

# New Mexico

## Behavioral Risk Factor Surveillance System

### 2009 version 15 1.7.09

w CDC changes from 9.19.08, 11.12.08, 12.22.08 and 1.5.09  
State Added Module Columns Included

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TOTAL QUESTIONS=110

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TOTAL QUESTIONS QSTPATH1=46

**OPTIONAL MODULES SPLIT SAMPLE 2500 INTERVIEWS QUESTPATH 2**

Module 1: Pre-Diabetes see above.....	8
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STATE ADDED MODULE 5: SEXUAL ORIENTATION (1 question).....	55
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**TOTAL QUESTIONS QSTPATH1=30**

**STATE ADDED QUESTIONS:**

State Added Module 1: TRIBAL AFFILIATION (1 question) .....	18
State Added Module 2: HEALTH CARE COVERAGE (2 questions).....	18
STATE ADDED MODULE 4: ASTHMA FOLLOW-UP PERMISSION (6 questions) (5 State Added) .....	52
STATE ADDED MODULE 5: SEXUAL ORIENTATION (1 question).....	55/58
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**TOTAL STATE ADDED QUESTIONS =44**

## Interviewer's Script

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

Is this       (phone number)       ?

If "no,"

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

Is this a private residence in New Mexico?

If "no,"

Thank you very much, but we are only interviewing private residences in New Mexico. **STOP**

Is this a cellular telephone?

**Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".**

If "yes,"

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

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

\_\_\_ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

If "no,"

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

How many of these adults are men?

\_\_\_ Number of men

How many of these adults are women?

\_\_\_ Number of women

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

**If "you," go to page 4**

**To the correct respondent:**

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

**Core Sections**

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **1-877-325-8226**.

**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
- 5        Poor

**Do not read:**

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

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

---

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

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

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

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

**2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

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

**CLAUDE: ADD CHECK FROM 2008 NM CATI QUESTIONNAIRE**

**2.3 CANNOT BE GREATER THAN THE SUM OF 2.1 + 2.2**

**Section 3: Health Care Access**

---

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

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

**3.2** Do you have one person you think of as your personal doctor or health care provider?  
If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)

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

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

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

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

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

#### Section 4: Sleep

---

The next question is about getting enough rest or sleep.

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

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

#### Section 5: Exercise

---

- 5.1            During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (86)

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

**Section 6: Diabetes**

---

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

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

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

(87)

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

**Module 1: Pre-Diabetes**

---

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

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

(245)

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

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

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

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

(246)

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



## Module 2: Diabetes

---

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

1. How old were you when you were told you have diabetes? (247-248)

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

2. Are you now taking insulin? (249)

1 Yes  
2 No  
9 Refused

3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (250-252)

1 -- Times per day  
2 -- Times per week  
3 -- Times per month  
4 -- Times per year  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (253-255)

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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

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

6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (258-259)

Number of times [76 = 76 or more]  
8 8 None  
9 8 Never heard of "A one C" test  
7 7 Don't know / Not sure  
9 9 Refused

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

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

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

8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (262)

**Read only if necessary:**

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

**Do not read:**

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

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

(264)

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

## Section 7: Hypertension Awareness

---

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

(88)

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

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

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

(89)

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

**Section 8: Cholesterol Awareness**

---

**8.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

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

**8.2** About how long has it been since you last had your blood cholesterol checked? (91)

**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

**8.3** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (92)

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

## Section 9: Cardiovascular Disease Prevalence

---

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

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

9.1 (Ever told) you had a heart attack, also called a myocardial infarction? (93)

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

9.2 (Ever told) you had angina or coronary heart disease? (94)

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

9.3 (Ever told) you had a stroke? (95)

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

**Section 10: Asthma**

---

**10.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)

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

**10.2** Do you still have asthma? (97)

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

## Section 11: Tobacco Use

---

11.1 Have you smoked at least 100 cigarettes in your entire life? (98)

**NOTE: 5 packs = 100 cigarettes**

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

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

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

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

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

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

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

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

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

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

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

**Do not read:**

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



**Section 12: Demographics**

---

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

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

**12.2**            Are you Hispanic or Latino? (106)

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

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

**CATI NOTE: IF 12.2=1 READ 12.3 AS 'WHITE HISPANIC, BLACK HISPANIC, ETC.**

**(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 *(If response go to SAM 1.1)*
- 6        Other [specify] \_\_\_\_\_ (SAM620-629)

**Do not read:**

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

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

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

**Do not read:**

- 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] \_\_\_\_\_ (SAM 630-639)

**STATE ADDED MODULE 1: TRIBAL AFFILIATION**

**NM SAM 1, 2008**

**NM SAM??, 2007**

**ASK IF 12.3=5**

**SAM 1. 1** What is your main tribe? (SAM 501)

**Guidance: What is your tribal affiliation or tribal enrollment?**

1. Apache (Jicarilla / Mescalero)
2. Navajo/Dine
3. Pueblo (Any of the 19 NM Pueblos)
4. Other, specify \_\_\_\_\_ (SAM 640-649)
7. Don't know/Not sure
9. Refused

**STATE ADDED MODULE 2: HEALTH CARE COVERAGE**

**NM SAM 7, 2008**

**CATI: IF S3.1=2, 7,9 AND S12.3=5 OR S12.4=5 THEN ASK FOLLOWING QUESTION OTHERWISE CONTINUE TO S12.5**

**SAM 2.1** Do you have access to health care through Indian Health Services (IHS)? (SAM 502)

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

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

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
  
- 7 Don't know / Not sure
- 9 Refused

**STATE ADDED MODULE 2: HEALTH CARE COVERAGE CONTINUED**

**CATI: IF S3.1=2, 7,9 AND S12.5=1 THEN ASK FOLLOWING QUESTION OTHERWISE CONTINUE TO S12.6**

**SAM 2.2** Do you have access to health care through the United States Armed Forces or the VA? (SAM 503)

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

**12.6** Are you...? (115)

**Please read:**

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

**Do not read:**

- 9 Refused

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

- $\bar{8}$   $\bar{8}$  Number of children
- $\bar{8}$   $\bar{8}$  None
- 9 9 Refused

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

**Read only if necessary:**

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

**Do not read:**

- 9 Refused

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

**Please read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work

**Do not read:**

- 9 Refused



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

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

Round fractions down

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

12.13 How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?] CATI: If female respondent and age <46. (130-133)

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

Round fractions up

\_\_ \_\_ \_\_ Weight  
(pounds/kilograms)  
7 7 7 7 Don't know / Not sure [Go to Q12.15]  
9 9 9 9 Refused [Go to Q12.15]

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

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

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

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

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

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

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

**12.17** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (143)

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

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

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

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

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

**12.19a** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (232)

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

**12.19b** Do you share a cell phone for personal use at least one-third of the time with other adults? (233)

1	Yes	[Go to Q12.19d]
2	No	[Go to Q12.20]
7	Don't know / Not sure	[Go to Q12.20]
9	Refused	[Go to Q12.20]

**12.19c.** Do you usually share this cell phone (at least one-third of the time with any other adults)? (234)

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

**12.19d.** 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? (235-237)

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

**2.20** Indicate sex of respondent. Ask only if necessary. (146)

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

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

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

### Section 13: Caregiver Status

---

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

**13.1** During the past month, did you provide any such care or assistance to a friend or family member? (148)

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

### Section 14: Disability

---

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

**14.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (149)

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

**14.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (150)

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

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



**Section 15: Alcohol Consumption**

---

**15.1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (151)

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

**15.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (152-154)

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

**15.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (155-156)

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

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

**15.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? (157-158)

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

**15.5** During the past 30 days, what is the largest number of drinks you had on any occasion? (159-160)

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

**Section 16: Immunization**

---

**16.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (161)

- 1 Yes
- 2 No [Go to Q16.3]
- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

**16.2** During what month and year did you receive your most recent flu shot? (162-167)

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

**16.3** During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (168)

- 1 Yes
- 2 No [Go to Q16.5]
- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

**16.4** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (169-174)

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

**16.5** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (175)

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

**SECTION 23: PANDEMIC FLU**

**ASKED IN JANUARY AND FEBRUARY 2009 ONLY**

1. What do you think is the most effective ONE thing you can do to prevent getting sick from the flu? (751)

**Please read:**

1. Avoiding touching your eyes, nose or mouth as much as possible during the flu season
2. Avoiding close contact with others who may have the flu
3. Getting the flu vaccination
4. Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

**Do not read:**

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

2. What do you think is the MOST effective thing to do to prevent spreading the flu to people when you are sick? (752)

**Please read:**

- 1 Frequent hand washing
- 2 Covering your mouth and nose when coughing or sneezing
- 3 Staying home when you are sick with the flu
- 4 Getting the flu vaccination
- 5 Something else

**Do not read:**

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

Please read: "Pandemic Influenza" or "Pan Flu" is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is not a pandemic flu outbreak occurring.

3. If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu? (753)

**Interviewer Note: Please read both the subjective label and the percentage range.**

- 1 Very high (90-100%)
- 2 High (70-89%)
- 3 Average (50-69%)
- 4 Low (20-49%)
- 5 Very low (0-19%)

**Do not read:**

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

4. If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you? (754)

**Please read:**

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get one
- 4 Definitely not get a pandemic flu vaccination

**Do not read:**

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

5. If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you... (755)

**Please read:**

- 1 Definitely go
- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

**Do not read:**

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

6. Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know? (756-757)

**Please read:**

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flu
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu
- 0 5 Cities where cases of the flu have been identified
- 0 6 Information about the flu vaccine
- 0 7 Something else

**Do not read:**

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

7. During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your ONE MOST preferred source. (758-759)

**Do not read:**

- 0 1 Newspapers
- 0 2 Television
- 0 3 Radio
- 0 4 Internet websites
- 0 5 Your doctor
- 0 6 The CDC (Centers for Disease Control and Prevention)
- 0 7 State or local public health departments
- 0 8 Other government agencies
- 0 9 Family or friends
- 1 0 Religious leaders
- 1 1 Some other source
- 7 7 Don't know / Not sure
- 9 9 Refused

8. Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported NEW MEXICO? Please choose ONE from the following list? (760-761)

**Please read:**

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

**SAY: I will repeat the question and answer choices to assist your recall.**

**Do not read:**

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

9. If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month? (762)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely to stay at home for a month
- 7 Don't know / Not sure
- 9 Refused

10. I'm going to read you a list of job types. Please tell me if you currently work in any of these fields. (763)

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

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

## Section 17: Arthritis Burden

---

Next I will ask you about arthritis.

**17.1** 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?

(176)

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

**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)

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

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

(177)

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

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

**INTERVIEWER NOTE:** Q17.3 should be asked of all respondents regardless of employment status.

**17.3** 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?

(178)

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

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

**17.4** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? (179)

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

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

**Do not read:**

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

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

**17.5** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be. (180-181)

- Enter number [0-10]
- 9 7 Don't know / Not sure
- 9 9 Refused



## Section 18: 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.

**18.1** How often do you drink fruit juices such as orange, grapefruit, or tomato? (182-184)

- 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

**18.2** Not counting juice, how often do you eat fruit? (185-187)

- 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

**18.3** How often do you eat green salad? (188-190)

- 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

**18.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (191-193)

- 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

**18.5** How often do you eat carrots?

(194-196)

- 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

**18.6** 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.)

(197-199)

- 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 19: Physical Activity

---

CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2.

19.1 When you are at work, which of the following best describes what you do? Would you say— (200)

If respondent has multiple jobs, include all jobs.

Please read:

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

Do not read:

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

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.

19.2 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? (201)

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

19.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (202-203)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? [Go to Q19.5]
- 7 7 Don't know / Not sure [Go to Q19.5]
- 9 9 Refused [Go to Q19.5]

**19.4** 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? (204-206)

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

**19.5** 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? (207)

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

**19.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time? (208-209)

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

**19.7** 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? (210-212)

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

## Section 20: HIV/AIDS

---

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

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

**20.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (213)

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to Q20.5] |
| 7 | Don't know / Not sure | [Go to Q20.5] |
| 9 | Refused               | [Go to Q20.5] |

**20.2** Not including blood donations, in what month and year was your last HIV test? (214-219)

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

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

$\frac{\_}{7} \frac{\_}{7} / \frac{\_}{7} \frac{\_}{7} \frac{\_}{7} \frac{\_}{7}$	Code month and year
$\frac{\_}{7} \frac{\_}{7} / \frac{\_}{9} \frac{\_}{9} \frac{\_}{9} \frac{\_}{9}$	Don't know / Not sure
$\frac{\_}{9} \frac{\_}{9} / \frac{\_}{9} \frac{\_}{9} \frac{\_}{9} \frac{\_}{9}$	Refused

**20.3** Where did you have your last HIV test —

**PLEASE READ:**

- |     |  |           |
|-----|--|-----------|
| 0 1 | At a Private doctor or HMO office                    | (220-221) |
| 0 2 | At a Counseling and testing site                     |           |
| 0 3 | At a Hospital  |           |
| 0 4 | At a Clinic  |           |
| 0 5 | At a Jail or prison (or other correctional facility) |           |
| 0 6 | At a Drug treatment facility                         |           |
| 0 7 | At home  |           |
| 0 8 | Somewhere else                                       |           |
| 7 7 | Don't know / Not sure                                |           |
| 9 9 | Refused  |           |

**CATI note: Ask Q20.4; if Q20.2 = within last 12 months. Otherwise, go to Q20.5.**

**20.4** Was it a rapid test where you could get your results within a couple of hours? (222)

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

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

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

Do any of these situations apply to you? (223)

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

## Section 21: Emotional Support and Life Satisfaction

---

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

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

**INTERVIEWER NOTE: If asked, say "please include support from any source."**

(224)

**Please read:**

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

**Do not read:**

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

**21.2** In general, how satisfied are you with your life?

(225)

**Please read:**

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

**Do not read:**

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

## Section 22: Cancer Survivors

---

Now I am going to ask you about cancer.

- 22.1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (226)

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

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

- 22.2** How many different types of cancer have you had? (227)

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Only one              |                      |
| 2 | Two                   |                      |
| 3 | Three or more         |                      |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused               | [Go to next section] |

**CATI note:** If Q22.2 = 2 (Two) or 3 (Three or more), ask: "At what age was your first diagnosis of cancer?"

- 22.3** At what age were you told that you had cancer? (228-229)

**INTERVIEWER NOTE:** This question refers to the first time they were told about their first cancer.

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



If Q22.2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

**INTERVIEWER NOTE:** Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

**Breast**

0 1 Breast cancer

**Female reproductive (Gynecologic)**

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

**Head/Neck**

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

**Gastrointestinal**

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

**Male reproductive**

1 8 Prostate cancer

1 9 Testicular cancer

**Skin**

2 0 Melanoma

2 1 Other skin cancer

**Thoracic**

2 2 Heart

2 3 Lung

**Urinary cancer:**

2 4 Bladder cancer

2 5 Renal (kidney) cancer

**Others**

2 6 Bone

2 7 Brain

2 8 Neuroblastoma

2 9 Other

**Do not read:**

7 7 Don't know / Not sure

9 9 Refused

Next, I have some questions about some other health topics.

## QUESPATH 1 6,500 INTERVIEWS

### Module 14: Arthritis Management

---

**CATI note: If Core Q17.1 = 1 (Yes), continue. Otherwise, go to next module.**

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you today? (362)

**Please read:**

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

**Do not read:**

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (363)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (364)

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

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (365)

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

**CATI: Use transitional phase if M14Q01 not asked.**

'Next, I have some questions about some other health topics.'

**Module 23: Social Context**

---

There are many different factors that can affect a person's health. I'm going to ask you about several factors that can affect a person's health.

1. Do you own or rent your home?

(429)

**Please read:**

- 1 Own
- 2 Rent
- 3 Other arrangement [Go to Q3]

**Do not read:**

- 7 Don't know / Not sure [Go to Q3]
- 9 Refused [Go to Q3]

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

2. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed—

(430)

**Please read:**

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

**Do not read:**

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

3. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---

(431)

**Please read:**

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

**Do not read:**

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

If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q4 and Q5.

If Core Q12.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q6 and Q7.

If Core Q12.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.

4. At your main job or business, how are you generally paid for the work you do. Are you:

(432)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).**

5. About how many hours do you work per week at all of your jobs and businesses combined?

(433-434)

- |     |                       |            |
|-----|-----------------------|------------|
| 9 7 | Hours (01-96 or more) | [Go to Q8] |
| 9 7 | Don't know / Not sure | [Go to Q8] |
| 9 8 | Does not work         | [Go to Q8] |
| 9 9 | Refused               | [Go to Q8] |

6. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you do? Were you: (435)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

7. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined? (436-437)

- Hours (01-96 or more)
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

8. Did you vote in the last presidential election? The November 2008 election between Barack Obama and John McCain? (438)

- 1 Yes
- 2 No
- 8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
- 7 Don't know / Not sure
- 9 Refused

## Module 24: Adverse Childhood Experience

---

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--

1. Did you live with anyone who was depressed, mentally ill, or suicidal? (435)
  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
2. Did you live with anyone who was a problem drinker or alcoholic? (436)
  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
3. Did you live with anyone who used illegal street drugs or who abused prescription medications? (437)
  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (438)
  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
5. Were your parents separated or divorced? (439)
  - 1 Yes
  - 2 No
  - 8 Parents not married
  - 7 Don't know / Not sure
  - 9 Refused

6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat EACH OTHER up? (440)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

7. 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-- (441)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? (442)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (443)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

(444)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

11. How often did anyone at least 5 years older than you or an adult, force you to have sex?

(445)

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number? 1-800-422-4453. (This is the National Child Abuse Hotline toll free number.)



**Module 25: Random Child Selection**

---

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

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

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

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

**INTERVIEWER PLEASE READ:**

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in] child."

1. What is the birth month and year of the "Xth" child? (461-466)

$\frac{\quad}{\overline{77}} / \frac{\quad}{\overline{77}} \frac{\quad}{\overline{77}}$	Code month and year
$\frac{\quad}{\overline{99}} / \frac{\quad}{\overline{99}} \frac{\quad}{\overline{99}}$	Don't know / Not sure
	Refused

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

2. Is the child a boy or a girl? (467)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (468)

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

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

(469-474)

**CATI NOTE: IF M25.3=1 READ 12.3 AS 'WHITE HISPANIC, BLACK HISPANIC, ETC.**

**[Check all that apply]**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other [specify] \_\_\_\_\_ (SAM 650-659)

**Do not read:**

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

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

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

(475)

**Do not read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other [specify] \_\_\_\_\_ (SAM 660-669)
- 7 Don't know / Not sure
- 9 Refused

6. How are you related to the child?

(476)

**Please read:**

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

**Do not read:**

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

**Module 26: Childhood Asthma Prevalence**

---

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

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

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (477)

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

2. Does the child still have asthma? (478)

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

NM 2009 STATE ADDED MODULE 4: ASTHMA CALL-BACK SCRIPT

NM 2008 STATE ADDED MODULE 4: ASTHMA CALL-BACK SCRIPT

If 9.1=1 and 12.7 =88 or 99 go to SAM4.1 (ADULT ONLY)

If 9.1=1 and 12.7 <12, and M26.1> 1 go to SAM4.1 (ADULT ONLY)

If 9.1=1 and 12.7 <12, and M26.1=1 go SAM4.1 (RANDOM SELECTION)

If 9.1>1 and 12.7<12 and M26.1=1 go to SAM4.1 (CHILD ONLY)

If 9.1>1 and 12.7<12 and M16.1> 1 go to NEXT SECTION. (NO ONE WITH ASTHMA)

CATI: DO RANDOM SELECTION RIGHT HERE RIGHT NOW.

**SAM4.1 AdltPerm**

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in New Mexico. The information you gave us today and any you and anyone in your household will give us in the future will be kept confidential.

If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others at your household may refuse to participate in the future.

Would it be okay if we called you back to ask additional asthma-related questions at a later time?"

- 1 Yes (496)
- 2 No Go To Next Module

**SAM4.2 FName**

Can I please have your first name or initials, so we will know who to ask for when we call back?  
(SAM 504-513)

10 \_\_\_\_\_ Enter first name or initials:

D = Don't Know/Not Sure  
R = Refused

**Instructions: If Adult is selected for AFU then skip to CBTime**

**SAM4.3 CName [Ask question if Child is selected]**

Can I please have your child's first name or initials so we can ask about that child's asthma history.

10 \_\_\_\_\_ Enter first name or initials: (SAM 514-523)

D = Don't Know/Not Sure  
R = Refused

**Instructions: Note, if more than one child ask: This is the [Child's age] old child which is the [order of child, ex. 'second child'].**

**SAM 4.4 MostKnow [Ask question if Child is selected.]**

Are you the parent or guardian in the household who knows the most about [Child's name (CNAME)]  
asthma? (SAM 524)

- |                       |                 |
|-----------------------|-----------------|
| 1 Yes                 | skip to CBTime  |
| 2 No                  | skip to OthName |
| 7 Don't know/Not sure | skip to CBTime  |

**SAM 4.5 OthName [Ask question if Child is selected]**

You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child. (SAM 525-534)

10 \_\_\_\_\_ Enter first name or initials

D = Don't Know/Not Sure  
R = Refused

**SAM 4.6 CBTime**

What is a good time to call you back? For example, evenings, days or weekends?

(SAM 535-544)

Instructions: If another parent or guardian is selected in MostKnow then display "What is a good time to call back and speak with [OthName]? \_10 \_\_\_\_\_"

**IF SAM 4 ASTHMA CALLBACK ASKED THEN USE THE FOLLOWING INTRODUCTION OTHERWISE CONTINUE TO M27.1**

**The next questions are about the XXX year old child. (Use age of selected child from Module 25: Random Child Selection)**

**Module 27: Childhood Immunization**

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

**CATI note: If selected child's age is  $\geq 6$  months, continue. Otherwise, go to next module.**

1. During the past 12 months, has [Fill: he/she] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose. (483)

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

2. During what month and year did [Fill: he/she] receive their most recent flu vaccination? The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. (484-489)

<u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	Month / Year
<u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <u>  </u>	Don't know / Not sure
99 / 9999	Refused

**NM 2009 STATE ADDED MODULE 5: SEXUAL ORIENTATION**

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REVISED FOR 2009  
NM 2008 SAM 2  
NM 2007 SAM 5  
NM 2006 SAM 4  
NM 2005 SAM 2

Next, I have some questions about some other health topics.

**SAM 5.1** Do you consider yourself to be one or more of the following: *(Say the letter so that they can respond by letter)*

(SAM 680-684)

**[CATI PLEASE PROGRAM FOR UP TO 5 RESPONSES]**

1. A Straight
2. B Gay or Lesbian
3. C Bisexual
4. D Transgender

*[If pause or refusal/none of the above, also say...]*

You can name a different category if that fits you better

8. E Other \_SPECIFY \_\_\_\_\_ (SAM 670-679)

7. Don't know/Not sure
9. Refuse

**Notes for Interviewers:**

**If respondents need clarification on the lettered choices above, use the following definitions:**

- A. Straight:** have sex with, or are primarily attracted to people of the opposite sex
- B. Gay or Lesbian:** have sex with, or are primarily attracted to people of the same sex
- C. Bisexual:** have sex with or are attracted to people of both sexes
- D. Transgender:** While many gender variant people might identify as transgender, one familiar type of transgender person is a man who has a sex change to become a woman.

## NM BRFSS 2009 STATE ADDED MODULE 7: FALLS

### 2008 BRFSS Section 15: Falls

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

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

**SAM 7.1** In the past 3 months, how many times have you fallen?

(SAM 546-547)

8	8	Number of times	[76 = 76 or more]
7	7	None	[Go to 7.3]
7	7	Don't know / Not sure	[Go to 7.3]
9	9	Refused	[Go to 7.3]

**SAM 7.2** [Fill in "Did this fall (from Q7.1) cause an injury?"]. If only one fall from Q15.1 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.

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

(SAM 548-549)

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

**SAM 7.3** Has your primary care physician or other health care provider ever asked you if you have fallen?

(SAM 550)

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

**SAM 7.4** Has your primary care physician or other health care provider ever talked to you or given you information about ways you can prevent falls?

(SAM 551)

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



**STATE ADDED MODULE 8: SMOKE DETECTORS/CARBON MONOXIDE DETECTORS**

**NM 2008 SAM 7**

**SAM 8.1** When was the last time you or someone else deliberately tested all of the smoke detectors in your home? (SAM 552)

- 1 Within the past month
- 2 Within the past 6 months
- 3 Within the past year
- 4 One or more years ago
- 5 Never
- 6 No smoke detectors in home
  
- 7 Don't know/Not sure
- 9 Refused

**SAM 8.2** When was the last time you or someone else deliberately tested all of the carbon monoxide detectors in your home? (SAM 553)

- 1 Within the past month
- 2 Within the past 6 months
- 3 Within the past year
- 4 One or more years ago
- 5 Never
- 6 No carbon monoxide detectors in home
  
- 7 Don't know/Not sure
- 9 Refused

**Closing statement**

**Please read:**

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

Next, I have some questions about some other health topics.

## QUESPATH 2 2500 INTERVIEWS

### NM 2009 STATE ADDED MODULE 5: SEXUAL ORIENTATION

REVISED FOR 2009

NM 2008 SAM 2

NM 2007 SAM 5

NM 2006 SAM 4

NM 2005 SAM 2

**SAM 5.1** Do you consider yourself to be one or more of the following: *(Say the letter so that they can respond by letter)*

(SAM 680-684)

[CATI PLEASE PROGRAM FOR UP TO 5 RESPONSES]

1. A Straight
2. B Gay or Lesbian
3. C Bisexual
4. D Transgender

*[If pause or refusal/none of the above, also say...]*

You can name a different category if that fits you better

8. E Other \_SPECIFY \_\_\_\_\_(SAM 670-679)
7. Don't know/Not sure
9. Refuse

#### Notes for Interviewers:

If respondents need clarification on the lettered choices above, use the following definitions:

- A. **Straight:** have sex with, or are primarily attracted to people of the opposite sex
- B. **Gay or Lesbian:** have sex with, or are primarily attracted to people of the same sex
- C. **Bisexual:** have sex with or are attracted to people of both sexes
- D. **Transgender:** While many gender variant people might identify as transgender, one familiar type of transgender person is a man who has a sex change to become a woman.



**SAM9.3. [FORMER SMOKERS:]** When you quit smoking for good...

**[CURRENT SMOKERS:]** The last time you tried to quit smoking,  
Did you use...

**SAM9.3a.** A stop smoking clinic or class?

(SAM 570) NM-QUITCLASS

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

**SAM9.3b.** A telephone help line or quit line?

(SAM 571) NM-QUITLINE

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

**SAM9.3c.** One-on-one counseling from a health care provider, such as a doctor, nurse, dentist or pharmacist?

(SAM 572) NM-QUITCOUNSEL

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

**SAM9.3d.** Self help material, books or videos?

(SAM 573) NM-QUITSELFHELP

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

**SAM9.3e.** Cold Turkey?

(SAM 574) NM-COLDTURKEY

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

**SAM9.3f. Did you use anything else to help you quit?**

(SAM 575) NM-QUITOTHER

1. Yes (Specify \_\_\_\_\_) [Field size = 10] (SAM 576-585)
2. No
7. Don't know/Not sure
9. Refused

**Ask SAM9.4 – SAM9.10 of CURRENT SMOKERS only [11.2=1 OR 2 "every day" or "some days"]**

**SAM9.4. Are you seriously considering stopping smoking within the next six months?**

(SAM 586) QUIT6MO

1. Yes
2. No → Skip to SAM9.6
7. Don't know/Not sure → Skip to SAM9.6
9. Refused → Skip to SAM9.6

**SAM9.5. Are you planning to stop smoking within the next 30 days?**

(SAM 587) QUIT30DAY

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

**SAM9.6. In the past 12 months, have you seen a doctor, nurse, physician assistant, or nurse practitioner to get any kind of care for yourself?**

(SAM 588) NM-HCWCARE

1. Yes
2. No → Skip to SAM9.9
7. Don't know/Not sure → Skip to SAM9.9
9. Refused → Skip to SAM9.9

**Ask SAM9.7 of current smokers [S11.2= 1 OR 2 "every day" or "some days"]**

**SAM9.7. During the past 12 months, did any doctor, nurse, physician assistant, or nurse practitioner advise you to not smoke?**

(SAM 589) NM-HCWADVISE

1. Yes
2. No → Skip to SAM9.9
7. Don't know → Skip to SAM9.9
9. Refused → Skip to SAM9.9

**SAM9.8** In the past 12 months, when a doctor, nurse, physician assistant, or nurse practitioner advised you to quit smoking, did they also do any of the following?

**SAM9.8a.** Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?  
(SAM 590) NM-HCW MED

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

**SAM9.8b.** Suggest that you set a specific date to stop smoking?

(SAM 591) NM-HCW SETDATE

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

**SAM9.8c.** Suggest that you use a smoking cessation class, program, telephone helpline, or counseling?

(SAM 592) NM-HCW SUGASST

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

**SAM9.8d.** Provide you with booklets, videos, or other materials to help you quit smoking on your own?

(SAM 593) NM-HCW MATERIALS

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

**Ask SAM9.9 of current smokers [S11.2= 1 OR 2 "every day" or "some days"]**

**SAM9.9.** In the past 12 months, have you seen a dentist or dental hygienist?

(SAM 594) NM-DENTSEEN

1. Yes
2. No → *Skip to SAM9.11.*
  
7. Don't know/Not sure → *Skip to SAM9.11.*
9. Refused → *Skip to SAM9.11.*

**Ask SAM9.10 if current smoker [S11.2=1"everyday" or 2"some days"]**

SAM9.10. In the past 12 months, did a dentist or dental hygienist advise you to quit smoking?  
(SAM 595) NM-DENTADVISE

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

**Ask of all respondents:**

Now I have some questions on some other topics.

SAM9.11. During the past 7 days, that is since [last Mon, Tues, etc], how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?  
(SAM 596-597) SMOKHOME7DAY

- (0-7) Number of days
77. Don't know/Not sure
  99. Refused

**Ask of all respondents:**

SAM9.12 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches. Would you say . . . .  
(SAM 598) HOMERULES

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside the home
  
7. Don't know/Not sure
9. Refused

**Ask SAM9.13 if [S12.9 =1 OR 2]**

SAM9.13 While working at your job, are you indoors most of the time?  
(SAM 599) NM-WORKINDOORS

1. Yes
2. No → Skip to SAM9.16
  
7. Don't know/Not sure → Skip to SAM9.16
9. Refused → Skip to SAM9.16

**Ask SAM9.14-16 if [S12.9 =1 OR 2] and SAM9.13=1**

SAM9.14 As far as you know, in the past seven days, that is since [last Monday, Tuesday, etc] has anyone smoked in your work area? (SAM 600) NM-WORKSMOK

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

SAM9.15 Which of the following best describes your place of work's official smoking policy for work areas? Would you say . . . .

(SAM 601) NM-WORKPOL

- 1. Not allowed in any work areas
- 2. Allowed in some work areas
- 3. Allowed in all work areas
- 4. No official policy
  
- 7. Don't know/Not sure
- 9. Refused

**If S12.9=2 'Self-employed', go to SAM9.17**

SAM9.16. Within the past 12 months, has your employer offered any stop smoking program or any other help to employees who want to quit smoking?

(SAM 602) NM-EMPQTASST

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

**Ask SAM9.17 through SAM9.23 of all respondents**

SAM9.17 In indoor work areas, do you think smoking should be allowed in all areas, some areas or not allowed at all?

(SAM 603) WORKINDOPN

- 1. Allowed in all areas
- 2. Allowed in some areas
- 3. Not allowed at all
  
- 7. Don't know/Not sure
- 9. Refused



SAM9.18 Which of the following best describes the rules about people smoking in the vehicle YOU drive the most? Would you say . . . (SAM 604) NM-CARRULE

1. Smoking is not allowed at all
2. Smoking is allowed some of the time
3. Smoking is allowed all of the time

**Do not read**

4. There are no rules
5. Respondent doesn't drive
6. Respondent lacks a license
  
7. Don't Know/ Not Sure
9. Refused

SAM9.19 . In the past seven days, that is since [last Monday, Tuesday, etc], have you been in a car with someone who was smoking? (SAM 605) CARSMOK7D

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

SAM9.20 In the indoor dining area of restaurants, do you think that smoking should be allowed in all areas, some areas, or not allowed at all? (SAM 606) SHSOPN

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all
  
7. Don't know/Not sure
9. Refused

SAM9.21 . In public buildings, do you think that smoking should be allowed in all areas, some areas, or not allowed at all? (SAM 607) PUBBUILDOPN

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all
  
7. Don't know/Not sure
9. Refused

SAM9.22 In bars and cocktail lounges, do you think smoking should be allowed in all areas, some areas or not allowed at all? (SAM 608) BAROPN

1. Allowed in all areas
2. Allowed in some areas
3. Not allowed at all
  
7. Don't know/Not sure
9. Refused

SAM9.23 . Would you be willing to support an additional tax on a pack of cigarettes if some or all of the money raised was used to help fund health programs in New Mexico?  
(SAM 609) NM-CIGTAXHEALTH

1. Yes *If yes, go to SAM9.24*
2. No *Skip to SAM9.25*
  
7. Don't know/Not sure *Skip to SAM9.25*
9. Refused *Skip to SAM9.25*

SAM9.24 . How much additional tax on a pack of cigarettes would you be willing to support?  
(SAM 610) NM-CIGTAXOPN

1. More than two dollars a pack
2. Two dollars a pack
3. One dollar a pack
4. Fifty to ninety-nine cents a pack
5. Less than fifty cents a pack
  
7. Don't know/Not sure
9. Refused

**Ask all respondents**

Now I am going to ask about smoke from other people's cigarettes.

SAM9.25 . If someone were smoking near you in the nonsmoking area of a restaurant, would you ask them to stop?  
(SAM 611) RESTASKSTOP

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

SAM9.26 . Do you think that breathing smoke from other people's cigarettes is:  
(SAM 612) SHSHARMOPN

1. Very harmful to one's health
2. Somewhat harmful to one's health
3. Not very harmful to one's health
4. Not harmful at all to one's health
  
7. Don't know/Not sure
9. Refused

**SAM9.27  
RANDOMIZE ORDER:**

**(CATI Programmer: The order in which SAM9.27a – SAM9.27e are asked should be randomized for each respondent. The specific order in which these questions are asked to each respondent should be recorded in columns XXX-XXX of the data file, as noted in the accompanying data layout.)**

**SAM9.27 . Would you say that breathing smoke from other people's cigarettes causes:**

**SAM9.27a. Lung cancer in adults (SAM 613) SHSLUNGCA**

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

**SAM9.27b. Heart disease in adults (SAM 614) SHSHEART**

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

**SAM9.27C. Colon cancer in adults (SAM 615) SHSCOLONCA**

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

SAM9.27d. Respiratory problems in children

(SAM 616) SHSCHILD

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

SAM9.27e. SIDS, Sudden Infant Death Syndrome

(SAM 617) SHSSIDS

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

SAM9.28 . Do you now smoke cigars every day, some days or not at all?

(SAM 618) NM-CIGARNOW

1. Everyday
2. Some days
3. Not at all
  
7. Don't know/Not sure
9. Refused

SAM9.29 Do you recall seeing the number 1-800 QUIT NOW on TV or elsewhere that someone can call to get information about quitting smoking?

(SAM 619) NM-QUITNOWRECALL

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

**Closing statement**

**Please read:**

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