



2010

Behavioral Risk Factor Surveillance System

MAINE

PATH B

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(CDC Core Draft – 11/18/2009)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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Interviewer Script

INTROQST		Select
Ask If		
HELLO, I am calling for the Maine Center for Disease Control and Prevention. My name is [Interviewer Name].		
We are gathering information about the health of Maine residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.		
INTERVIEWER NOTE: THE MAINE CENTER FOR DISEASE CONTROL AND PREVENTION (MAINE CDC) IS FORMERLY THE MANE BUREAU OF HEALTH.		
Is this [XXX-XXX-XXXX]?		
1	Yes, CONTINUE	PRIVRES
2	NUMBER IS NOT THE SAME	WRONGNUM

WRONGNUM		Key
Ask If		
INTROQST = 2		
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.		

PRIVRES		Select
Ask If		
INTROQST = 1		
Is this a private residence in Manie?		
1	Yes, CONTINUE	ISCELL
2	No, NON-RESIDENTIAL	NONRES

NONRES		Key
Ask If		
PRIVRES = 2		
Thank you very much, but we are only interviewing private residences in Maine .		

Select	
ISCELL	
Ask If	PRIVRES = 1
Is this a cellular telephone?	
READ ONLY IF NECESSARY:	
"By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."	
1	NO, NOT A CELLULAR TELEPHONE, CONTINUE ADULTS
2	YES, A CELLULAR TELEPHONE CELLYES

Key	
CELLYES	
Ask If	ISCELL = 2
Thank you very much, but we are only interviewing land line telephones and private residences.	

Numeric	
ADULTS	
Ask If	
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
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
MEN	
Ask If	
How many of these adults are men?	
__	Number of Adults

Numeric	
WOMEN	
Ask If	
How many of these adults are women?	
__	Number of Adults

WRONGTOT		Numeric
Ask If	MEN + WOMEN <> ADULTS	
I'm sorry, something is not right.		
<p style="text-align: center;">Number of Men - {MEN}</p> <p style="text-align: center;">+</p> <p style="text-align: center;">Number of Women - {WOMEN}</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">Number of Adults - {ADULTS}</p>		
1	CORRECT THE NUMBER OF MEN	MEN
2	CORRECT THE NUMBER OF WOMEN	WOMEN
3	CORRECT THE NUMBER OF ADULTS	ADULTS

SELECTED		Select
Ask If	ADULT > 1 AND (MEN + WOMEN) = ADULTS	
The person in your household I need to speak with is [RANDOMLY SELECTED ADULT] .		
Are you the [RANDOMLY SELECTED ADULT] ?		
1	YES	YOURTHE1
2	NO	GETNEWAD

ONEADULT		Select
Ask If	NUMADLT = 1	
Are you the adult?		
INTERVIEWER NOTE: ASK GENDER IF NECESSARY.		
1	YES AND THE RESPONDENT IS A MALE.	YOURTHE1
2	YES AND THE RESPONDENT IS A FEMALE.	YOURTHE1
3	NO	

ASKGENDR		Select
Ask If	ADULT =1 AND ONEADULT = 3	
Is the Adult a man or a woman?		
1	MALE	
2	FEMALE	

GETADULT		Select
Ask If	ONEADULT = 3	
May I speak with...		
[IF ASKGENDR = 1 SHOW] ...him?		
[IF ASKGENDR = 2 SHOW] ...her?		
1	YES, ADULT IS COMING TO THE PHONE	
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK	

YOURTHE1		Select
Ask If	SELECTED = 1 OR ONEADULT < 3	
Then you are the person I need to speak with.		
1	PERSON INTERESTED, CONTINUE	INTROSCR
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

GETNEWAD		Select
Ask If	SELECTED = 2	
May I speak with the [RANDOMLY SELECTED RESPONDENT] ?		
1	YES, SELECTED RESPONDENT COMING TO THE PHONE	NEWADULT
2	NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK	NEWADULT
3	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

NEWADULT		Select
Ask If	GETNEWAD = 1	
HELLO, I am calling for the [Health Department] . My name is [Interviewer Name] .		
We are gathering information about the health of [State] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.		
1	PERSON INTERESTED, CONTINUE	PRIVRES
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	WRONGNUM

Core Sections

INTROSCR		Select
Ask If		
I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call (give appropriate state telephone number) .		
1	PERSON INTERESTED, CONTINUE	C01Q01
2	GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED	ADULTS

Section 01: Health Status

C01INTRO		Pause
Ask If		

C01Q01		Select
Ask If		
Would you say that in general your health is...		

1	Excellent
2	Very good
3	Good
	Fair
4	or
5	Poor
	Do not read:
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C01END	
Ask If	

Section 02: Healthy Days -- Health-Related Quality of Life

Pause	
C02INTRO	
Ask If	

Numeric		
C02Q01		
Ask If		
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?		
—	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

Numeric	
C02Q02	
Ask If	
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?	

___	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C02END

		Numeric
C02Q03		
Ask If	C02Q01 <> 88 AND C02Q02 <> 88	
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?		
___	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

		Pause
C02END		
Ask If		

Section 03: Health Care Access

		Pause
C03INTRO		
Ask If		

Select	
C03Q01	
Ask If	
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

State Added Section 03: Health Care Coverage (A/B)

ME03Intro	
Ask If	

Select	
ME03Q01	
Ask If	C03Q01 = 1
What type of health care coverage do you use to pay for most of your medical care?	
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 MaineCare
06	The military, CHAMPUS, or the VA
07	The Indian Health Service
08	Some other source
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

ME03End	
Ask If	

Select	
C03Q02	
Ask If	
Do you have one person you think of as your personal doctor or health care provider?	
INTERVIEWER NOTE: IF "NO" ASK:	
"Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"	
1	YES, ONLY ONE
2	MORE THAN ONE
3	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C03Q03	
Ask If	
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C03Q04	
Ask If	
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	
1	Within past year (anytime less than 12 months ago)
2	Within past 2 years (1 year but less than 2 years ago)
3	Within past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	DON'T KNOW/NOT SURE
8	NEVER
9	REFUSED

C03END	Pause
Ask If	

Section 04: Sleep

C04INTRO	Pause
Ask If	

C04Q01	Numeric	
Ask If		
The next question is about getting enough rest or sleep.		
During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?		
—	NUMBER OF DAYS	
88	NONE	
77	DON'T KNOW/NOT SURE	
99	REFUSED	
01	MIN	CONTROL
30	MAX	CONTROL

C04END	Pause
Ask If	

Section 05: Exercise

C05INTRO	Pause
Ask If	

C05Q01	Select
Ask If	
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.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C05END	
Ask If	

Section 06: Diabetes

Pause	
C06INTRO	
Ask If	

Select	
C06Q01	
Ask If	
Have you ever been told by a doctor that you have diabetes?	
INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:	
"Was this only when you were pregnant?"	
INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.	
1	YES
2	YES, BUT FEMALE TOLD ONLY DURING PREGNANCY
3	NO
4	NO, PRE-DIABETES OR BORDERLINE DIABETES
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C06END	
Ask If	

Section 07: Oral Health

Pause
C07INTRO
Ask If

Select
C07Q01
Ask If
How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.
READ ONLY IF NECESSARY
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 DON'T KNOW/NOT SURE
8 NEVER
9 REFUSED

Select
C07Q02
Ask If
How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.
NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.
1 1 to 5
2 6 Or more but not all
3 All
4 None
7 DON'T KNOW/NOT SURE
9 REFUSED

CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section

Select	
C07Q03	
Ask If	NOT(C07Q01 = 8 AND C07Q03 = 3)
How long has it been since you had your teeth cleaned by a dentist or dental hygienist?	
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
8	NEVER
9	REFUSED

Pause	
C07END	
Ask If	

Section 08: Cardiovascular Disease Prevalence

Pause	
C08INTRO	
Ask If	

Select	
C08Q01	
Ask If	
Now I would like to ask you some questions about cardiovascular disease.	
Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."	
Ever told you had a heart attack, also called a myocardial infarction?	

1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C08Q02	
Ask If	
Ever told you had angina or coronary heart disease?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C08Q01	
Ask If	
Ever told you had a stroke?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C08END	
Ask If	

Section 09: Asthma

Pause	
C09INTRO	
Ask If	

Select	
C09Q01	
Ask If	
Have you ever been told by a doctor, nurse, or other health professional that you had asthma?	

1	YES	
2	NO	C09END
7	DON'T KNOW/NOT SURE	C09END
9	REFUSED	C09END

C09Q02		Select
Ask If	C09Q01 = 1	
Do you still have asthma?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C09END		Pause
Ask If		

Section 10: Disability

C10INTRO		Pause
Ask If		

C10Q01		Select
Ask If		
The following questions are about health problems or impairments you may have.		
Are you limited in any way in any activities because of physical, mental, or emotional problems?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

Select	
C10Q02	
Ask If	
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?	
NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C10END	
Ask If	

Section 11: Tobacco Use

Pause	
C11INTRO	
Ask If	

Select	
C11Q01	
Ask If	
Have you smoked at least 100 cigarettes in your entire life?	
INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES	
1	YES
2	NO
	C11Q05
7	DON'T KNOW/NOT SURE
	C11Q05
9	REFUSED
	C11Q05

Select	
C11Q02	
Ask If	C11Q01 = 1
Do you now smoke cigarettes every day, some days, or not at all?	
1	Everyday
2	Somedays
3	Not at all
	C11Q04
7	DON'T KNOW/NOT SURE
	C11Q05
9	REFUSED
	C11Q05

Select	
C11Q03	
Ask If	C11Q02 = 1 OR C11Q02 = 2
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	
1	YES
	C11Q05
2	NO
	C11Q05
7	DON'T KNOW/NOT SURE
	C11Q05
9	REFUSED
	C11Q05

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

Select	
C11Q04	
Ask If	C11Q02 = 3
How long has it been since you last smoked cigarettes regularly?	

01	Within the past month (less than 1 month ago)
02	Within the past 3 months (1 month but less than 3 months ago)
03	Within the past 6 months (3 months but less than 6 months ago)
04	Within the past year (6 months but less than 1 year ago)
05	Within the past 5 years (1 year but less than 5 years ago)
06	Within the past 10 years (5 years but less than 10 years ago)
07	10 years or more
08	Never smoked regularly
77	DON'T KNOW/NOT SURE
99	REFUSED

Select	
C11Q05	
Ask If	
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	
Snus (rhymes with 'goose')	
NOTE: SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.	
1	Everyday
2	Somedays
3	Not at all
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C11END	
Ask If	

Section 12: Demographics

Pause	
C12INTRO	
Ask If	

Numeric	
C12Q01	
Ask If	
What is your age?	
—	YEARS
07	DON'T KNOW/NOT SURE
09	REFUSED

Select	
C12Q02	
Ask If	
Are you Hispanic or Latino?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Multiple Select	
C12Q03	
Ask If	
Which one or more of the following would you say is your race?	
(CHECK ALL THAT APPLY)	
PLEASE READ:	
1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian or Alaska Native
Or	
6	Other [Specify] OTHER
8	NO ADDITIONAL CHOICES
7	DON'T KNOW/NOT SURE
9	REFUSED

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

Select	
C12Q04	
Ask If	
Which one of these groups would you say best represents your race?	
PLEASE READ:	
1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian or Alaska Native Or
6	Other [Specify] OTHER
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C12Q05	
Ask If	
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, the Persian Gulf War.	
1	Yes, now on active duty
2	Yes, on active duty during the last 12 months, but not now
3	Yes, on active duty in the past, but not during the last 12months
4	No, training for Reserves or National Guard only
5	No, never served in the military
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C12Q06	
Ask If	
Are you...?	
PLEASE READ:	

1	Married
2	Divorced
3	Widowed
4	Separated
5	Never married Or
6	A member of an unmarried couple
9	REFUSED

State Added Section 02: Demographics Sexual Orientation (A/B)

ME02Intro
Ask If
Insert after C12Q06

Select
ME02Q01
Ask If
Now I'll read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual, gay or lesbian; and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself:
1 Heterosexual or straight
2 Homosexual (gay or lesbian)
3 Bisexual
4 Other
7 DON'T KNOW/NOT SURE
9 REFUSED

ME02End
Ask If

Numeric	
C12Q07	
Ask If	
How many children less than 18 years of age live in your household?	
___	NUMBER OF CHILDREN
88	NONE
99	REFUSED

Select	
C12Q08	
Ask If	
What is the highest grade or year of school you completed?	
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

Select	
C12Q09	
Ask If	
Are you currently...?	
PLEASE READ:	
01	Employed for wages
02	Self-employed
03	Out of work for more than 1 year
04	Out of work for less than 1 year
05	A Homemaker
06	A Student
07	Retired Or
08	Unable to work
99	REFUSED

C12Q10d		Select
Ask If		
Is your annual household income from all sources:		
Less than \$25,000?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10c		Select
Ask If		C12Q10d = 1
Is your annual household income from all sources:		
Less than \$20,000?		
1	YES	
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10b		Select
Ask If		C12Q10c = 1
Is your annual household income from all sources:		
Less than \$15,000?		
1	YES	
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10a		Select
Ask If	C12Q10b = 1	
Is your annual household income from all sources: Less than \$10,000?		
1	YES	C12Q10i
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10e		Select
Ask If	C12Q10d = 2	
Is your annual household income from all sources: Less than \$35,000?		
1	YES	C12Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10f		Select
Ask If	C12Q10e = 2	
Is your annual household income from all sources: Less than \$50,000?		
1	YES	C12Q10i
2	NO	
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10g		Select
Ask If	C12Q10f = 2	
Is your annual household income from all sources: Less than \$75,000?		
1	YES	C12Q10i
2	NO	C12Q10i
7	DON'T KNOW/NOT SURE	C12Q10i
9	REFUSED	C12Q10i

C12Q10i		Select
Ask If		
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS: {If C12Q10g = 2, More than \$75,000?} {If C12Q10g = 1, \$50,000 to less than \$75,000} {If C12Q10f = 1, \$35,000 to less than \$50,000} {If C12Q10e = 1, \$25,000 to less than \$35,000} {If C12Q10c = 2, \$20,000 to less than \$25,000} {If C12Q10b = 2, \$15,000 to less than \$20,000} {If C12Q10a = 2, \$10,000 to less than \$15,000} {If C12Q10a = 1, Less than \$10,000} {Default, REFUSED/DON'T KNOW/NOTSURE}		
IS THIS CORRECT?		
1	YES	
2	NO	C12Q10d
7	DON'T KNOW/NOT SURE	
9	REFUSED	

C12Q11		Numeric
Ask If		
About how much do you weigh without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 122.		
ROUND FRACTIONS UP		
_____	WEIGHT	
7777	DON'T KNOW/NOT SURE	
9999	REFUSED	

C12Q12		Numeric
Ask If		
About how tall are you without shoes?		
NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 126.		
ROUND FRACTIONS DOWN		
___/___	HEIGHT	
77/77	DON'T KNOW/NOT SURE	
99/99	REFUSED	

Numeric	
C12Q13	
Ask If	
What county do you live in?	
___	FIPS COUNTY CODE
777	DON'T KNOW/NOT SURE
999	REFUSED

State Added Section 01: Demographics (Town) (A/B)

ME01Intro	
Ask If	
Insert after C12Q13	

Numeric	
ME01Q01	
Ask If	
What Town do you live in?	
___	GEOCODE CODE
777	DON'T KNOW/NOT SURE
999	REFUSED

ME01End	
Ask If	

C12Q14		Numeric
Ask If		
What is your ZIP Code where you live?		
_____	ZIP Code	
77777	DON'T KNOW/NOT SURE	
99999	REFUSED	

C12Q15		Select
Ask If		
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.		
1	YES	
2	NO	C12Q17
7	DON'T KNOW/NOT SURE	C12Q17
9	REFUSED	C12Q17

C12Q16		Numeric
Ask If		
	C12Q15 = 1	
How many of these telephone numbers are residential numbers?		
__	Residential Telephone Numbers [6 = 6 or more]	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

Select	
C12Q17	
Ask If	
During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters.	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

[CELL PHONE QUESTIONS]

Select	
C12Q18A	
Ask If	
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	
1	YES C12Q18C
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C12Q18B	
Ask If	C12Q18A <> 1
Do you share a cell phone for personal use (at least one-third of the time) with other adults?	
1	YES C12Q18D
2	NO C12Q19
7	DON'T KNOW/NOT SURE C12Q19
9	REFUSED C12Q19

Select		
C12Q18C		
Ask If	C12Q18A = 1	
Do you usually share this cell phone (at least one-third of the time) with any other adults?		
1	YES	C12Q18D
2	NO	C12Q19
7	DON'T KNOW/NOT SURE	C12Q19
9	REFUSED	C12Q19

Numeric		
C12Q18D		
Ask If	C12Q18A = 1 OR C12Q18B = 1	
Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?		
___	Enter Percent (1 to 100)	
888	NONE	
777	DON'T KNOW/NOT SURE	
999	REFUSED	

Select		
C12Q19		
Ask If		
Indicate sex of respondent. Ask only if necessary.		
1	MALE	C12END
2	FEMALE	

Select		
C12Q20		
Ask If	C12Q19 = 2 AND C12Q01 <= 45	
To your knowledge, are you now pregnant?		
1	YES	
2	NO	
7	DON'T KNOW/NOT SURE	
9	REFUSED	

Pause
C12END
Ask If

Section 13: Alcohol Consumption

Pause
C13INTRO
Ask If

Select
C13Q01
Ask If
During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
1 YES
2 NO C13END
7 DON'T KNOW/NOT SURE C13END
9 REFUSED C13END

Numeric
C13Q02
Ask If C13Q01 = 1
During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?
1 __ Days per week
2 __ Days per month
888 No drinks in the past 30 days C13END
777 DON'T KNOW/NOT SURE
999 REFUSED

Numeric	
C13Q03	
Ask If	C13Q01 = 1 AND C13Q02 <> 888
One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	
NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.	
__	Number of drinks
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
C13Q04	
Ask If	C13Q01 = 1 AND C13Q02 <> 888
Considering all types of alcoholic beverages, how many times during the past 30 days did you have [If C12Q19 = 1, 5, 4] or more drinks on an occasion?	
__	Number of times
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
C13Q05	
Ask If	C13Q01 = 1 AND C13Q02 <> 888
During the past 30 days, what is the largest number of drinks you had on any occasion?	
__	Number of drinks
77	DON'T KNOW/NOT SURE
99	REFUSED

Pause	
C13END	
Ask If	

Section 14: Immunization

Pause
C14INTRO
Ask If

Select
C14Q01
Ask If
Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?
1 YES
2 NO C14Q03
7 DON'T KNOW/NOT SURE C14Q03
9 REFUSED C14Q03

Numeric
C14Q02
Ask If
During what month and year did you receive your most recent seasonal flu shot?
___/___ Month / Year
77/7777 DON'T KNOW/NOT SURE
99/9999 REFUSED

Select
C14Q03
Ask If
The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?
1 YES
2 NO C14Q05
7 DON'T KNOW/NOT SURE C14Q05
9 REFUSED C14Q05

Numeric
C14Q04
Ask If
During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in

your nose?	
___/___	Month / Year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

Select	
C14Q05	
Ask If	
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C15END	
Ask If	

Section 15: Falls

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

Pause	
C15INTRO	
Ask If	C12Q01 >= 45

Numeric	
C15Q01	
Ask If	
The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.	
In the past 3 months, how many times have you fallen?	

___	Number of times [76 = 76 or more]	
88	NONE	C15END
77	DON'T KNOW/NOT SURE	C15END
99	REFUSED	C15END

Numeric	
C15Q02	
Ask If	C15q01 < 77
<p>[FILL IN "DID THIS FALL (FROM Q15.1) CAUSE AN INJURY?". IF ONLY ONE FALL FROM Q15.1 AND RESPONSE IS "YES" (CAUSED AN INJURY); CODE 01. IF RESPONSE IS "NO," CODE 88.</p> <p>How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.</p>	
___	Number of falls [76 = 76 or more]
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

Pause	
C15END	
Ask If	

Section 16: Seatbelt Use

Pause	
C16INTRO	
Ask If	

Select	
C16Q01	
Ask If	
How often do you use seat belts when you drive or ride in a car? Would you say—	
PLEASE READ:	
1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never
7	DON'T KNOW/NOT SURE
8	NEVER DRIVE OR RIDE IN A CAR C16END
9	REFUSED

CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

Pause	
C16END	
Ask If	

Section 17: Drinking and Driving

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

Pause	
C17INTRO	
Ask If	C16Q01 <> 8 AND C13Q01 <> 2

Numeric	
C17Q01	
Ask If	
The next question is about drinking and driving.	
During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	
__	Number of times [76 = 76 or more]
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

Pause
C17END
Ask If

Section 18: Women's Health

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

Pause
C18INTRO
Ask If C12Q19 = 2

Select
C18Q01
Ask If
The next questions are about breast and cervical cancer.
A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
1 YES
2 NO C18Q03
7 DON'T KNOW/NOT SURE C18Q03
9 REFUSED C18Q03

Select
C18Q02
Ask If C18Q01 = 1
How long has it been since you had your last mammogram?
READ ONLY IF NECESSARY

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (2 years but less than 5 years ago)
5	5 or more years ago
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C18Q03	
Ask If	
A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?	
1	YES
2	NO C18Q05
7	DON'T KNOW/NOT SURE C18Q05
9	REFUSED C18Q05

Select	
C18Q04	
Ask If	C18Q03 = 1
How long has it been since your last breast exam?	
READ ONLY IF NECESSARY	
1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (2 years but less than 5 years ago)
5	5 or more years ago
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C18Q05	
Ask If	
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?	
1	YES
2	NO
	C18Q07
7	DON'T KNOW/NOT SURE
	C18Q07
9	REFUSED
	C18Q07

Select	
C18Q06	
Ask If	C18Q05 = 1
How long has it been since you had your last Pap test?	
READ ONLY IF NECESSARY	
1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (2 years but less than 5 years ago)
5	5 or more years ago
7	DON'T KNOW/NOT SURE
9	REFUSED

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

Select	
C18Q07	
Ask If	C12Q20 <> 1
Have you had a hysterectomy?	
READ ONLY IF NECESSARY: A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause
C18END
Ask If

Section 19: Prostate Cancer Screening

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

Pause
C19INTRO
Ask If C12Q01 > 39 AND C12Q19 = 1

Select
C19Q01
Ask If
Now, I will ask you some questions about prostate cancer screening.
A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?
1 YES
2 NO C19Q03
7 DON'T KNOW/NOT SURE C19Q03
9 REFUSED C19Q03

Select	
C19Q02	
Ask If	C19Q01 = 1
How long has it been since you had your last PSA test?	
READ ONLY IF NECESSARY	
1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (2 years but less than 5 years ago)
5	5 or more years ago
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C19Q03	
Ask If	
A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?	
1	YES
2	NO
	C19Q05
7	DON'T KNOW/NOT SURE
	C19Q05
9	REFUSED
	C19Q05

Select	
C19Q04	
Ask If	C19Q03 = 1
How long has it been since your last digital rectal exam?	
READ ONLY IF NECESSARY	
1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (2 years but less than 5 years ago)
5	5 or more years ago
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C19Q05	
Ask If	
Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
C19END	
Ask If	

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section

Pause	
C20INTRO	
Ask If	C12Q01 > 49

Select	
C20Q01	
Ask If	
The next questions are about colorectal cancer screening.	
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 C20Q03
7	DON'T KNOW/NOT SURE C20Q03
9	REFUSED C20Q03

Select	
C20Q02	
Ask If	C20Q01 = 1
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 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (2 years but less than 5 years ago)
5	5 or more years ago
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C20Q03	
Ask If	
Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	
1	YES
2	NO C21Q01
7	DON'T KNOW/NOT SURE C21Q01
9	REFUSED C21Q01

Select	
C20Q04	
Ask If	C20Q03 = 1
For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?	
1	SIGMOIDOSCOPY
2	COLONOSCOPY
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C20Q05	
Ask If	
How long has it been since you had your last sigmoidoscopy or colonoscopy?	
READ ONLY IF NECESSARY	
01	Within the past year (anytime less than 12 months ago)
02	Within the past 2 years (1 year but less than 2 years ago)
03	Within the past 3 years (2 years but less than 3 years ago)
04	Within the past 5 years (2 years but less than 5 years ago)
05	5 or more years ago
06	Within the past 10 years (5 years but less than 10 years ago)
07	10 or more years ago
77	DON'T KNOW/NOT SURE
99	REFUSED

Pause	
C20END	
Ask If	

Section 21: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section

Pause	
C21INTRO	
Ask If	C12Q20 < 65

Select		
C21Q01		
Ask If		
<p>The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>		
1	YES	
2	NO	C21Q05
7	DON'T KNOW/NOT SURE	C21Q05
9	REFUSED	C21Q05

Numeric	
C21Q02	
Ask If	C21Q01 = 1
<p>Not including blood donations, in what month and year was your last HIV test?</p> <p>NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."</p> <p>CATI INSTRUCTION: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.</p>	
___/___	Month / Year
77/7777	DON'T KNOW/NOT SURE
99/9999	REFUSED

Select	
C21Q03	
Ask If	C21Q01 = 1
<p>Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?</p> <p>READ ONLY IF NECESSARY</p>	

01	Private doctor or HMO office)
02	Counseling and testing site
03	Hospital
04	Clinic
05	Jail or prison (or other correctional facility)
06	Drug treatment facility
07	At home
08	Somewhere else
Do not read:	
77	DON'T KNOW/NOT SURE
99	REFUSED

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

Select	
C21Q04	
Ask If	C21Q01 = 1 AND C21Q02 = WITHIN LAST 12 MONTHS
Was it a rapid test where you could get your results within a couple of hours?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
C21Q05	
Ask If	
I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.	
<ul style="list-style-type: none"> ▪ 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

Pause
C21END
Ask If

Section 22: Emotional Support and Life Satisfaction

Pause
C22INTRO
Ask If

Select
C22Q01
Ask If
The next two questions are about emotional support and your satisfaction with life.
How often do you get the social and emotional support you need?
INTERVIEWER NOTE: IF ASKED, SAY
"please include support from <u>any</u> source."
PLEASE READ:
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
C22Q02
Ask If
In general, how satisfied are you with your life?
PLEASE READ:
1 Very satisfied
2 Satisfied
3 Dissatisfied
4 Very dissatisfied
7 DON'T KNOW/NOT SURE
9 REFUSED

Pause
C22END
Ask If

Module 22: Adverse Childhood Experience

Pause
M22INTRO
Ask If
<p>I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age--</p>

Select
M22Q01
Ask If
Did you live with anyone who was depressed, mentally ill, or suicidal?
1 Yes
2 No
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
M22Q02
Ask If
Did you live with anyone who was a problem drinker or alcoholic?
1 Yes
2 No
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
M22Q03
Ask If
Did you live with anyone who used illegal street drugs or who abused prescription medications?
1 Yes
2 No
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
M22Q04
Ask If
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
1 Yes
2 No
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
M22Q05
Ask If
Were your parents separated or divorced?
1 Yes
2 No
8 Parents not married
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
M22Q06
Ask If
How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
1 Never
2 Once
3 More than once
Do not read:
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
M22Q07
Ask If
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---
1 Never
2 Once
3 More than once
Do not read:
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
M22Q08
Ask If
How often did a parent or adult in your home ever swear at you, insult you, or put you down?
1 Never
2 Once
3 More than once
Do not read:
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
M22Q09
Ask If
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
1 Never
2 Once
3 More than once
Do not read:
7 DON'T KNOW/NOT SURE
9 REFUSED

Select	
M22Q10	
Ask If	
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	
1	Never
2	Once
3	More than once
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
M22Q11	
Ask If	
How often did anyone at least 5 years older than you or an adult, force you to have sex?	
1	Never
2	Once
3	More than once
Do not read:	
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
M22END	
Ask If	
<p>As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial (place state or local hotline here) to reach a referral service to locate an agency in your area. [Note: if no local or state hotline is available, give respondent the National Hotline for child abuse 1-800-422-4-A-CHILD (1-800-422-4453)].</p>	

State Added Section 12: Cigarette Use (Same as 2009)(B)

ME12Intro
Ask If

ME12Q01	Numeric
Ask If	C11Q01 = 1 AND C11Q02 < 3
We have some additional questions on specific health issues that we would like to ask you about.	
On the average, about how many cigarettes a day do you now smoke?	
INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES	
___	ENTER NUMBER OF CIGARETTES
777	DON'T KNOW/NOT SURE
999	REFUSED

ME12Q02	Numeric
Ask If	C11Q01 = 1 AND C11Q02 < 3
On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?	
INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES	
___	ENTER NUMBER OF CIGARETTES
777	DON'T KNOW/NOT SURE
999	REFUSED

Numeric	
ME12Q03	
Ask If	C11Q01 = 1
How old were you when you smoked your first cigarette?	
—	YEARS
77	DON'T KNOW/NOT SURE
99	REFUSED

Select	
ME12Q04	
Ask If	C11Q01 = 1 AND C11Q02 < 3
How do you usually get your cigarettes?	
Would you say...	
1	Convenience store or gas station
2	Tobacco specialty shop
3	Other store
4	Some other way
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME12Q05	
Ask If	C11Q01 = 1 AND C11Q02 > 0 AND C11Q02 < 3
Do you purchase cigarettes over the internet?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Numeric	
ME12Q06	
Ask If	ME12Q05 = 1
In the past month, how many cartons of cigarettes did you buy over the internet?	
_____ ENTER NUMBER	
888	NONE
777	DON'T KNOW/NOT SURE
999	REFUSED

ME12End
Ask If

State Added Section 13: Other Tobacco Products (Same as 2008)(B)

ME13Intro
Ask If

Select	
ME13Q01	
Ask If	
Now I would like to ask you some questions about using other kinds of tobacco.	
Do you now use chewing tobacco or snuff or 'every day,' 'some days,' or 'not at all'?	
1	EVERY DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME13Q02	
Ask If	
Do you now smoke REGULAR CIGARS OR CIGARILLOS 'every day,' 'some days,' or 'not at all'?	
INTERVIEWER NOTE: REGULAR MEANS NOT FLAVORED OR NOT CIGARETTE SIZED.	
1	EVERY DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME13Q04	
Ask If	
Do you now smoke SMALL FLAVORED CIGARS?	
1	EVERY DAY
2	SOME DAYS
3	NOT AT ALL
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME13Q05	
Ask If	
Do you roll your own cigarettes?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME13Q06	
Ask If	
Have you EVER USED a waterpipe or hookah to smoke tobacco?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

ME13End	
Ask If	

State Added Section 14: Cessation (B)

Pause	
ME14Intro	
Ask If	

Select	
ME14Q01	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1)
The next questions are about quitting tobacco use.	
Would you like to quit smoking or using other tobacco products?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q02	
Ask If	ME14Q01 = 1
Are you seriously considering quitting WITHIN THE NEXT 6 MONTHS?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q03	
Ask If	ME14Q01 = 1
Are you planning to stop WITHIN THE NEXT 30 DAYS?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q04	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1)
Now I'm going to read you a list of products and services that you might have used to help you quit smoking or using other tobacco products. In the last 12 months, have you used... Self-help materials such as booklets, tapes, or videos?	
1	YES
2	NO
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS. ME14Q10
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q05	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1) AND ME14Q04 <> 3
(Now I'm going to read you a list of products and services that you might have used to help you quit smoking or using other tobacco products. In the last 12 months, have you used...)	
Nicotine replacement medications such as nicotine patches, gum, inhaler or nasal spray?	
1	YES
2	NO
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS.
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q06	
Ask If	ME14Q05 = 1
How did you pay for it (nicotine replacement systems)? Would you say...	
INTERVIEWER NOTE: ANY CASH PAYMENT IS CODED AS RESPONSE 1.	
1	You paid for it on your own
2	Insurance paid for some of it
3	Insurance paid for all of it
4	You were given the medication free of charge
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q07	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1)AND ME14Q05 <> 3
(In the last 12 months, have you used...)	
Non-nicotine medication such as Zyban, Wellbutrin, Chantix, Varenicline or other medication?	
INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN TIX"	
VARENICLINE PRONOUNCED "VER EN E KLEEN"	
1	YES
2	NO
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS.
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q08	
Ask If	ME14Q07 = 1
How did you pay for it (non-nicotine medication)? Would you say...	
INTERVIEWER NOTE: ANY CASH PAYMENT IS CODED AS RESPONSE 1.	
1	You paid for it on your own
2	Insurance paid for some of it
3	Insurance paid for all of it
4	You were given the medication free of charge
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q09	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1)AND ME14Q07 <> 3
(In the last 12 months, have you used...)	
A quit smoking class, group, counselor, or The Maine Tobacco Helpline?	
1	YES
2	NO
3	I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS.
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q10	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1)
In the past 12 months, has a dentist or dental hygienist advised you to stop smoking?	
1	YES
2	NO
3	YOU HAVE NOT SEEN A DENTIST IN THE LAST 12 MONTHS
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q11	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1)
The next set of questions is about experiences you may have had during a visit to a doctor's office in the last 12 months.	
During any such visit, did any health professional...	
Advise you to stop smoking or using other tobacco products?	
1	YES
2	NO
3	YOU HAVE NOT VISITED A DOCTOR'S OFFICE IN THE LAST 12 MONTHS ME14Q16
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q12	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1)AND ME14Q11 <> 3
(During any such visit, did any health professional...)	
Spend time talking with you about your use of tobacco products, cigarette smoking, or helping you to prepare for quitting?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q13	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1) AND ME14Q11 <> 3
(During any such visit, did any health professional...)	
Give you self-help materials, brochures or pamphlets, about quitting smoking or using tobacco products?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q14	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1) AND ME14Q11 <> 3
(During any such visit, did any health professional...)	
Give you information about counseling classes or programs, such as the Maine Tobacco HelpLine to help you quit smoking or using other tobacco products?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q15	
Ask If	C11Q01 = 1 AND (C11Q02 < 3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 3 OR ME13Q05 = 1) AND ME14Q11 <> 3
(During any such visit, did any health professional...)	
Talk with you about medications to help you stop smoking or using other tobacco products?	
INTERVIEWER NOTE: IF CLARIFICATION NEEDED ON 'MEDICATIONS', STATE: "SUCH AS NICOTINE PATCH OR GUM, NICOTINE INHALER OR NASAL SPRAY, OR MEDICATION (ZYBAN, WELLBUTRIN, CHANTIX, OR VARENICLINE)"	
INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN TIX"; VARENICLINE PRONOUNCED "VER EN E KLEEN"	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME14Q16	
Ask If	C11Q01 = 1 AND (C11Q02 <3 OR ME13Q01 < 3 OR ME13Q02 < 3 OR ME13Q03 < 3 OR ME13Q04 < 1 OR ME13Q05 = 1)
In the past 12 months, what is the longest time you have quit smoking?	
Would you say...	
1	Less than one day
2	1 to 6 days
3	7 to 30 days
4	30 days or more
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
ME14End	
Ask If	

State Added Section 15: Environmental Tobacco Smoke (B)

Pause
ME15Intro
Ask If

Select
ME15Q01
Ask If
Now I'm going to ask you some questions about secondhand cigarette smoke.
Do you agree or disagree with the following statement "People should be protected from secondhand smoke"?
Would you say you ...
1 Strongly agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
ME15Q02
Ask If
Do you think smoke from other people's cigarettes is harmful?
Would you say...
1 Not harmful
2 Somewhat harmful
3 Very harmful
7 DON'T KNOW/NOT SURE
9 REFUSED

Numeric	
ME15Q03	
Ask If	
How many hours per day do you usually spend inside your home? (Include sleeping)	
___	HOURS
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
ME15Q04	
Ask If	
Other than yourself, how many people living in your household smoke cigarettes, cigars, or pipes?	
___	PEOPLE
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

Numeric	
ME15Q05	
Ask If	
On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere INSIDE your home?	
___	DAYS
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

Select	
ME15Q06	
Ask If	
Which of the following statements best describes the rules about smoking inside your home?	
1	No one is allowed to smoke anywhere inside your home
2	Smoking is allowed in some places or at some times
3	Smoking is permitted anywhere inside your home
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME15Q07	
Ask If	
Which of the following statements best describes the rules about smoking inside your car?	
1	No one is allowed to smoke inside your car
2	Smoking is not allowed if children are in your car
3	Smoking is permitted anytime inside your car
4	DON'T OWN A CAR
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME15Q08	
Ask If	
In the past 12 months have you asked someone to not smoke near you or around you?	
1	YES
2	NO
7	DON'T KNOW/NOT SURE
9	REFUSED

Numeric	
ME15Q09	
Ask If	
DURING THE PAST 7 DAYS , on how many days did you ride in a car with someone who was	

smoking cigarettes in that car?	
INTERVIEWER NOTE: THIS QUESTION REFERS TO PEOPLE SMOKING OTHER THAN THE RESPONDENT.	
__	DAYS
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED

Select	
ME15Q10	
Ask If	C12Q9 = 1 OR C12Q09 = 2
Is your time at work spent mostly indoors, outdoors, or in a vehicle?	
INTERVIEWER NOTE: CONSIDER A BOAT OUTDOORS	
1	INDOORS
2	OUTDOORS
3	IN A VEHICLE
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME15Q11	
Ask If	C12Q9 = 1 OR C12Q09 = 2
Which of these best describes your place of work's smoking policy for indoor public or common areas, such as lobbies, rest rooms and lunchrooms?	
Would you say smoking is...	
1	Not allowed in any public areas
2	Allowed in some public areas
3	Allowed in all public areas
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME15Q12	
Ask If	C12Q9 = 1 OR C12Q09 = 2
Which of these statements best describes your place of work's smoking policy for work areas?	
Would you say smoking is...	
1	Not allowed in any work area
2	Allowed in some work areas
3	Allowed in all work areas
7	DON'T KNOW/NOT SURE
9	REFUSED

Numeric	
ME15Q13	
Ask If	C12Q9 = 1 OR C12Q09 = 2
IN A TYPICAL WEEK , about how many hours would you say you are exposed to secondhand smoke at work?	
___	HOURS
222	LESS THAN 1 HOUR
888	NONE
777	DON'T KNOW/NOT SURE
999	REFUSED

Pause	
ME15End	
Ask If	

State Added Section 16: Smoking Beliefs (Same as 2008)(B)

Pause	
ME16Intro	
Ask If	

Select	
ME16Q01	
Ask If	
Now, I am going to ask your opinions about the effects you believe tobacco has on your community.	
In your community, how serious of a problem is tobacco use?	
1	Not at all serious
2	A little serious
3	Somewhat serious
4	Very serious
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME16Q02	
Ask If	
When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, or other tobacco products?	
Would you say...	
1	Frequently
2	Sometimes
3	Occasionally
4	Almost never
5	I DON'T GO TO CONVENIENCE STORES OR GAS STATIONS
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME16Q03	
Ask If	
Have you seen anyone smoking anywhere on the local school grounds when you have attended a school or non-school event in the past year?	
1	YES
2	NO
3	DID NOT ATTEND ANY EVENTS ON SCHOOL GROUNDS
7	DON'T KNOW/NOT SURE
9	REFUSED

Select	
ME16Q04	
Ask If	
Out of every 100 high school students in your community, how many do you think smoke cigarettes?	
____ OUT-OF-100 HIGH SCHOOL STUDENTS SMOKE	
888	NONE
777	DON'T KNOW/NOT SURE
999	REFUSED

Numeric	
ME16Q05	
Ask If	
Out of every 100 adults in your community, how many do you think smoke cigarettes?	
____ OUT-OF-100 ADULTS SMOKE	
888	NONE
777	DON'T KNOW/NOT SURE
999	REFUSED

Select	
ME16Q06	
Ask If	C12Q07 <> 88
During the last 6 months, how many times have you talked to your child about what he/she can or cannot do when it comes to tobacco	
1	Never
2	Once
3	Twice
4	3 or more times
7	DON'T KNOW/NOT SURE
9	REFUSED

Pause	
ME16End	
Ask If	

State Added Section 17: Mental Health (B)

Pause
ME17Intro
Ask If

Select
ME17Q01
Ask If
Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder; including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?
1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
ME17Q02
Ask If
Has a doctor or other healthcare provider EVER told you that you have a depressive disorder; including depression, major depression, dysthymia, or minor depression?
1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

Select
ME17Q03
Ask If
Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health condition or emotional problem?
1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

ME17End	Pause
Ask If	