



2010

**Behavioral Risk Factor Surveillance System
Questionnaire**

Montana

October 21, 2009

Behavioral Risk Factor Surveillance System 2010 Questionnaire

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Interviewer's Script

HELLO, I am calling for the (Montana Department of Public Health and Human services) . My name is (name) . We are gathering information about the health of (Montana) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

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

Is this a private residence in (state) ?

If "no,"

Thank you very much, but we are only interviewing private residences in (state) . **STOP**

Is this a cellular telephone?

[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

If "yes,"

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

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

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

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.



If "you," go to page 5

To the correct respondent:

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

- 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

- 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 Section 1: Health Care Coverage

[Ask MT1_1 if Q3.1 = 2 (No)]

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 Employer doesn't offer or stopped offering coverage
 - 04 Cut back to part time or became temporary employee, so insurance not available
 - 05 Benefits from employer or former employer ran out
 - 06 Couldn't afford to pay the premiums
 - 07 Insurance company refused coverage
 - 08 Rarely sick; do not need or want health insurance
 - 09 Insurance does NOT cover the health services that are needed
 - 10 Waiting for Medicare SSID (disability)
- | | | |
|---|---|-----------------------|
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

[Ask MT1_2 if Q3.1 = 1 (Yes)]

MT1_2 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

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

Ask all respondents

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

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 Section 1: Health Care Coverage

[Ask all respondents]

MT1_3 When you are sick or **in need of routine healthcare**, to which one of the following places do you usually go for healthcare services?

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 place**, or
- 8 No usual place

Do Not Read

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

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: Sleep

The next question is about getting enough rest or sleep.

4.1 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

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

Section 5: Exercise

5.1 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? (86)

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

Section 6: Diabetes

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

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

(87)

- 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 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.1 (Diabetes awareness question).

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

(245)

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

CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

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

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

(246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes

To be asked following Core Q6.1; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (247-248)
 - – Code age in years [97 = 97 and older]
 - 9 8 Don't know / Not sure
 - 9 9 Refused

2. Are you now taking insulin? (249)
 - 1 Yes
 - 2 No
 - 9 Refused

3. 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. (250-252)
 - 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

4. 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. (253–255)
 - 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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)
 - – Number of times [76 = 76 or more]
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

6. 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"?

(258-259)

— — 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 note: If Q4 = 555 (No feet), go to Q8.

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

(260-261)

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

8. 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.

(262)

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

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

(263)

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

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

(264)

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

Section 7: Oral Health

- 7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (88)

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
- 8 Never
- 9 Refused

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

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(89)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

CATI note: If Q 7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.

- 7.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

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
- 8 Never
- 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: Disability

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

- 10.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

- 10.2 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? (97)
- Include occasional use or use in certain circumstances.**

- 1 Yes
- 2 No
- 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? (98)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

11.2 Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes [Go to Q11.5]
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

11.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 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 note: 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)

If "Yes", please read:

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months

If "No", please read:

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

Do not read:

- 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

12.10

Is your annual household income from all sources—

(120-121)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 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:

- 7 7 Don't know / Not sure
- 9 9 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
(f t / inches/meters/centimeters)	
7 7 / 7 7	Don't know / Not sure
9 9 / 9 9	Refused

12.13 What county do you live in? (130-132)

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

12.14 What is your ZIP Code where you live? (133-137)

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

12.15 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. (138)

1	Yes	
2	No	[Go to Q12.17]
7	Don't know / Not sure	[Go to Q12.17]
9	Refused	[Go to Q12.17]

12.16 How many of these telephone numbers are residential numbers? (139)

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

12.17 During the past 12 months, has your household been without **landline** telephone service for 1 week or more? Do not include interruptions of **landline** telephone service because of weather or natural disasters. (140)

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

[CELL PHONE QUESTIONS]

12.18a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

(141)

- 1 Yes **[Go to Q12.18c]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.18b Do you share a cell phone for personal use (at least one-third of the time) with other adults?

(142)

- 1 Yes **[Go to Q12.18d]**
- 2 No **[Go to Q12.19]**
- 7 Don't know / Not sure **[Go to Q12.19]**
- 9 Refused **[Go to Q12.19]**

12.18c Do you usually share this cell phone (at least one-third of the time) with any other adults?

(143)

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

12.18d Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

(144-146)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

12.19 Indicate sex of respondent. Ask only if necessary.

(147)

- 1 Male **[Go to next section]**
- 2 Female **[If respondent is 45 years old or older, go to next section]**

12.20 To your knowledge, are you now pregnant?

(148)

- 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?

(149)

- 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?

(150-152)

- 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?

(153-154)

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- _ _ Number of drinks
- 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? (155-156)

- — 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? (157-158)

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

Section 14: Immunization

14.1 **Now I will ask you questions about seasonal flu.** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a **seasonal** flu shot? (159)

- 1 Yes
- 2 No **[Go to Q14.3]**
- 7 Don't know / Not sure **[Go to Q14.3]**
- 9 Refused **[Go to Q14.3]**

14.2 During what month and year did you receive your most recent **seasonal** flu shot? (160-165)

- / — — — Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

14.3 **The seasonal flu vaccine sprayed in the nose is also called FluMist™.** During the past 12 months, have you had a **seasonal** flu vaccine that was sprayed in your nose? (166)

- 1 Yes
- 2 No **[Go to Q14.5]**
- 7 Don't know / Not sure **[Go to Q14.5]**
- 9 Refused **[Go to Q14.5]**

14.4 During what month and year did you receive your most recent **seasonal** flu vaccine that was sprayed in your nose? (167-172)

__ / __ __ __	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

14.5 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? (173)

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

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

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

15.1 In the past 3 months, how many times have you fallen? (174–175)

__ __	Number of times	[76 = 76 or more]
8 8	None	[Go to next section]
7 7	Don't know / Not sure	[Go to next section]
9 9	Refused	[Go to next section]

15.2 **[Fill in "Did this fall (from Q15.1) cause an injury?"]. If only one fall from Q15.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.**

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

(176–177)

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

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (178)

Please read:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go to next section.

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (179–180)

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

Section 18: Women's Health

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (181)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 How long has it been since you had your last mammogram? (182)

Read only if necessary:

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

Do not read:

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

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (183)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.4 How long has it been since your last breast exam? (184)

Read only if necessary:

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

Do not read:

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (185)

- 1 Yes
- 2 No [Go to Q18.7]
- 7 Don't know / Not sure [Go to Q18.7]
- 9 Refused [Go to Q18.7]

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

(186)

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q12.20 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy?

(187)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Section 19: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

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

19.1 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?

(188)

- 1 Yes
- 2 No **[Go to Q19.3]**
- 7 Don't Know / Not sure **[Go to Q19.3]**
- 9 Refused **[Go to Q19.3]**

19.2 How long has it been since you had your last PSA test? (189)

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

19.3 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? (190)

- 1 Yes
- 2 No **[Go to Q19.5]**
- 7 Don't know / Not sure **[Go to Q19.5]**
- 9 Refused **[Go to Q19.5]**

19.4 How long has it been since your last digital rectal exam? (191)

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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (192)

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

Section 20: Colorectal Cancer Screening

CATI note: If respondent is \leq 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

20.1 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? (193)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

20.2 How long has it been since you had your last blood stool test using a home kit? (194)

Read only if necessary:

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

Do not read:

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

20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (195)

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

20.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (196)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (197)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 21: HIV/AIDS

CATI note: 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.

21.1 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. (198)

- 1 Yes
- 2 No **[Go to Q21.5]**
- 7 Don't know / Not sure **[Go to Q21.5]**
- 9 Refused **[Go to Q21.5]**

21.2 Not including blood donations, in what month and year was your last HIV test? (199-204)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- __ / __ __ __ Code month and year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

21.3 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?

(205-206)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.

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

(207)

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

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

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(208)

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

Section 22: Emotional Support and Life Satisfaction

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

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

INTERVIEWER NOTE: If asked, say “please include support from any source.”

(209)

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life?

(210)

Please read:

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

Do not read:

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

Transition to Modules and/or State-Added Questions

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

State-Added 2: Pain Assessment & Control

{Insert after end of Core, Section 22:}

MT2_1 Do you suffer from any type of chronic pain; that is pain that occurs constantly or flares up frequently?

Read if necessary:

- 1 Yes
- 2 No [Go to next module]

Do Not Read:

- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

MT2_2 How long have you been experiencing this type of pain?

Note: Code using respondent's unit of time.

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 4 __ Years

7 7 7 Don't know/Not sure

9 9 9 Refused

MT2_3 About how often do you experience this pain? Would you say:

INTERVIEWER INSTRUCTIONS: The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if they experience pain between once a week and once a month, check "once a month" as the response.

Please Read:

- 1 Constantly
- 2 Once an hour
- 3 Once a day
- 4 Once a week
- 5 Once a month
- 6 Once a year
- 8 Less often than once a year

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

MT2_4 Using a 0 to 10 scale where 0 means no pain at all and 10 means the worst pain imaginable, when you experienced pain, how severe would you say it was on average over the past 3 months?

Note: Repeat scale value for respondent if necessary: “Where 00 equals no pain at all ... to.....10 worst pain imaginable.”

00 No pain at all ----- 10 Worst pain imaginable

-- Pain

7 7 Don't know / Not sure

9 9 Refused

MT2_5 During the past 30 days, for about how many days did your pain keep you from doing your usual activities, such as self-care, work, or recreation?

-- Number of Days

7 7 Don't know/Not Sure

8 8 None

9 9 Refused

MT2_6 Which of the following type of therapy does your health care provider recommend to manage your pain? Does your health care provider recommend:

(Interviewer note: if more than one mentioned, ask respondent which is “most often or more frequently” recommended.)

Please read the following:

01 over the counter medications

02 prescription medications

03 medical marijuana

04 complementary therapies such as message, physical therapy, or acupuncture

05 Other_____ (Please Specify)

Do Not Read:

77 Don't Know/Not Sure

99 Refused

Please fill in Other category - limit of 28 characters

MT 2_7 Do you feel your pain is well managed?

[Interviewer note only use “somewhat managed” if the respondent can't be probed to answer yes or no. If they say somewhat managed ask them if it is somewhat managed most of the time (code, yes) or not most of the time (code, no).

Do Not Read:

1 Yes

2 Somewhat managed

3 No

7 Don't know/not sure

9 Refused



MT2_8 Which of the following do you believe is the biggest barrier to treating your pain?

Please Read:

- 00 Cost of treatment
- 01 My health care provider is not helpful
- 02 I don't ask for treatment for my pain
- 03 Other, specify _____ **28 Character Limit**

Do not read:

- 77 Don't Know/Not Sure
- 88 No barrier **{go to next section}**
- 99 Refused

Module 23: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q12.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

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."

1. What is the birth month and year of the "Xth" child?

(460-465)

__/__/____	Code month and year
77/7777	Don't know / Not sure
99/9999	Refused

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl? (466)

- 1 Boy
- 2 Girl
- 9 Refused

3. Is the child Hispanic or Latino? (467)

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

4. Which one or more of the following would you say is the race of the child? (468-473)

[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:

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

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race? (474)

- 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

6. How are you related to the child?

(475)

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

MONTANA STATE ADDED 3: CHILD HEALTH CARE COVERAGE

[If Core Q12.7 = 88 (None) or 99 (Refused), go to next section/module]

The next questions also ask about the “Xth” **[CATI: please fill in correct number]** 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 **the Healthy Montana Kids Plan (funded either by Medicaid or CHIP)?**

- 1 Yes
- 2 No **[Go to MT3_3]**
- 7 Don't know/Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

MT3_2 What type of health care coverage pays for **most** (or all) of the child's (Xth child) medical care?

Please Read

- 01 **Healthy Montana Kids (formerly called CHIP)**
- 02 **Healthy Montana Kids *Plus* (formerly called Medicaid)**
- 03 Medicare
- 04 Indian Health Service (IHS)
- 05 Health insurance your **employer** or someone else's **employer provides**
- 06 Health insurance you, a family member, or someone else **buys directly**
- 07 Other type of health care coverage

Do Not Read

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

MT3_3 What is the main reason the child is without health care coverage?

Read Only If Necessary

- 01 Parent lost job or changed employers
- 02 Insurance not available through parent's employer
- 03 Change in parent marital status
- 04 Could not afford to pay the premiums
- 05 Could not afford out of pocket expenses
- 06 Insurance does NOT cover the health services that are needed
- 07 Rarely sick; do not need or want health insurance
- 08 Insurance company refused coverage

Do Not Read

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

Module 24: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (476)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

2. Does the child still have asthma? (477)

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

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(497)

- 1 Yes
- 2 No



Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

MONTANA STATE ADDED 4: State-Added Prescription Drug Abuse

Ask all respondents

The next questions refer to narcotic prescription drugs. These include OxyContin, methadone, morphine, codeine, Demerol, Vicodin, and Percocet and the like.

MT4_1. During the past 30 days, on how many occasions (if any) have you used narcotic prescription drugs *not* as directed by your healthcare provider?

__ Number of occasions {Go to MT4_2}

8 8 Never, none [Go to next module]

7 7 Don't know/ Not sure [Go to next module]

9 9 Refused [Go to next Module]

MT4_2. Where did you obtain the drug? Was it

Please Read: Was it.....

- 01 Prescribed to me by one doctor
- 02 Prescribed to me by more than one doctor
- 03 Given to me free from a friend or relative
- 04 Bought or taken from a friend or relative
- 05 Bought from a stranger or drug dealer
- 06 Other _____(please specify)

DO NOT READ:

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

28 Character limit

MONTANA STATE ADDED 5: BINGE DRINKING

[If Q15.4 is equal to or greater than 1 but less than 77 continue. Otherwise, go to next module]

Previously, you answered that you drank **[CATI FILL IN: "5 or more" for men, "4 or more" for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are **about the most recent occasion** when this happened. For these questions, **one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor.** So, a 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

INTERVIEWER NOTE: If asked, “occasion” means in a row or within a few hours.

MT5_1 During the **most** recent occasion when you had [**“5 or more” for men, “4 or more” for women**] alcoholic beverages, about **how many beers**, including malt liquor, did you drink?

__ Number

88 None

77 Don't know / Not sure

99 Refused

MT5_2 During the same occasion, about **how many glasses of wine** did you drink?

__ Number

88 None

77 Don't know / Not sure

99 Refused

MT5_3 During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

__ Number

88 None

77 Don't know / Not sure

99 Refused

MT5_4 During the same occasion, about **how many other pre-mixed, flavored** drinks did you have?
By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.

__ Number

88 None

77 Don't know / Not sure

99 Refused

MT5_5 During this most recent occasion, **where were you** when you did **most** of your drinking?

Read Only If Necessary

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event

Do Not Read

6 Other

7 Don't know / Not sure

9 Refused

MT5_6 Did you drive a motor vehicle such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion?

INTERVIEWER NOTE: For those with concerns about this question, answering “Yes” is not meant to imply they were drunk driving or breaking the law.

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

[Ask MT5_7 only if response to MT5_5 = 3 (At a restaurant or banquet hall) or 4 (At a bar or club). Otherwise, go to next module]

MT5_7 During this most recent occasion, approximately how much did **you pay** for the alcohol which **you drank**?

INTERVIEWER NOTE: If anyone asks, they do not need to include the amount spent on tips.

- __ __ Total amount
- 888 Paid nothing – all drinks free or paid for by others
- 777 Don't know / Not sure
- 999 Refused

State-Added 6: Seatbelts

{Ask of ALL}

Currently, Montana has a *secondary seat belt law*, which means law enforcement officers cannot stop vehicles because a driver or any passengers are unbelted—there must be another reason for the stop.

A *primary seat belt law* allows officers to stop vehicles when they observe any unbelted driver or passengers in the vehicle.

MT6_1 Do you support a *primary seat belt law* in Montana?

Do Not Read

- 1 Yes
- 2 No

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

State-Added 7: Sexual Orientation

{Ask of ALL}

Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be ...

MT7_1 A. Heterosexual or straight

IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.

B. Homosexual, gay, or lesbian

IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.

C. Bisexual

IF NEEDED: A person who has sex with and/or is attracted to people of either sex.

D. Or something else?

Remember, your answers are confidential. **IF NEEDED:** Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Montana. You don't have to answer any question if you don't want. **IF NEEDED:** If you would like to talk with someone about these issues, you may call <1-888-843-4564> (GLB National Hotline).

Please Read:

- 1 Heterosexual or straight
- 2 Homosexual, gay or lesbian
- 3 Bisexual
- 4 Something else/other

Do Not Read:

- 8 Non-sexual/ asexual
- 7 Don't know/not sure
- 9 Refused {Go to next section}

Module 7: Family Planning

If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years of age or older, go to next module.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Some things people do to keep from getting pregnant include not having sex at certain times, withdrawal, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

1. Are you or your **[If female, insert husband/partner,” if male, insert “wife/partner”]** doing anything **now** to keep **[If female, insert “you,” if male, insert “her”]** from getting pregnant?

(290)

NOTE: If more than one partner, consider usual partner.

1	Yes	
2	No	[Go to Q3]
3	No partner/not sexually active	[Go to next module]
4	Same sex partner	[Go to next module]
7	Don't know / Not sure	[Go to next module]
9	Refused	[Go to next module]

2. What are you or your **[If female, insert husband/partner,” if male, insert “wife/partner”]** doing **now** to keep **[If female, insert “you,” if male, insert “her”]** from getting pregnant?

(291-292)

NOTE: If more than one partner, consider usual partner.

NOTE: If respondent reports using “condom,” probe to determine if “female condoms” or “male condoms.”

Read only if necessary:

0 1	Tubes tied (or female sterilization)	[Go to next module]
0 2	Vasectomy (or male sterilization)	[Go to next module]
0 3	Birth control pills, any kind	[Go to Q4]
0 4	Male condoms	[Go to Q4]
0 5	Female condoms	[Go to Q4]
0 6	Contraceptive implant (for example, Implanon)	[Go to Q4]
0 7	Shots (for example, Depo-Provera)	[Go to Q4]
0 8	Contraceptive ring (for example, Nuvaring)	[Go to Q4]
0 9	Contraceptive patch (for example, Ortho Evra)	[Go to Q4]
1 0	Diaphragm, cervical cap, or sponge	[Go to Q4]
1 1	Foam, jelly, or cream	[Go to Q4]
1 2	IUD (for example, Mirena)	[Go to Q4]
1 3	Emergency contraceptive (morning after pill)	[Go to Q4]
1 4	Withdrawal (or pulling out)	[Go to Q4]
1 5	Other method	[Go to Q4]

Do not read:

7 7	Don't know/ Not sure	[Go to Q4]
9 9	Refused	[Go to Q4]

3. Some reasons for not doing anything now to keep [If female, “you”, if male, insert “her”] from getting pregnant include wanting a pregnancy, not being able to pay for birth control, or not thinking that [If female, insert “you”, if male, insert “she”] can get pregnant.

What is your main reason for not doing anything now to keep [If female, “you”, if male, insert “her”] from getting pregnant?

(293-294)

Read only if necessary:

- | | | |
|-----|--|---------------------|
| 0 1 | Didn't think you were going to have sex/no regular partner | |
| 0 2 | You want a pregnancy | |
| 0 3 | You or your partner don't want to use birth control | |
| 0 4 | You or your partner don't like birth control/fear side effects | |
| 0 5 | You can't pay for birth control | |
| 0 6 | Religious reasons | |
| 0 7 | Lapse in use of a method | |
| 0 8 | Don't think you or your partner can get pregnant | |
| 0 9 | You or your partner had tubes tied (sterilization) | [Go to next module] |
| 1 0 | You or your partner had a vasectomy (sterilization) | [Go to next module] |
| 1 1 | You or your partner had a hysterectomy | [Go to next module] |
| 1 2 | You or your partner are too old | |
| 1 3 | You or your partner are currently breast-feeding | |
| 1 4 | You or your partner just had a baby/postpartum | |
| 1 5 | Other reason | |
| 1 6 | Don't care if you get pregnant | |
| 1 7 | Partner is pregnant now | [Go to next module] |

Do not read:

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

INTERVIEWER NOTE: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

4. How do you feel about having a child now or sometime in the future? Would you say---
(295)

Please read:

- 1 You don't want to have one
2 You do want to have one, less than 12 months from now
3 You do want to have one, between 12 months to less than 2 years from now
4 You do want to have one, between 2 years to less than 5 years from now
5 You do want to have one, 5 or more years from now

Do not read:

- 7 Don't know / Not sure
9 Refused



State-Added 8: Women's Breast Cancer Screening Compliance

{CATI: If Core S18q1 = 2 (has never had a mammogram) or if Core S18q2 = 3, 4, or 5 (has not had a mammogram within the past 2 years), Continue. Else go to next module)

Previously you said that you have not had a mammogram [if S18q2 = 3, 4, or 5, insert "within the past two years"].

MT8_1 What is the main reason you have not had a mammogram?

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 the procedure
- 04 Cost (includes no health insurance)
- 05 Distance
- 06 Too long a wait for an appointment
- 07 No transportation
- 08 No access for people with disabilities
- 09 Other (specify)

Do Not Read

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

MT8_1o (for other specify)

[Please fill in Other category - limit of 28 characters]

State-Added 9: Colorectal Cancer Screening Compliance

{CATI: If Core S20q3 = 2 (has never had a sigmoidoscopy or colonoscopy) Continue. Else, go to next module}

Previously you said that you have not had a sigmoidoscopy or colonoscopy test [if S20q2 = 3 or 4, insert "within the past two years"].

MT9_1 What is the main reason you have never 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 the procedure
- 04 Cost (includes no health insurance)
- 05 Distance
- 06 Too long a wait for an appointment
- 07 No transportation
- 08 No access for people with disabilities
- 09 Other (specify) _____

Do Not Read

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

MT9_1o (for other specify)

[Please fill in Other category - limit of 28 characters

Module 20: General Preparedness

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

1. How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say...

(406)

Please read:

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

Do not read:

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

2. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day. (407)

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

3. Does your household have a 3-day supply of nonperishable food for everyone who lives there? By nonperishable we mean food that does not require refrigeration or cooking. (408)

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

4. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (409)

1 Yes
2 No
3 No one in household requires prescribed medicine
7 Don't know / Not sure
9 Refused

5. Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (410)

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

6. Does your household have a working flashlight and working batteries for your use if the electricity is out? (411)

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

7. In a large-scale disaster or emergency, what would be your main method or way of communicating with relatives and friends? (412)

Read only if necessary:

- 1 Regular home telephones
- 2 Cell phones
- 3 Email
- 4 Pager
- 5 2-way radios
- 6 Other

Do not read:

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

8. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency? (413)

Read only if necessary:

- 1 Television
- 2 Radio
- 3 Internet
- 4 Print media
- 5 Neighbors
- 6 Other

Do not read:

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

9. Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (414)

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

10. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (415)

- 1 Yes **[Go to next module]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

11. What would be the main reason you might not evacuate if asked to do so? (416-417)

Read only if necessary:

- 0 1 Lack of transportation
- 0 2 Lack of trust in public officials
- 0 3 Concern about leaving property behind
- 0 4 Concern about personal safety
- 0 5 Concern about family safety
- 0 6 Concern about leaving pets
- 0 7 Concern about traffic jams and inability to get out
- 0 8 Health problems (could not be moved)
- 0 9 Other

Do not read:

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

State Added 10 - Sexual Violence

Now I'd like to ask you some questions about sexual violence or 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.

MT10_1 Are you in a safe place to answer these questions?

- 1 Yes
- 2 No **{Go to SV_closing}**

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.

MT10_2 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

- 1 Yes
- 2 No

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

MT10_3 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?

- 1 Yes
- 2 No

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

(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?

MONTANA STATE ADDED 11: SUICIDE

Finally, the last two questions deal with suicide. Many people feel that this subject is personal, but we would appreciate you trying to answer these questions. Remember that you do not have to answer any question that you don't want to.

MT11_1 During the past 12 months, have you seriously considered attempting suicide, even if you would not really do it?

- 1 Yes
- 2 No **[Go to suicide closing comment]**
- 7 Don't know/Not sure **[Go to suicide closing comment]**
- 9 Refused **[Go to suicide closing comment]**

MT11_2 During the past 12 months, how many times have you made a suicide attempt?

__ Number of times **[Go to suicide closing comment]**

- 88 None **[Go to suicide closing comment]**
- 77 Don't know / Not sure **[Go to suicide closing comment]**
- 99 Refused **[Go to suicide closing comment]**

SUICIDE CLOSING STATEMENT

If, at anytime, you or a person close to you are in crisis, please contact the Montana Suicide Prevention Lifeline at 1-800-273-TALK. Would you like me to repeat this number?

Closing statement

Please read:

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