

**2003 Massachusetts Behavioral Risk Factor Surveillance System
(Draft December 19, 2002)**

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* Only ask for GLB population

** Only asked for Fall River, New Bedford and Springfield residents

Interviewer's Script

Interviewer's Script from Field Test

HELLO, I'm calling for the **Massachusetts Department of Public Health** and the Centers for Disease Control and Prevention. My name is _____ **(name)** _____. We're gathering information on the health of Massachusetts residents. Your phone number has been chosen randomly, and I'd 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? If "no" Thank you very much, but we are only interviewing 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 women below (Ask gender if necessary). Go to page 7

If "no" Is the adult a man or a woman? Enter 1 man or 1 women below. May I speak with [fill in (him/her) from previous question]? Go to "correct respondent" at bottom of 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 7

To the correct respondent HELLO, I'm (name) calling for the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention. We're gathering information on the health of Massachusetts residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you provide will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Core Sections

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

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

____ Number of days

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

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

____ Number of days

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

1.4 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

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

Section 2:

Health Care Access

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

- 1 Yes
- 2 No **Go to MA2.3**
- 7 Don't know / Not sure **Go to MA2.3**
- 9 Refused **Go to MA2.3**

State-added: Health Care Access

[Splits 1,2,3]

MA2.1. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

- 1 Yes **Go to MA2.3**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA2.2 What type of health care coverage do you use to pay for most of your medical care?

(please read)

Is it coverage through: Coverage Code ___ __

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Masshealth
- 06 The military, CHAMPUS, TriCare or the VA **[or CHAMP-VA]**
- 07 The Indian Health Service **[or the Alaska Native Health Service]**
- or**
- 08 Some other source

(don't read these responses)

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

GO TO Q2.2.

MA2.3. There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

(please read)

Coverage through: Coverage Code ___ __

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Masshealth
- 06 The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]
- 07 The Indian Health Service [or the Alaska Native Health Service]
- or
- 08 Some other source

(don't read these responses)

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

2.2 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?")
 (81)

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

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

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

Section 3:

Exercise

3.1 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?
 (83)

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

Section 4:

Diabetes

4.1 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?")
 (84)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 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?

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

(85)

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to next section]**
- 3 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

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

(86)

- 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?

(87)

- 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?

(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
- 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?

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

Section 7:

Fruits and Vegetables

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

7.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

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

7.2 Not counting juice, how often do you eat fruit? (93-95)

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

7.3 How often do you eat green salad? (96-98)

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

7.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (99-101)

- 1 ___ Per day
 2 ___ Per week
 3 ___ Per month
 4 ___ Per year
 5 5 5 Never

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

7.5 How often do you eat carrots? (102-104)

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

7.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (105-107)

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

Section 8:

Weight Control

8.1 Are you now trying to lose weight? (108)

1 Yes [Go to Q8.3]
2 No
7 Don't know / Not sure
9 Refused

8.2 Are you now trying to maintain your current weight that is to keep from gaining weight? (109)

1 Yes
2 No [Go to Q8.6]
7 Don't know / Not sure [Go to Q8.6]
9 Refused [Go to Q8.6]

8.3 Are you eating either fewer calories or less fat to... (110)

lose weight? [if "Yes" to Q8.1]
keep from gaining weight? [If "Yes", to Q8.2]

Probe for which:

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

8.4 Are you using physical activity or exercise to (111)
lose weight? [If “Yes” to Q8.1]

keep from gaining weight? [If “Yes” to Q8.2]

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

8.5 In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

Probe for which: (115)

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 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? (116)

- 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? (117)

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

Section 10:

Immunization

- 10.1 During the past 12 months, have you had a flu shot? (118)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 10.2 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (119)
- 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? (120)
- NOTE: 5 packs = 100 cigarettes**
- 1 Yes
 - 2 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**
- 11.2 Do you now smoke cigarettes every day, some days, or not at all? (121)
- 1 Everyday
 - 2 Some days
 - 3 Not at all **[Go to next section]**
 - 9 Refused **[Go to next section]**
- 11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (122)
- 1 Yes

- 2 No
- 7 Don't know
- 9 Refused

Section 12:

Alcohol Consumption

- 12.1** A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (123-125)
- 1__ Days per week
 - 2__ Days in past 30
 - 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 **[Go to next section]**
- 12.2** On the days when you drank, about how many drinks did you drink on the average? (126-127)
- __ Number of drinks
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 12.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (128-129)
- __ Number of times
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Section 13:

Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours. (130)

- 13.1** Have you had a sunburn within the past 12 months?

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

(131)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 14:

Demographics

14.1 What is your age? (132-133)

___ ___ Code age in years

0 7 Don't know / Not sure

0 9 Refused

14.2 Are you Hispanic or Latino? (134)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

14.3 Which one or more of the following would you say is your race?
(Check all that apply) (135-140)

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

If more than one response to Q14.3, continue. Otherwise, go to pre-MA14.1

14.4 Which one of these groups would you say best represents your race? (141)

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

State-added Ethnicity

[Splits 1,2,3]

pre-MA14.1. If Q14.2 = 1 or Q14.3 = 3 then Go to MA14.1; else go to Q14.5

MA14.1. Which best describes your ancestry or heritage? Would you say ...[If Q14.2 = 1, please read {1,2,3,4,6,12,13}; Else if Q14.3 = 3, please read {5,6,8,10,11,14}

- 1 Puerto Rican
- 2 Dominican
- 3 Mexican
- 4 Salvadorian
- 5 Chinese
- 6 Filipino
- 8 Cambodian
- 10 Vietnamese
- 11 Japanese
- or
- 12 Other Central American [specify] _____
- 13 Other South American [specify] _____
- 14 Other Asian [specify] _____
- 77 Don't Know/Not Sure
- 99 Refused

14.5 Are you?

(142)

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

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

(143-144)

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

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

(145)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

14.8 Are you currently?

(146)

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

14.9 Is your annual household income from all sources?

(147-148)

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

Read as appropriate:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)

07 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)

08 \$75,000 or more

Do not read:

77 Don't know / Not sure

99 Refused

14.10 About how much do you weigh without shoes?

(149-151)

Round fractions up

____ Weight

pounds

7 7 7 Don't know / Not sure

9 9 9 Refused

14.11 How much would you like to weigh?

(112-114)

____ Weight

pounds

7 7 7 Don't know / Not sure

9 9 9 Refused

14.12 About how tall are you without shoes?

(152-154)

Round fractions down

____/____ Height

ft / inches

7 7 7 Don't know / Not sure

9 9 9 Refused

STATE-ADDED CITY/TOWN

[SPLITS 1,2,3]

MA14.2. What city or town do you live in?

8 8 8

7 7 7

9 9 9

Town code [001-351]

OTHER: (SPECIFY) _____

Don't Know/Not Sure

Refused

(Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON)

STATE-ADDED ZIPCODE

[SPLITS 1,2,3]

MA14.3. What is your zip code?
0 _____ Zip code
77777 -- Don't know/not sure
99999 Refused

14.14 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. (158)

1 Yes
2 No [Go to Q14.16]
7 Don't know / Not sure [Go to Q14.16]
9 Refused [Go to Q14.16]

14.15 How many of these phone numbers are residential numbers? (159)

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

14.16 During the past 12 months, has your household been without telephone service for 1 week or more?

Note: Do not include interruptions of phone service due to weather or natural disasters. (160)

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

14.17 Indicate sex of respondent. Ask only if necessary. (161)

1 Male [Go to pre-MA14.4]
2 Female

If respondent 45 years old or older, go to next section.

14.18 To your knowledge, are you now pregnant? (162)

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

State-added: Sexual Orientation
[Split 1,2,3]

pre-MA14.4: If age 65 and older, go to Section 15: Arthritis

MA14.4. [Among adults ages 18-64] Do you consider yourself to be:

PLEASE READ

- 1 Heterosexual or straight
- 2 Homosexual or [if respondent is male read "gay"; else if female, read "lesbian"]
- 3 Bisexual
- or-
- 4 other

(don't read these responses)

- 7 Don't Know/Not Sure
- 9 Refused

Section 15:

Arthritis

- 15.1** "The next questions refer to your joints. Please do **NOT** include the back or neck. **"DURING THE PAST 30 DAYS**, have you had any symptoms of pain, aching, or stiffness in or around a joint? (163)
- 1 Yes
 - 2 No **[Go to Q15.4]**
 - 7 Don't Know / Not Sure **[Go to Q15.4]**
 - 9 Refused **[Go to Q15.4]**
- 15.2** Did your joint symptoms **FIRST** begin more than 3 months ago? (164)
- 1 Yes
 - 2 No **[Go to Q15.4]**
 - 7 Don't Know / Not Sure **[Go to Q15.4]**
 - 9 Refused **[Go to Q15.4]**
- 15.3** Have you **EVER** seen a doctor or other health professional for these joint symptoms? (165)
- 1 Yes
 - 2 No
 - 7 Don't Know / Not Sure
 - 9 Refused
- 15.4** Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (166)
- 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)

IF EITHER Q15.2= 1 OR Q15.4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION

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

(167)

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

NOTE: If a respondent question arises about medication, then the interviewer should reply:

"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

***IF AGE IS BETWEEN 18-64 CONTINUE, OTHERWISE GO TO NEXT SECTION**

15.6 "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?"

(168)

NOTE: If respondent says he/she is retired or out-of-work, reply: "Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"

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

Section 16:

Falls

To be asked only of people 45 years or older.

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

- 16.1** In the past 3 months, have you had a fall? (169)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]
- 16.2** Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (170)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 17:

Disability

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

- 17.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (171)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused
- 17.2** 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? (172)
- Include occasional use or use in certain circumstances**
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

Section 18:

Physical Activity

If "employed" or "self-employed" to core Q14.8 continue, otherwise go to Q18.2.

- 18.1** When you are at work, which of the following best describes what you do? Would you say? (173)
- If respondent has multiple jobs, include all jobs**
- Please read:**
- 1 Mostly sitting or standing
 - 2 Mostly walking
or
 - 3 Mostly heavy labor or physically demanding work

Do not read:

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

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

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

(174)

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

- 18.3** How many days per week do you do these moderate activities for at least 10 minutes at a time?

(175-176)

_____ Days per week

$\frac{7}{7}$ Don't know / Not sure [Go to Q18.5]

8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q18.5]

9 9 Refused [Go to Q18.5]

- 18.4** On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(177-179)

____:____ Hours and minutes per day

$\frac{7}{7}$ Don't know / Not sure

9 9 Refused

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

(180)

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

- 18.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(181-182)

_____ Days per week

$\frac{7}{7}$ Don't know / Not sure [Go to next section]

8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]

9 9 Refused [Go to next section]

18.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(183-185)

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

Section 19:

Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

19.1 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? (186)

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

19.2 Which of the following best describes your service in the United States military? (187)

Please read:

- 1 Currently on active duty [Go to next section]
- 2 Currently in a National Guard or Reserve unit [Go to next section]
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

Do not read:

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

19.3 In the last 12 months have you received some or all of your health care from VA facilities? (188)

If "yes" probe for "all" or "some" of the health care.

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

Section 20:

HIV / AIDS

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 don't want to.

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

20.1 A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (189)

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

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

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

20.3 How important do you think it is for people to know their HIV status by getting tested? (191)

Please read:

Would you say?

- 1 Very important
 - 2 Somewhat important
- Or**
- 3 Not at all important

Do not read:

- 8 Depends on risk
- 7 Don't know / Not sure
- 9 Refused

20.4 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (192)

[Include saliva tests]

- 04 Clinic
- 05 In a jail or prison (or other correctional facility)
- 06 Home
- 07 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

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

(203)

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?

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

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

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

(204)

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

SECTION 10a: STATE-ADDED FLU IMMUNIZATION

[Splits 1,2]

If Split = [1,2] continue.

Else if Split = 3 GO TO Section 21: Tobacco.

If Q10.1 = 1 then continue.

Else if Q10.1 = 2, GO TO pre MA10a.2

Else if Q10.1 = [7,9] GO TO Section 21: Tobacco

Next I'd like to ask you some questions about flu immunization.

MA10a.1 At what kind of place did you get your last flu shot?

[READ ONLY IF NECESSARY]

Would you say:

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center **[Example: a community health center]**
- 04 A senior, recreation, or community center
- 05 A store **[Examples: supermarket, drug store]**
- 06 A hospital or emergency room
- 07 Workplace
- or**
- 08 Some other kind of place **[specify]** _____
- 77 Don't know
- 99 Refused

pre-MA10a.2

If Q10.1 = 1 then GO TO MA10a.2

Else if Q10.1 = 2 AND interview occurred between January and August GO TO MA10a.3

Else if Q10.1 = 2 AND interview occurred between September and December GO TO MA10a.2

MA10a.2 Did you get a flu shot between September and December of last year, that is in 2002?

- 1 Yes go to **SECTION 21: Tobacco**
- 2 No go to **MA10a.3**
- 7 Don't know/Not sure if Q10.1=2 go to **MA10a.5**;
else if Q10.1=1 go to **MA10a.4**
- 9 Refused if Q10.1=2 go to **MA10a.5**; else if Q10.1=1 go to **MA10a.4**

MA10a.3 Did you try to get a flu shot between September and December of last year, that is in 2002, but could not because flu shots were not available?

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

pre-MA10a.4

If Q10.1=1 AND MA10a.2=2, go to **MA10a.4**

If Q10.1=2 go to **MA10a.5**

MA10a.4 Did you get a flu shot this year, that is between January 1st and [if interview occurs between January and May, then insert “**month of interview**”, else if interview occurs between June and December read “**May**”] of this year?

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

pre-MA10a.5

If MA10a.3=1 AND MA10a.4=(1,7,9) go to SECTION 21: TOBACCO
Else If MA10a.3=1 AND MA10a.4=2 go to MA10a.5 (why not later)
Else if MA10a.3=2 go to MA10a.5 (why not sept-dec)
Else if MA10a.3=(7,9) AND MA10a.4=(1,2,7,9) go to MA10a.5
Else if MA10a.2=(7,9) go to SECTION 21: TOBACCO

MA10a.5 What is the main reason you didn't get a flu shot [if (Q10.1=2 AND MA10a.3=(2,7,9)) OR (Q10.1=2 AND MA10a.2=(7,9)) read “**during the past 12 months?** ”]; [else if Q10.1=1 AND MA10a.3=(2,7,9) read “**September to December last year, that is in 2002**”]; [else if (Q10.1=2 AND MA10a.3=1) OR (MA10a.3=1 AND MA10a.4=2) read “**a little later when it was available**”];

(read only if necessary)

- 01 Didn't know I needed it
 - 02 Doctor didn't recommend it
 - 03 Didn't think of it/forgot/missed it
 - 04 Tried to get a flu shot, but no flu shots were available
 - 05 Tried to get a flu shot, but my doctor said I didn't need it
 - 06 Didn't think it would work
 - 08 Don't need a flu shot/not at risk/flu not serious
 - 10 Shot could give me the flu/allergic reaction/other health problem
 - 11 Doctor recommended against getting the shot/allergic to shot/medical reasons
 - 12 Don't like shots or needles / don't want it
- or**
- 13 Other [specify] _____
 - 77 Don't Know/Not Sure
 - 99 Refused

SECTION 21: STATE-ADDED TOBACCO AND TOBACCO POLICY

[Splits 1,2]

If Split = [3] then GO TO Section 22: Disability and Quality of Life

Else if Split = [1,2] AND Q11.2 = 1 GO TO MA21.1

Else if Split = [1,2] AND Q11.2 = 2 go to MA21.2

Else if Split = [1,2] AND Q11.2 = 3 go to MA21.3

Else if Split = [1,2] AND Q11.1 = [2,7,9] or Q11.2 = 9 then go to MA21.7

Now I would like to ask you some more questions about smoking.

MA21.1. [Daily smokers] On the average, about how many cigarettes a day do you now smoke?

(1 pack = 20 cigarettes)

— —	Number of cigarettes [76 =76 or more]	Go to MA21.4
7 7 -	Don't know/Not sure	Go to MA21.4
9 9	Refused	Go to MA21.4

MA21.2. [Someday smokers] On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

(1 pack = 20 cigarettes)

— —	Number of cigarettes	Go to MA21.4
7 7 -	Don't know/Not sure	Go to MA21.4
9 9	Refused	Go to MA21.4

MA21.3 About how long has it been since you last smoked cigarettes regularly?

Read only if necessary:

- 0 1 Within the past month (anytime less than 1 month ago) [**Continue to MA21.4**]
- 0 2 Within the past 3 months (1 month but less than 3 months ago) [**Continue to MA21.4**]
- 0 3 Within the past 6 months (3 months but less than 6 months ago) [**Continue to MA21.4**]
- 0 4 Within the past year (6 months but less than 1 year ago) [**Continue to MA21.4**]
- 0 5 Within the past 5 years (1 year but less than 5 years ago) [**Go to MA21.7**]
- 0 6 Within the past 10 years (5 years but less than 10 years ago) [**Go to MA21.7**]
- 0 7 10 or more years ago [**Go to MA21.7**]

Do not read:

- 7 7 Don't know / Not sure [**Go to MA21.7**]
- 9 9 Refused [**Go to MA21.7**]

MA21.4. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?

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

MA21.5 In the past 12 months, have you heard, read, or seen any information about quitting smoking?

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

If Q11.2 = [1,2] then go to MA21.6, Else go to MA21.7

MA21.6. Are you planning to quit smoking in the next 30 days?

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

The next questions are about rules for smoking in your home and your exposure to other people's tobacco smoke.

MA21.7 (**ASK ALL**) Which statement best describes the rules about smoking in your home ...

PLEASE READ

- 1 no one is allowed to smoke anywhere
 - 2 smoking is allowed in some places or at some times
- or**
- 3 smoking is permitted anywhere

Do not read:

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

If core Q14.8 = [1,2] go to MA21.8; Else if core Q14.8 = [3,4,5,6,7,8,9] go to MA21.9

MA21.8. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work?

- _____ Number of hours per week [**76 = 76 or more**]
01 An hour or less per week
88 None
77 Don't Know
99 Refused

MA21.9. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at home?

- _____ Number of hours per week [**76 = 76 or more**]
01 An hour or less per week, but more than none
88 None
77 Don't Know
99 Refused

MA21.10. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were in other places?

- _____ Number of hours per week [**76 = 76 or more**]
01 An hour or less per week
88 None
77 Don't Know
99 Refused

If core Q14. 8 = [1,2,6] then go to MA 21.11, else go to MA21.12

MA21.11. I am going to read you a list of typical workplace smoking policies. By workplace, I mean a workplace outside your home. Please tell me which one is most like the policy at your workplace.

PLEASE READ

- 1 Smoking is not allowed anywhere inside the building
- 2 Smoking is only allowed in a few designated smoking areas
- 3 Smoking is allowed in most areas
- 4 No policy/I work primarily outdoors
- 5 Not applicable/ I work at home

Do not read:

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

The next question is about your opinions on issues related to smoking.

MA21.12. I'm going to read you a list of places where smoking may or may not be allowed. For each one, please tell me if you think that smoking should be allowed there without restriction, should be permitted only in designated areas, or should not be allowed at all.

Concerning smoking in (NAME OF PLACE) -- should it be allowed without restriction, should it be permitted only in designated areas, or not be allowed at all?

[Interviewer Note: After first two, you may read "How about...?"]

Allowed without restriction = 1, Permitted in designated areas = 2, Not at all = 3, Don't know = 7, Refused = 9

a. Restaurants	1	2	3	7	9
b. Indoor work areas	1	2	3	7	9
c. Bars and cocktail lounges?	1	2	3	7	9

Section 22: Disability and Quality of Life

[Split 2,3]

If Split = 1 GO TO Section 23: Diabetes Module

Else if Split = [2,3] then continue

Now I would like to ask you some questions about your health and problems you may have.

MA22.1. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

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

MA22.2. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

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

If 17.2 = 1 then go to MA22.3. Else go to MA22.4.

MA22.3 What is the farthest distance you can walk by yourself, without any special equipment or help from others?

PLEASE READ

- 1 Not any distance
- 2 Across a small room
- 3 About the length of a typical house
- 4 About one or two city blocks
- 5 About one mile

-or-

- 6 More than one mile

Do not read:

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

MA22.4 Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

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

If 17.1 = 1 or 17.2 = 1 or MA22.4 = 1 then go to MA22.6. Else, go to MA22.5.

MA22.5. A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

- 1 Yes
- 2 No **GO TO Section 23: Diabetes**
- 7 Don't know / Not sure **GO TO Section 23: Diabetes**
- 9 Refused **GO TO Section 23: Diabetes**

MA22.6 What is the major impairment or health problem that limits your activities or causes your disability?

[If respondent says, "I'm not limited," say, "I'm referring to the impairment you indicated on an earlier question."]

Reason Code
Read Only if Necessary

--

- 0 1 Arthritis/rheumatism
- 0 2 Back or neck problem
- 0 3 Fractures, bone/joint injury
- 0 4 Walking problem
- 0 5 Lung/breathing problem
- 0 6 Hearing problem
- 0 7 Eye/vision problem
- 0 8 Heart problem
- 0 9 Stroke problem
- 1 0 Hypertension/high blood pressure
- 1 1 Diabetes
- 1 2 Cancer
- 1 3 Depression/anxiety/emotional problem
- 1 4 Other impairment/problem [specify]_____
- Do not read:**
- 7 7 Don't know/Not sure
- 9 9 Refused

MA22.7. For how long have your activities been limited because of your major impairment, health problem or disability?

- | | | |
|-------|---------------------|---|
| 1 ___ | Days_ | |
| 2 ___ | Weeks | - |
| 3 ___ | Months_ | |
| 4 ___ | Years | - |
| 7 7 7 | Don't know/Not Sure | |
| 9 9 9 | Refused | |

MA22.8. Because of any impairment, health problem or disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

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

MA22.9. Because of any impairment, health problem or disability, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

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

SECTION 23:DIABETES MODULE

[Splits 1,2, 3]

If Q4.1 = 1 then continue.

Else if Q4.1 = [2,3,7,9] then GO TO Section 23a: Diabetes Information

Next I'd like to ask you some more questions about diabetes.

State-Added Diabetes

MA23.1 What type of diabetes do you have?

Please read:

- 1 Type 1
- 2 Type 2
- or**
- 3 Other (specify_____)

Do not read:

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

mod1.1. How old were you when you were told you had diabetes? (193-194)

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

mod1.2. Are you now taking insulin? (195)

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

mod1.3. Are you now taking diabetes pills? (196)

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

mod1.4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

(197-199)

- 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

mod1.5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (200-202)

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

mod1.6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(203)

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

mod1.7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (204-205)

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

mod1.8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

(206-207)

- ___ Number of times [76 = 76 or more]

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

IF MOD1.5 = 555 THEN GO TO MOD1.10; ELSE CONTINUE WITH MOD1.9

mod1.9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (208-209)

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

State-added Diabetes

MA23.2. When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot.

Read only if necessary

- 1 Within the past month (0 to 1 month ago)
- 2 Within the past year (1 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 2 or more years ago
- 8 Never

- 7 Don't Know/Not Sure
- 9 Refused

mod1.10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (210)

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
- 8 Never

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

mod1.11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
(211)

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

mod1.12. Have you ever taken a course or class in how to manage your diabetes yourself?
(212)

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

State-added Diabetes

MA23.3. Besides a course or class, have you received education from any of the following on how to care for your diabetes--

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. a nurse or nurse practitioner?	1	2	7	9
b. a nutritionist or dietitian?	1	2	7	9
c. a doctor?	1	2	7	9
or				
d. someone else {specify:_____}	1	2	7	9

Section 23a: Diabetes Information

[Split 2]

If Split = [1,3] then GO TO Section 24: Colorectal Cancer Screening

Else if Split=2 then continue

MA23a.1. In the past 6 months, have you heard, read or seen any information about the importance of controlling diabetes?

- 1 Yes
- 2 No **Go to Section 24: Colorectal Cancer Screening**
- 7 Don't know/Not sure **Go to Section 24: Colorectal Cancer Screening**
- 9 Refused **Go to Section 24: Colorectal Cancer Screening**

MA23a.2. I'm going to read you a list of places where you might have gotten information about the importance of controlling diabetes. Did you get any of this information:

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. from television?	1	2	7	9
b. from the radio?	1	2	7	9
d. from a newspaper or magazine?	1	2	7	9
e. from a brochure or other printed material?	1	2	7	9
f. Internet?	1	2	7	9

Section 24: Colorectal Cancer Screening

[Split 1,2]

If Split = 3 then GO TO Section 25: Mammography

Else if Split = [1,2] AND age > 49 then continue

Else if Split = [1,2] AND age <50 then GO TO Section 25: Mammography

MA24.1. 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?

- 1 Yes
- 2 No **Go to Q24.3**
- 7 Don't know/Not sure **Go to Q24.3**
- 9 Refused **Go to Q24.3**

MA24.2. How long has it been since you had your last blood stool test using a home kit?

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

MA24.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
- 2 No **Go to Section 25: Mammography**
- 7 Don't know/Not sure **Go to Section 25: Mammography**
- 9 Refused **Go to Section 25: Mammography**

MA24.4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

Do not read:

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

Section 25: Mammography

[Split 2,3]

If Split = [2,3] AND Q14.17 = 2 then continue.

Else if Split = [2,3] AND Q14.17 = 1 then GO TO Section 26: Alcohol & Drug Awareness

Else if Split = 1 then GO TO Section 26

MA25.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (175)

- 1 Yes
- 2 No **Go to Section 26**

- 7 Don't know/Not sure **Go to Section 26**
- 9 Refused **Go to Section 26**

MA25.2. How long has it been since you had your last mammogram?
Read only if Necessary

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

Section 26: Alcohol and Drug Awareness

[Split 1]

If Split = [2,3] Go to Section 27: Varicella/Shingles

Else if Split = 1 then continue

MA26.1. I'm going to read you a list of statements about opinions on alcohol and drug use. For each statement, please tell me whether you Strongly agree, Agree, Disagree, or Strongly Disagree.

[Note to interviewer: after the first three statements, you do not have to read the responses unless needed to prompt respondent]

a. You can tell, just by looking at someone, if he or she is an alcoholic or drug addict. Do you...

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

b. A person who only drinks beer can be an alcoholic. Do you...

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

c. Alcohol is a drug. Do you...

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

d. Alcoholism and drug addiction can be treated successfully.

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

e. Addiction to alcohol or drugs is a sign of personal weakness.

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

f. A person who is an alcoholic or drug addict has a brain disease.

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

g. If a parent, brother or sister is an alcoholic or drug addict, it increases one's chance of becoming an alcoholic or drug addict.

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

Section 27: State-Added: Varicella/Shingles

[Splits 2,3]

If Split = 1, Go to Section 28: Childhood Health

Else if Split = [2,3] then continue

I would like to ask a few questions about the health of everyone living in the household, including children.

MA27.1. Going from youngest to oldest, what are the ages of each person currently living in your household?

Code ages

97 = 97 and older a. Person #1 --

98 = DK/NS b. Person #2 --

99 = Refused [Etc.]

MA27.2. Have you or anyone else currently living in your household had chickenpox in the past 12 months?

1 Yes

2 No **Go to MA27.4**

7 Don't know/Not sure **Go to MA27.4**

9 Refused **Go to MA27.4**

MA27.3. What are the current ages of all those who had chickenpox in the past 12 months?

Code ages

0 = <1 year a. Person #1 ____

97 = 97 and older b. Person #2 ____

98 = Dk/NS [Etc.]

99 = Ref

MA27.4. Have you or anyone else currently living in your household ever had shingles?

1 Yes

2 No **Go to SECTION 28: Childhood Health**

7 Don't know/Not sure **Go to SECTION 28: Childhood Health**

9 Refused **Go to SECTION 28: Childhood Health**

MA27.5. What are the current ages of all those who ever had shingles?

Code ages,
0 = <1 year
97 = 97 and older
98 = Dk/Ns
99 = Ref

a. Person #1 ____
b. Person #2 ____
[Etc.]

MA27.6. [Ask for each person listed in MA27.5, in the same order as MA27.5] How old was the _____ year old when they had shingles?

Code ages,
0 = <1 year
97 = 97 and older
98 = Dk/Ns
99 = Ref

a. Person #1 ____
b. Person #2 ____
[Etc.]

Pre MA27.7

**If MA27.6a minus MA27.5a = [0,1] or MA27.26b minus MA27.5b = [0,1] etc. then go to MA27.7;
Else go to Section 28: Childhood Health**

MA27.7 [Ask for each person for whom MA25 – MA26 = [0,1], in same order as MA27.5] Did the _____ year old have shingles in the last 12 months, that is since (INSERT CURRENT MONTH) of last year?

Section 28: Childhood Health

[Split 2,3]

If Split = 1, GO TO Section 29: Cardiovascular Health

If Split = (2,3) and Q14.6 = 88 then GO TO Section 29: Cardiovascular Health

Otherwise continue

The next few questions are about the health care and health of the children in your household.

If Split = (2,3) and Q14.6 = 99, Go to MA28.2.

Else if Split =(2,3) and Q14.6 is between 1-76, Go to MA28.1.

MA28.1 [read only if Q14.6 > 1 “We need to ask the next questions only about one child in a household.”] [read for all] What is the age of the child in your household, under the age of 18, [read only if Q14.6 > 1 “who has had the most recent birthday?”]

— —	Age (years, if <1 year old, code 0) Go to MA28.3
77	Don't know/not sure Go to Section 29: Cardiovascular Health
99	Refused Go to Section 29: Cardiovascular Health

MA28.2 If there are children in your household under the age of 18, what is the age of the child who has had the most recent birthday?

— —	Age (years, if <1, code 0)
88	No children in household Go to Section 29: Cardiovascular Health
77	Don't know/not sure Go to Section 29: Cardiovascular Health
99	Refused Go to Section 29: Cardiovascular Health

MA28.3. Please answer the next few questions [READ “only” IF Q14.6 > 1] about this child in your household. How are you related to this child? Is this child a(n)...?

PLEASE READ

01	Natural-born or adopted son/daughter
02	Stepson/stepdaughter
03	Grandchild
04	Foster child
05	Niece or nephew
06	Brother or sister
07	Other relative
08	Other non-relative

Do not read:

77	Don't know/Not sure
99	Refused

MA28.4. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

- 1 Yes **GO TO MA28.6**
- 2 No
- 7 Don't know/Not sure **GO TO MA28.6**
- 9 Refused **GO TO MA28.6**

MA28.5. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

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

MA28.6. About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?

- 1 Within 1 month
- 2 Within the past 3 months (1-3 months)
- 3 Within the past 6 months (3-6 months)
- 4 Within the past year (6-12 months)
- 5 More than one year
- 7 Don't know
- 9 Refused

MA28.7. Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

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

IF MA28.1 is < 3 years old or MA28.2 is < 3 years old then GO TO MA28.11; ELSE continue

MA28.8. [Children age 3-17] Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

- 1 Yes
- 2 No
- Do not read:**
- 7 Don't know/Not sure
- 9 Refused

If MA28.1 =[3,4,5] or MA28.2 =[3,4,5] then GO TO MA28.11; else continue

MA28.9. [Children age 6-17] A dental sealant is a clear or white plastic-like material that is painted on a child's back teeth by a dentist or hygienist to prevent tooth decay. Has this child ever received dental sealants on their permanent teeth?

- | | | |
|---|---|--|
| Permanent teeth
come in after
primary teeth
and include
molars | 1 | Yes |
| | 2 | No Go to MA28.11 |
| | 7 | Don't Know/Not Sure Go to MA28.11 |
| | 9 | Refused Go to MA28.11 |

MA28.10. On how many of this child's permanent teeth are there dental sealants?

PLEASE READ

- 1 1-4 teeth
- 2 5-8 teeth
- 3 None

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

MA28.11. [All Children] Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child?

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

MA28.12 Were you ever told by a doctor that this child has diabetes?

- 1 Yes
- 2 No **Go to Mod7.1**
- 7 Don't know/Not sure **Go to Mod7.1**
- 9 Refused **Go to Mod7.1**

MA28.13 How old was this child when you were first told that he or she has diabetes?

Code age in years __ __ (if <1 code as 0)

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

MA28.14. What type of diabetes does your child have?

(Please Read)

- 1 Type 1
- 2 Type 2
- 3 Other (please specify _____)

(Don't Read)

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

mod7.1. Earlier you said there were [fill in number from core Q14.6] children age 17 or younger living in your household. **Fill in (Has this child/How many of these children have) from mod7.1** ever been diagnosed with asthma? (275-276)

- __ __ Number of children
- 8 8 None **Go to Section 29: Cardiovascular Health**
- 7 7 Don't know **Go to Section 29: Cardiovascular Health**
- 9 9 Refused **Go to Section 29: Cardiovascular Health**

mod7.2. [Fill in (Does this child/How many of these children) from mod7.1] still have asthma? (277-278)

- __ __ Number of children
- 8 8 None **Go to Section 29: Cardiovascular Health**
- 7 7 Don't know **Go to Section 29: Cardiovascular Health**
- 9 9 Refused **Go to Section 29: Cardiovascular Health**

If only one child from mod7.1 and response is "yes" to mod7.2 code "01". If response is "no" code '88'.

MA28.15. [If mod7.2 = 1 read] “What is the age of the child who currently has asthma?” [If mod7.2 > 1 read] “What are the ages of the children who currently have asthma?”

Code ages,
0 = <1 year

- a. Child #1 ____
- b. Child #2 ____ ETC,

Section 29: Cardiovascular Health

[Splits 1*,2*,3]

IF Split = 3 then GO TO MA29.1;

*** ELSE if split = (1,2) AND respondent lives in Fall River, New Bedford, or Springfield then GO TO MA29.1;**

ELSE if split = (1,2) AND respondent lives in other town then Go TO Section 30: Heart Attack and Stroke

The next set of questions is about heart disease and stroke.

MA29.1. To lower your risk of developing heart disease or stroke, are you....

a. Eating fewer high fat or high cholesterol foods?

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

b. Eating more fruits and vegetables?

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

c. More physically active?

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

MA29.2. Within the past 12 months, has a doctor, nurse, or other health professional told you to...

a. Eat fewer high fat or high cholesterol foods?

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

b. Eat more fruits and vegetables?

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

c. Be more physically active?

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

MA29.3. Has a doctor, nurse, or other health professional ever told you that you had any of the following?

a. A heart attack, also called a myocardial infarction

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

b. Angina or coronary heart disease

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

c. A stroke

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

If "yes" to MA29.3a continue. Otherwise, go to pre-MA29.5.

MA29.4. At what age did you have your first heart attack?

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

pre-MA29.5: If "yes" to MA29.3c, continue. Otherwise, go to pre-MA29.6.

MA29.5. At what age did you have your first stroke?

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

pre-MA29.6: IF yes to MA29.3a or MA29.3c, continue. ELSE, go to pre-MA29.7.

MA29.6. After you left the hospital following your [fill in (heart attack) if "yes" to MA29.3a or to MA29.3a and MA29.3c; fill in (stroke) if "yes" to MA29.3c and "no" to MA29.3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

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

pre-MA29.7. If respondent is aged 35 years or older continue with MA29.7, otherwise go to pre-MA29.10

MA29.7. Do you take aspirin daily or every other day?

1	Yes Go to MA29.9
2	No
7	Don't know/Not sure
9	Refused

MA29.8. Do you have a health problem or condition that makes taking aspirin unsafe for you?

If "yes," ask "Is this	1	Yes, not stomach related
a stomach condi-	2	Yes, stomach problems
tion?" Code	3	No

upset stomachs as	7	Don't know/Not sure
stomach problems	9	Refused

Go to Section MA30: Heart Attack and Stroke

MA29.9. Why do you take aspirin...

a. To relieve pain?

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

b. To reduce the chance of a heart attack?

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

c. To reduce the chance of a stroke?

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

Section 30: Heart Attack and Stroke

[Splits 1*,2*,3]

IF Split = 3 then GO TO MA30.1

*** ELSE if split = (1,2) AND respondent lives in Fall River, New Bedford, or Springfield then GO TO MA30.1**

ELSE if split = (1,2) AND respondent lives in other town, GO TO Section 30a: BU HRQoL Questions

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

MA30.1. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you 're not sure.

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

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

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

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

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

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

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

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

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

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

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

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

MA30.2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure.

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke?

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

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

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

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

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

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

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

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

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

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

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

MA30.3. 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
- 7 Don't know/Not sure
- 9 Refused

Do not read
these responses

Section 30a: BU HRQoL Questions

[Split 3]

If split = 3 then continue;

Else if split in (1,2) then go to Section 31: Weight Loss Product Use

MA30a.1. Have you ever developed sudden, stroke-like symptoms for example, weakness on one side of your body, difficulty speaking, drooping of one side of your mouth, drooling, or trouble seeing, difficulty with balance and sensation of “spinning of the room” which completely returned to normal within a day -- This is also called "TIA", "Transient Ischemic Attack" or "Warning Stroke?"

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

Pre-MA30a.2

If "yes" to MA29.3b then continue

Else go to Pre-MA30a.3

MA30a.2 Over the past 4 weeks, how many times have you had chest pain, chest tightness, or angina?

Interviewer please read:

- | | | |
|--------------------|-----------|---|
| | 1 | 4 or more times per day |
| | 2 | 1-3 times per day |
| | 3 | 3 or more times per week, but not every day |
| | 4 | 1-2 times per week |
| | 5 | Less than once per week |
| | or | |
| | 6 | None over the past 4 weeks |
| Do not read | 7 | don't know/not sure |
| Do not read | 9 | Refused |

Pre-MA30a.3:

If “yes” to MA29.3b AND “no” to MA29.3a AND “no” to MA29.3c then GO TO MA30a.6

Else if “yes” to MA29.3a or MA29.3c or MA30a.1 then GO TO MA30a.3

Else GO TO next section.

MA30a.3. How long ago was your last [if “yes” to MA29.3c then fill in “stroke”; else if “yes” to MA29.3a then fill in “heart attack”; else if “yes” to MA30a.1 then fill in “TIA”]?

- | | |
|---|---------------------|
| <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> | Code month and year |
| 7 7 7 7 | Don't know/Not sure |
| 9 9 9 9 | Refused |

MA30a.4. At the time of your last [if “yes” to MA29.3c then fill in “stroke”; else if “yes” to MA29.3a then fill in “heart attack”; else if “yes” to MA30a.1 then fill in “TIA”], did your doctor, nurse or health care provider describe your condition as:

Please read:

- 1 Mild
- 2 Moderate

or

- 3 Severe

Do not read:

- 4 Did not see a doctor
- 7 Don’t know/not sure
- 9 Refused

MA30a.5. On a scale of 0 to 10, with 10 representing full recovery and 0 representing no recovery, how much have you recovered from your [if “yes” to MA29.3c then fill in “stroke”; else if “yes” to MA29.3a then fill in “heart attack”; else if “yes” to MA30a.1 then fill in “TIA”]?

___ ___ code number
77 = don’t know/not sure
99 = refused

MA30a.6. How often do you worry that you may have [if “yes” to MA29.3a AND “no” to MA29.3c then fill in “another heart attack or a stroke”; else if “no” to MA29.3a AND “yes” to MA29.3c the fill in “a heart attack or another stroke”; else if “yes” to MA29.3a AND “yes” to MA29.3c the fill in “another heart attack or stroke”; else if “yes” to MA30a.1 or MA29.3b fill in “a heart attack or stroke”]?

Would you say....

PLEASE READ

- 1 I can’t stop worrying about it
- 2 I often think or worry about it
- 3 I occasionally worry about it
- 4 I rarely think or worry about it

OR

- 5 I never think or worry about it

Do Not Read 7 Don’t know/not sure
Do Not Read 9 Refused

MA30a.7. Over the past 4 weeks, how often have you felt worn out or low in energy, because of your [if “yes” to MA29.3a AND “yes” to MA29.3c then fill in “stroke or heart problem”; else if “yes” to

MA29.3c then fill in “stroke”; else if “yes” to MA29.3a then fill in “heart attack”; else if “yes” to MA29.3b then fill in “heart problem”; else if “yes” to MA30a.1 fill in “TIA”]?

Would you say...

PLEASE READ

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time

OR

- 5 None of the time

- Do Not Read** 7 Don't know/not sure
- Do Not Read** 9 Refused

MA30a.8. Over the past 4 weeks, how often have you felt you were unable to do your usual social activities or social activities with your family, because of your [if “yes” to MA29.3a AND “yes” to MA29.3c then fill in “stroke or heart problem”; else if “yes” to MA29.3c then fill in “stroke”; else if “yes” to MA29.3a then fill in “heart attack”; else if “yes” to MA29.3b then fill in “heart problem”; else if “yes” to MA30a.1 fill in “TIA”]?

Would you say...

PLEASE READ

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time

OR

- 5 None of the time

- Do Not Read** 7 Don't know/not sure
- Do Not Read** 9 Refused

MA30a.9: Over the past 4 weeks, how often have you felt as if you were a burden on others because of your [if “yes” to MA29.3a AND “yes” to MA29.3c then fill in “stroke or heart problem”; else if “yes” to MA29.3c then fill in “stroke”; else if “yes” to MA29.3a then fill in “heart attack”; else if “yes” to MA29.3b then fill in “heart problem”; else if “yes” to MA30a.1 fill in “TIA”]?

Would you say...

PLEASE READ

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time

OR

- 5 None of the time
- Do Not Read** 7 Don't know/not sure
- Do Not Read** 9 Refused

MA30a.10. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities because of your [if "yes" to MA29.3a AND "yes" to MA29.3c then fill in "stroke or heart problem"; else if "yes" to MA29.3c then fill in "stroke"; else if "yes" to MA29.3a then fill in "heart attack"; else if "yes" to MA29.3b then fill in "heart problem"; else if "yes" to MA30a.1 fill in "TIA"]?

Interviewer: Read Responses

- 1 Yes, all of the time
- 2 Yes, most of the time
- 3 Yes, some of the time
- 4 Yes, a little of the time

OR

- 5 No, none of the time
- Do not read** 7 Don't know/not sure
- Do not read** 9 Refused

MA30a.11. How satisfied are you that everything possible has been done to treat your [if “yes” to MA29.3a AND “yes” to MA29.3c then fill in “stroke or heart problem”; else if “yes” to MA29.3c then fill in “stroke”; else if “yes” to MA29.3a then fill in “heart attack”; else if “yes” to MA29.3b then fill in “heart problem”; else if “yes” to MA30a.1 fill in “TIA”]?

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied or dissatisfied
- 4 Dissatisfied

OR

- 5 Very dissatisfied

Do Not Read 7 Don't know/not sure
Do Not Read 9 Refused

Section 31: Weight Loss Product Use
[Splits 1,2]

If split = [1,2] then continue; otherwise if split = 3 then go to Section 32: Depression

The next few questions are about weight and weight loss. For some people this is a sensitive topic and you do not have to answer any questions that you do not want to. However, we would appreciate your answering them to the best of your ability.

MA31.1 Have you ever tried to lose weight? ()

- 1 Yes
- 2 No **[Go to MA31.5]**
- 7 Don't know / Not sure **[Go to MA31.5]**
- 9 Refused **[Go to MA31.5]**

MA31.2 We would now like you to think about your most **recent** weight loss attempt. If you are currently trying to lose weight, please answer about your weight loss so far.
[For **Females, say:** Do not include weight loss due to pregnancy.]

How much weight did you intentionally lose?

- ___ ___ ___ Weight loss *pounds*
- 8 8 8 None **[Go to MA31.4]**
- 7 7 7 Don't know / Not sure **[Go to MA31.5]**
- 9 9 9 Refused **[Go to MA31.5]**

MA31.3 How much weight have you gained back? ()

- ___ ___ ___ Weight gained *pounds*
- 8 8 8 None / Still losing
- 7 7 7 Don't know / Not sure **[Go to MA31.5]**
- 9 9 9 Refused **[Go to MA31.5]**

MA31.4 How long have you been at your current weight? ()

- 1 ___ ___ Days
- 2 ___ ___ Weeks
- 3 ___ ___ Months
- 4 ___ ___ Years
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

The next few questions are about prescription weight loss pills, those pills prescribed by a doctor whose primary purpose is weight control. By weight control we mean either trying to lose weight or trying to maintain your weight.

MA31.5 In the past 2 years, that is in the past 24 months, have you taken any weight loss pills prescribed by a doctor to control your weight? Do not include water pills or thyroid medications.
Would you say ... **PLEASE READ**

- 1 Yes, you are currently taking them,
- 2 Yes, you've taken them in the past 2 years, but are not currently taking them, **or**
- 3 No, you have not taken them? **[Go to MA31.8]**

Do not read

- 7 Don't know / Not sure **[Go to MA31.8]**
- 9 Refused **[Go to MA31.8]**

MA31.6 What is the name of the prescription weight loss pill you used MOST OFTEN during the past 2 years?

- ____ Pill code ()
- 7 7 Don't know / Not sure
- 9 9 Refused **[Go to MA31.8]**

MA31.7 What is the total number of months or years that you have taken this pill? Do not count any time you were not taking this pill.

- 1 ____ Months ()
- 2 ____ Years
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MA31.8 In the past 2 years, that is in the past 24 months, have you taken any over-the-counter weight loss products to control your weight? This includes dietary supplements and natural or herbal weight loss products. Would you say... **PLEASE READ**

[Interviewer note: Over-the-counter products are those NOT prescribed by a doctor] ()

- 1 Yes, you are currently taking them,
- 2 Yes, you've taken them in the past 2 years, but are not currently taking them, **or**
- 2**
- 3 No, you have not taken them? **[Go to Section 32: Depression]**
- 7 Don't know / Not sure **[Go to Section 32: Depression]**
- 9 Refused **[Go to Section 32: Depression]**

MA31.9 What is the name of the over-the-counter weight control product you used most often during the past 2 years?

()

- ___ ___ Product Code
- 7 7 Don't know / Not sure
- 9 9 Refused [Go to MA31.11]

MA31.10 If you have taken another over-the-counter weight control product in the past 2 years, what is the name of the second product you took?

()

- ___ ___ Product Code
- 8 8 Didn't take another product
- 7 7 Don't know / Not sure
- 9 9 Refused

MA31.11 Did any of the over-the-counter weight control products you told me about contain ma huang or ephedra?

[Interviewer note: pronounced (ma-whong) and (ah-fed-rah)] ()

- 1 Yes, I think so
- 2 No, I don't think so
- 7 I don't know / I'm not sure
- 9 Refused

Section 32: Depression

[Split 3]

If split = [1,2] then go to Section 33: Bioterrorism

Else if split = 3 then continue

MA32.1 In the past year, have you had two weeks or more during which you felt sad, blue or depressed, or when you lost all interest or pleasure in things that you really cared about or enjoyed?

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

MA32.2. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

- 1 Yes
- 2 No **Go to MA32.4**
- 7 Don't know/Not sure **Go to MA32.4**
- 9 Refused **Go to MA32.4**

MA32.3 Have you felt depressed or sad much of the time in the past year?

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

MA32.4. How much of the time during the past week did you feel depressed?

- 0 Never, or less than one day
- 1 1-2 days
- 2 3-4 days
- 3 5-7 days
- 7 Don't know/Not sure
- 9 Refused

MA32.5 .During the past year, have you received professional counseling or treatment for sadness or depression?

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

NOTES TO INTERVIEWERS:

If respondent says they are on medication for depression, code as "YES".

If respondent says they have had just one counseling session, code as "YES".

Talking with clergy, social worker, school counselor, physician = "YES".

Talking with family, friend, teacher, lawyer = "NO".

Read if (MA32.1 = 1 or MA32.2 = 1 or MA32.3 = 1 or MA 32.4 = [2,3]) AND MA32.5 = 2 then read:

If you would like information about how to get counseling or treatment, you can call 1-800-221-0053.

Section 33. Bioterrorism

[Split 3]

If Split = [1,2] then go to section 34: Abstinence

Else if Split = 3 then continue

The next sets of questions are about the issues of terrorism and bioterrorism.

MA33.1. How likely do you think that you or a family member will be injured over the next 12 months as a result of bioterrorism or another terrorist act? Would you say

PLEASE READ

- 1 Very Likely
- 2 Somewhat likely
- 3 Not Very likely

or

- 4 Very unlikely

Do not read

- 7 Don't know
- 9 Refused

MA 33.2. About how often do you find yourself worrying about bioterrorism or terrorism? Would you say:

PLEASE READ

- 1 Daily
- 2 Once or twice a week
- 3 Less than once a week

or

- 4 Never

Do not read

- 7 Don't know
- 9 Refused

MA 33.3. Many different types of terrorist threats have been mentioned in the news recently. Which of the following types of terrorist threat worries you the most?
(code up to 3 responses)

PLEASE READ

- 1 Bioterrorism such as smallpox, anthrax
 - 2 Use of a chemical weapon
 - 3 Attack using nuclear material or attack on a nuclear facility
 - 4 Use of a bomb
 - 4 Other _____(Specify)
- or**
- 6 None of these

Do not read

- 7 Don't know
- 9 Refused

MA 33.4. If you were offered the smallpox vaccine, will you take it?

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

MA 33.5. If an outbreak of smallpox occurred, how prepared do think your city/town is to respond to prevent and control its spread? Would you say:

PLEASE READ

- 1 Very prepared
 - 2 Somewhat prepared
- or**
- 3 Not at all prepared

Do not read

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

MA33.6. When receiving or opening mail, do you take any special precautions, such as wearing gloves or opening mail in a restricted area, to prevent anthrax infection?

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

MA32.7 Do you keep any antibiotics in your home for the specific purpose of taking in the event of a bioterrorist attack?

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

MA33.8 Since the threats of terrorism and bioterrorism have emerged, do you currently feel that you have adequate social and emotional support to cope with the potential stress of these events? Would you say **(please read)**

- 1 Yes, I have adequate support
 - 2 No, I do not have adequate support
- or**
- 3 I don't need any support
- (do not read)**
- 7 Don't Know/Not sure
 - 9 Refused

Section 34: Abstinence

[Splits 1,2]

If Split = 3, GO TO Section 35: Sexual Behavior

Else if Split = 2 then do:

if Q14.6 = 1 AND MA28.1 = [0,1,2,3,4,77,99], then GO TO Section 35: Sexual Behavior

Else if Q14.6 = 88, then GO TO Section 35: Sexual Behavior

Else if Q14.6 = 99 AND MA28.2 = 88, then GO TO Section 35: Sexual Behavior

Else continue

Else if Split = 1 then continue

The next few questions ask you about your perceptions and attitudes about sexual activity among adolescents, including abstaining from sexual activity until marriage.

Split 1: Continue

Split 2: If MA28.1 is between 5-17 or MA28.2 is between 5-17 then GO TO MA 34.2.

Else if MA28.1 = (0,1,2,3,4,77,99) or MA28.2 = (0,1,2,3,4,77,99) then continue

MA34.1 We want to ask these questions to adults living in a household with children between the ages of 5 and 17. Is there a child who is between the ages of 5 and 17 living in your household?

- | | | |
|---|----------------------|--|
| 1 | Yes | |
| 2 | No | GO TO Section 35: Sexual Behavior |
| 7 | Don't Know/ Not Sure | GO TO Section 35: Sexual Behavior |
| 9 | Refused | GO TO Section 35: Sexual Behavior |

MA34.2 Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once?

__ . __ Number

(If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.)

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

MA34.3. Starting at what age do you think parents should begin to talk to their child about sexuality and ways to prevent teen pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

- | | |
|-------|---------------------|
| __ __ | Age (years) |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

MA34.4. Regarding the oldest child in your household, how old is this child and is this child a boy or a girl?

1 ___ Male age in years
 2 ___ Female age in years
 9 9 9 Refused

If Q14.6 = 1 AND MA28.1=(13-17) go to MA34.6.

Else if MA34.4 = (105-112,205-212, 999) go to Section 35: Sexual Behavior

Else if MA34.4=(113-117,213-217) continue

MA34.5 You may have answered this question earlier, but how are you related to this child? Is this child a(n)...?

PLEASE READ

- 01 Natural-born or adopted son/daughter
- 02 Stepson/stepdaughter
- 03 Grandchild
- 04 Foster child
- 05 Niece or nephew
- 06 Brother or sister
- 07 Other relative
- 08 Other non-relative

Do not read:

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

The next few questions ask about specific topics that you may or may not have discussed with this child.

MA34.6. During the past 12 months have you discussed any of the following with this child?

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. sexual abstinence	1	2	7	9
b. teen pregnancy	1	2	7	9
c. HIV/AIDS	1	2	7	9
d. other sexually transmitted disease (These include diseases such as chlamydia, gonorrhea, and syphilis)	1	2	7	9
e. how to handle pressure to have sex	1	2	7	9
f. dating violence	1	2	7	9

MA34.7. During the past 12 months, about how often have you or other adults in the household had a conversation with this child regarding sexuality and ways to prevent pregnancy, HIV, and other sexually

transmitted diseases? This could include talking about abstinence.

PLEASE READ

- 1 More than once a month
- 2 About once a month
- 3 About once every few months
- 4 Once in the past 12 months
- 5 Not at all in the past 12 months

Do not read:

Don't read
these

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

Section 35: Sexual Behavior

[Splits 1,2,3*]

If Split = [3] AND MA14.4 = [1,4,7,9], go to Section 36: Sexual Assault

Else if Split = [1,2,3] and age > 64, go to Section 36: Sexual Assault

Else if Split = [3] AND MA14.4 = (2,3) then continue * = only asked of GLB population

Else if Split = [1,2] AND {age = 18-64 or age = (7,9)} then continue

The next questions are about your sexual behavior. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

MA35.1. During the past 12 months, have you had sex?

- 1 Yes
- 2 No **GO TO Section 36: Sexual Assault**
- 7 Don't Know/ Not sure **GO TO Section 36: Sexual Assault**
- 9 Refused **GO TO Section 36: Sexual Assault**

MA35.2. During the past 12 months, with how many people have you had sex?

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

If MA35.2 = 1, go to MA35.4

MA35.3. During the past 12 months, have you had sex with only males, only females, or with both males and females?

- 1 Only males
- 2 Only females
- 3 Both males and females
- 7 Don't Know/ Not sure
- 9 Refused

MA35.4. Now, thinking back about the last time you had sex, did you or your partner use a condom?

- 1 Yes **If MA35.2=1, go to MA35.5.**
Else go to MA35.7
- 2 No **If MA35.3=(1,2,7,9) then go to Pre-MA35.6; else if MA35.2=1 or MA35.3=3 then go to MA35.5**
- 7 Don't Know **If MA35.2=1 then go to MA35.5; else go to MA35.7**
- 9 Refused **If MA35.2=1 then go to MA35.5; else go to MA35.7**

MA35.5. The last time you had sex, was your partner male or female?

- 1 Male
- 2 Female
- 7 Don't Know/ Not Sure **Go to MA35.7**
- 9 Refused **Go to MA35.7**

Pre-MA35.6

If MA35.4 = (1,7,9), go to MA35.7

Else if MA35.4=2 AND (MA35.3 = 1 or MA35.5 = 1) then go to MA35.6

Else if MA35.4=2 AND (MA35.3 = 2 or MA35.5 = 2) AND Q14.17 = 1 then go to MA35.6

Else if MA35.4=2 AND (MA35.3 = 2 or MA35.5 = 2) AND Q14.17 = 2 then go to MA35.7

Else if MA35.4=2 AND MA35.3=(7,9) then go to MA35.7

MA35.6. Which best describes the reason you did not use a condom the last time you had sex?
 [if Q14.17 = 1 and (MA35.3 = 1 or MA35.5 = 1) then read 1,2,3,14,15,5,6,12,11; else if (Q14.17 = 2 and (MA35.3 = 1 or MA35.5 = 1)) or (Q14.17 = 1 and (MA35.3 =2 or MA35.5 = 2)) then read 1,2,3,13,14,15,5,6,8,10,12,11].

PLEASE READ

- 1 No condom was available
- 2 I was too embarrassed or afraid to discuss using a condom
- 3 My partner refused to use a condom
- 13 My partner and I were using another form of birth control
- 14 Partner and I are in a monogamous relationship
- 15 Did not think at risk for STD or HIV
- 5 I believed my partner and I had the same HIV status
- 6 We did not have anal sex
- 8 My partner and I were trying to get pregnant
- 10 We did not have vaginal or anal sex
- 12 I do not like to use condoms
- or-**
- 11 Some other reason (**specify**) _____
- 77 Don't Know / Not Sure
- 99 Refused

MA35.7. During the past 12 months has a doctor, nurse or other health professional told you that you had a sexually transmitted disease or STD?

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

MA35.8. During the past 12 months, has a medical care provider asked you for a sexual or drug use history?

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

Section 36: Sexual Assault

[Split 3]

If Split = [1,2] GO TO Section 37:Gambling

Else if Split = 3 AND age > 59 then GO TO Section 37: Gambling.

Else if Split = 3 AND age = 18-59 then continue

This section is about unwanted sexual contact, which many people have experienced. The person who made unwanted sexual contact with you could have been a friend, a boyfriend or girlfriend, a family member, or anyone else. These incidents could have happened when you were a child or an adult. If you would like to talk with a counselor after the survey, you can call a toll-free, confidential, sexual assault hotline at 1-800-922-8772. Please remember that your answers are confidential and that you don't have to answer every question if you don't want to. I will start the questions now.

MA36.1 Has anyone ever had sexual contact with you that you didn't want?

- 1 Yes
- 2 No **GO TO Section 37: Gambling**
- 7 Don't know/not sure **GO TO Section 37: Gambling**
- 9 Refused **GO TO Section 37: Gambling**

MA36.2. When was the last time you experienced unwanted sexual contact?

Please read if necessary:

- 1 Within the past 12 months
- 2 1 to 5 years ago
- 3 6 to 10 years ago
- 4 11 to 15 years ago
- 5 16 to 20 years ago
- 6 21 to 25 years ago
- 8 26 to 30 years ago
- 10 31 to 35 years ago
- 11 36 to 40 years ago
- 12 41 or more years ago

Don't read these responses:

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

MA36.3 In this most recent incident of unwanted sexual contact, was there one person or more than one person who made you have sexual contact when you didn't want to?

- 1 One
- 2 More than one
- 7 Don't know/not sure **GO TO MA36.5**
- 9 Refused **GO TO MA36.5**

MA36.4 **[If MA36.3 = 1, read]** Was this person male or female?

[If MA36.3 = 2, read] Were these people male, female or both males and females?

- 1 Males
- 2 Females
- 3 Both males and females
- 7 Don't know/not sure
- 9 Refused

MA36.5 **[If MA 36.3=1, read]** What was this person's relationship to you at the time of the unwanted sexual contact? **[If MA 36.3=2, read]** What were these persons' relationships to you at the time of the unwanted sexual contact?

(if MA36.3 = 2, ask for each person. Code up to 3)

READ ONLY IF NECESSARY

- 1 stranger
- 2 spouse or live in partner
- 3 ex spouse or live in partner
- 4 date, boyfriend or girlfriend
- 5 ex boyfriend or girlfriend
- 6 parent or step-parent
- 7 relative other than a husband or parent or step parent
- 8 someone you know in a professional context, such as a co-worker health professional, or professional caretaker
- 9 some other acquaintance or friend
- 10 someone else (specify)_____

Don't read these responses

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

If MA36.2 = 1 OR 2 THEN continue with MA36.6; Else go to MA36.7

MA36.6 If you did tell anyone about this most recent incident, who did you tell? Did you tell a(n)...

Yes No Don't know Refused

a. friend		1	2	7	9
b. spouse, boyfriend, girlfriend or partner	1	2	7	9	
c. family member		1	2	7	9
d. member of clergy	1	2	7	9	
e. medical provider	1	2	7	9	
f. police		1	2	7	9
g. rape crisis hotline/counselor		1	2	7	9
h. therapist		1	2	7	9
i. anyone else (specify_____)		1	2	7	9
Ask response j. Only if a-i=2					
j. no one (until now)	1	2	7	9	

MA36.7 Did this incident of unwanted sexual contact include any kind of completed penetration of any part of your body with any object or body part? This would include completed oral, anal, or vaginal sex without your consent.

- 1 **Yes GO TO closing statement for this section**
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

MA36.8 Did this incident of unwanted sexual contact include any kind of attempted penetration of any part of your body with any object or body part?

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

Closing statement for this section

Read where MA36.1 = 1: Again, if you would like to talk with someone at a confidential sexual assault hotline, you can call toll free, 1-800-922-8772. (Ask if they need time to write it down or hear it again.)

Section 37: Gambling

[Split 1]

If Split = [2,3] go to Section 38: Binge Drinking

Else if Split = 1 continue

One issue that may cause stress in a person's life or in relationships with others is gambling. The next questions are about gambling and games of chance.

MA37.1. Gambling and games of chance include: lottery games, scratch tickets or Keno; bingo; dice or card games for money; horse or dog races; sports pools; casinos; or gambling over the Internet. In the last 12 months, have you gambled or played games of chance for money?

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

MA37.2. At any time in your life would you or anyone else in your family say that the money or time you have spent gambling led to financial problems or any other problems in your family, work, or personal life?

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

Section 38: Binge Drinking Module

[Split 1]

If Split = [2,3] GO TO Section 39:Alcohol Use

Else if Split = 3 and Q.12.3 < 77 then continue

Else if Split = 3 and Q12.3 = [77,88,99] then GO TO Section 39: Alcohol Use

Previously, you answered that you had 5 or more alcoholic beverages on one occasion at least once in the past 30 days. The next questions are about the most recent time when you did this.

38.1. During the most recent occasion when you had 5 or more alcoholic beverages, about how many beers, including malt liquor, or other malt drinks such as hard lemonade or hard cider, did you drink?

__ Number
7 7 Don't know/not sure
9 9 Refused

38.2. During the most recent occasion when you had 5 or more alcoholic beverages, about how many glasses of wine, including wine coolers, did you drink?

__ Number
7 7 Don't know/not sure
9 9 Refused

38.3. During the most recent occasion when you had 5 or more alcoholic beverages, about how many drinks of liquor, including cocktails, did you have?

__ Number
7 7 Don't know/not sure
9 9 Refused

38.4. During the most recent occasion when you had 5 or more alcoholic beverages, where were you when you did most of your drinking?

Please read

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

Do not read

- 6 Other
- 7 Don't know/not sure
- 9 Refused

38.5 During the most recent occasion when you had 5 or more alcoholic beverages, how did you get the alcohol?

Please read

- 1 A friend or acquaintance bought it or gave it to me
- 2 A family member bought it or gave it to me
- 3 I bought it at a liquor store or package store
- 4 I bought it at a supermarket, grocery store, or convenience store
- 5 I bought it at a restaurant
- 6 I bought it at a bar or club

Do not read

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

38.6 Did you happen to drive a motor vehicle, such as a car, truck, or motorcycle within two hours of that occasion?

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

Section 39: Alcohol Use

[Splits 1,2*,3*]

if Split = [2,3] and MA12.4 = [1,4,7,9] then go to Section 40: Drug Use

Else if Split = [2,3] AND age > 65 then go to Section 40: Drug Use

Else if {Split = [2,3] and MA12.4 = [2,3]} or Split = 1 then continue

*=asked only of GLB population

This section is about alcohol and drugs. Remember that your answers are strictly confidential. First, I would like to ask a few more questions about alcohol consumption.

If Q12.3 = (77,88,99) then go to MA39.4

Else if Q12.3 = 1-76 then go to MA39.7

Else if Q12.1 = (777,888,999) then continue

MA39.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 cocktail, or 1 shot of liquor. How long has it been since you last drank an alcoholic beverage at least once a month?

- 1 Within the last year
- 2 Within the last two years
- 3 3-5 years ago
- 4 5 or more years ago
- 8 Never drank/Never drank regularly **Go to Section 40: Drug Use**
- 7 Don't Know/Not sure
- 9 Refused

MA39.2. During the most recent times you were drinking, about how often during a week or month did you have at least one drink of any alcoholic beverage?

- 1 ___ Days per week
- 2 ___ Days per month
- 8 8 8 Never drank **Go to Section 40: Drug Use**
- 7 7 7 Don't know/Not sure **Go to MA39.4**
- 9 9 9 Refused **Go to MA39.4**

MA39.3. During the most recent times you were drinking, on the days when you drank, about how many drinks did you have on average?

- ___ Number of drinks
- 8 8 None **Go to next section**
- 7 7 Don't know/Not sure
- 9 9 Refused

MA39.4. At any time in your life, did you ever have [if Q14.17=1 then read, "5", else if Q14.17=2, then read, "4"] or more drinks on the same occasion?

- 1 Yes
- 2 No **GO TO MA39.7**
- 7 Don't Know/Not sure **GO TO MA39.7**
- 9 Refused **GO TO MA39.7**

MA39.5. How long has it been since you had [if Q14.17=1 then read, "5", else if Q14.17=2, then read, "4"] or more drinks on the same occasion?

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

MA39.6. At that time, how often did you have [if Q14.17=1 then read, "5", else if Q14.17=2, then read, "4"] or more drinks on the same occasion? Would you say...

PLEASE READ

- 1 Daily
 - 2 3 to 6 days per week
 - 3 1 to 2 days per week
 - 4 1 to 3 days per month
 - or**
 - 5 Less often
 - 7 Don't Know/Not Sure
 - 9 Refused
- don't read**

MA39.7. Have you or anyone else ever thought that you might have a problem with alcohol?

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

MA39.8. At any time in your life, have you ever, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up?

- 1 Yes
- 2 No **GO TO pre-MA39.10**
- 7 Don't Know/Not sure **GO TO pre-MA39.10**
- 9 Refused **GO TO pre-MA39.10**

MA39.9. When was the last time this happened?

- 1 Within the past 30 days
- 2 More than 30 days ago, but within past 12 months
- 3 More than 12 months ago
- 7 Don't Know/Not Sure
- 9 Refused

pre-MA39.10: [Ever problem drinkers]

If [Q12.2=2 AND Q12.1 =(107,230)] OR [Q12.2=3 AND Q12.1 =(105-107,220-230)] OR [Q12.2=4 AND Q12.1 =(104-107,215-230)] OR Q12.2=(5-76) OR Q12.3=(4-76) then continue.

Else if MA39.7 = 1 OR MA39.8=1 OR [MA39.3=2 AND MA39.2 =(107,230)] OR [MA39.3=3 AND MA39.2 =(105-107,220-230)] OR [MA39.3=4 AND MA39.2 =(104-107,215-230)] OR MA39.3=(5-76) OR MA39.6=(1,2,3) then continue.

[Never problem drinkers] Else go to Section 40: Drug Use

MA39.10. [Ever problem drinkers] How old were you the first time you had a whole drink of an alcoholic beverage? By drink we mean an entire alcoholic beverage by yourself, such as a glass of wine, bottle of beer, or mixed drink?

___ years old (Code 76 for 76 or older)

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

pre-MA39.11: [Recent problem drinker]

If [Q12.2=2 AND Q12.1 =(107,230)] OR [Q12.2=3 AND Q12.1 =(105-107,220-230)] OR [Q12.2=4 AND Q12.1 =(104-107,215-230)] OR Q12.2=(5-76) OR Q12.3=(4-76) OR [Q12.1=(101-230) AND MA39.7=1] then continue.

Else if [MA39.1 = 1 AND MA39.3=2 AND MA39.2 =(107,230)] OR [MA39.1 = 1 AND MA39.3=3 AND MA39.2 =(105-107,220-230)] OR [MA39.1 = 1 AND MA39.3=4 AND MA39.2 =(104-107,215-230)] OR [MA39.1 = 1 AND MA39.3=(5-76)] then continue.

Else if [MA39.5=1 AND MA39.6 = (1,2,3)] OR [MA39.1=1 AND MA39.7 = 1] OR [MA39.9=(1,2)] then continue.

[Not recent problem drinker] Else go to Section 40: Drug Use

The next set of questions are about things that might have happened as a result of using alcohol during the past 12 months.

MA39.11. [Recent problem drinker] During the past 12 months, was there a time when ...

	yes	no	dk/ns	ref
a. You spent a lot of time getting over the effects of alcohol?	1	2	7	9
b. You used alcohol more often or in larger quantities than you meant to?	1	2	7	9
c. Using the same amount of alcohol had less effect than before, or it took longer to feel the effect?	1	2	7	9
d. Your alcohol use kept you from working, going to school, caring for children, or taking part in recreational activities?	1	2	7	9
e. Your use of alcohol caused you to feel depressed, suspicious of people, or paranoid?	2	7	9	
f. Your use of alcohol caused you to have any physical problems?	1	2	7	9
g. You wanted to stop using, or cut down on alcohol, but found that you couldn't?	1	2	7	9
h. You made rules about where, when, or how much you would use alcohol, and then broke the rules more than once?	1	2	7	9
i. Did you have symptoms such as anxiety, vomiting, or trouble sleeping as the effect of the alcohol was wearing off?	1	2	7	9
j. Did you drink alcohol to prevent or cure any of these symptoms?	1	2	7	9

Section 40: Drug Use

[Splits 1,2*,3*]

if Split = [2,3] and MA12.4 = [1,4,7,9] then go to Section 41: Alcohol & Drug Treatment

Else if Split = [2,3] AND age > 65 then go to Section 41: Alcohol & Drug Treatment

Else if {Split = [2,3] and MA12.4 = [2,3]} or Split = 1 then continue

*=asked only of GLB population

I want to ask you some questions about drugs. I only want to know about drugs that have not been prescribed for you by your doctor or other health professional. Please remember that your answers are strictly confidential.

MA40.1. Have you ever, even once, used marijuana?

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

MA40.2. Have you ever, even once, used any of the following drugs: powder or crack cocaine, heroin, hallucinogens, (if respondent's age 18-35 then read "MDMA/Ecstasy or Oxycontin")

- 1 Yes
- 2 No **Go to MA40.4**
- 7 Don't Know/Not Sure **Go to MA40.4**
- 9 Refused **Go to MA40.4**

MA40.3. Which drugs have you tried even once in your lifetime? [If respondents age > 35, please read {1,2,3,4}; Else if respondent age 18-35 then read {1,2,3,4,5,6}]

(Code up to five responses)

PLEASE READ

- 1 Powder Cocaine
- 2 Crack Cocaine
- 3 Heroin
- 4 Hallucinogens
- 5 MDMA/Ecstasy
- 6 Oxycontin

Do not read:

- 7 Don't Know/Not Sure
- 9 Refused

MA40.4. Now I want to ask you about use of sedatives or tranquilizers that may or may not have been prescribed for you by your doctor or other health professional. Have you ever used sedatives or tranquilizers that were not prescribed to you, or used more than the recommended amount of these drugs when they were prescribed for you?

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

Pre-MA40.5:

If MA40.1 = (2,7,9) AND MA40.2 = (2,7,9) AND MA40.4 = (2,7,9) then go to Section 41: Alcohol and Drug Treatment.

Else if MA40.1, MA40.3 or MA40.4 = 1 then continue.

MA40.5. How old were you the first time you used either an illegal drug or a tranquilizer or sedative that was not prescribed for you?

___ years old (Code 76 for 76 or older)

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

Ask MA40.6 for each drug that respondent said yes to in MA40.1, MA40.3, or MA40.4.

MA40.6. How long has it been since you last used ...

		w/i 30 days	w/i year	>1 yr	DK/NS	Ref
a.	Marijuana	1	2	3	7	9
b.	Powder Cocaine	1	2	3	7	9
c.	Crack Cocaine	1	2	3	7	9
d.	Heroin	1	2	3	7	9
e.	Hallucinogens	1	2	3	7	9
f.	MDMA/Ecstasy	1	2	3	7	9
g.	Tranquilizers/Sedatives	1	2	3	7	9
h.	Oxycontin	1	2	3	7	9

MA40.7. Have you or anyone else ever thought that you might have a problem with your drug use?

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

pre-MA40.8: if MA40.2 = [2,7,9] go to pre-MA40.10

MA40.8. Have you ever injected any drug in order to get high, even just once?

- 1 Yes
- 2 No **GO TO pre-MA40.10**
- 7 Don't Know/Not Sure **GO TO pre-MA40.10**
- 9 Refused **GO TO pre-MA40.10**

MA40.9. How long has it been since you last injected a drug to get high?

- 1 Within the past 30 days
- 2 Within the past year (30 days to 1 year)
- 3 Within the past 5 years (1 to 5 years ago)
- 4 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

pre-MA40.10:

[Recent drug users] If MA40.6a-h = (1,2) or MA40.9 = (1,2) then go to MA40.10.

[Ever drug users] Else if MA40.6a-h = (3,7,9) or MA40.9 = (3,4,7,9) then go to Section 41: Alcohol and Drug Treatment

[Non-drug users] Else if [MA40.1 = (2,7,9) AND MA40.2 = (2,7,9) AND MA40.4 = (2,7,9)] then go to Section 41: Alcohol and Drug Treatment

The next set of questions are about things that might have happened as a result of using any of the drugs you may have used in the past 12 months. I won't be asking about which drug was responsible, only if it happened.

MA40.10. [Recent drug user] During the past 12 months, was there a time when ...

	yes	no	dk/ns	ref
a. You spent a lot of time getting over the effects of the drug?	1	2	7	9
b. You used the drug more often or in larger quantities than you intended to?	1	2	7	9
c. Using the same amount of the drug had less effect than before, or it took longer to feel the effect?	1	2	7	9
d. Your use of the drug often kept you from working, going to school, caring for children, or taking part in recreational activities?	1	2	7	9
e. Your use of drugs caused you to feel depressed, suspicious of people, paranoid, or to have strange ideas?	1	2	7	9
f. Your use of drugs caused you to have any physical problems?	1	2	7	9
g. You wanted to stop using, or cut down on drugs, but found that you couldn't?	1	2	7	9
h. You made rules about where, when, or how much you would use the drug, and then broke the rules more than once?	1	2	7	9
i. Did you have symptoms such as anxiety, vomiting, or trouble sleeping as the effect of the drug was wearing off?	1	2	7	9
j. Did you take drugs to prevent or cure any of these symptoms?	1	2	7	9

Section 41: Alcohol and Drug Treatment

[Split 1,2*,3*]

if Split = [2,3] and MA12.4 = [1,4,7,9] then go to Section 42: GLB Health

Else if Split = [2,3] AND age > 65 then go to Section 42: GLB Health

Else if {Split = [2,3] and MA12.4 = [2,3]} or Split = 1 then continue

*=asked only of GLB population

MA41.1. During the past 12 months, has a doctor, nurse or other health professional talked to you about the negative health effects of illegal drugs or alcohol abuse?

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

[Ever Drug User] If MA40.1 = 1 OR MA40.2 = 1 OR MA40.4 = 1 then continue;

[Ever Problem Drinker] Else if [Q12.2=2 AND Q12.1 =(107,230)] OR [Q12.2=3 AND Q12.1 =(105-107,220-230)] OR [Q12.2=4 AND Q12.1 =(104-107,215-230)] OR Q12.2=(5-76) OR Q12.3=(4-76) then continue.

Else if MA39.7 = 1 OR MA39.8=1 OR [MA39.3=2 AND MA39.2 =(107,230)] OR [MA39.3=3 AND MA39.2 =(105-107,220-230)] OR [MA39.3=4 AND MA39.2 =(104-107,215-230)] OR MA39.3=(5-76) OR MA39.6=(1,2,3) then continue.

Else Go to Section 42: GLB Health

The next few questions are about counseling or treatment for alcohol or drugs. Do not include treatment for cigarette smoking. First, I will ask about attendance at self-help group meetings. Please do not include educational classes in your answers.

MA41.2. [Ever drug user AND ever problem drinker] Have you ever attended even one meeting of a self-help program such as Alcoholics Anonymous or Narcotics Anonymous because you thought you might have a problem?

- 1 Yes
- 2 No **GO TO MA41.6**
- 7 Don't Know/Not Sure **GO TO MA41.6**
- 9 Refused **GO TO MA41.6**

MA41.3. How long has it been since you attended a meeting of a self-help program?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA41.4. For how long (if MA41.3=1 then read “**have you been attending**”; else if MA41.3=2-9 then read “**did you attend**”) these meetings?

- 1 ___ (number of days)
- 2 ___ (number of weeks)
- 3 ___ (number of months)
- 4 ___ (number of years)
- 7 7 7 Don't Know/Not Sure
- 9 9 9 Refused

MA41.5. About how many self-help meetings have you ever attended in your entire life? Would you say...

PLEASE READ

- 1 10 or fewer
- 2 More than 10 but fewer than 100
- 3 100 or more
- 7 Don't Know/Not Sure
- 9 refused

MA41.6. Have you ever taken a class for an offense of driving while under the influence of alcohol or drugs?

- 1 Yes
- 2 No **Go to MA41.8**
- 7 Don't Know/Not Sure **Go to MA41.8**
- 9 Refused **Go to MA41.8**

MA41.7. How long ago did you take a class?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA41.8. Now I will ask about professional help, not including self-help groups or educational classes. Have you ever received professional treatment or counseling for your use of alcohol or any drug?

- 1 Yes
- 2 No **Go to pre-MA41.16**
- 7 Don't Know/Not Sure **Go to pre-MA41.16**
- 9 Refused **Go to pre-MA41.16**

MA41.9. How many times in your life have you been in treatment or counseling?

- | | | |
|-----|-----|---------------------|
| ___ | ___ | # times |
| 7 | 7 | Don't Know/Not Sure |
| 9 | 9 | Refused |

MA41.10. How long ago were you in treatment or counseling (if MA41.9>1 then read “**the last time**”)?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA41.11. Which of the following was the main place you received treatment or counseling (if MA41.9>1 then read “**the last time**”)?

(please read)

- 1 Hospital Emergency Room
- 2 Hospital as an Inpatient
- 3 Detox Facility
- 4 Residential drug or alcohol rehabilitation facility
- 5 Outpatient drug or alcohol rehabilitation facility
- 6 Outpatient mental health facility
- 8 Private therapist or doctor's office
- 10 Some other place/facility (**specify**) _____

Do not read:

- 77 Don't Know/Not Sure
- 99 Refused

MA41.12. How did your (if MA41.9>1 then read “**last**”) treatment or counseling end? Would you say you...

(please read)

- 1 Successfully completed treatment **Go to MA41.14**
- 2 Left treatment before completing it **Go to MA41.13**
- 3 Still in treatment now **Go to MA41.14**

(don't read)

- 7 Don't Know/Not Sure **Go to MA41.15**
- 9 Refused **Go to MA41.15**

MA41.13. What was the reason you did not complete treatment? Did you leave because...?

(please read)

- 1 You had a problem with the program?
- 2 You could not afford to continue treatment?
- 3 Your family needed you
- 4 You began using alcohol or drugs again
- 5 Staff discharged you
- 6 some other reason: (**specify**) _____

(don't read these responses)

- 7 Don't Know/Not Sure
- 9 Refused

MA41.14. [If MA41.9=1:] How long [if MA41.12=(1,2) then read “**did you stay**”; else if MA41.12=3 then read “**have you been**”] in treatment?
 [If MA41.9>1:] How long [if MA41.12=(1,2) then read “**did you stay in treatment the last time**”; else if MA41.12=3 then read “**have you been in treatment this time**”]?

- 1 ___ # days
- 2 ___ # weeks
- 3 ___ # months
- 4 ___ # years
- 7 7 7 Don't Know/Not Sure
- 9 9 9 Refused

MA41.15. Which one of the following sources paid the majority of the cost of your (if MA41.9>1 then read “**last**”) treatment?

PLEASE READ

- 1 Private health insurance
- 2 Medicare
- 3 Medicaid
- 4 Family members
- 5 The Courts
- 6 Military health care
- 8 Employer
- 10 Other public assistance program
- 11 Your own savings or earnings
- 12 Some other source: (**specify** _____)

Do not read:

- don't read** 77 Don't Know/Not Sure
- 99 Refused

pre: MA41.16:

[Recent drug user] If MA40.6a-g = (1,2) OR MA40.9 = (1,2) then Go to MA41.16.
 Else go to pre-MA41.17.

MA41.16. [Recent drug user] During the past 12 months, did you need treatment or counseling for your use of drugs but did not receive it?

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

pre-MA41.17:

[Recent Problem Drinker]

If [Q12.2=2 AND Q12.1 =(107,230)] OR [Q12.2=3 AND Q12.1 =(105-107,220-230)] OR [Q12.2=4 AND Q12.1 =(104-107,215-230)] OR Q12.2=(5-76) OR Q12.3=(4-76) OR [Q12.1=(101-230) AND MA39.7=1] then continue.

Else if [MA39.1 = 1 AND MA39.3=2 AND MA39.2 =(107,230)] OR [MA39.1 = 1 AND MA39.3=3 AND MA39.2 =(105-107,220-230)] OR [MA39.1 = 1 AND MA39.3=4 AND MA39.2 =(104-107,215-230)] OR [MA39.1 = 1 AND MA39.3=(5-76)] then continue.

Else if [MA39.5=1 AND MA39.6 = (1,2,3)] OR [MA39.1=1 AND MA39.7 = 1] OR [MA39.9=(1,2)] then continue.

[Not Recent Problem Drinker] Else go to pre-MA41.18

MA41.17. [Recent problem drinker] During the past 12 months, did you need treatment or counseling for your use of alcohol but did not receive it?

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

pre: MA41.18: If MA41.2 = 2 AND MA41.8 = 2 AND [any of MA40.7 = 1] then go to MA41.18. Else if MA41.2 = 2 AND MA41.8 = 2 AND MA39.7 = 1 go to MA41.18. Else go to Section 42: GLB Health

MA41.18. What is the main reason you did not seek treatment for your alcohol or drug use?

read only if necessary

- 1 Thought could handle the problem on my own
- 2 Did not think problem was serious
- 3 Thought problem would get better by itself
- 4 Could not afford treatment
- 5 Wanted to keep drinking or using drugs
- 6 Too embarrassed to talk about it with anyone
- 8 Did not think anyone could help
- 10 Was afraid of what friends, family, etc would think
- 11 Did not have the time
- 12 Other **specify** _____

- 77 Don't Know/Not Sure
- 99 Refused

Section 42: GLB Health

[Split 1*,2*,3*]

If MA14.4 = [2,3] then continue

Else if MA14.4 = [1,4,7,9] GO TO Section 43: Follow-up

The next questions are about health care for persons who identify themselves as gay, lesbian, or bisexual.

MA42.1. When seeing a doctor, nurse or other health care providers, do you generally disclose your sexual orientation?

- 1 Yes (go to MA42.4)
- 2 no
- 7 don't know/not sure
- 9 refused (go to section 43: Follow-up)

MA42.2. What is the main reason or reasons that you don't disclose your sexual orientation?
Would you say.... **PLEASE READ**

- 1 it isn't relevant
 - 2 it doesn't come up in the discussion
 - 3 you are uncomfortable disclosing this information
 - 4 you feel that your treatment would be negatively affected (**Go to Section 43: Follow-up**)
- or**
- 5 some other reason (specify _____)

Do not read

- 7 don't know/not sure
- 9 refused (go to Section 43: Follow-up)

MA42.3. What effect do you feel that disclosing your sexual orientation might have on the medical care you receive? Do you feel that.....

PLEASE READ

- 1 your health care would be better (go to Section 43: Follow-up)
 - 2 your health care would be worse (go to Section 43: Follow-up)
- or**
- 3 your health care would be the same (go to Section 43: Follow-up)

Do not read

- 7 don't know/not sure (go to Section 43: Follow-up)
- 9 refused (go to Section 43: Follow-up)

MA42.5 What effect do you feel that disclosing your sexual orientation has had on the health care you receive? Do you feel that...

PLEASE READ

1 your health care has been better

2 your health care has been worse

or

3 your health care has been the same

Do not read

7 don't know/not sure

9 refused

Section 43: Follow-up

[Splits 1,2,3]

MA43.1 Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

Closing Statement

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

Appendix

CODING LIST Q. 6 Prescription weight loss pill

CODING LIST

Alphabetized Trade Name

Code	Trade Name	Generic Name
01	Adipex-P	Phentermine hydrochloride
02	Biphetamine	Amphetamine
04	Bontril	Phendimetrazine tartrate
05	Desoxyn	Methamphetamine hydrochloride
06	Dexedrine	Dextroamphetamine sulfate
07	Didrex	Benzphetamine hydrochloride
08	Effexor	Venlafaxine hydrochloride
09	Fastin	Phentermine hydrochloride
10	Bupropion	Wellbutrin
11	Ionamin	Phentermine resin
12	Mazanor	Mazindol hydrochloride
13	Meridia	Sibutramine
14	Obenix	Phentermine hydrochloride
15	Oby-trim	Phentermine hydrochloride
16	Oby-cap	Phentermine hydrochloride
18	Plegine	Phendimetrazine tartrate
19	Preludin	Phenmetrazine hydrochloride
20	Prelu-2	Phendimetrazine tartrate
21	Prozac	Fluoxetine hydrochloride
22	Reductil	Sibutramine
23	Tenuate	Diethylpropion hydrochloride
24	Sanorex	Mazindol hydrochloride
25	X-Troazine	Phendimetrazine tartrate
26	Xenical	Orlistat
27	Zantryl	Phentermine hydrochloride
28	Zoloft	Sertraline hydrochloride
88	Other	

CODING LIST

Alphabetized Generic Name

Code	Trade Name	Generic Name
02	Biphetamine	Amphetamine
07	Didrex	Benzphetamine hydrochloride
06	Dexedrine	Dextroamphetamine sulfate
23	Tenuate	Diethylpropion hydrochloride
21	Prozac	Fluoxetine hydrochloride
12	Mazanor	Mazindol hydrochloride
24	Sanorex	Mazindol hydrochloride
05	Desoxyn	Methamphetamine hydrochloride
26	Xenical	Orlistat
04	Bontril	Phendimetrazine tartrate
18	Plegine	Phendimetrazine tartrate
20	Prelu-2	Phendimetrazine tartrate
25	X-Troazine	Phendimetrazine tartrate
19	Preludin	Phenmetrazine hydrochloride
01	Adipex-P	Phentermine hydrochloride
09	Fastin	Phentermine hydrochloride
14	Obenix	Phentermine hydrochloride
15	Oby-trim	Phentermine hydrochloride
16	Oby-cap	Phentermine hydrochloride
27	Zantryl	Phentermine hydrochloride
11	Ionamin	Phentermine resin
28	Zoloft	Sertraline hydrochloride
13	Meridia	Sibutramine
22	Reductil	Sibutramine
08	Effexor	Venlafaxine hydrochloride
10	Bupropion	Wellbutrin
88	Other	

NOTES:

- 1. If generic name is provided, select the first code number listed.**
- 2. If only the first word of a two word generic name is provided, select the first code number listed. Specifically, the words hydrochloride, tartrate, resin and sulfate are not necessary.**

Coding List

Over-the-counter (OTC) weight loss products

Questions 9 and 10

Alphabetized Name

- 01 Advocare
- 02 Apple Cider Vinegar Pills
- 02 Body Solutions
- 04 Chromium / Chromium Picolinate
- 05 Dexatrim
- 06 Dexatrim Natural / Dexatrim Herbal
- 07 Ephedra / Ephedrine
- 08 Fat Burner
- 09 Herbalife
- 10 HydroxyCut
- 11 MetaboLIFE / MetaboLIFE356 / MetaboLITE / MetaboLIFT
- 12 MetaboLIFE Evening Formula
- 13 MetaboLIFT Mahuang Free (ma-whong)
- 14 Ripped Fuel or Twin Labs Ripped Fuel
- 15 Ripped Fuel No Mahuang (ma-whong)
- 16 Stacker2
- 17 Stacker3
- 18 Xenadrine (pronounced 'Zen-A-Dreen' or 'Zen-A-Drin')
- 19 Xenadrine-EFX ephedra free formula ('Zen-A-Dreen Ah-fed-rah' free)
- 20 Vitamins / Meal Replacement Shakes / Meal Replacement Bars including SlimFast Shakes, SlimFast Bars, Nestle's Sweet Success, Atkins Bars, Balance Bars, ZonePerfect bars
- 21 Other