

**Montana**

**2007**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

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**Confidentiality Statement:**

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

The interview takes approximately 20 minutes to complete.

**Core Sections**

The interview may be monitored for quality assurance purposes.

**Section 1: Health Status**

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1.1            Would you say that in general your health is— (73)

**Please read:**

- 1        Excellent
- 2        Very good
- 3        Good
- 4        Fair

**Or**

- 5        Poor

**Do not read:**

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

**Section 2: Healthy Days — Health-Related Quality of Life**

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2.1            Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

2.2            Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

- —        Number of days
- 8 8        None                    **{If Q2.1 and Q2.2 = 88 (None), go to next section}**
- 7 7        Don't know / Not sure
- 9 9        Refused

2.3 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? (78-79)

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

### Section 3: Health Care Access

---

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

### State-Added 1: Health Care Coverage

---

{Insert into Core Section 3 following 3.1}

{CATI: If Core Q3.1=2, continue; else go to pre-MT1\_3}

MT1\_1 What is the main reason you are without health care coverage?

**Read Only if Necessary**

- 01 Lost job or changed employers
- 02 Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]
- 03 Became divorced or separated
- 04 Spouse or parent died
- 05 Became ineligible because of age or because left school
- 06 Employer doesn't offer or stopped offering coverage
- 07 Cut back to part time or became temporary employee
- 08 Benefits from employer or former employer ran out
- 09 Couldn't afford to pay the premiums
- 10 Insurance company refused coverage
- 11 Lost Medicaid or Medical Assistance eligibility
- 12 Missed the deadline and/or did not reapply for Medicaid or Medical Assistance eligibility
- 13 Rarely sick; do not need or want health insurance
- 14 Too much hassle/paperwork
- 15 After waiting period, will be covered by employer policy

**Do Not Read**

- 87 Other
- 77 Don't know/Not sure

99 Refused

**MT1\_2** About how long has it been since you had health care coverage?

**Read Only if Necessary**

- 1 Within the past 6 months (anytime less than 6 months ago)
- 2 Within the past year (6 months but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago
- 8 Never

**Do Not Read**

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

**Pre-MT1\_3** {CATI: If Core Q3.1 = 1, continue, else go to core Q3.2}

**MT1\_3** What type of health care coverage pays for **most** (or all) of your medical care? Would you say:

**Please Read**

- 01 Medicare
- 02 Medicaid
- 03 Railroad Retirement Plan
- 04 The military, Tricare, Champus, or the Veteran's Administration (VA)
- 05 Indian Health Service (IHS)
- 06 Health insurance through your work or union
- 07 Health insurance through someone else's work or union
- 08 Health insurance bought directly by you
- 09 Health insurance bought directly by someone else
- 10 Other type of health care coverage

**Do Not Read**

- 77 Don't know/Not sure
- 88 No health care coverage
- 99 Refused

### Section 3: Core Health Care, continued

{Ask of All}

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

**[NOTE: If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"]**

(81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

## State-Added 1: Health Care Coverage, continued

{Insert MT1\_4 into Core Section 3 following Q3.2}

{Ask all respondents}

**MT1\_4** When you are sick or need advice about your health, to which one of the following places do you usually go?

**Please Read**

- 1 A doctor's office
- 2 A public health clinic or community health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 An urgent care center
- 6 Some other kind of place, or
- 8 No usual place

**Do Not Read**

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

## Section 3: Core Health Care, continued

**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

**3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

## Section 4: Exercise

---

- 4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 5: Diabetes

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- 5.1** Have you ever been told by a doctor that you have diabetes? (85)
- [NOTE: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" ]**
- [NOTE: If respondent says pre-diabetes or borderline diabetes, use response code 4.]**
- 1 Yes
  - 2 Yes, but female told only during pregnancy
  - 3 No
  - 4 No, pre-diabetes or borderline diabetes
  - 7 Don't know / Not sure
  - 9 Refused

## Module 3: Diabetes

---

**{CATI: To be asked following Core Q5.1; if response is "Yes" (code = 1)}**

- Mod3\_1** How old were you when you were told you have diabetes? (221-222)
- – Code age in years **[97 = 97 and older]**
  - 9 8 Don't know / Not sure
  - 9 9 Refused
- Mod3\_2** Are you now taking insulin? (223)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- Mod3\_3** Are you now taking diabetes pills? (224)

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

**Mod3\_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. (225-227)

- 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

**Mod3\_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. (228-230)

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

**Mod3\_6** Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (231)

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

**Mod3\_7** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (232-233)

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

**Mod3\_8** A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (234-235)

- \_ \_ Number of times [76 = 76 or more]

- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

{CATI: If Mod3\_5 = 555 (No feet), go to Mod3\_10.}

**Mod3\_9** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (236-237)

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

**Mod3\_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. (238)

**Read only if necessary:**

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

**Do not read:**

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

**Mod3\_11** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (239)

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

**Mod3\_12** Have you ever taken a course or class in how to manage your diabetes yourself? (240)

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

## Section 6: Hypertension Awareness

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**6.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

**[NOTE: If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”]**

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to next section]
- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

**6.2** Are you currently taking medicine for your high blood pressure? (87)

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

## Section 7: Cholesterol Awareness

---

**7.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes
- 2 No {Go to next section}
- 7 Don't know / Not sure {Go to next section}
- 9 Refused {Go to next section}

**7.2** About how long has it been since you last had your blood cholesterol checked? (89)

**Read only if necessary:**

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

**Do not read:**

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

**7.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

## Section 8: Cardiovascular Disease Prevalence

---

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

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

**8.1** Ever told you had a heart attack, also called a myocardial infarction? (91)

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

**8.2** (Ever told) you had angina or coronary heart disease? (92)

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

**8.3** (Ever told) you had a stroke? (93)

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

## Section 9: Asthma

---

**9.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

- 1 Yes
- 2 No {Go to next section}
- 7 Don't know / Not sure {Go to next section}
- 9 Refused {Go to next section}

**9.2** Do you still have asthma? (95)

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

## Section 10: Immunization

---

**10.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)

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

**10.2** During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (97)

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

**10.3** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (98)

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

**10.4** Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (99)

**[NOTE: Response is "Yes" only if respondent has received the entire series of three shots.]**

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

The next question is about behaviors related to Hepatitis B.

**10.5** Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You have had sex with a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

- Are any of these statements true for you? (100)
- 1 Yes, at least one statement is true
  - 2 No, none of these statements is true
  - 7 Don't know / Not sure
  - 9 Refused

## Section 11: Tobacco Use

---

- 11.1 Have you smoked at least 100 cigarettes in your entire life? (101)

**[NOTE: 5 packs = 100 cigarettes]**

- 1 Yes
- 2 No {Go to next section}
- 7 Don't know / Not sure {Go to next section}
- 9 Refused {Go to next section}

- 11.2 Do you now smoke cigarettes every day, some days, or not at all? (102)

- 1 Every day
- 2 Some days
- 3 Not at all {Go to next section}
- 7 Don't know/Not sure {Go to next section}
- 9 Refused {Go to next section}

- 11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (103)

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

## Section 12: Demographics

---

- 12.1 What is your age? (104-105)

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

- 12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

**[Check all that apply]**

**Please read:**

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

**Or**

- 6 Other [specify: \_\_\_\_\_ ]

**Do not read:**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

**{CATI: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.}**

12.4 Which one of these groups would you say best represents your race? (113)

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

**Do not read:**

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

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.* (114)

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

12.6 Are you...? (115)

**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed

- 4 Separated
- 5 Never married
- Or**
- 6 A member of an unmarried couple
- Do not read:**
- 9 Refused

**12.7** How many children less than 18 years of age live in your household? (116-117)

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

**12.8** What is the highest grade or year of school you completed? (118)

**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)

**Do not read:**

- 9 Refused

**12.9** Are you currently...? (119)

**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

## State-Added 2: Questions on Employment

---

{Insert into Core Section 12, following 12.9}

{CATI: If Core Q12.9 = 1 or 2, continue; else go to core Q12.10}

**MT2\_1** How many hours per week do you usually work at your primary place of employment?

\_\_ \_\_ Number of hours [96=96 or more]

- 97 Don't know/Not sure
- 98 None
- 99 Refused

**MT2\_2**

Counting **all** locations where *this employer operates* {CATI: if S12q9=2 then, you operate}, what is the total number of persons, including yourself, who work for **your employer** {CATI: if S12q9=2 then, "you"}.

**Read only if necessary:**

- 01 Just one
- 02 Between 2 and 9
- 03 Between 10 and 19
- 04 Between 20 and 50
- 05 Between 51 and 100
- 06 Between 101 and 500
- 07 More than 500

**Do not read**

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

Section 12: Demographics, continued

**12.10**

Is your annual household income from all sources—

(120-121)

**[NOTE: If respondent refuses at ANY income level, code '99' (Refused)]**

**Read only if necessary:**

- 04 Less than \$25,000 {CATI: If "no," ask 05; if "yes," ask 03}  
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 {CATI: If "no," code 04; if "yes," ask 02}  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 {CATI: If "no," code 03; if "yes," ask 01}  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 {CATI: If "no," code 02}
- 05 Less than \$35,000 {CATI: If "no," ask 06}  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 {CATI: If "no," ask 07}  
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 {CATI: If "no," code 08}  
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

**Do not read:**

- 77 Don't know / Not sure

99 Refused

12.11 About how much do you weigh without shoes? (122-125)

Note: If respondent answers in metrics, put "9" in column 122.

Round fractions up

Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

12.12 About how tall are you without shoes? (126-129)

Note: If respondent answers in metrics, put "9" in column 126.

Round fractions down

Height
(ft / inches/meters/centimeters)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

{CATI: If 12.11=7777 (Don't Know/Not sure) or 9999( Refused) go to 12.15

12.13 How much did you weigh a year ago? [Female respondent: If you were pregnant a year ago, how much did you weigh before your pregnancy?] (130-133)

[Note: If respondent answers in metrics, put "9" in column 130.]

Round fractions up

Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

{CATI: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.}

12.14 Was the change between your current weight and your weight a year ago intentional? (134)

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

**12.15** What county do you live in? (135-137)

— — — FIPS county code  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**12.16** What is your ZIP Code where you live? (138-142)

— — — — ZIP Code  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

**12.17** 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. (143)

1 Yes  
2 No {Go to Q12.19}  
7 Don't know / Not sure {Go to Q12.19}  
9 Refused {Go to Q12.19}

**12.18** How many of these telephone numbers are residential numbers? (144)

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

**12.19** During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

**12.20** Indicate sex of respondent. [Ask only if necessary.] (146)

1 Male {Go to next section}  
2 Female {If respondent is 45 years old or older, go to next section}

{CATI: if core Q12.20=2 and Q12.1<45, continue; else go to next section}

**12.21** To your knowledge, are you now pregnant? (147)

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

## Section 13: Alcohol Consumption

---

**13.1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (143)

- 1 Yes
- 2 No {Go to next section}
- 7 Don't know / Not sure {Go to next section}
- 9 Refused {Go to next section}

**13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (144-146)

- 1\_\_ Days per week
- 2\_\_ Days in past 30 days
- 8 8 8 No drinks in past 30 days {Go to next section}
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**13.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (147-148)

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

**13.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** {CATI X = 5 for men, X = 4 for women} or more drinks on an occasion? (149-150)

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

**13.5** During the past 30 days, what is the largest number of drinks you had on any occasion? (151-152)

- \_\_ Number of drinks [1-76]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 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? (153)

- 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? (154)

**[NOTE: Include occasional use or use in certain circumstances.]**

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

## Section 15: Arthritis Burden

---

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

**15.1** During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (155)

- 1 Yes
- 2 No {Go to Q15.4}
- 7 Don't know / Not sure {Go to Q15.4}
- 9 Refused {Go to Q15.4}

**15.2** Did your joint symptoms first begin more than 3 months ago? (156)

- 1 Yes
- 2 No {Go to Q15.4}
- 7 Don't know / Not sure {Go to Q15.4}
- 9 Refused {Go to Q15.4}

**15.3** Have you ever seen a doctor or other health professional for these joint symptoms? (157)

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

15.4 Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (158)

**[NOTE: Arthritis diagnoses include:**

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)]

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

{CATI: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section.}

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (159)

**[NOTE: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."]**

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

## Section 16: 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.

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (160-162)

- 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

**16.2** Not counting juice, how often do you eat fruit? (163-165)

- 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

**16.3** How often do you eat green salad? (166-168)

- 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

**16.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (169-171)

- 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

**16.5** How often do you eat carrots? (172-174)

- 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

**16.6** Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (175-177)

- 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

## Section 17: Physical Activity

---

{CATI: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.}

17.1 When you are at work, which of the following best describes what you do? Would you say— (178)

**[NOTE: If respondent has multiple jobs, include all jobs.]**

**Please read:**

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

**Do not read:**

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

**S17Q2T:** **Please read:**  
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.

17.2 Now, thinking about the moderate activities you do **{fill in “when you are not working” if “employed” or self-employed}** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? (179)

- 1 Yes
- 2 No {Go to Q17.5}
- 7 Don't know / Not sure {Go to Q17.5}
- 9 Refused {Go to Q17.5}

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (180-181)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? {Go to Q17.5}
- 7 7 Don't know / Not sure {Go to Q17.5}
- 9 9 Refused {Go to Q17.5}

17.4 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? (182-184)

- .:-- Hours and minutes per day
- 7 7 7 Don't know / Not sure

9 9 9 Refused

- 17.5** Now, thinking about the vigorous activities you do **{fill in “when you are not working” if “employed” or “self-employed”}** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?  
(185)

1 Yes  
2 No {Go to next section}  
7 Don't know / Not sure {Go to next section}  
9 Refused {Go to next section}

- 17.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time?  
(186-187)

-- Days per week  
8 8 Do not do any vigorous physical activity for at least 10 minutes  
at a time {Go to next section}  
7 7 Don't know / Not sure {Go to next section}  
9 9 Refused {Go to next section}

- 17.7** 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?  
(188-190)

.\_:.\_ Hours and minutes per day  
7 7 7 Don't know / Not sure  
9 9 9 Refused

## Section 18: HIV/AIDS

---

**{CATI: If respondent is 65 years old or older, go to next section.}**

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

- 18.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.  
(191)

1 Yes  
2 No {Go to next section}  
7 Don't know / Not Sure {Go to next section}  
9 Refused {Go to next section}

- 18.2** Not including blood donations, in what month and year was your last HIV test?  
(192-197)

**[NOTE: If response is before January 1985, code “Don't know.”]**

-- / -- --  
7 7 / 7 7 7 7      Code month and year  
7 7 / 7 7 7 7      Don't know / Not sure  
9 9 / 9 9 9 9      Refused

**18.3**      Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (198-199)

01      Private doctor or HMO office  
02      Counseling and testing site  
03      Hospital  
04      Clinic  
05      Jail or prison (or other correctional facility)  
06      Drug treatment facility  
07      At home  
08      Somewhere else  
77      Don't know/Not sure  
99      Refused

**{CATI: Ask Q.18.4 if Q.18.2 = within last 12 months. Otherwise, go to next section.}**

**18.4**      Was it a rapid test where you could get your results within a couple of hours? (200)

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

## Section 19: Emotional Support and Life Satisfaction

---

**S19QT.**      The next two questions are about emotional support and your satisfaction with life.

**19.1**      How often do you get the social and emotional support you need?  
**[NOTE: If asked, say “please include support from any source”.]** (201)

**Please read:**

1      Always  
2      Usually  
3      Sometimes  
4      Rarely  
5      Never

**Do not read:**

7      Don't know / Not sure  
9      Refused

**19.2**      In general, how satisfied are you with your life? (202)

**Please read:**

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

**Do not read:**

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

## Section 20: Gastrointestinal Disease

---

**S20Q1T.** Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

**20.1** In the past 30 days, did you have diarrhea that began within the 30 day period? *Diarrhea is defined as 3 or more loose stools in a 24-hour period.*

(208)

- 1 Yes
- 2 No {Go to next section}
- 7 Don't know / Not sure {Go to next section}
- 9 Refused {Go to next section}

**20.2** Did you visit a doctor, nurse or other health professional for this diarrheal illness?

**Note: Do not answer "Yes" if you just had telephone contact with a health professional.**

(209)

- 1 Yes
- 2 No {Go to next section}
- 7 Don't know / Not sure {Go to next section}
- 9 Refused {Go to next section}

**20.3** When you visited your health care professional, did you provide a stool sample for testing?

(210)

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

## Transition to Modules and State-Added Questions

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

## Module 16: Mental Illness & Stigma

---

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

**Mod16\_1.** About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(335)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**Mod16\_2** During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(336)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**Mod16\_3** During the past 30 days, about how often did you feel **restless** or **fidgety**?

**[NOTE: If necessary: all, most, some, a little, or none of the time?]**

(337)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**Mod16\_4** During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

**[NOTE: If necessary: all, most, some, a little, or none of the time?]**

(338)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**Mod16\_5** During the past 30 days, about how often did you feel that **everything was an effort**?

**[NOTE: If necessary: all, most, some, a little, or none of the time?]**

(339)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

**Mod16\_6** During the past 30 days, about how often did you feel **worthless**?

**[NOTE: If necessary: all, most, some, a little, or none of the time?]**

(340)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

**Mod16\_7** During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(341-342)

**[NOTE: If asked, "usual activities" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.]**

- Number of days [1-30]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**Mod16\_8** Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(343)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

**Mod16\_9** Treatment can help people with mental illness lead normal lives. Do you **–agree** slightly or strongly, or **disagree** slightly or strongly?

(344)

**[NOTE:** If asked for the purpose of Mod16\_9 or Mod16\_10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”. ]

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

**Mod16\_10** People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (345)

**[NOTE:** If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”. ]

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

## Module 1: Random Child Selection

---

**{CATI: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next section.}**

**INTERVIEWER PLEASE READ:**

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **{CATI: please fill in correct number}** child in your household. All following questions about children will be about the “Xth” **{CATI: please fill in}** child.”

**Mod1\_1** What is the birth month and year of the “Xth” child? (203-208)

- \_\_/\_\_/\_\_ Code month and year
- 7 7/7 7 7 7 Don't know / Not sure
- 9 9/9 9 9 9 Refused

**Mod1\_2** Is the child a boy or a girl? (209)

- 1 Boy

- 2 Girl
- 9 Refused

**Mod1\_3** Is the child Hispanic or Latino? (210)

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

**Mod1\_4** Which one or more of the following would you say is the race of the child? (211-216)

**Check all that apply**

**Please read:**

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

**Or**

- 6 Other [specify: \_\_\_\_\_ ]

**Do not read:**

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

{CATI: If more than one response to Mod1\_4, continue. Otherwise, go to Mod1\_6.}

**Mod1\_5** Which one of these groups would you say best represents the child's race? (217)

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

**Mod1\_6** How are you related to the child? (218)

**Please read:**

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

**Do not read:**

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

## Module 2: Childhood Asthma Prevalence

---

{CATI: If Core Q12.7 = 88 (None) or 99 (Refused), go to next section. }

**Mod2\_1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (219)

1	Yes	
2	No	{Go to next section}
7	Don't know / Not sure	{Go to next section}
9	Refused	{Go to next section}

**Mod2\_2** Does the child still have asthma? (220)

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

## State-Added 3: Child Health Care Coverage

---

{CATI: Insert after Module 2: Childhood Asthma Prevalence}

{CATI: If Core Q12.7 = 88 (None) or 99 (Refused), go to next section}

The next questions also ask about the {if >1 child, fill-in selected: "Xth" } child.

**MT3\_1** Does the child have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicaid or CHIP?

1	Yes	{Continue to MT3_2}
2	No	{Skip to MT3_3}
7	Don't know/Not sure	{Skip to MT3_3}
9	Refused	{Skip to MT3_3}

**MT3\_2** What type of health care coverage pays for **most** (or all) of the child's medical care?

**Please Read**

01	CHIP
02	Medicaid
03	Medicare
04	Indian Health Service (IHS)
05	Health insurance provided by your or someone else's <u>employer</u>
06	Health insurance else <u>bought directly</u> by you, a family member, or someone else
07	Other type of health care coverage

**Do Not Read**

77	Don't know/Not sure
----	---------------------

- 88 No health care coverage
- 99 Refused

**MT3\_3** In the past 12 months, how many times has the child had a check up or well-child visit? Check-ups or well child visits are those visits that are made to a doctor or health care provider when the child is not sick but needs a routine check-up or a shot.

\_\_ \_\_ [76 = 76 or more]

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

{CATI: If 12.7=1, go to next section.}

{If core q12.7=2, go to MT3\_4a; if 12.7 > 2, but not equal to 88 or 99, go to MT3\_4b}

**MT3\_4a** {CATI: Ask if Core S12q7 = 2} Now thinking about the *other* child age 17 or younger in your household, does this child have health care coverage?

- 88 YES, has health care coverage [go to next section]
- 01 NO, does NOT have health care coverage [go to next section]
- 77 Don't know/Not sure [go to next section]
- 99 Refused [go to next section]

**MT3\_4b** {CATI: Ask if Core S12q7 = 3-7.} Now thinking about the *other* {if 12.7 = 3-7, insert number of children minus 1} children age 17 or younger in your household, how many of these children do NOT have health care coverage?

- \_\_ \_\_ Number of children
- 77 Don't know/Not sure
- 88 None
- 99 Refused

## Asthma Follow-up Questions

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{Montana will participate in the Adult & Child Asthma Callback survey in 2007}

## Module 6: Cardiovascular Health

---

**Mod6T.** I would like to ask you a few more questions about your cardiovascular or heart health.

{CATI: If Core Q8.1 = 1 (Yes), ask Mod6\_1. If Core Q8.1 = 2, 7, or 9, skip Mod6\_1.}

**Mod6\_1** After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (262)

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

**{CATI note: If Core Q8.3 = 1 (Yes), ask Mod6\_2. If Core Q8.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Mod6\_2.}**

**Mod6\_2** After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (263)

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

**{CATI: Question Mod6\_3 is asked of all respondents.}**

**Mod6\_3.** Do you take aspirin daily or every other day? (264)

1 Yes **{Go to next section}**  
2 No  
7 Don't know / Not sure  
9 Refused

**Mod6\_4.** Do you have a health problem or condition that makes taking aspirin unsafe for you? (265)

**[NOTE: If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.]**

1 Yes, not stomach related  
2 Yes, stomach problems  
3 No  
7 Don't know / Not sure  
9 Refused

## Module 7: Actions to Control High Blood Pressure

---

**{CATI: If Core Q6.1 = 1 (Yes); continue. Otherwise, go to next section.}**

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

**Mod7\_1** Are you changing your eating habits to help lower or control your high blood pressure? (266)

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

**Mod7\_2** (Are you) cutting down on salt (to help lower or control your high blood pressure)? (267)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

**Mod7\_3** (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (268)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

**Mod7\_4** (Are you) exercising (to help lower or control your high blood pressure)? (269)

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

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

**Mod7\_5** Ever advised you to change your eating habits to help lower or control your high blood pressure? (270)

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

**Mod7\_6** (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (271)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

**Mod7\_7** (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (272)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

**Mod7\_8** (Ever advised you to) exercise (to help lower or control your high blood pressure)? (273)

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

**Mod7\_9** (Ever advised you to) take medication (to help lower or control your high blood pressure)? (274)

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

**Mod7\_10** Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (275)

**[NOTE: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"]**

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

## State-Added 4: Cancer Screening Compliance

---

{CATI: If Core S12q1 >49 (respondents age 50 and older), continue; else go to pre-MT4\_4}

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

**MT4\_1** Has a health care provider ever recommended that you have a sigmoidoscopy or colonoscopy?

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

9 Refused

**MT4\_2** Have you ever had either of these exams?

- 1 Yes **{Skip to pre-MT4\_4}**
- 2 No **{Continue to MT4\_3}**
- 7 Don't know/Not sure **{Skip to pre-MT4\_4}**
- 9 Refused **{Skip to pre-MT4\_4}**

**MT4\_3** What is the main reason you have not had a sigmoidoscopy or colonoscopy?

**Read only if necessary**

- 01 Does not apply to me; didn't feel I needed it
- 02 Doctor has not recommended it
- 03 Fear of or aversion to the procedure
- 04 Cost (includes no health insurance)
- 05 Distance or no facility in my community
- 06 Office wasn't open when I could get there
- 07 Too long a wait for an appointment
- 08 Too long a wait in waiting room
- 09 No transportation
- 10 No access for people with disabilities
- 11 The medical provider didn't speak my language

**Do not read**

- 12 Other [specify: \_\_\_\_\_] **{CATI: 45 character limit}**
- 77 Don't know/Not sure
- 99 Refused

**Pre-MT4\_4:** **{If Core S12q20=2 and S12q1 = 39 (female respondents age 40 and older), continue; Else go to next section}**

A mammogram is an x-ray of each breast to look for breast cancer.

**MT4\_4** Has a health care provider ever recommended that you have a mammogram?

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

**MT4\_5** Have you had a mammogram in the past two years?

- 1 Yes **{Skip to next section}**
- 2 No **{Continue to MT4\_6}**
- 7 Don't know/Not sure **{Skip to next section}**
- 9 Refused **{Skip to next section}**

**MT4\_6** What is the main reason you have not had a mammogram in the past two years?

**Read only if necessary**

- 01 Does not apply to me; didn't feel I needed it
- 02 Doctor has not recommended it

- 03 Fear of or aversion to the procedure
- 04 Cost (includes no health insurance)
- 05 Distance or no facility in my community
- 06 Office wasn't open when I could get there
- 07 Too long a wait for an appointment
- 08 Too long a wait in waiting room
- 09 No transportation
- 10 No access for people with disabilities
- 11 The medical provider didn't speak my language
- Do not read**
- 12 Other [specify: \_\_\_\_\_ ] {CATI: 45 character limit}
- 77 Don't know/Not sure
- 99 Refused

## State-Added 5: Osteoporosis

---

{Ask of All}

**Osteoporosis (os-tee-oh-por-o-sis)** is a condition where bones become brittle and break (fracture) more easily. It is **not** the same condition as osteoarthritis, a joint disease.

**MT5\_1** Have you ever been told by a doctor, nurse, or other health professional how to **prevent** osteoporosis?

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

**MT5\_2** A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test?

**[NOTE:** Bone density tests can include ultrasound, x-ray, or DEXA and can be performed on the heel, finger, forearm/wrist, hip, or spine. Bone density tests take about 15 minutes to perform and are not the same as bone scans which can take hours to perform and use injections.]

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

**MT5\_3** Have you **EVER** been told by a doctor, nurse, or other health professional that you have osteoporosis? Don't include osteopenia, or low bone mass.

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

## Module 17: Sexual Violence

---

**Mod17T.** Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

**Are you in a safe place to answer these questions?**

(346)

- 1 Yes
- 2 No {Go to SV\_closing (Mod17C)}

My first questions are about unwanted sexual experiences you may have had.

**Mod17\_1** In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

(347)

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

**Mod17\_2** In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

(348)

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

**Mod17\_3T.** Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina **{If female}**, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

**Mod17\_3** Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

(349)

- 1 Yes
- 2 No {Go to Mod17\_5}
- 7 Don't know / Not sure {Go to Mod17\_5}

9 Refused {Go to Mod17\_5}

**Mod17\_4** Has this happened in the past 12 months? (350)

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

**Mod17\_5** Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (351)

1 Yes  
2 No {Go to Mod17\_7}  
7 Don't know / Not sure {Go to Mod17\_7}  
9 Refused {Go to Mod17\_7}

**Mod17\_6** Has this happened in the past 12 months? (352)

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

{CATI: If Mod17\_3 = 1 (Yes) or Mod17\_5 = 1 (Yes); continue. Else, go to SV\_closing (MOD17C).}

**Mod17\_7** Think about the time of the most recent incident involving a person who *had sex with you* –or- *attempted to have sex with you* after you said or showed that you didn't want to or without your consent? What was that person's relationship to you? (353-354)

**Do not read:**

0 1 Current boyfriend/girlfriend  
0 2 Former boyfriend/girlfriend  
0 3 Fiancé  
0 4 Spouse or live-in partner  
0 5 Former spouse or former live-in partner  
0 6 Someone you were dating  
0 7 First Date  
0 8 Friend  
0 9 Acquaintance  
1 0 A person known for less than 24 hours  
1 1 Complete stranger  
1 2 Parent  
1 3 Step-parent  
1 4 Parent's partner  
1 5 Parent in-law  
1 6 Other relative  
1 7 Neighbor  
1 8 Co-worker  
1 9 Other non-relative  
2 0 Multiple perpetrators {Go to closing statement}  
7 7 Don't know / Not sure

9 9 Refused

**Mod17\_8** Was the person who did this male or female?

(355)

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

**MOD17C** **(SV\_Closing):** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

### State-Added 6: Cell Phone {questions added 5/1; removed for 8/1}

Cell1\_1. Do you have a cell phone that you use for personal use?

- 1 Yes
- 2 No **{Go to next section}**
- 7 Don't know / Not sure **{Go to next section}**
- 9 Refused **{Go to next section}**

Cell1\_2. When is your cell phone usually turned on?  
[INTERVIEWER: PROBE FOR BEST GUESS]

- 1 ANSWER IN HOURS [go to cell1\_2a]
- 2 ANSWER IN TIMES OF DAY [go to cell1\_2b]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Cell1\_2a. INTERVIEWER: RECORD NUMBER OF HOURS

\_\_\_\_ RECORD HOURS [ 1 - 24 ]

Cell1\_2b. INTERVIEWER: RECORD APPROPRIATE TIMES

- 1 Morning
- 2 Afternoon
- 3 Evening
- 4 All the time
- 7 Don't know/Not sure
- 9 Refused

Cell1\_3. Do you have more than one personal cell phone number? [If needed: not for work purposes](132)

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

## Closing statement

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**Please read:**

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