



**2013**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**Montana**

**January 8, 2013**



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## Interviewer's Script

### Landline

HELLO, I am calling for the Montana Department of 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?

**READ ONLY IF NECESSARY:** "By private residence, we mean someplace like a house or apartment."

Yes                    [Go to state of residence]  
No                     [Go to college housing]

No, business phone only

If "No, business phone only,"

Thank you very much but we are only interviewing persons on residential phone lines at this time.

**STOP**

### College Housing

Do you live in college housing?

**READ ONLY IF NECESSARY:** "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes  
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**



**State of Residence**

Do you reside in Montana?

Yes                    **[Go to Cellular Phone]**  
No

If "No"

Thank you very much, but we are only interviewing persons who live in the state of \_\_\_\_\_ at this time. **STOP**

**Cellular Phone**

Is this a cellular telephone?

**Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).**

**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 by land line telephones and for private residences or college housing. **STOP**

**CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection**

**Adult**

Are you 18 years of age or older?

1        **Yes, respondent is male**                    **[Go to Page 10]**  
2        **Yes, respondent is female**                **[Go to Page 10]**  
3        **No**

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**



### **Adult Random Selection**

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 10.**

**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

*(PROGRAMMING NOTE – this question is asked as two questions in CATI.)*

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

**If "you," go to page 10.**



**To the correct respondent:**

HELLO, I am calling for the Montana Department of 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.



## Cellphone

HELLO, I am calling for the Montana Department of 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 a safe time to talk with you?**

**Yes**                    **[Go to phone]**  
**No**

**If "No",**

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) **STOP**

## Phone

Is this (phone number) ?

**Yes**                    **[Go to cellular phone]**  
**No**                    **[Confirm 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**

## Cellular Phone

Is this a cellular telephone?

**READ ONLY IF NECESSARY:** "By cellular telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

**Yes**                    **[Go to adult]**  
**No**

**If "No",**

Thank you very much, but we are only interviewing cell telephones at this time. **STOP**



**Adult**

Are you 18 years of age or older?

- |   |                           |                           |
|---|---------------------------|---------------------------|
| 1 | Yes, respondent is male   | [Go to Private Residence] |
| 2 | Yes, respondent is female | [Go to Private Residence] |
| 3 | No                        |                           |

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time.  
**STOP**

**Private Residence**

Do you live in a private residence?

**READ ONLY IF NECESSARY:** "By private residence, we mean someplace like a house or apartment."

- |     |                            |
|-----|----------------------------|
| Yes | [Go to state of residence] |
| No  | [Go to college housing]    |

**College Housing**

Do you live in college housing?

**READ ONLY IF NECESSARY:** "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

- |     |
|-----|
| Yes |
| No  |

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

**State of Residence**

Are you a resident of Montana?

- |     |                  |
|-----|------------------|
| Yes | [Go to landline] |
| No  | [Go to state]    |

**State**

In what state do you live?



\_\_\_\_\_ ENTER FIPS STATE **[Go to Landline]**

### **Landline**

Do you also have a landline telephone in your home that is used to make and receive calls?

**READ ONLY IF NECESSARY:** “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

**Interviewer Note:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

**Yes**                    **[Go to cellular phone usage]**  
**No**                     **[Go to Core]**

NOTE: If the response is “don’t know/not sure, or refused”,  
Thank you for your time. **STOP**

### **Cellular Phone Usage**

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?

\_\_\_ % Record value between 1% and 100%, allow for DK and REF responses.

888     Zero

777     Don’t know/Not sure

999     Refused

**If "90-100"        [Go to Core]**

NOTE: If the response is “0-89”, don’t know/not sure, or refused

Thank you very much. Those are all the questions that I have for you today. **STOP**



## 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 888-866-7354

### Section 1: Health Status

---

- 1.1 Would you say that in general your health is— (80)
- 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? (81–82)
- – 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? (83–84)
- – Number of days
  - 8 8 None
  - 7 7 Don't know / Not sure
- [If Q2.1 and Q2.2 = 88 (None), go to next section]**



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? (85-86)

– – 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, government plans such as Medicare, or Indian Health Service?

(87)  
1 Yes [If PPHF state go to Module 4, Question 1, else continue]  
2 No  
7 Don't know / Not sure  
9 Refused

**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?"** (88)

1 Yes, only one  
2 More than one  
3 No  
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?

(89)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

**CATI Note: If PPHF State go to Module 4, Question 3, else continue**



**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.

(90)

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

**CATI Note:** If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or If PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.

## Module 4: Health Care Access **Path A & B**

---

- 1** Do you have Medicare? (298)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

**Note:** Medicare is a coverage plan for people age 65 or over and for certain disabled people.

- 2** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (299-312)

(Select all that apply)

**INTERVIEWER NOTE:** If the respondent answers with “Healthy Montana Kids Plus” or “HMK,” please probe: “For this question, we are actually asking about your health insurance or health coverage plan(s), not coverage for children or dependents.”

**Please Read:**

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicaid or Medical Assistance [ex, Montana Medicaid]
- 05 The military, CHAMPUS, or the VA [or CHAMP-VA]
- 06 The Indian Health Service [or the Alaska Native Health Service]
- 07 Some other source
- 88 None
- 77 Don't know/Not sure



99 Refused

**CATI Note: If PPHF State go to core 3.2**

**3** Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (313)

**Please read**

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

**Do not read:**

- 6 Other (specify) \_\_\_\_\_ (314-338)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

**CATI Note: If PPHF State, go to core 3.4**

**CATI Note: If Q3.1 = 1 (Yes) continue, else go to Q4b**

**4a** In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (339)

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

**CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5)**

**4b** About how long has it been since you last had health care coverage? (340)

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused



5 How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

(341-342)

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

6 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (343)

- 1 Yes
- 2 No

**Do not read:**

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

7 In general, how satisfied are you with the health care you received? Would you say—

(344)

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

**Do not read**

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

8 Do you currently have any medical bills that are being paid off over time?

(345)

**INTERVIEWER NOTE:**

**This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.**

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



## Section 4: Inadequate Sleep

---

I would like to ask you about your sleep pattern.

**4.1** On average, how many hours of sleep do you get in a 24-hour period?

**INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.**

**Example: 6 hours 30 minutes rounds to 07 hours.  
8 hours 15 minutes rounds to 08 hours.**

(91-92)

-- Number of hours [01-24]  
77 Don't know / Not sure  
99 Refused

## Section 5: Hypertension Awareness

---

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

(93)

**Read only if necessary:** By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

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

**5.2** Are you currently taking medicine for your high blood pressure?

(94)

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



## Section 6: Cholesterol Awareness

---

**6.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (95)

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

**6.2** About how long has it been since you last had your blood cholesterol checked? (96)

**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

**6.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (97)

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

## Section 7: Chronic Health Conditions

---

Now I would like to ask you some questions about general health conditions.

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."

**7.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (98)

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



7.2 (Ever told) you had angina or coronary heart disease? (99)

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

7.3 (Ever told) you had a stroke? (100)

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

7.4 (Ever told) you had asthma? (101)

- 1 Yes
- 2 No **[Go to Q7.6]**
- 7 Don't know / Not sure **[Go to Q7.6]**
- 9 Refused **[Go to Q7.6]**

7.5 Do you still have asthma? (102)

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

7.6 (Ever told) you had skin cancer? (103)

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

7.7 (Ever told) you had any other types of cancer? (104)

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



**7.8** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (105)

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

**7.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (106)

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

**INTERVIEWER 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)

**7.10** (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (107)

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

**7.11** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (108)

**INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.

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



7.12 (Ever told) you have diabetes? (109)

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.

- 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

**CATI note: If Q7.12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q7.12, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.**

## Module 1: Pre-Diabetes **Path A**

---

**NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q7.12 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years? (270)

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

**CATI note: If Core Q7.12 = 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?”**

(271)

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



## Module 2: Diabetes Path A & B

---

To be asked following Core Q7.12; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (272-273)

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

2. Are you now taking insulin? (274)

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. (275-277)

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. (278-280)

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? (281-282)

— — 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"? (283-284)

— — 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? (285-286)

— — 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. (287)

**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? (288)

- 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? (289)

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

## Section 8: Demographics

---

8.1 What is your age? (110-111)

- Code age in years (use 99 for ages 100+)
- 0 7 Don't know / Not sure
- 0 9 Refused

8.2 Are you Hispanic, Latino/a, or Spanish origin? (112-115)

If yes, ask: Are you...

**Interviewer Note: One or more categories may be selected.**

- 1 Mexican, **Mexican American, Chicano/a**
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

- 5 No
- 7 Don't know / Not sure
- 9 Refused

*(PROGRAMMING NOTE – This question is asked as two questions, 8.2a and 8.2b in CATI)*



8.3 Which one or more of the following would you say is your race?

(116-143)

**Interviewer Note: Select all that apply.**

**Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

**Please read:**

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander**
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

- 60 Other (specify) \_\_\_\_\_
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

**CATI note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.**



8.4 Which one of these groups would you say best represents your race?

**Interviewer Note: If 04 (Asian) or 05 (Pacific Islander) is selected read and code subcategory underneath major heading.**

(144-145)

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander**
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

- 60 Other (specify) \_\_\_\_\_
- 77 Don't know / Not sure
- 99 Refused

8.5 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.

(146)

- 1 Yes
- 2 No

**Do not read:**

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



8.6 Are you...?

(147)

**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

8.7 How many children less than 18 years of age live in your household?

(148-149)

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

8.8 What is the highest grade or year of school you completed?

(150)

**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

8.9 Are you currently...?

(151)

**Please read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 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



8.10 Is your annual household income from all sources—

(152-153)

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

8.11 About how much do you weigh without shoes?

(154-157)

NOTE: If respondent answers in metrics, put "9" in the first position. See example below.

Round fractions up

- |                    |                       |  |
|--------------------|-----------------------|--|
| _ _ _ _            | Weight                | Enter weight in whole pounds (Ex. 220 pounds = 220) or |
| (pounds/kilograms) |                       | whole kilograms (Ex. 65 kilograms = 9065 or 110        |
|                    |                       | kilograms = 9110)                                      |
| 7 7 7 7            | Don't know / Not sure |  |
| 9 9 9 9            | Refused               |  |



8.12 About how tall are you without shoes? (158-161)

**NOTE: If respondent answers in metrics, put a “9” in the first position, see example below.**

**Round fractions down**

\_\_ / \_\_ Height Enter height in feet and inches (Ex. 5 feet 9 inches =  
(f t / inches/meters/centimeters) 509) or meters and centimeters (Ex. 1 meter 75 centimeters = 9175)

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

8.13 What county do you live in? (162-164)

\_\_ \_\_ \_\_ ANSI County Code (formerly FIPS county code)  
7 7 7 Don't know / Not sure  
9 9 9 Refused

8.14 What is the ZIP Code where you live? (165-169)

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

8.15 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. (170)

1 Yes  
2 No [Go to Q8.17]  
7 Don't know / Not sure [Go to Q8.17]  
9 Refused [Go to Q8.17]

8.16 How many of these telephone numbers are residential numbers? (171)

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



**8.17** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

- 1 Yes
- 2 No **[Go to Q8.19]**
- 7 Don't know / Not sure **[Go to Q8.19]**
- 9 Refused **[Go to Q8.19]**

**8.18** 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? (173-175)

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

**8.19** Have you used the internet in the past 30 days? (176)

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

**8.20** Do you own or rent your home? (177)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE:** "Other arrangement" may include group home, staying with friends or family without paying rent.

**NOTE:** Home is defined as the place where you live most of the time/the majority of the year.

**8.21** Indicate sex of respondent. **Ask only if necessary.** (178)

- 1 Male **[Go to Q8.23]**
- 2 Female **[If respondent is 45 years old or older, go to Q8.23]**

**8.22** To your knowledge, are you now pregnant? (179)

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



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

**8.23** Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

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

**8.24** 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? (181)

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

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

**8.25** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

**8.26** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

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

**8.27** Do you have serious difficulty walking or climbing stairs? (184)

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



8.28 Do you have difficulty dressing or bathing?

(185)

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

8.29 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

(186)

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

## Section 9: Tobacco Use

---

9.1 Have you smoked at least 100 cigarettes in your entire life?

(187)

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.2 Do you now smoke cigarettes every day, some days, or not at all?

(188)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

(189)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]



9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (190-191)

- 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

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

**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.**

(192)

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

**Do not read:**

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

## Section 10: Alcohol Consumption

---

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (193-195)

- 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 **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**



**10.2** 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?  
(196-197)

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

-- Number of drinks  
77 Don't know / Not sure  
99 Refused

**10.3** 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?  
(198-199)

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

**10.4** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(200-201)

-- Number of drinks  
77 Don't know / Not sure  
99 Refused

## Section 11: Fruits and Vegetables

---

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

**INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"**

**11.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.  
(202-204)

1 \_\_ Per day  
2 \_\_ Per week  
3 \_\_ Per month  
5 5 5 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused



**INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.**

**Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.**

**Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 11.6.**

**DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.**

- 11.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (205-207)
- 1 \_\_ Per day
  - 2 \_\_ Per week
  - 3 \_\_ Per month
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

**Read only if necessary: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”**

**INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.**

**Do not include dried fruit in ready-to-eat cereals.**

**Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.***

**Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.**

**Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).**

- 11.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (208-210)
- 1 \_\_ Per day
  - 2 \_\_ Per week
  - 3 \_\_ Per month
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused



**Read only if necessary: “Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”**

**INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.**

**Include bean burgers including garden burgers and veggie burgers.**

**Include falafel and tempeh.**

**11.4** During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

(211-213)

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

**INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.**

**INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.**

**Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.**

**11.5** During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

(214-216)

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

**Read only if needed: “Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash.”**

**FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.**

**Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).**



**Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.**

**Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.**

**Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).**

**11.6** Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

(217-219)

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

**Read only if needed: “Do not count vegetables you have already counted and do not include fried potatoes.”**

**INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.**

**Include any form of the vegetable (raw, cooked, canned, or frozen).**

**Do include tomato juice if respondent did not count in fruit juice.**

**Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).**

**Do not include rice or other grains.**

**Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.**



## Section 12: Exercise (Physical Activity)

---

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.**

**12.1** 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? (220)

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q12.8] |
| 7 | Don't know / Not sure | [Go to Q12.8] |
| 9 | Refused               | [Go to Q12.8] |

**12.2.** What type of physical activity or exercise did you spend the most time doing during the past month? (221-222)

- |     |                       |                                     |
|-----|-----------------------|-------------------------------------|
| --  | (Specify)             | [See Physical Activity Coding List] |
| 7 7 | Don't know / Not Sure | [Go to Q12.8]                       |
| 9 9 | Refused               | [Go to Q12.8]                       |

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other “.**

**12.3** How many times per week or per month did you take part in this activity during the past month? (223-225)

- |       |                       |
|-------|-----------------------|
| 1__   | Times per week        |
| 2__   | Times per month       |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

**12.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it? (226-228)

- |       |                       |                           |
|-------|-----------------------|---------------------------|
| _:__  | Hours and minutes     | 101-199 = times per week  |
| 7 7 7 | Don't know / Not sure | 201-299 = times per month |
| 9 9 9 | Refused               |                           |



**12.5** What other type of physical activity gave you the next most exercise during the past month?

(229-230)

- |     |                       |  |
|-----|-----------------------|--|
| __  | (Specify)             | <b>[See Physical Activity Coding List]</b> |
| 8 8 | No other activity     | <b>[Go to Q12.8]</b>                       |
| 7 7 | Don't know / Not Sure | <b>[Go to Q12.8]</b>                       |
| 9 9 | Refused               | <b>[Go to Q12.8]</b>                       |

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other" and specify the respondent's activity as the respondent has indicated.**

**12.6** How many times per week or per month did you take part in this activity during the past month?

(231-233)

- |       |                       |
|-------|-----------------------|
| 1__   | Times per week        |
| 2__   | Times per month       |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

**12.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(234-236)

- |       |                       |                           |
|-------|-----------------------|---------------------------|
| __:__ | Hours and minutes     | 101-199 = times per week  |
| 7 7 7 | Don't know / Not sure | 201-299 = times per month |
| 9 9 9 | Refused               |                           |

**12.8** During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

(237-239)

- |       |                       |
|-------|-----------------------|
| 1__   | Times per week        |
| 2__   | Times per month       |
| 8 8 8 | Never                 |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |



## Section 13: Arthritis Burden

---

**If Q7.9 = 1 (yes) then continue, else go to next section.**

Next, I will ask you about your arthritis.

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

- 13.1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (240)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER INSTRUCTION:** If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

INTERVIEWER NOTE: Q13.2 should be asked of all respondents regardless of employment status.

- 13.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (241)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER INSTRUCTION:** If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.”

If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”



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

(242)

**Please read [1-3]:**

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

**Do not read:**

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

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

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

(243-244)

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 14: Seatbelt Use

---

**14.1** How often do you use seat belts when you drive or ride in a car? Would you say—

(245)

**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 15: Immunization

---

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

- 15.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (246)

**READ IF NECESSARY:**

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q15.3] |
| 7 | Don't know / Not sure | [Go to Q15.3] |
| 9 | Refused               | [Go to Q15.3] |

- 15.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (247-252)

-- / -- --	Month / Year	(For Example: September of 2012 = 092012)
77 / 7777	Don't know / Not sure	
99 / 9999	Refused	

- 15.3** Since 2005, have you had a tetanus shot? (253)

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

- 15.4** 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? (254)

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



## Section 16: HIV/AIDS

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.

**16.1** 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. (255)

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

**16.2** Not including blood donations, in what month and year was your last HIV test? (256-261)

**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 / Not sure

**16.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (262-263)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital inpatient
- 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
- 0 9 Emergency room
- 7 7 Don't know / Not sure
- 9 9 Refused



## 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

### Module 6: Sodium or Salt-Related Behavior **Path A**

---

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1. Are you currently watching or reducing your sodium or salt intake? (352)

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't know/not sure [Go to Q3]
- 9 Refused [Go to Q3]

2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?" (353-355)

- 1\_\_ Day(s)
- 2\_\_ Week(s)
- 3\_\_ Month(s)
- 4\_\_ Year(s)
- 5 5 5 All my life
- 7 7 7 Don't know/not sure
- 9 9 9 Refused

3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (356)

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



## Module 9: Arthritis Management **Path B**

---

**CATI NOTE: If Core Q7.9 = 1 (Yes), continue. Otherwise, go to next module.**

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (380)

**Please read:**

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

**Do not read:**

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (381)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (382)

**NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.**

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (383)

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



## Module 18: Industry and Occupation **Path A & B**

---

**If Core Q8.9 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.**

Now I am going to ask you about your work.

**If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,**

1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic) (429-453)

**INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"**

**INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"**

[Record answer] \_\_\_\_\_  
99 Refused

**Or**

**If Core Q8.9 = 4 (Out of work for less than 1 year) ask,**

What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)

**INTERVIEWER NOTE: If respondent is unclear, ask "What was your job title?"**

**INTERVIEWER NOTE: If respondent had more than one job then ask, "What was your main job?"**

[Record answer] \_\_\_\_\_  
99 Refused

**If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,**

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (454-478)

[Record answer] \_\_\_\_\_  
99 Refused

**Or**

**If Core Q8.9 = 4 (Out of work for less than 1 year) ask,**

What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] \_\_\_\_\_  
99 Refused



## Module 20: Random Child Selection **Path A & B**

**CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q8.7 = 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 Q8.7 is >1 and Core Q8.7 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?

(488-493)

__ / __ __ __	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	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  $\geq$  12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).**

2. Is the child a boy or a girl?

(494)

1	Boy
2	Girl
9	Refused



3. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

**Interviewer Note: One or more categories may be selected.**

- 1 Mexican, **Mexican American, Chicano/a**
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

- 5 No
- 7 Don't know / Not sure
- 9 Refused

*(PROGRAMMING NOTE – This question is asked as two questions, 8.2a and 8.2b in CATI)*



4. Which one or more of the following would you say is the race of the child?

(499-526)

**(Select all that apply)**

**Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

**10 White**

**20 Black or African American**

**30 American Indian or Alaska Native**

**40 Asian**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**50 Pacific Islander**

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 Other (specify) \_\_\_\_\_

88 No additional choices

77 Don't know / Not sure

99 Refused



5. Which one of these groups would you say best represents the child's race? (527-528)

**Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

- 60 Other (specify) \_\_\_\_\_
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child? (529)

**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 21: Childhood Asthma Prevalence **Path A & B**

---

**CATI note: If response to Core Q8.7 = 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? (530)
- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1 | Yes                   |                            |
| 2 | No                    | <b>[Go to next module]</b> |
| 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 | Refused               | <b>[Go to next module]</b> |
2. Does the child still have asthma? (531)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |



## State Added Questions

### State Added 1: Veteran's Health **Path A & B**

**CATI NOTE: If Core Q8.5 = 1 (Yes) continue, else go to state added 3; Sexual Orientation.**

The next questions relate to veteran's health.

**MT1.1** Did you ever serve in a combat or war zone?

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

**MT1.2** Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)?

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

**MT1.3** A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)?

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

**MT1.4** In the past 12 months, did you receive any psychological or psychiatric counseling or treatment?

**Please read:**

- 1 Yes, from a VA facility
- 2 Yes, from a non-VA facility
- 3 Yes, from both VA and non-VA facilities
- 4 No

**Do not read:**

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

The next few questions are a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.



**MT1.5** Has there been a time in the past 12 months when you thought of taking your own life?

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

**MT1.6** During the past 12 months, did you attempt to commit suicide? Would you say---

**Please read:**

- 1 Yes, but did not require treatment
- 2 Yes, was treated at a VA facility
- 3 Yes, was treated at a non-VA facility
- 4 No

**Do not read:**

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

As I mentioned, I will give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

## State Added 2: Veteran's Healthcare System **Path A & B**

**MT2.1** The VA Montana Healthcare System provides some health benefits to veterans at Fort Harrison and in community settings. Are you currently enrolled in the VA Healthcare System?

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

**INTERVIEWERS NOTE:** To learn about enrollment in health services or see if you qualify, call 1-877-222-VETS (8387)



### State Added 3: Sexual Orientation **Path A & B**

**MT3.1** Now I'm going to ask you a question about sexual orientation. Do you consider yourself to be ...

- 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)

- 1 Heterosexual, that is, straight
- 2 Homosexual, that is gay or lesbian
- 3 Bisexual
- 4 Other (Specify: \_\_\_\_\_)
- 7 Don't know/Not sure
- 9 Refused

### State Added 4: Heart Attack And Stroke **Path A**

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

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

**MT4.1** (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)

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

**MT4.2** (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)

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



**MT4.3** (Do you think) chest pain or discomfort (are symptoms of a heart attack?)

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

**MT4.4** (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

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

**MT4.5** (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

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

**MT4.6** (Do you think) shortness of breath (is a symptom of a heart attack?)

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

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

**MT4.7** (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)

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

**MT4.8** (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)

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



**MT4.9** (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

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

**MT4.10** (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

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

**MT4.11** (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

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

**MT4.12** (Do you think) severe headache with no known cause (is a symptom of a stroke?)

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

**MT4.13** If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

**Please read:**

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

**Or**

- 5 Do something else

**Do not read:**

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



## State Added 5: Oral Health **Path B**

The next question asks you about your experience with obtaining dental care. Please remember that all of your answers will be kept confidential.

**MT5.1** 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.

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago) **[Go to next module]**
- 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

**CATI note: If MT5.1 = 1 (within the past year), go to next State Added.**

**MT5.2** What is the main reason you did not visit the dentist in the last year?

**Read only if necessary:**

- 01 Fear, apprehension, nervousness, pain, dislike going
- 02 Could not afford/cost/too expensive
- (PROBE: "Is that because you do not have any dental insurance?" if yes code 03, if no code 02)**
- 03 No insurance
- 04 Dentist would not accept my insurance, including Medicaid
- 05 Do not have/know a dentist
- 06 Lack transportation/ too far away
- 07 Hours aren't convenient
- 08 Could not get an appointment
- 09 Did not have time/ didn't think about it /Low priority
- 10 Other ailments prevent dental care
- 11 Don't need it/ No dental problems
- 12 No teeth
- 13 Other, specify \_\_\_\_\_
- 14 Dentures (full/partial)

**Do Not Read:**

- 77 Don't Know
- 99 Refused



## State Added 6: American Indian Follow-up **Path B**

**CATI: If Q8.3=30 alone or in combination with any other race ask. Else go to ACBS.**

**MT6.1** Earlier you stated your race to be American Indian/Alaska Native. Which one or more of the following best represents your American Indian heritage?

01. Blackfeet Tribe
02. Chippewa Cree Tribe
03. Confederated Salish, Kootenai Tribe
04. Pend d'Oreille Tribe
05. Crow Tribe
06. Fort Belknap Assiniboine Tribe
07. Gros Ventre Tribe
08. Fort Peck Assiniboine Tribe
09. Sioux Tribe
10. Northern Cheyenne Tribe
11. Little Shell
12. Other (specify) \_\_\_\_\_
77. DON'T KNOW/NOT SURE
99. REFUSED

IF MT6.1 = 1

**MT6.2a** Are you an enrolled member of this Blackfeet Tribe?

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

*PROGRAMMING NOTE – this question is asked for each individual Tribe selected in MT6.1*

IF MT6.1 = 2

**MT6.2b** Are you an enrolled member of this Chippewa Cree Tribe?

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

IF MT6.1 = 3

**MT6.2c** Are you an enrolled member of this Confederated Salish, Kootenai Tribe?

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



IF MT6.1 = 4

**MT6.2d** Are you an enrolled member of this Pend d'Oreille Tribe?

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

IF MT6.1 = 5

**MT6.2e** Are you an enrolled member of this Crow Tribe?

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

IF MT6.1 = 6

**MT6.2f** Are you an enrolled member of this Fort Belknap Assiniboine Tribe?

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

IF MT6.1 = 7

**MT6.2g** Are you an enrolled member of this Gros Ventre Tribe?

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

IF MT6.1 = 8

**MT6.2h** Are you an enrolled member of this Fort Peck Assiniboine Tribe?

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



IF MT6.1 = 9

**MT6.2i** Are you an enrolled member of this Sioux Tribe?

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

IF MT6.1 = 2=10

**MT6.2j** Are you an enrolled member of this Northern Cheyenne Tribe?

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

IF MT6.1 = 11

**MT6.2k** Are you an enrolled member of this Little Shell Tribe?

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

IF MT6.1 = 12

**MT6.2l** Are you an enrolled member of this [other] Tribe?

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

**MT6.3** Do you reside on Reservation or Trust Land in Montana?

1. Yes
2. No **[Go to ACBS Permission Script]**
7. Don't Know/Not Sure **[Go to ACBS Permission Script]**
9. Refused **[Go to ACBS Permission Script]**



**MT6.4** On which reservation or trust land do you reside?

- 01. Blackfeet Reservation
- 02. Rocky Boy's Reservation
- 03. Flathead Reservation
- 04. Crow Reservation
- 05. Fort Belknap Reservation
- 06. Fort Peck Reservation
- 07. Northern Cheyenne Reservation
- 08. Other, specify\_\_\_\_\_
- 77. Don't Know/Not Sure
- 99. Refused

## State Added 7: Hearing **Paths A & B**

**MT7.1** Do you have any trouble hearing, even when wearing a hearing aid or using a listening device?

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



# ACBS Asthma Call-Back Permission Script **Paths A & B**

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 Montana. 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 or others 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?

(534)

- 1 Yes
- 2 No

**Fname:** Can I please have your first name, initials, or nickname so we will know who to ask for when we call back?

\_\_\_\_\_ Enter first name, initials, or nickname

**CName:** Can I please have your child's first name, initials, or nickname so we can ask about the child's asthma history?

*(If more than one child: This is the \_\_\_ year old child which is the \_\_\_\_\_ child.)*

\_\_\_\_\_ Enter first name, initials, or nickname

**MostKnow:** Are you the parent or guardian in the household who knows the most about \_\_\_\_\_'s asthma?

- 1. Yes **[GO TO CBTIME]**
- 2. No **[CONTINUE]**
- 7. DON'T KNOW/NOT SURE **[GO TO CBTIME]**
- 9. REFUSED **[GO TO CBTIME]**

**OthName:** You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child?

\_\_\_\_\_ Enter first name, initials, or nickname

**CBTime:** When is a good time to call you back? For example, evenings, days or weekends?

**OR**

When is a good time to call back and speak with \_\_\_\_\_? For example, evenings, days or weekends?

### Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back? (535)

- 1 Adult
- 2 Child



## **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.



## Activity List for Common Leisure Activities

(To be used for Section 12: Physical Activity)

---

### Code Description (Physical Activity, Questions 12.2 and 12.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	7 7 Don't know
3 6 Raking lawn	9 8 Other_____
3 7 Running	9 9 Refused
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	