



2016

New Mexico

**Behavioral Risk Factor Surveillance System
Questionnaire**

**January 21, 2016
Final Version**



Behavioral Risk Factor Surveillance System 2016 Questionnaire

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Interviewer’s Script

Landline

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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?

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

- Yes [Go to state of residence]
- No [Go to college housing]
- No, business phone only

If “No, business phone only”.

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

STOP

College Housing

Do you live in college housing?

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

Yes [Go to state of residence]
No

If “No”,

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

State of Residence

Do you currently live in New Mexico?

Yes [Go to Cell(ular) Phone]
No

If “No”

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.
--

Cell(ular) Phone

Is this a cell(ular) telephone?

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

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

If "Yes"

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

No

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

Are you 18 years of age or older?

- | | | |
|----------|----------------------------------|-----------------------|
| 1 | Yes, respondent is male | [Go to Page 6] |
| 2 | Yes, respondent is female | [Go to Page 6] |
| 3 | No | |

If "No",

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

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, 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 6.**

If "no,"

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



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

___ Number of men

CATI NOTE: CATI program to subtract number of men from number of adults provided

So the number of adult women in the household is

___ Number of women

is that correct?

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

If "you," go to page 10.

To the correct respondent:

HELLO, I am calling for the 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 your health and health practices.



Cell Phone

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

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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 a safe time to talk with you?

Yes [Go to phone]
No

If "No",

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

Phone

Is this (phone number) ?

Yes [Go to cell(ular) phone]
No [Confirm phone number]

If "No",

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

Cell(ular) Phone

Is this a cell(ular) telephone?

READ ONLY IF NECESSARY: “By cell(ular) telephone, we mean a telephone that is mobile and usable outside of your neighborhood.”

Yes **[Go to adult]**
No

If "No",

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

Adult

Are you 18 years of age or older?

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

If "No",

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

Private Residence

Do you live in a private residence?

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

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

College Housing

Do you live in college housing?

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

Yes **[Go to state of residence]**
No

If "No",

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

State of Residence

Do you currently live in New Mexico ?

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

State

In what state do you currently live?

_____ ENTER FIPS STATE

Landline

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

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

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

Yes
No

If College Housing = “Yes”, do not ask Number of adults Questions, go to Core.

NUMADULT

How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

(Note: If college housing = ”yes” then number of adults is set to 1.)

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.
--

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— (90)

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? (91–92)

- – 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? (93–94)

- – 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? (95-96)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (97)

- 1 Yes **[If using Health Care Access (HCA) Module go to Module 4, Q1, else continue]**
- 2 No

Do not read:

- 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?” (98)

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

Do not read:

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

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

(99)

- 1 Yes
- 2 No

Do not read:

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

CATI NOTE: If using HCA Module, go to Module 4, Q3, else continue.

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

(100)

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

Do not read:

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

CATI NOTE: If using HCA Module and Q3.1 = 1 go to Module 4, Question 4a or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not using HCA Module go to next section.

MODULE 4: Health Care Access (8)

M4.1 Do you have Medicare?

(281)

- 1 Yes
- 2 No

Do not read:

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

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

M4.2 What is the primary source of your health care coverage? Is it... (282-283)

Please Read

- 01 A plan purchased through an employer or union (**includes plans purchased through another person's employer**)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- 07 Some other source
- 08 None (no coverage)

Do not read:

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

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (New Mexico Health Insurance Exchange), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (State Coverage Insurance)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

CATI NOTE: If PPHF State, go to Core Q3.2.

M4.3 Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (284)

Please read

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

Do not read:

- 6 Other _____ (specify) (285-309)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CATI NOTE: If PPHF State, go to Core Q3.4.

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

M4.4a In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (310)

- 1 Yes [Go to Q4.5]
- 2 No [Go to Q4.5]

Do not read:

- 7 Don't know/Not sure [Go to Q4.5]
- 9 Refused [Go to Q4.5]

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q4.5).

M4.4b About how long has it been since you last had health care coverage? (311)

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never

Do not read:

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

M4.5 How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (312-313)

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

M4.6 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (314)

- 1 Yes
- 2 No

Do not read:

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

M4.7 In general, how satisfied are you with the health care you received? Would you say—

Please read: (315)

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

Do not read:

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

M4.8 Do you currently have any health care bills that are being paid off over time? (316)

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

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

- 1 Yes
- 2 No

Do not read:

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

CATI NOTE: If PPHF state, Go to Core Section 4.

Section 4: Exercise

4.1 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? (101)

- 1 Yes
- 2 No

Do not read:

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

Section 5: Inadequate Sleep

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

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

(102-103)

-- Number of hours [01-24]
 7 7 Don't know / Not sure
 9 9 Refused

Section 6: Chronic Health Conditions

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

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?

(104)

1 Yes
 2 No

Do not read:

7 Don't know / Not sure
 9 Refused

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

(105)

1 Yes
 2 No

Do not read:

7 Don't know / Not sure
 9 Refused

6.3 (Ever told) you had a stroke?

(106)

1 Yes
 2 No

Do not read:

7 Don't know / Not sure
 9 Refused

6.4 (Ever told) you had asthma? (107)

- 1 Yes
- 2 No [Go to Q6.6]

Do not read:

- 7 Don't know / Not sure [Go to Q6.6]
- 9 Refused [Go to Q6.6]

6.5 Do you still have asthma? (108)

- 1 Yes
- 2 No

Do not read:

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

6.6 (Ever told) you had skin cancer? (109)

- 1 Yes
- 2 No

Do not read:

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

6.7 (Ever told) you had any other types of cancer? (110)

- 1 Yes
- 2 No

Do not read:

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

- 6.8** (Ever told) you have chronic obstructive pulmonary disease or COPD, emphysema or chronic bronchitis? (111)
- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

- 6.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (112)
- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

- 6.10** (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (113)
- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

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

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

(114)

- 1 Yes
- 2 No

Do not read:

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

6.12 (Ever told) you have diabetes?

(115)

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

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes

Do not read:

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

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. (116-117)

6.13 How old were you when you were told you have diabetes?

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

Not included in 2016 CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

MODULE 1: Pre-Diabetes (2)

CATI NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.12 (Diabetes awareness question).

M1.1 Have you had a test for high blood sugar or diabetes within the past three years? (255)

- 1 Yes
- 2 No

Do not read:

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

CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

M1.2 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?”

- 1 Yes
- 2 Yes, during pregnancy
- 3 No

Do not read:

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

Section 7: Oral Health

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (118)

Read only if necessary:

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

Do not read:

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

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

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

(119)

- 1 1 to 5
- 2 6 or more but not all
- 3 All

Do not read:

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

Section 8: Demographics

8.1 Are you ...

(120)

- 1 Male
- 2 Female
- 9 Refused

Note: This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

8.2 What is your age?

(121-122)

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

8.3a Are you Hispanic, Latino/a, or Spanish origin?

(123-126)

8.3b If yes, ask: Are you...

INTERVIEWER NOTE: *One or more categories may be selected.*

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

Do not read:

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

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

(127-154)

INTERVIEWER NOTE: Select all that apply.

WINCATI Note: If yes to Q8.3, “Hispanic” is incorporated into the question options to be read as “White Hispanic, Black Hispanic, etc.

INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other, Specify_____.
- 77 Don't know / Not sure
- 99 Refused
- 88 No additional choices

CATI NOTE: If more than one response to Q8.4 or (CO8Q03a=1 and 1 response to 8.4) continue. Otherwise, go to Q8.6.

You previously indicated multiple race categories including:

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

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

(155-156)

11 Hispanic

[CATI Note: depending on their response to Hispanic 8.3, the following will appear and be coded:

- 12 Mexican, Mexican American, Chicano/a
- 13 Puerto Rican
- 14 Cuban
- 15 Another Hispanic, Latino/a, or Spanish origin]

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other, Specify _____.
- 77 Don't know / Not sure
- 99 Refused

NEW MEXICO STATED-ADDED MODULE 1: Tribal Affiliation (1)

CATI: ASK IF 8.4 CONTAINS '30' AS ONE OF THE RESPONSES)

NM 1.1 What is your main tribe?

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_____

Do not read:

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

NEW MEXICO STATE-ADDED MODULE 2: Sexual Orientation (1)

NM 2.1 Do you consider yourself to be one or more of the following?

Please read (Say the letter so they can respond by letter):

If Pause or Refusal/None of the Above also say: 'You can name another category if that fits you better.'

- 1 A. Straight
- 2 B. Gay or Lesbian
- 3 C. Bisexual

Do not read:

- 8 Other, specify_____
- 7 Don't know/Not sure
- 9 Refused

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

NEW MEXICO STATE-ADDED MODULE 3: Gender Identity (2)

The next two questions are about gender identity.

INTERVIEWER NOTE: We ask these questions in order to better understand the health and health care needs of transgender and gender non-conforming people.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

NM 3.1 What sex were you assigned at birth, on your original birth certificate?

- 1 Male
- 2 Female

Do not read:

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

NM 3.2 How do you describe yourself?

Please Read:

- 1 a. Male
- 2 b. Female
- 3 c. Transgender
- 4 d. Gender non-conforming

Do not read:

- 8 Other, specify _____
- 7 Don't Know/Not Sure
- 9 Refused

NOTES FOR INTERVIEWERS:

Transgender is a term used to describe a person whose gender identity differs from the sex that they were assigned at birth. For example, a person who considers themselves to be male but was assigned female gender at birth.

Gender Non-conforming: Gender Non-conforming is a term used to describe a person who does not subscribe to conventional genders but identifies with a combination of male and female gender or neither male or female gender.

8.6 Are you...? (157)

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

8.7 What is the highest grade or year of school you completed? (158)

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

8.8 Do you own or rent your home? (159)

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

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

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

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

8.9 In what county do you currently live? (160-162)

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

8.10 What is the ZIP Code where you currently live? (163-167)

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

CATI NOTE: If cell(ular) telephone interview skip to 8.14 (QSTVER GE 20)

8.11 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. (168)

1 Yes
 2 No **[Go to Q8.13]**
 7 Don't know / Not sure **[Go to Q8.13]**
 9 Refused **[Go to Q8.13]**

8.12 How many of these telephone numbers are residential numbers? (169)

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

8.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (170)

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

8.14 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?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
(171)

- 1 Yes
- 2 No

Do not read:

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

8.15 Are you currently...?

INTERVIEWER NOTE: If more than one, select the category which best describes you.

(172)

Please read:

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

Do not read:

- 9 Refused

Module 20: Industry and Occupation

If Core Q8.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work. **If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,**

1. What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

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

INTERVIEWER NOTE: If respondent has more than one job then ask,

"At which job did you work the most hours?"

[Record answer] _____ (450-549)
99 Refused

Or

If Core Q8.15 = 4 (Out of work for less than 1 year) ask: What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

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

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

[Record answer] _____
99 Refused

If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,

2. What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____ (550-649)
99 Refused

Or

If Core Q8.15 = 4 (Out of work for less than 1 year) ask,

What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
99 Refused

8.16 How many children less than 18 years of age live in your household? (173-174)

— — Number of children
 8 8 None
 9 9 Refused

8.17 Is your annual household income from all sources— (175-176)

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

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
 (\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
 (\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
 (\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**
 (\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If "no," ask 07**
 (\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**
 (\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

8.18 Have you used the internet in the past 30 days? (177)

- 1 Yes
- 2 No

Do not read:

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

8.19 About how much do you weigh without shoes? (178-181)
NOTE: If respondent answers in metrics, put “9” in column 178.

Round fractions up

__ __ __ __ Weight
 (pounds/kilograms)

Do not read:

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

8.20 About how tall are you without shoes? (182-185)

NOTE: If respondent answers in metrics, put “9” in column 182.

Round fractions down

__ / __ Height
 (ft / inches/meters/centimeters)

Do not read:

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

If male, go to 8.22, if female respondent is 45 years old or older, go to Q8.22

8.21 To your knowledge, are you now pregnant? (186)

1 Yes
 2 No

Do not read:

7 Don't know / Not sure
 9 Refused

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

Some people who are deaf or have serious difficulty hearing **may or may not** use equipment to communicate by phone.

8.22 Are you deaf or do you have **serious difficulty** hearing? (187)

1 Yes
 2 No

Do not read:

7 Don't know / Not Sure
 9 Refused

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (188)

- 1 Yes
- 2 No

Do not read:

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

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (189)

- 1 Yes
- 2 No

Do not read:

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

8.25 Do you have serious difficulty walking or climbing stairs? (190)

- 1 Yes
- 2 No

Do not read:

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

8.26 Do you have difficulty dressing or bathing? (191)

- 1 Yes
- 2 No

Do not read:

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

8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (192)

- 1 Yes
- 2 No

Do not read:

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

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (193)

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]

Do not read:

- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.2 Do you now smoke cigarettes every day, some days, or not at all? (194)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]

Do not read:

- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (195)

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]

Do not read:

- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (196-197)

- 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

Do not read:

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

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

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (198)

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

Do not read:

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

Section 10: E-Cigarettes

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

10.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (199)

- 1 Yes
- 2 No **[Go to Next Section]**

Do not read:

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

10.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (200)

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

Do not read:

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

Section 11: Alcohol Consumption

11.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (201-203)

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

11.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (204-205)

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

11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (206-207)

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

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (208-209)

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

Section 12: Immunization

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

- 12.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (210)

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

- 1 Yes
2 No [Go to Q12.3]

Do not read:

- 7 Don't know / Not sure [Go to Q12.3]
9 Refused [Go to Q12.3]

- 12.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (211-216)

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

- 12.3** 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? (217)

- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

- 12.4.** Since 2005, have you had a tetanus shot? (218)

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

- 1 Yes, received Tdap
2 Yes, received tetanus shot, but not Tdap
3 Yes, received tetanus shot but not sure what type
4 No, did not receive any tetanus since 2005

Do not read:

- 7 Don't know/Not sure
9 Refused

Section 13: Falls

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

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

- 13.1** In the past 12 months, how many times have you fallen? (219–220)
- | | | |
|-----|-----------------------|-----------------------------|
| -- | Number of times | [76 = 76 or more] |
| 8 8 | None | [Go to next section] |
| 7 7 | Don't know / Not sure | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

- 13.2** [Fill in “Did this fall (from Q13.1) cause an injury?”]. If only one fall from Q13.1 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.

- (221–222)
- | | | |
|-----|-----------------------|--------------------------|
| -- | Number of falls | [76 = 76 or more] |
| 8 8 | None | |
| 7 7 | Don't know / Not sure | |
| 9 9 | Refused | |

Section 14: Seatbelt Use

- 14.1** How often do you use seat belts when you drive or ride in a car? Would you say— (223)

Please read:

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

Do not read:

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

CATI note: If Q14.1 = 8 (Never drive or ride in a car), go to Section 16; otherwise continue.

Section 15: Drinking and Driving

CATI note: If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

15.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (224-225)

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

Section 16: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

16.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (226)

- 1 Yes
- 2 No **[Go to Q16.3]**

Do not read:

- 7 Don't know / Not sure **[Go to Q16.3]**
- 9 Refused **[Go to Q16.3]**

16.2 How long has it been since you had your last mammogram? (227)

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

Do not read:

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

16.3 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (228)

- 1 Yes
- 2 No [Go to Q16.5]

Do not read:

- 7 Don't know / Not sure [Go to Q16.5]
- 9 Refused [Go to Q16.5]

16.4 How long has it been since you had your last Pap test? (229)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Now, I would like to ask you about the Human Papillomavirus (**Pap-uh-loh-muh virus**) or HPV test.

16.5 An HPV test is sometimes given with the Pap test for cervical cancer screening.

Have you ever had an HPV test? (230)

- 1 Yes
- 2 No [Go to Q16.7]

Do not read:

- 7 Don't know/Not sure [Go to Q16.7]
- 9 Refused [Go to Q16.7]

16.6 How long has it been since you had your last HPV test? (231)

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

Do not read:

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

CATI NOTE: If response to Core Q8.21 = 1 (is pregnant); then go to next section.

16.7 Have you had a hysterectomy?

(232)

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

- 1 Yes
- 2 No

Do not read:

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

Section 17: Prostate Cancer Screening

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

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

17.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (233)

- 1 Yes
- 2 No

Do not read:

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

17.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (234)

- 1 Yes
- 2 No

Do not read:

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

17.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (235)

- 1 Yes
- 2 No

Do not read:

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

17.4. Have you EVER HAD a PSA test? (236)

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

Do not read:

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

17.5. How long has it been since you had your last PSA test? (237)

Read only if necessary:

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

Do not read:

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

17.6. What was the MAIN reason you had this PSA test – was it ...? (238)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do not read:

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

Section 18: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

18.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (239)

- 1 Yes
- 2 No **[Go to Q18.3]**

Do not read:

- 7 Don't know / Not sure **[Go to Q18.3]**
- 9 Refused **[Go to Q18.3]**

18.2 How long has it been since you had your last blood stool test using a home kit? (240)

Read only if necessary:

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

Do not read:

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

18.3 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? (241)

- 1 Yes
- 2 No **[Go to next section]**

Do not read:

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

18.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (242)

- 1 Sigmoidoscopy
- 2 Colonoscopy

Do not read:

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

18.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (243)

Read only if necessary:

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

Do not read:

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

Section 19: HIV/AIDS

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

19.1 Not counting tests you may have had as part of blood donation, have you ever been tested for HIV? Include testing fluid from your mouth. (244)

- 1 Yes
- 2 No **[Go to Q19.3]**

Do not read:

- 7 Don't know / Not sure **[Go to Q19.3]**
- 9 Refused **[Go to Q19.3]**

19.2 Not including blood donations, in what month and year was your last HIV test?
(245-250)

NOTE: If response is before January 1985, code “Don’t know.”

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

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

19.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.
(251)

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.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

1	Yes
2	No

Do not read:

7	Don’t know / Not sure
9	Refused

Transition to Modules and/or State-Added Questions

Please read:

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

Module 7: Cognitive Decline

CATI NOTE: If respondent is 45 years of age or older continue, else go to next module

Introduction: The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (376)

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

Do not read:

- 7 Don't know [Go to Q2]
- 9 Refused [Go to next module]

2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? (377)

Please read:

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

Do not read:

- 7 Don't know
- 9 Refused

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? (378)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q5]
- 5 Never [Go to Q5]

Do not read:

- 7 Don't know [Go to Q5]
- 9 Refused [Go to Q5]

CATI NOTE: If Q3 = 1, 2, or 3, continue. If Q3 = 4, 5, 7, or 9 go to Q5.

4. When you need help with these day-to-day activities, how often are you able to get the help that you need? (379)

Please read:

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

Do not read:

- 7 Don't know
- 9 Refused

5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? (380)

Please read:

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

Do not read:

- 7 Don't know
- 9 Refused

6. Have you or anyone else discussed your confusion or memory loss with a health care professional? (381)

- 1 Yes
- 2 No

Do not read:

- 7 Don't know
- 9 Refused

Module 22: Random Child Selection

CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.16 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

If Core Q8.16 is >1 and Core Q8.16 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? (652-657)

__ / __ __	Code month and year
7 7 / 7 7 7 7	Don’t know / Not sure
9 9 / 9 9 9 9	Refused

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

2. Is the child a boy or a girl? (658)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (659-662)

If yes, ask: Are they...

INTERVIEWER NOTE: One or more categories may be selected

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

Do not read:

5	No
7	Don’t know / Not sure
9	Refused

4. Which one or more of the following would you say is the race of the child? (663-692)

(Select all that apply)

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

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

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

You previously indicated multiple race categories including:

5. Which one of these groups would you say best represents the child's race? (693-694)

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

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

Do not read:

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

6. How are you related to the child? (695)

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 23: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q8.16 = 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? (696)

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

Do not read:

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

2. Does the child still have asthma? (697)

- 1 Yes
- 2 No

Do not read:

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

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time? (702)

- 1 Yes
- 2 No

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

_____ Enter first name or initials.

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back? (703)

- 1 Adult
- 2 Child

NEW MEXICO STATE-ADDED Module 4: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (660-661)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (662-663)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (664-665)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure 9 9 Refused

4. Over the last 2 weeks, how many days have you felt tired or had little energy? (666-667)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (668-669)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (670-671)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (672-673)
- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused
8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (674-675)
- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused
9. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (676)
- 1 Yes
2 No
- Do not read:**
- 7 Don't know / Not sure
9 Refused
10. Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (677)
- 1 Yes
2 No
- Do not read:**
- 7 Don't know / Not sure
9 Refused

NEW MEXICO STATE-ADDED MODULE 5: SUICIDE

Next, I have some questions on some other health related topics.

NM 5.1 In the past year, have you felt so low at times that you thought about committing suicide? (621)

- 1 Yes
- 2 No

Do not read:

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

NM 5.2 Have you ever attempted suicide? (622)

- 1 Yes
- 2 No **[Go to Next Section]**

Do not read:

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

NM 5.3 In the past year, have you attempted suicide? (623)

- 1 Yes
- 2 No

Do not read:

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

Suicide Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call the National Suicide Prevention Lifeline number 1-800-273-TALK/800 273-8255. Would you like me to repeat this number?

(624)

NEW MEXICO STATE-ADDED MODULE 6 - Sexual Violence and Intimate Partner Violence

I'd like to ask you some questions about physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section I will give you a phone number for an organization that can provide information and a referral for both of these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip to the next topic area. Are you in a safe place to answer these questions?

Yes

No **go to NM7.1**

Now I am going to ask you about unwanted sex. Unwanted sex includes things like **someone** putting anything into your vagina, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk, on drugs, or asleep, or you thought you would be hurt or punished if you refused.

1. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

1 Yes

2 No

Do not read:

7 Don't know / Not sure

9 Refused

If YES, go to Question 2.

If NO, DON'T KNOW OR REFUSED skip to Question 3.

2. In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

1 Yes

2 No

Do not read:

7 Don't know / Not sure

9 Refused

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

1 Yes

2 No

Do not read:

7 Don't know / Not sure

9 Refused

If YES, go to Question 4.

If NO, DON'T KNOW OR REFUSED skip to Question 5.

4. In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent?

- 1 Yes
- 2 No

Do not read:

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

IF respondent answered NO, DON'T KNOW OR REFUSED to questions 1 and 3, Go to question 7.

5. At the time of the most recent incident, how did you know or what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn't want to?

DO NOT READ

- 01 Complete stranger
- 02 A person known for less than 24 hours
- 03 Acquaintance
- 04 Friend
- 05 Date
- 06 Current boyfriend/girlfriend
- 07 Former boyfriend/ girlfriend
- 08 Spouse or live-in partner
- 09 Ex-spouse or ex live-in partner
- 10 Co-worker
- 11 Neighbor
- 12 Parent
- 13 Step-parent
- 14 Parent's partner
- 15 Other relative
- 16 Other non-relative
- 17 Multiple perpetrators

Do not read:

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

6. Was the person who did this male or female?
(If Q5 = 17, then "Were the people who did this male or female or were some male and some female?")

- 1 Male(s)
- 2 Female(s)
- (3 Both)

Do not read:

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

7. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, or making you look at sexual photos or movies.

- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

The next questions are about violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

8. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way.

- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

9. Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way?

- 1 Yes
2 No **[Go to Closing Statement]**

Do not read:

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

10. In the past 12 months, have you had any injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of unwanted sex or as a result of violence by an intimate partner?

- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

S/IP Violence CLOSING STATEMENT: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat this number?

NEW MEXICO STATE-ADDED MODULE 7: Firearms

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

1. Are any firearms now kept in or around your home?

- 1 Yes
- 2 No **[Go to Closing Statement]**

Do not read:

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

2. Are any of these firearms now loaded?

- 1 Yes
- 2 No **[Go to Closing Statement]**

Do not read:

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

3. Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or a combination to get the gun or to fire it. We don't count a safety as a lock.

- 1 Yes
- 2 No

Do not read:

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

Closing Statement

Please read:

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