ***Go to Closing Statement*** 2

Don't know/Not sure ***Go to Closing Statement*** 7

Refused ***Go to Closing Statement*** 9

15.7. Not including your blood donations, have you been tested for HIV in the past 12 months? (180)

Include saliva tests

a. Yes ***Go to Q15.8 (p. 37)*** 1

b. No ***Go to Closing Statement*** 2

Don't know/Not sure ***Go to Closing Statement*** 7

Refused ***Go to Closing Statement*** 9

15.7a. Have you been tested for HIV in the past 12 months? (181)

Include saliva tests

a. Yes 1

b. No ***Go to Closing Statement*** 2

Don't know/Not sure ***Go to Closing Statement*** 7

Refused ***Go to Closing Statement*** 9

15.8. What was the main reason you had your last test for HIV? (182-183)

Reason code .....

Read Only if Necessary

a. For hospitalization or surgical procedure 0 1

b. To apply for health insurance 0 2

c. To apply for life insurance 0 3

d. For employment 0 4

e. To apply for a marriage license 0 5

f. For military induction or military service 0 6

g. For immigration 0 7

h. Just to find out if you were infected 0 8

I. Because of referral by a doctor 0 9

j. Because of pregnancy 1 0

k. Referred by your sex partner 1 1

l. Because it was part of a blood donation process
Go to Closing Statement 1 2

m. For routine check-up 1 3

n. Because of occupational exposure 1 4

o. Because of illness 1 5

p. Because I am at risk for HIV 1 6

q. Other 8 7

Don't know/Not sure 7 7

Refused 9 9

15.9. Where did you have your last test for HIV? (184-185)

Facility Code .....

Read Only if Necessary

a. Private doctor, HMO 0 1

b. Blood bank, plasma center, Red Cross 0 2

c. Health department 0 3

d. AIDS clinic, counseling, testing site 0 4

e. Hospital, emergency room, outpatient clinic 0 5

f. Family planning clinic 0 6

g. Prenatal clinic, obstetrician's office 0 7

h. Tuberculosis clinic 0 8

I. STD clinic 0 9

j. Community health clinic 1 0

k. Clinic run by employer 1 1

l. Insurance company clinic 1 2

m. Other public clinic 1 3

n. Drug treatment facility 1 4

o. Military induction or military service site 1 5

p. Immigration site 1 6

q. At home, home visit by nurse or health worker 1 7

r. At home using self-sampling kit 1 8

s. In jail or prison 1 9

t. Other 8 7

Don't know/Not sure 7 7

Refused 9 9

15.10. Did you receive the results of your last test? (186)

a. Yes 1

b. No ***Go to Closing Statement*** 2

Don't know/Not sure ***Go to Closing Statement*** 7

Refused ***Go to Closing Statement*** 9

15.11. Did you receive counseling or talk with a health care professional about the results of your test? (187)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Closing Statement

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

or

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

Module 1: Diabetes

1. How old were you when you were told you have diabetes? (188-189)

   Code age in years ***[76 = 76 and older]*** .....

   Don't know/Not sure 7 7

   Refused 9 9

2. Are you now taking insulin? (190)

   a. Yes 1

   b. No ***Go to Q4***.....2

   Refused ***Go to Q4***.....9

3. Currently, about how often do you use insulin? (191-193)

   a. Times per day.....1

   b. Times per week.....2

   c. Use insulin pump 3 3 3

   Don't know/Not sure 7 7 7

   Refused 9 9 9

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (194-196)

   a. Times per day.....1

   b. Times per week.....2

   c. Times per month 3

   d. Times per year 4

   e. Never.....8 8 8

   Don't know/Not sure 7 7 7

   Refused 9 9 9

5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"? (197)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes? (198-199)

   a. Number of times .....

   b. None ***Go to Q9*** 8 8

   Don't know/Not sure ***Go to Q9*** 7 7

   Refused ***Go to Q9*** 9 9

➔ If "No," "Dk/Ns," or "Refused" to Q5, go to Q8.

7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"? (200-201)

   a. Number of times .....

   b. None.....8 8

   Don't know/Not sure 7 7

   Refused 9 9

8. About how many times in the last year has a health professional checked your feet for any sores or irritations? (202-203)

   a. Number of times .....

   b. None.....8 8

   Don't know/Not sure 7 7

   Refused 9 9

9. 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. (204)

Read Only if Necessary

a. Within the past month (0 to 1 month ago) 1

b. Within the past year (1 to 12 months ago).....2

c. Within the past 2 years (1 to 2 years ago).....3

d. 2 or more years ago.....4

e. Never.....8

Don't know/Not sure 7

Refused 9

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

10. How much of the time does your vision limit you in recognizing people or objects across the street? (205)

Would you say: ***Please Read***

a. All of the time 1

b. Most of the time.....2

c. Some of the time 3

d. A little bit of the time 4

or

e. None of the time.....5

Do not read these responses

Don't know/Not sure 7

Refused 9

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (206)

Would you say: ***Please Read***

a. All of the time 1

b. Most of the time 2

c. Some of the time 3

d. A little bit of the time 4

or

e. None of the time 5

Do not read these responses

Don't know/Not sure 7

Refused 9

12. How much of the time does your vision limit you in watching television? (207)

Would you say: ***Please Read***

a. All of the time 1

b. Most of the time 2

c. Some of the time 3

d. A little bit of the time 4

or

e. None of the time 5

Do not read these responses

Don't know/Not sure 7

Refused 9

Module 2: Sexual Behavior

➔ If respondent 50 years old or older, go to next module.

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

1. During the past twelve months, with how many people have you had sexual intercourse? (208-209)

   a. Number ***[76 = 76 or more]*** .....

   b. None ***Go to Next Module*** 8 8

   Don't know/Not sure 7 7

   Refused 9 9

2. Was a condom used the last time you had sexual intercourse? (210)

   a. Yes 1

   b. No ***Go to Q4*** 2

   Don't know/Not sure ***Go to Q4*** 7

   Refused ***Go to Q4*** 9

3. The last time you had sexual intercourse, was the condom used ... (211)

   Please Read

   a. To prevent pregnancy 1

   b. To prevent diseases like syphilis, gonorrhea, and AIDS 2

   c. For both of these reasons 3

   or

   d. For some other reason.....4

Do not read these responses

   Don't know/Not sure 7

   Refused 9

4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? (212)

Would you say: ***Please Read***

a. Very effective.....1

b. Somewhat effective 2

or

c. Not at all effective.....3

Do not read these responses

Don't know how effective 4

Don't know method 5

Refused 9

5. How many new sex partners did you have during the past twelve months? (213-214)

A new sex partner is someone the respondent had sex with for the first time in the past 12 months

a. Number ***[76 = 76 or more]*** .....

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

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

You have used intravenous drugs in the past year

You have been treated for a sexually transmitted or venereal disease in the past year

You tested positive for having HIV, the virus that causes AIDS

You had anal sex without a condom in the past year

Do any of these situations apply to you? (215)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

7. In the past five years, have you been treated for a sexually transmitted or venereal disease? (216)

a. Yes 1

b. No ***Go to Q9***.....2

Don't know/Not sure ***Go to Q9*** 7

Refused ***Go to Q9***.....9

8. Were you treated at a health department STD clinic? (217)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

9. Due to what you know about HIV, have you changed your sexual behavior in the past 12 months? (218)

a. Yes 1

b. No ***Go to Next Module*** 2

Don't know/Not sure ***Go to Next Module*** 7

Refused ***Go to Next Module*** 9

10. Did you make any of the following changes in the past 12 months?

If respondent says "abstinent," ask "Are you abstinent now?" If "no," read b and c. If "yes," do not read b and c and code b and c 8

Please Read	Yes	No	Dk/Ns	NA	Ref	
a. Did you decrease the number your sexual partners or become abstinent?	1	2	7		9	(219)
b. Do you now have sexual intercourse with only the same partner?	1	2	7	8	9	(220)
c. Do you now always use condoms for protection?	1	2	7	8	9	(221)

Module 8: Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, has a doctor advised you to...

Please Read	Yes	No	Dk/Ns	Ref	
a. Eat fewer high fat or high cholesterol foods	1	2	7	9	(261)
b. Exercise more	1	2	7	9	(262)

2. To lower your risk of developing heart disease or stroke, are you?

Please Read	Yes	No	Dk/Ns	Ref	
a. Eating fewer high fat or high cholesterol foods?	1	2	7	9	(263)
b. Exercising more?	1	2	7	9	(264)

3. Has a doctor ever told you that you had any of the following?

Please Read	Yes	No	Dk/Ns	Ref	
a. Heart attack or myocardial infarction	1	2	7	9	(265)
b. Angina or coronary heart disease	1	2	7	9	(266)
c. Stroke	1	2	7	9	(267)

➔ If respondent 35 years old or older continue with Q4. Otherwise, go to next module.

4. Do you take aspirin daily or every other day? (268)

   a. Yes ***Go to Q6*** 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

5. Do you have a health problem or condition that makes taking aspirin unsafe for you? (269)

If yes, ask "Is this a stomach condition?" Code upset stomachs as stomach problems

a. Yes, not stomach related ***Go to Q7*** 1

b. Yes, stomach problems ***Go to Q7*** 2

c. No ***Go to Q7*** 3

Don't know/Not sure ***Go to Q7*** 7

Refused ***Go to Q7*** 9

6. Why do you take aspirin?

Please Read	Yes	No	Dk/Ns	Ref	
a. To relieve pain	1	2	7	9	(270)
b. To reduce the chance of a heart attack	1	2	7	9	(271)
c. To reduce the chance of a stroke	1	2	7	9	(272)

➔ If respondent is male or is pregnant ("Yes" to core Q11.11), go to next module.

The next few questions are about menopause, or what some women refer to as the "change of life."

➔ If respondent had hysterectomy ("Yes" to core Q11.10) or if respondent is age 65 or older, go to Q8.

7. Have you gone through or are you now going through menopause? (273)

Probe for which

a. Yes, have gone through menopause.....1

b. Yes, now going through menopause 2

c. No ***Go to Next Module*** 3

Don't know/Not sure ***Go to Next Module***.....7

Refused ***Go to Next Module*** 9

8. Estrogens such as Premarin and progestins such as Provera are female hormones that may be prescribed around the time of menopause, after menopause, or after a hysterectomy. Has your doctor discussed the benefits and risks of estrogen with you? (274)

   a. Yes 1

   b. No 2

   Don't know/Not sure 7

   Refused 9

9. Other than birth control pills, has your doctor ever prescribed estrogen pills for you? (275)

Do not include estrogen patches

   a. Yes 1

   b. No ***Go to Next Module*** 2

   Don't know/Not sure ***Go to Next Module*** 7

   Refused ***Go to Next Module*** 9

10. Are you currently taking estrogen pills? (276)

Do not include estrogen patches

   a. Yes 1

   b. No 2

   Don't know/Not sure ***Go to Next Module*** 7

   Refused ***Go to Next Module*** 9

11. Why...

are you taking...***[if "Yes" to Q10]***

did you take...***[if "No" to Q10]***

...estrogen pills?

Please Read	Yes	No	Dk/Ns	Never took	Ref	
a. To prevent a heart attack	1	2	7	8	9	(277)
b. To treat or prevent bone thinning, bone loss, or osteoporosis	1	2	7	8	9	(278)
c. To treat symptoms of menopause such as hot flashes	1	2	7	8	9	(279)

Module 16: Tobacco Use Prevention

1. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (357)

   a. Yes 1

   b. No.....2

   Don't know/Not sure.....7

   Refused 9

➔ If "Employed," or "Self-employed" to core Q10.7 continue. Otherwise, go to Q5.

2. While working at your job, are you indoors most of the time? (358)

   a. Yes 1

   b. No ***Go to Q5***.....2

   Don't know/Not sure ***Go to Q5***.....7

   Refused ***Go to Q5***.....9

3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (359)

   Please Read

For workers who visit clients, "place of work" means their base location

   a. Not allowed in any public areas.....1

   b. Allowed in some public areas.....2

   c. Allowed in all public areas 3

   or

   d. No official policy 4

Do not read these responses

   Don't know/Not sure.....7

   Refused 9

4. Which of the following best describes your place of work's official smoking policy for work areas? (360)

Please Read

For workers who visit clients, "place of work" means their base location

a. Not allowed in any work areas 1

b. Allowed in some work areas, or 2

c. Allowed in all work areas 3

or

d. No official policy 4

Do not read these responses

Don't know/Not sure 7

Refused 9

5. In the following locations, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

Please Read	All Areas	Some Areas	Not Allowed	Dk/Ns	Ref	
a. Restaurants	1	2	3	7	9	(361)
b. Schools	1	2	3	7	9	(362)
c. Day care centers	1	2	3	7	9	(363)
d. Indoor work areas	1	2	3	7	9	(364)

Module 17: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (365)

Probe for chewing tobacco, snuff, or both

a. Yes, chewing tobacco 1

b. Yes, snuff 2

c. Yes, both 3

d. No, neither ***Go to Closing Statement*** 4

Don't know/Not sure ***Go to Closing Statement*** 7

Refused ***Go to Closing Statement*** 9

2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (366)

"Yes" includes occa-sional use

a. Yes, chewing tobacco 1

b. Yes, snuff 2

c. Yes, both 3

d. No, neither 4

Don't know/Not sure 7

Refused 9

STATE-ADDED DEMOGRAPHIC QUESTIONS TO BE ASKED FOLLOWING CORE DEMOGRAPPHIC QUESTION ASKING ABOUT SPANISH/HISPANIC ORIGIN

S1. Are you American Indian or of American Indian origin?
1= Yes
2= No
7= Don't Know/Not Sure
9= Refused

STATE-ADDED ORAL HEALTH QUESTIONS

S2. How much would you say you know about dental sealants?
1= A lot
2= Some
3= A little
4= Nothing
7= Don't Know/Not Sure
9= Refused

STATE-ADDED TOBACCO USE PREVENTION QUESTION TO BE ASKED FOLLOWING THE SMOKELESS TOBACCO AND TOBACCO USE PREVENTION OPTIONAL MODULES

S3. Do you think that billboards that advertise tobacco products should be allowed near places frequented by children, such as schools, playgrounds, and churches?

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

STATE-ADDED CHILD SAFETY CAR SEAT QUESTIONS

S4. When riding in a vehicle, where do you think is the **SAFEST** place for a child to ride who weighs 40 to 60 pounds and fits in a booster car seat **WITHOUT A LAP SHIELD?**

INTERVIEWERS: DO NOT READ ANSWERS
1= In the front passenger seat
2= In the middle of the front seat
3= Behind the driver in the back seat
4= Behind the passenger in the back seat, or
5= In the middle of the back seat
7= Don't Know/Not Sure
9= Refused

S5. When riding in a vehicle, where do you think is the **SAFEST** place for a child to ride who weighs 20 to 40 pounds and fits in a **FORWARD-FACING** convertible car seat?

INTERVIEWERS: DO NOT READ ANSWERS
1= In the front passenger seat
2= In the middle of the front seat
3= Behind the driver in the back seat
4= Behind the passenger in the back seat, or
5= In the middle of the back seat
7= Don't Know/Not Sure
9= Refused

S6. To avoid cervical spine injuries in the event of an accident, where do you think infants under 1 year of age **AND** under 20 pounds should ride?

INTERVIEWERS: DO NOT READ ANSWERS
1= The front seat facing the front of the car
2= The front seat facing the rear
3= The rear seat facing the front, or
4= The rear seat facing the rear of the car
7= Don't Know/Not Sure
9= Refused

S7. Do you think a child safety car seat that has been involved in a previous crash should continue to be used?

INTERVIEWERS: DO NOT READ ANSWERS
1= Yes
2= No
3= Maybe, if seat has been tested or if there is no visible damage
7= Don't Know/Not Sure
9= Refused

S8. Do you think **ALL** child safety car seats can be mounted in **ALL** cars and seating locations **WITHOUT** extra attachments?

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

STATE-ADDED TRAFFIC SAFETY QUESTIONS

S9. Would you support a law in Montana which makes the use of protective helmets mandatory for motorcycle riders of all ages ?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

S10. Do you support retaining Montana's mandatory seat belt law ?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

S11. ALCOHOL IMPAIRED DRIVING is a serious problem and something should be done about it.
Do you Strongly Agree, Agree, Disagree, or Strongly disagree ?

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
7. Don't know/Not Sure
9. Refused

S12. After you have TOO MUCH TO DRINK, you can avoid driving.
Do you Strongly Agree, Agree, Disagree, or Strongly disagree ?

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't drink
6. Don't drive
7. Don't know/Not Sure
8. Don't drink & drive
9. Refused

S13. You should take positive action to PREVENT OTHERS FROM DRIVING while they are impaired by alcohol.
Do you Strongly Agree, Agree, Disagree, or Strongly disagree ?

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
7. Don't know/Not Sure
9. Refused

S14. Do you SUPPORT STRICT LAW ENFORCEMENT for driving while intoxicated ?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

S15. Which of the following do you feel will make you most INTOXICATED ? A 12 oz. can of beer, a 5 oz. glass of wine, or One shot of 80 proof whiskey or All have the same effect ?

1. A 12 oz. can of beer
2. A 5 oz. glass of wine
3. One shot of 80 proof whiskey
4. All have the same effect
7. Don't know/Not Sure
9. Refused

S16. In Montana, what percent do you think is the legal blood alcohol content in order to be classified as driving while intoxicated ?

XXXX. Enter percent
7777. Don't know/Not Sure
9999. Refused

S17. Do you think that a driver who has been drinking has MORE, LESS or an EQUAL chance of being arrested for DUI than they did one year ago ?

1. More
2. Less
3. Equal
7. Don't know/Not Sure
9. Refused

S18. If it were determined that the driver was a problem drinker, do you think that their license should be reinstated before their drinking problem is under control ?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

S19. How many drinks do you think YOU would have to consume in one hour to reach the LEGAL LIMIT to be classified as driving while intoxicated ?

XX. Enter Number of drinks
77. Don't know/Not sure
99. Refused

STATE-ADDED PERSONAL VIOLENCE QUESTIONS

Now I would like to ask you a few question about physical violence between adults. By this I mean situations in which a person hits, slaps, pushes, or otherwise hurts or strikes another person. This includes fights between friends or family members, physical or sexual assaults, and being hit by objects or with weapons.

S20. Within the past year, have you been hit, slapped, kicked, raped, or otherwise physically hurt by someone?

1. Yes
2. No -- **skip to question S24**
7. Don't know/Not Sure --**skip to question S24**
9. Refused --**skip to question S24**

S21. On the most recent occasion was the person who did this to you - A spouse, A former spouse, A boyfriend or girlfriend or date, A former boyfriend or girlfriend or date, A son or daughter, Another relative, A friend or acquaintance, Someone you work with, a Stranger, or Someone else ?

01. A spouse
02. A former spouse
03. A boyfriend or girlfriend or date
04. A former boyfriend or girlfriend or date
05. A son or daughter
06. Another relative
07. A friend or acquaintance
08. Someone you work with
09. A stranger
10. Someone else
77. Don't know/Not sure
99. Refused

S22. On this MOST RECENT occasion, where did the violence take place ?

01. Your home
02. Someone else's home
03. At a restaurant, bar or tavern
04. At work
05. At school
06. Outside on the street
07. Some other place
77. Don't know/Not sure
99. Refused

S23. On the MOST RECENT occasion, did you receive injuries that had to be treated by a doctor, nurse, chiropractor, dentist, or other health care provider ?

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

S24. Considering your current partner or friends, or any past partners or friends, is there anyone who is making you feel unsafe now?

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

STATE-ADDED HCFA QUESTIONS
To be asked of respondents >= 65 years of age.
If age <65, go to end of survey.

Interviewer Reads: I would like to ask you about some everyday activities. Because of health or physical problem, do you have any difficulty doing the following activities? Please tell me for each activity whether you have no difficulty at all, some difficulty, or if you are unable to do the activity.

S25. Because of a health or physical problem, do you have any difficulty fully bathing or showering yourself without help ? (**Do not read.** Note: Bathing includes taking a full bath to wash one's entire body, whether in a bathtub, shower, or a sponge bath at a sink or wash basin. Bathing includes turning on the water, getting in and out of the tub or shower, washing the entire body, including back and feet, and drying oneself.) **H_BATH**

1. No difficulty
2. Some difficulty
3. Not able to do it
7. Don't know/Not sure
9. Refused

S26. Because of a health or physical problem, do you have any difficulty dressing and grooming yourself without help? (**Do not read.** Note: Dressing includes getting clothing, underwear, and shoes from closets or drawers, putting them on, and fastening any buttons or zippers. Grooming includes washing one's face, shampooing and combing hair, brushing and cleaning teeth. For men, it also includes shaving.) **H_DRESS**

1. No difficulty
2. Some difficulty
3. Not able to do it
7. Don't know/Not sure
9. Refused

S27. Because of a health or physical problem, do you have any difficulty eating food and drinking liquids yourself without help ? (**Do not read.** Note: Feeding includes cutting food, using a fork or spoon, and drinking from a glass or cup.) **H_EAT**

1. No difficulty
2. Some difficulty
3. Not able to do it
7. Don't know/Not sure
9. Refused

S28. Because of a health or physical problem, do you have any difficulty moving in and out of bed or a chair without help? **H_BED**

1. No difficulty
2. Some difficulty
3. Not able to do it
7. Don't know/Not sure
9. Refused

S29. Because of a health or physical problem, do you have any difficulty using the toilet without help ? (**Do not read.** Note: Toileting includes getting to the toilet room, onto and off the toilet, cleaning oneself, and adjusting one's clothes after toileting.) **H_TOILET**

1. No difficulty
2. Some difficulty
3. Not able to do it
7. Don't know/Not sure
9. Refused

S30. Because of a health or physical problem, do you have any difficulty voluntarily controlling your bladder or bowels ? **H_BOWELS**

1. No difficulty
2. Some difficulty
3. Not able to do it
7. Don't know/Not sure
9. Refused

S31. Because of a health or physical problem, do you have any difficulty walking on a level surface inside your home ? **H_WALK**

1. No difficulty
2. Some difficulty
3. Not able to do it
7. Don't know/Not sure
9. Refused

S32. Because of a health or physical problem, do you have any difficulty getting to places outside your home and Not within walking distance without help? For example, traveling alone on buses, taxis, or driving a car. Would you say that you have no difficulty, some difficulty, or are unable to do it ? **H_TRAVEL**

1. No difficulty
2. Some difficulty
3. Not able to do it
7. Don't know/Not sure
9. Refused

S33. Because of a health or physical problem, do you have any difficulty either writing or handling and grasping small objects? Would you say that you have no difficulty, some difficulty, or are unable to do it ? **H_WRITE**

1. No difficulty
2. Some difficulty
3. Not able to do it
7. Don't know/Not sure
9. Refused

Interviewer reads: Next, I would like to ask you about your hearing.

S34. Do you wear a hearing aid Every Day ? **H_HAID**

1. Yes, one ear
2. Yes, both ears
3. No
7. Don't know/Not sure
9. Refused

S35. Can you hear most of the things people say (with a hearing aid if that is how you hear best)? **H_HEAR**

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

Interviewer reads: Next, I would like to ask you about your vision. If you use glasses or contact lenses, please answer according to the way you see with them.

S36. Do you have vision in both eyes or only one eye ? **H_VISION**

1. Yes, both eyes
2. Yes, only one eye
3. No, I am blind in both eyes **-- Skip to question S38**
7. Don't know/Not sure
9. Refused

S37. Can you see well enough to read newspaper print (with your glasses or contacts if that is how you see best)? **H_READ**

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

S38. How many different medicines or drugs do you take each and every day? Please include all medications, over-the-counter (such as aspirin), AND medicines prescribed from your health care providers (such as a heart pill or a patch that you apply to your skin). Please do not include multivitamin tablets. **H_MED**

Enter Number

77. Don't know/Not sure
88. None
99. Refused

STATE-ADDED SEXUAL BEHAVIOR QUESTIONS TO BE ASKED FOLLOWING SEXUAL BEHAVIOR MODULE. (To be asked of all respondents <65 years old. If age >= 65, Go to END of Survey.)

S39. Where is the FIRST place you would go to get information on HIV/AIDS ?

Enter code

01. Doctor's Office
02. Library
03. County Health Department
04. State Health Department
05. AIDS Hotline
06. Telephone Book
07. Friends/Peers
08. Family Members
09. Teachers
10. Hospital
11. TV/Radio
12. Print Media (Newspapers, Magazines)
13. AIDS Brochures/Pamphlets
14. Other

88. None
77. Don't Know/Not Sure
99. Refused

S40. Are you aware that the Montana Department of Public Health and Human Services has a toll-free AIDS hotline that provides information and counseling about AIDS ?

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

S41. Which of the following topics have you discussed with your family AT LEAST ONCE during the last month ?

Alcohol Use?

1. Yes
2. No
3. Not Applicable (No Family)

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

S42. Illegal Drug Use ?

1. Yes
2. No
3. Not Applicable (No Family)
7. Don't know/Not Sure
9. Refused

S43. HIV/AIDS Prevention?

1. Yes
2. No
3. Not Applicable (No Family)
7. Don't know/Not Sure
9. Refused

S44. Sexual Behavior?

1. Yes
2. No
3. Not Applicable (No Family)
7. Don't know/Not Sure
9. Refused

S45. Do you think co-workers have the right to refuse to work with someone infected with HIV ?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

S46. Do you think it would be acceptable to have a public program where people who injected drugs could exchange their used needles and syringes for new ones?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused

S47. Do you think a discussion about the use of condoms should be included as part of an overall AIDS Education Program in public schools ?

1. Yes
2. No -- **Skip to Question S49**
7. Don't know/Not Sure -- **Skip to Question S49**
9. Refused -- **Skip to Question S49**

S48. At what grade do you think this discussion should begin ?

1. Elementary (Grades 1 through 6)
2. Middle School (Grades 7 through 9)
3. High School (Grades 10 through 12)
7. Don't Know, Not Sure
9. Refused

S49. What, if any, are your concerns about HIV testing ? (Please list all that apply.)

11. Confidentiality
12. Fear of Results
13. Mistrust of Health Provider
14. Having Fear of Blood Taken or Needles
15. Montana Law
16. Inconvenient Testing Location
17. Cost/Money
18. Inconvenient Testing Time
19. Two Week Waiting Time For Results
20. Don't Want To Know
21. Other (Please Specify)
77. Don't Know/Not Sure
88. None/No other concerns
99. Refused

STATE-ADDED DIABETES SCREENING QUESTIONS -- TO BE ASKED AFTER OPTIONAL DIABETES MODULE. PERSONS RESPONDING YES' (01) TO THE DIABETES CORE MODULE SHOULD GO TO Q. S52

STATE-ADDED DIABETES SCREENING QUESTIONS -- TO BE ASKED AFTER
C: OPTIONAL DIABETES MODULE. PERSONS RESPONDING YES' (01) TO THE
C: DIABETES CORE MODULE SHOULD GO TO Q. S52
Q: SA9Q00 **********

S50. Glucose is a substance found in your blood. Have you ever had your blood glucose or sugar checked to see if you have diabetes ?

1. Yes
2. Yes - have diabetes -- **Go to Q. S52**
3. No -- **Go to Q. S52**
7. Don't know/Not sure -- **Go to Q. S52**
9. Refused -- **Go to Q. S52**

S51. When was the last time your blood glucose or sugar level was measured by a health care professional ?

1. Within the past year (1 to 12 months ago)
2. Within the past three years (1 to 3 years ago)

3. Over three years ago
7. Don't know/Not sure
9. Refused

S52. Has any member of your family ever had diabetes ?

1. Yes
2. No
7. Don't know/Not Sure
9. Refused