

Montana 2001

Behavioral Risk Factor Surveillance System Questionnaire

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We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes _____ minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

1.1. Would you say that in general your health is: (72)

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

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? (73-74)

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

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? (75-76)

		Number of days
	8 8	None If Q1.2 also "None," go to Q2.1
	7 7	Don't know/Not sure
	9 9	Refused

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?

(77-78)

	Number of days
<u>8</u> <u>8</u>	None
7 7	Don't know/Not sure
9 9	Refused

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (79)

- 1 Yes
- 2 No **Go to Q2.3**
- 7 Don't know/Not sure **Go to Q2.3**
- 9 Refused **Go to Q2.3**

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)

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

2.3. Do you have one person you think of as your personal doctor or health care provider? (81)

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

Section 3: Exercise

- 3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)

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

Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

- 1 Yes
- 2 No **Go to Q5.1**
- 7 Don't know/Not sure **Go to Q5.1**
- 9 Refused **Go to Q5.1**

4.2. Are you currently taking medicine for your high blood pressure? (84)

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

Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

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

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

Read Only if Necessary

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

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

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

Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (88)

- 1 Yes
- 2 No **Go to Q7.1**
- 7 Don't know/Not sure **Go to Q7.1**
- 9 Refused **Go to Q7.1**

6.2. Do you still have asthma? (89)

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

Section 7: Diabetes

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

(90)

If "Yes" and	1	Yes
female, ask	2	Yes, but female told only during pregnancy
"Was this	3	No
only when	7	Don't know/Not sure
you were	9	Refused
pregnant?"		

Section 8: Arthritis

8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (91)

- 1 Yes
- 2 No **Go to Q8.5**
- 7 Don't know/Not sure **Go to Q8.5**
- 9 Refused **Go to Q8.5**

8.2. Were these symptoms present on most days for at least one month? (92)

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

8.3. Are you now limited in any way in any activities because of joint symptoms? (93)

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

8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)

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

8.5. Have you ever been told by a doctor that you have arthritis? (95)

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

8.6. Are you currently being treated by a doctor for arthritis?

(96)

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

Section 9: Immunization

9.1. During the past 12 months, have you had a flu shot? (97)

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

9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (98)

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

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

5 packs = 100 cigarettes	1	Yes
	2	No Go to Q11.1
	7	Don't know/Not sure Go to Q11.1
	9	Refused Go to Q11.1

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

1	Every day
2	Some days
3	Not at all Go to Q11.1
9	Refused Go to Q11.1

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

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

Section 11: Alcohol Consumption

- 11.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (102-104)

1 ___ ___ Days per week
2 ___ ___ Days in past 30
8 8 8 No drinks in past 30 days **Go to Q12.1**
7 7 7 Don't know/Not sure **Go to Q12.1**
9 9 9 Refused **Go to Q12.1**

- 11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

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

- 11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

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

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

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

Section 13: Demographics

13.1. What is your age? (110-111)

<u>0</u>	<u>7</u>	Code age in years
0	9	Don't know/Not sure
		Refused

13.2. Are you Hispanic or Latino? (112)

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

13.3. Which one or more of the following would you say is your race? (113-118)

		Please Read
Mark all	1	White
that apply	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian, Alaska Native
		or
	6	Other [specify] _____
	8	No additional choices
Do not read	7	Don't know/Not sure
these responses	9	Refused

If more than one response to Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (119)

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

13.5. Are you: (120)

Please Read

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

Do not read

13.6. How many children less than 18 years of age live in your household ? (121-122)

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

13.7. What is the highest grade or year of school you completed? (123)

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

13.8. Are you currently: (124)

Please Read

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

Do not read

- 9 Refused

13.9. Is your annual household income from all sources: (125-126)

Read as Appropriate

If respondent refuses at any income level, code refused	0 4	Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)	
	0 3	Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)	
	0 2	Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)	
	0 1	Less than \$10,000 If "no," code 02	
	0 5	Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)	
	0 6	Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)	
	0 7	Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)	
	0 8	\$75,000 or more	
	Do not read these responses	7 7	Don't know/Not sure
		9 9	Refused

13.10. About how much do you weigh without shoes? (127-129)

Round fractions up	<u> </u> <u> </u> <u> </u>	Weight
	pounds	
	7 7 7	Don't know/Not sure
	9 9 9	Refused

13.11. About how tall are you without shoes? (130-132)

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

13.12. What county do you live in? (133-135)

<u> </u> <u> </u> <u> </u>	FIPS county code
7 7 7	Don't know/Not sure
9 9 9	Refused

13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (136)

1	Yes
2	No Go to Q13.15
7	Don't know/Not sure Go to Q13.15
9	Refused Go to Q13.15

13.14. How many of these are residential numbers? (137)

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

13.15. How many adult members of your household currently use a cell phone for any purpose? (138)

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

13.16. Indicate sex of respondent. **Ask only if necessary** (139)

- | | |
|---|-------------------------|
| 1 | Male Go to Q14.1 |
| 2 | Female |

If respondent 45 years old or older, go to Q14.1

13.17. To your knowledge, are you now pregnant? (140)

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

Section 14: Disability

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

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

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

14.2. 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? (142)

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

Section 15: Physical Activity

If "employed" or "self-employed" to core Q13.8, continue. Otherwise go to Q15.2.

- 15.1. When you are at work, which of the following best describes what you do? (143)

Would you say: **Please Read**

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

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.

- 15.2. Now, thinking about the moderate physical activities you do [**fill in (when you are not working) if "employed" or "self-employed" to core Q13.8**] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (144)

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

- 15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (145-146)

<u>7</u>	<u>7</u>	Days per week
		Don't know/Not sure
9	9	Refused

- 15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)

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

- 15.5. Now thinking about the vigorous physical activities you do [**fill in (when you are not working) if "employed" or "self-employed" to core Q13.8**] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)

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

- 15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)

$\frac{\quad}{7}\frac{\quad}{7}$ Days per week
Don't know/Not sure
9 9 Refused

- 15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)

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

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q17.1

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't Know/not Sure **Go to Q16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last PSA test? (157)

Read Only if Necessary

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

16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

- 1 Yes
- 2 No **Go to Q16.5**
- 7 Don't know/Not sure **Go to Q16.5**
- 9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (159)

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

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)

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

16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)

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

Section 17: Colorectal Cancer Screening

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

17.1. 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? (162)

- 1 Yes
- 2 No **Go to Q17.3**
- 7 Don't know/Not sure **Go to Q17.3**
- 9 Refused **Go to Q17.3**

17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

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

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (164)

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

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165)

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 Within the past 10 years (5 to 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Section 18: 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.

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

18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

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

18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

- 1 True
- 2 False **Go to Q18.4**
- 7 Don't know/Not Sure **Go to Q18.4**
- 9 Refused **Go to Q18.4**

18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

- Please Read**
- 1 Very effective
- 2 Somewhat effective
- or
- 3 Not at all effective
- 7 Don't know/Not sure
- 9 Refused

**Do not read
these responses**

18.4. How important do you think it is for people to know their HIV status by getting tested?
(169)

Would you say:

		Please Read
	1	Very important
	2	Somewhat important
		or
	3	Not at all important
Do not read these responses	7	Don't know/Not sure
	9	Refused

18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.
(170)

Include saliva tests	1	Yes
	2	No Go to Q18.9
	7	Don't know/Not sure Go to Q18.9
	9	Refused Go to Q18.9

18.6. Not including blood donations, in what month and year was your last HIV test?
(171-174)

Include saliva tests	<u> </u> <u> </u> / <u> </u> <u> </u>	Code month and year
	7 7 7 7	Don't know/Not sure
	6 6 6 6	Refused

18.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]?
(175-176)

	Reason code
	Read Only if Necessary
0 1	For hospitalization or surgical procedure
0 2	To apply for health insurance
0 3	To apply for life insurance
0 4	For employment
0 5	To apply for a marriage license
0 6	For military induction-or military service
0 7	For immigration
0 8	Just to find out if you were infected
0 9	Because of referral by a doctor
1 0	Because of pregnancy
1 1	Referred by your sex partner
1 3	For routine check-up
1 4	Because of occupational exposure
1 5	Because of illness
1 6	Because I am at risk for HIV
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

18.8. Where did you have the HIV test in [fill in date from Q18.6]?

(177-178)

	Facility code
	Read Only if Necessary
0 1	Private doctor, HMO
0 2	Blood bank, plasma center, Red Cross
0 3	Health department
0 4	AIDS clinic, counseling, testing site
0 5	Hospital, emergency room, outpatient clinic
0 6	Family planning clinic
0 7	Prenatal clinic, obstetrician's office
0 8	Tuberculosis clinic
0 9	STD clinic
1 0	Community health clinic
1 1	Clinic run by employer
1 2	Insurance company clinic
1 3	Other public clinic
1 4	Drug treatment facility
1 5	Military induction or military service site
1 6	Immigration site
1 7	At home, home visit by nurse or health worker
1 8	At home using self-sampling kit
1 9	In jail or prison
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

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

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

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

Closing Statement

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

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

To be asked following core Q7.1 if response is "yes"

1. How old were you when you were told you have diabetes? (180-181)

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

2. Are you now taking insulin? (182)

1 Yes
2 No
9 Refused

3. Are you now taking diabetes pills? (183)

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

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. (184-186)

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

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (187-189)

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

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (190)

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (191-192)

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

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (193-194)

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

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (195-196)

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

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (197)

		Read Only if Necessary
1		Within the past month (0 to 1 month ago)
2		Within the past year (1 to 12 months ago)
3		Within the past 2 years (1 to 2 years ago)
4		2 or more years ago
8		Never
7		Don't know/Not sure
9		Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (198)

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

12. Have you ever taken a course or class in how to manage your diabetes yourself? (199)

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

Module 8: Heart Attack and Stroke

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

1. 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.
 - a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (282)

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

 - b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (283)

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

 - c. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (284)

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

 - d. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (285)

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

e. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (286)

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

f. (Do you think) shortness of breath (is a symptom of a heart attack?) (287)

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

2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure. (288)

a. 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

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (289)

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

c. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (290)

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

d. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (291)

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

e. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (292)

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

f. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (293)

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

3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (294)

Please Read

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member
or
- 5 Do something else
- 7 Don't know/Not sure
- 9 Refused

**Do not read
these responses**

Module 9: Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, are you...
 - a. Eating fewer high fat or high cholesterol foods? (295)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - b. Eating more fruits and vegetables? (296)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - c. More physically active? (297)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
2. Within the past 12 months, has a doctor, nurse, or other health professional told you to... (298)
 - a. Eat fewer high fat or high cholesterol foods?

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - b. Eat more fruits and vegetables? (299)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
 - c. Be more physically active? (300)

1	Yes
2	No
7	Don't know/Not sure
9	Refused
3. Has a doctor, nurse, or other health professional ever told you that you had any of the following? (301)

a. A heart attack, also called a myocardial infarction

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

b. Angina or coronary heart disease (302)

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

c. A stroke (303)

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

If "yes" to Q3a continue. Otherwise, go to Q 5.

4. At what age did you have your first heart attack? (304-305)

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

If "yes" to Q3c, continue. Otherwise, go to Q6.

5. At what age did you have your first stroke? (306-307)

- | | | | | | |
|--|--|--|-----|-----|---|
| <table style="border: none;"> <tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr> <tr><td style="text-align: center;">0 7</td></tr> <tr><td style="text-align: center;">0 9</td></tr> </table> | | | 0 7 | 0 9 | Code age in years
Don't know/Not sure
Refused |
| | | | | | |
| 0 7 | | | | | |
| 0 9 | | | | | |

If "yes" to question 3a or 3c, continue. Otherwise, go to Q7.

6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "yes" to Q3c and "no" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (308)

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

If respondent is aged 35 years or older continue with Q7 otherwise go to the next module.

7. Do you take aspirin daily or every other day? (309)

- | | |
|---|---------------------|
| 1 | Yes Go to Q9 |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (310)

- | | | |
|---|---|---|
| If "yes," ask "Is this a stomach condition?" Code | 1 | Yes, not stomach related Go to Next Module |
| | 2 | Yes, stomach problems Go to Next Module |
| | 3 | No Go to Next Module |
| upset stomachs as stomach problems | 7 | Don't know/Not sure Go to Next Module |
| | 9 | Refused Go to Next Module |

9. Why do you take aspirin... (311)

a. To relieve pain?

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

b. To reduce the chance of a heart attack? (312)

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

c. To reduce the chance of a stroke? (313)

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

Module 10: Fruits and Vegetables

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

1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (314-316)

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

2. Not counting juice, how often do you eat fruit? (317-319)

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

3. How often do you eat green salad? (320-322)

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

4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?
(323-325)

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

5. How often do you eat carrots? (326-328)

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

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(329-331)

- 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
 - 5 5 5 Never
 - 7 7 7 Don't know/Not sure
 - 9 9 9 Refused

Module 11: Weight Control

1. Are you now trying to lose weight? (332)

- 1 Yes **Go to Q3**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

2. Are you now trying to maintain your current weight, that is to keep from gaining weight? (333)

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

3. Are you eating either fewer calories or less fat to...
lose weight? [if "Yes" on Q1]

keep from gaining weight? [if "Yes" on Q2] (334)

Probe
for
which

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know/Not sure
- 9 Refused

4. Are you using physical activity or exercise to...
lose weight? [if "Yes" on Q1]

keep from gaining weight? [if "Yes" on Q2] (335)

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

5. How much would you like to weigh? (336-338)

- ___ ___ ___ Weight
- pounds
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

6. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (339)

Probe for which	1	Yes, lose weight
	2	Yes, gain weight
	3	Yes, maintain current weight
	4	No
	7	Don't know/Not sure
	9	Refused

Module 13: Tobacco Indicators

If "yes" to core Q10.1, continue. Otherwise, go to Q6

Previously you said you have smoked cigarettes.

1. How old were you the first time you smoked a cigarette, even one or two puffs? (347-348)

Code age in years
$\overline{7} \overline{7}$ Don't know/Not sure
9 9 Refused

2. How old were you when you first started smoking cigarettes regularly? (349-350)

Code age in years
$\overline{8} \overline{8}$ Never smoked regularly Go to Q6
7 7 Don't know/Not sure
9 9 Refused

If "refused to core Q10.2, go to Q6

If "not at all" to core Q10.2, continue. Otherwise, go to Q4.

3. About how long has it been since you last smoked cigarettes regularly? (351-352)

Read Only if Necessary
0 1 Within the past month (0 to 1 month ago)
0 2 Within the past 3 months
0 3 Within the past 6 months
0 4 Within the past year
0 5 Within the past 5 years Go to Q6
0 6 Within the past 10 years Go to Q6
0 7 10 or more years ago Go to Q6
7 7 Don't know/Not sure Go to Q6
9 9 Refused Go to Q6

4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? (353)

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

5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? (354)

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

6. Which statement best describes the rules about smoking inside your home? (355)

Please Read

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home
- or
- 4 There are no rules about smoking inside the home

Do not read these responses 7 Don't know/Not sure
9 Refused

If "employed" or "self-employed" to core Q13.8, continue. Otherwise, go to next module.

7. While working at your job, are you indoors most of the time? (356)

- 1 Yes
- 2 No **Go to Next Module**
- 7 Don't Know/Not Sure **Go to Next Module**
- 9 Refused **Go to Next Module**

8. 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? (357)

		Please Read
For workers who visit clients, "place of work" means their base location	1	Not allowed in any public areas
	2	Allowed in some public areas
	3	Allowed in all public areas
	4	or No official policy
Do not read these responses	7	Don't know/Not sure
	9	Refused

9. Which of the following best describes your place of work's official smoking policy for work areas? (358)

		Please Read
	1	Not allowed in any work areas
	2	Allowed in some work areas
	3	Allowed in all work areas
	4	or No official policy
Do not read these responses	7	Don't know/Not sure
	9	Refused

Module 14: Other Tobacco Products

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (359)
 - 1 Yes
 - 2 No **Go to Q3**
 - 7 Don't know/Not sure **Go to Q3**
 - 9 Refused **Go to Q3**

2. Do you currently use chewing tobacco or snuff every day, some days, or not at all? (360)
 - 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/Not sure
 - 9 Refused

3. Have you ever smoked a cigar, even one or two puffs? (361)
 - 1 Yes
 - 2 No **Go to Q5**
 - 7 Don't know/Not sure **Go to Q5**
 - 9 Refused **Go to Q5**

4. Do you now smoke cigars every day, some days, or not at all? (362)
 - 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/Not sure
 - 9 Refused

5. Have you ever smoked tobacco in a pipe, even one or two puffs? (363)
 - 1 Yes
 - 2 No **Go to Q7**
 - 7 Don't know/Not sure **Go to Q7**
 - 9 Refused **Go to Q7**

6. Do you now smoke a pipe every day, some days, or not at all? (364)

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

7. A bidi is a flavored cigarette from India.. Have you ever smoked a bidi, even one or two puffs? (365)

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

8. Do you now smoke bidis every day, some days, or not at all? (366)

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

Montana 2001 State-Added BRFSS Questions

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

S1. Are you American Indian or of American Indian origin? (400)

- 1 = Yes
- 2 = No
- 7 = Don't Know/Not Sure
- 9 = 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 S8

S2. Glucose is a substance found in your blood. Have you ever had your blood glucose or sugar checked to see if you have diabetes? (401)

- 1 = Yes
- 2 = No **Go to S8**
- 7 = Don't know/Not sure **Go to S8**
- 9 = Refused **Go to S8**

S3. When was the last time your blood glucose or sugar level was measured by a health care professional?

(402)

- 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

S4. Has any member of your family ever had diabetes?

(403)

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

STATE-ADDED IMMUNIZATION QUESTIONS

To be asked of all respondents who responded "Yes" (01) to question 9.1 (Have you had a flu shot in the past 12 months?) We would prefer that these questions follow the Immunization Section (Section 9)

S5. Earlier you said, you received a flu shot within the past 12 months. Did you receive a flu shot during September through December of 2000? (404)

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

S6. Did you receive a flu shot this year, during January through May 2001? (405)

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

STATE-ADDED ASTHMA QUESTIONS

If "yes" to core Q6.1, continue to S7. Otherwise, go to S9; but if "no children" to core Q13.6, go to S10.

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

S7. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (406-407)

- | | |
|-------|------------------------------------|
| _____ | Number of visits [87 = 87 or more] |
| 88 | None |
| 98 | Don't know/Not sure |
| 99 | Refused |

S8. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma? (408-409)

- | | |
|-------|------------------------------------|
| _____ | Number of visits [87 = 87 or more] |
| 88 | None |
| 98 | Don't know/Not sure |
| 99 | Refused |

If "no children" to core Q13.6, go to S10

S9. Earlier you said there were [fill in number from core Q13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (410-411)

- | | |
|----|--------------------|
| __ | Number of children |
| 88 | None |
| 77 | Don't know |
| 99 | Refused |

STATE-ADDED DRUG-USE QUESTIONS

I would like to ask you a few questions about alcohol and other drug use by Montana youth.

Do you think the following are problems among minors, persons under age 21, in your community?

S10. Use of illicit Drugs? (412)

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

S11. Use of alcohol? (413)

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

Do you think minors risk harming THEMSELVES, physically or in other ways, if they:

S12. Have 1 or 2 alcoholic beverages occasionally? (414)

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

S13. Smoke marijuana occasionally? (415)

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

S14. Have 5 or more alcoholic beverages regularly? (416)

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

S15. Smoke marijuana regularly? (417)

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

9 = Refused

Do you think the following laws are adequately enforced:

S16. Minor in possession of alcohol? (418)

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

S17. Minor in possession of tobacco? (419)

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

S18. Selling alcohol to minors? (420)

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

S19. Selling tobacco to minors? (421)

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

S20. Are you aware of any drug prevention programs operating in your community? (422)

- 1 = Yes
- 2 = No - **Go to S22**
- 7 = Don't know/Not sure - **Go to S22**
- 9 = Refused - **Go to S22**

S21. Do you think these programs are effective? (423)

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

Do you think adults should allow a minor to:

S22. Smoke cigarettes in their home?

(424)

1 = Yes

2 = No

7 = Don't know/Not sure

9 = Refused

S23. Drink alcoholic beverages in their home?

(425)

1 = Yes

2 = No

7 = Don't know/Not sure

9 = Refused

S24. Become intoxicated in their home?

(426)

1 = Yes

2 = No

7 = Don't know/Not sure

9 = Refused

I would like to ask you a few questions about the treatment of chemical dependency for adults and minors.

S25. Are you aware of any Chemical Dependency Treatment programs operating in your community? (427)

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

S26. Do you think these programs are effective? (428)

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

STATE-ADDED TRAFFIC SAFETY QUESTIONS

S27. When placing any child safety seat in a motor vehicle, what is the safest location within the vehicle for the seat? (429)

- 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

S28. Would you support a law in Montana which makes the use of protective helmets mandatory for motorcycle riders of all ages? (430)

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

S29. Do you support retaining Montana's mandatory seatbelt law? (431)

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

S30. Which of the following do you feel will make you MOST INTOXICATED? (432)

Please Read

- 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

S31. In Montana, what percent do you think is the legal blood alcohol content in order to be classified as driving while intoxicated? (433-436)

XXXX = Enter percent (no decimals)
7777 = Don't Know/Not Sure
9999 = Refused

S32. 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? (437)

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

S33. 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? (438-439)

01-60= Number drinks
77= Don't Know/Not Sure
99= Refused

STATE-ADDED FIREARMS QUESTIONS

To be asked of those who respond Yes (01) to the Firearms Section Question 12.1

S34. Are your firearms kept in a secure, locked cabinet or storage container? (440)

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

S35. Is the ammunition stored separately from the firearm? (441)

1 = Yes
2 = No
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**

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

S36. Restaurants (442)

- 1 = Allowed in all areas
- 2 = Allowed in some areas
- 3 = Not allowed at all
- 7 = Don't know / Not sure
- 9 = Refused

S37. Bars, taverns, casinos (443)

- 1 = Allowed in all areas
- 2 = Allowed in some areas
- 3 = Not allowed at all
- 7 = Don't know / Not sure
- 9 = Refused

S38. Other *indoor* public places, such as bowling alleys, community centers, laundromats, shopping malls, theaters, and so forth. (444)

- 1 = Allowed in all areas
- 2 = Allowed in some areas
- 3 = Not allowed at all
- 7 = Don't know / Not sure
- 9 = Refused