

12/21/10

## 2011 Missouri County-level Study Cell Phone Questionnaire

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## INTRODUCTION

HELLO, I'm \_\_\_\_\_ calling from the University of Missouri in Columbia for the **Missouri Department of Health and Senior Services and the Missouri Foundation for Health**. We're gathering information on the health of **Missouri** residents. Your telephone number has been chosen randomly, and I'd like to ask some questions about health and health practices. **Is this a safe time to talk with you now or are you driving?**

**Interviewer: If not a safe or good time to talk, say will call another time. STOP.**

If safe to continue, "I have just a few questions to find out if you are eligible for the study."

**CONF\_PHN** Is this **(PHONE NUMBER)** ?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- |   |                       |                          |
|---|-----------------------|--------------------------|
| 1 | YES                   | <b>[Go to CONF_CELL]</b> |
| 2 | NO                    |                          |
| 7 | DON'T KNOW / NOT SURE |                          |
| 9 | REFUSED               |                          |

**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 - DISPCODE = 455**

**IF "DON'T KNOW", "REFUSED",**

Thank you for your time. **STOP – DISPCODE = 319**

**CONF\_CELL** 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."

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- |   |                       |                           |
|---|-----------------------|---------------------------|
| 1 | YES                   | <b>[Go to CONF_ADULT]</b> |
| 2 | NO                    |                           |
| 7 | DON'T KNOW / NOT SURE |                           |
| 9 | REFUSED               |                           |

**IF "NO",**

Thank you very much, but we are only interviewing cell telephones at this time. **STOP – DISPCODE = 425**

**IF "DON'T KNOW", "REFUSED",**

Thank you very much for your time. **STOP – DISPCODE = 319**

**CONF\_ADULT** Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- |   |                           |                            |
|---|---------------------------|----------------------------|
| 1 | YES, respondent is male   | <b>[Go to CONF_PRVRES]</b> |
| 2 | YES, respondent is female | <b>[Go to CONF_PRVRES]</b> |
| 3 | NO                        |                            |

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**IF "NO",**

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP – DISPCODE = 415**

**IF "DON'T KNOW", "REFUSED",**

Thank you very much for your time. **STOP – DISPCODE = 317**

**CONF\_PRVRES** Do you live in a private residence, that is, not in a dormitory or other type of group living situation?

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

**INTERVIEWER:** PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.

- 1 YES [Go to CONF\_STATE]
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**IF "NO",**

Thank you very much, but we are only interviewing private residences. **STOP – DISPCODE = 421**

**IF "DON'T KNOW", "REFUSED",**

Thank you very much for your time. **STOP – DISPCODE = 317**

**CONF\_STATE** Are you a resident of **Missouri**?

**INTERVIEWER:** PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES [Go to LANDLINE]
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**IF "NO," "DON'T KNOW", or "REFUSED",**

Thank you very much for your time. **STOP – DISPCODE = 405**

**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 connected to outside telephone lines through a cable or cord and is used for making or receiving calls." Please include landline phones used for both business and personal use.

**INTERVIEWER:** TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES
- 2 NO

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**\*\*IF "NO", GO TO CONFIDENTIAL STATEMENT OR COUNTY CODE QUESTION  
IF "DON'T KNOW" or "REFUSED",**

Thank you very much, those are all the questions that I have for you today. **STOP – DISPCODE = 437  
IF "YES", ASK**

<b>CPPctCel</b>	Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?
__ __	% Enter Percent (1-100)
888	Zero
777	Don't Know/Not Sure
999	Refused

**Confidential statement:**

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

**Interviewer Note:** If respondent wants to talk with someone about the survey, provide them Janet Wilson at the Missouri Department of Health and Senior Services, 573/526-6660.

## SECTION 1: HEALTH STATUS, HEALTHY DAYS AND DISABILITY

1.1 Would you say that in general your health is:

**Please Read**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
  
- 7 Don't know/Not sure
- 9 Refused

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

\_\_ \_\_ Number of days

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

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

\_\_ \_\_ Number of days

- 8 8 None **[If Q1.2 and Q1.3 = 88 (None), go to Q1.5]**
- 7 7 Don't know/Not sure
- 9 9 Refused

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

\_\_ \_\_ Number of days

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

1.5 Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

1.6 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?

**[Include occasional use or use in certain circumstances]**

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

## SECTION 2: HEALTH CARE ACCESS

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

- 1 Yes
- 2 No **[Go to Q2.3]**
  
- 7 Don't know/Not sure **[Go to Q2.3]**
- 9 Refused **[Go to Q2.3]**

2.2 What type of health care coverage do you use to pay for **MOST** of your medical care?  
Is it coverage through, Your employer, Someone else's employer, A plan that you or someone else buys on your own, Medicare, MC+, Medicaid MO Healthnet or Medical Assistance, The Military, CHAMPUS, Tricare, or the VA or CHAMP-VA, The Indian Health Service or Some other source?

— — Coverage code

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 MC+, Medicaid MO Healthnet or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA or CHAMP-VA
- 07 The Indian Health Service
- 08 Some other source
  
- 88 None
- 77 Don't know/Not sure
- 99 Refused

2.3 When you are sick or need advice about your health, to which one of the following places do you usually go?  
Would you say, A doctor's office, A public health clinic or community health center, A hospital outpatient department, A hospital emergency room, Urgent care center, Some other kind of place or No usual place?

- 1 A doctor's office
- 2 A public health clinic or community health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 Some other kind of place
- 8 No usual place
  
- 7 Don't know/Not sure
- 9 Refused

2.4 Was there a time in the past 12 months when you needed medical care, but could not get it?

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

2.5 What is the main reason you did not get medical care? Would you say...?

- NOTE:**  
**If more than one instance, ask about the most recent.**
- 01 Cost/No insurance
  - 02 Distance
  - 03 Office wasn't open when I could get there
  - 04 Too long a wait for an appointment
  - 05 Too long a wait in waiting room
  - 06 No childcare
  - 07 Transportation
  - 08 No access for people with disabilities
  - 09 The medical provider didn't speak my language
  - 10 Other (specify) \_\_\_\_\_
- Do not read**
- 77 Don't know/Not sure
  - 99 Refused

### SECTION 3: HYPERTENSION AWARENESS AND CONTROL

3.1 About how long has it been since you last had your blood pressure checked?

- Read only if necessary.**
- 1 Within the past year (any time 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
  - 8 Never had blood pressure checked [Go to Q4.1]
  - 7 Don't know/Not sure
  - 9 Refused

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

- If "Yes and Female, ask "Was this only when you were pregnant?"**
- 1 Yes
  - 2 Yes, but female told only during pregnancy [Go to Q4.1]
  - 3 No [Go to Q4.1]
  - 4 Told borderline high or pre-hypertensive [Go to Q4.1]
  - 7 Don't know/Not sure [Go to Q4.1]
  - 9 Refused [Go to Q4.1]

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

- 1 Yes

- 2 No
- 7 Don't know/Not sure
- 9 Refuse

## SECTION 4: CHOLESTEROL AWARENESS AND CONTROL

4.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

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

4.2 About how long has it been since you last had your blood cholesterol checked?

**Read only if necessary.**

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

4.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

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

## SECTION 5: CHRONIC HEALTH CONDITIONS

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

5.1 Has a doctor, nurse or other health professional EVER told you that you had a heart attack also called a myocardial infarction?

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



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

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

5.3 (Ever told) you have had a stroke?

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

5.4 Have you ever been told by a doctor, nurse or other health professional that you had asthma?

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

5.5 Do you still have asthma?

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

5.6 Have you ever taken a course or class on how to manage your asthma?

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

5.7 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

**Read only if necessary:**

By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

5.8

What types of cancer have you had? (check with Shumei for CATI programming)

**INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-31]:**

**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 Basal cell carcinoma

2 2 Squamous cell carcinoma

2 3 Other skin cancer

**Thoracic**

2 4 Heart

2 5 Lung

**Urinary cancer:**

2 6 Bladder cancer

2 7 Renal (kidney) cancer

**Others**

2 8 Bone

2 9 Brain

3 0 Neuroblastoma

3 1 Other

**Do not read:**

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

5.9 Has a doctor, nurse or other health professional ever said that you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

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

5.10 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?

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

5.11 Has a doctor, nurse or other health professional ever said that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

5.12 Has a doctor, nurse or other health professional ever said that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

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

5.13 Has a doctor, nurse or other health professional ever said that you have vision impairment in one or both eyes, even when wearing glasses?

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

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

If “Yes” female, ask: “Was this only when you were pregnant?” If respondent says pre-diabetes or borderline diabetes, use response code 4.

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

## SECTION 6: DEMOGRAPHICS

6.1 What is your age?

- \_\_ \_\_ Enter age in years
- 7 Don't know/Not sure
  - 9 Refused

6.2 Are you Hispanic or Latino?

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

6.3 Which one or more of the following would you say is your race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian, Alaska Native, or Other?

### Note

**Check all that apply**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other [specify:] \_\_\_\_\_
  
- 7 Don't know/Not sure
- 8 No additional choices
- 9 Refused

**CATI NOTE: If more than one response to Q 6.3, go to 6.4. Otherwise go to 6.5.**

**Do not repeat Q6.4 for respondents in Jackson County (095), St. Louis City (510) and St. Louis County (189) who were asked the question in the introduction.**

6.4 Which one of these groups would you say **BEST** represents your race?

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

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

6.5 Are you: Married, Divorced, Widowed, Separated, Never married, or a member of an unmarried couple?

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

6.6 How many children live in your household who are...?

- \_\_\_ Less than 5 years old? (6.6a)
- \_\_\_ 5 through 12 years old? (6.6b)
- \_\_\_ 13 through 17 years old? (6.6c)

- 88 None
- 99 Refused

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

**Read only if necessary:**

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

6.8 Are you currently: Employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

- 01 Employed for wages
- 02 Self-employed
- 03 Out of work for more than 1 year
- 04 Out of work for less than 1 year
- 05 A homemaker
- 06 A student
- 07 Retired
- 08 Unable to work
- 9 9 Refused

6.9 Is your annual household income from all sources...?

**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
- 7 7 Don’t know/Not sure
- 9 9 Refused

6.10 About how much do you weigh without shoes?

**Note: If respondent answers in metrics, put “9” in first position, see example below**

**Round**     — — —     Enter weight in whole pounds (Ex. 220 pounds = 220) or whole kilograms (Ex. 65 kilograms = 9065 or 110 kilograms = 9110)

**fractions up**

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

6.11 About how tall are you without shoes?

**Note: If respondent answers in metrics, put “9” in first position, see example below**

**Round**     — / — —     Enter height in feet and inches  
**fractions down**     (Ex. 5 feet 9 inches = 509) or meters and centimeters (1 meter 75 centimeters = 9175)

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

6.12 What county do you live in? (**CATI: Asked in Introduction**)

**CATI note: Ask 6.12a only if Q6.12 = 095, 047, or 165.**

6.12a Do you live within the city limits of Kansas City?

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

6.13 What is your ZIP code?

— — — — — ZIP code

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

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

1 Yes  
2 No [Go to Q6.16]  
7 Don't know/Not sure [Go to Q6.16]  
9 Refused [Go to Q6.16]

6.15 How many of these are residential numbers?

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

6.16 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

1 Yes [Go to Q6.18]  
2 No  
7 Don't know / Not sure  
9 Refused

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

1 Yes [Go to Q6.19]  
2 No [Go to Q6.20]  
7 Don't know / Not sure [Go to Q6.20]  
9 Refused [Go to Q6.20]

6.18 Do you usually share this cell phone (at least one-third of the time) with any other adults?

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

6.19 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

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

6.20 INTERVIEWER: Indicate sex of respondent.

**Ask only if necessary**  
 1 Male [Go to Q 6.22]  
 2 Female [If respondent 45 years old or older, go to Q6.22)

6.21 To your knowledge, are you now pregnant?

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

6.22 Which of the following do you consider yourself to be?

**Interviewer: Read the number so the respondent can respond by number if desired**

1 Straight  
 2 Gay or lesbian  
 3 Bisexual  
 4 Transgender  
  
 6 Respondent does not understand responses  
 8 Other [Specify \_\_\_\_\_]  
  
 7 Don't know/Not sure  
 9 Refused

**Interviewer: If respondent paused, refused or responded none of above, also say:** "You can name a different category if that fits you better" Enter response as "Other" and specify.

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

**Straight:** have sex with, or are primarily attracted to people of the opposite sex

**Gay or Lesbian:** have sex with, or are primarily attracted to people of the same sex

**Bisexual:** have sex with or are attracted to people of both sexes

**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

## SECTION 7: CIGARETTE USE

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

5 packs = 100 cigarettes

1 Yes  
 2 No [If age < 25, go Q7.1a, otherwise, go to Q8.15]  
  
 7 Don't know/Not sure [If age < 25, go Q7.1a, otherwise, go to Q8.15]



9 Refused [If age < 25, go Q7.1a, otherwise, go to Q8.15]

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

1 Every day  
2 Some days [Go to Q7.4]  
3 Not at all [Go to Q7.5]  
9 Refused [Go to Q8.15]

**NOTE: Q7.3 asked of every day smokers only – If Q7.2=1**

7.3 On the average, about how many cigarettes a day do you now smoke?

**1 pack =**     — —     Number of cigarettes     [Go to Q7.6]  
**20 cigarettes**  
7 7     Don't know/Not sure     [Go to Q7.6]  
9 9     Refused     [Go to Q7.6]

**NOTE: Q7.4 asked of some day smokers only - If Q7.2=2**

7.4 On how many of the past 30 days did you smoke cigarettes?

— —     Number of Days     [Go to Q7.6]  
8 8     None     [Go to Q7.6]  
7 7     Don't know/Not sure     [Go to Q7.6]  
9 9     Refused     [Go to Q7.6]

**NOTE: Q7.5 asked of former smokers only – If Q7.2=3**

7.5 About how long has it been since you last smoked cigarettes regularly?

**Read only if necessary**  
01     Within the past month (anytime less than 1 month ago)  
02     Within the past 3 months (1 month but less than 3 months ago)  
03     Within the past 6 months (3 months but less than 6 months ago)  
04     Within the past year (6 months but less than 1 year ago)  
  
05     Within the past 5 years (1 year but less than 5 years ago)  
06     Within the past 10 years (5 years but less than 10 years ago)  
07     10 or more years ago  
  
77     Don't know/Not sure  
99     Refused

7.6 How old were you the first time you smoked a whole cigarette for the first time?

— —     Enter age in years  
77     Don't know/Not sure  
99     Refused

7.7 How old were you when you first started smoking cigarettes regularly?

- Enter age in years
- 88 Never smoked regularly
- 77 Don't know/Not sure
- 99 Refused

**If Q7.2 < 3, go to Q8.1; if Q7.5 = 01-04, go to Q8.2; otherwise, go to Q8.15**

**NOTE:** Q7.1a – 7.4a are asked only of young people age 18-24 who have not smoked a total of 100 cigarettes, but have tried smoking (called “puffers” or “initiators”) Q7.2a – 7.4a are the same questions as those asked of respondents who have smoked at least 100 cigarettes. Separate question numbers are assigned so that for analysis purposes smokers and initiators can be distinguished.

7.1a Have you ever smoked a cigarette, even 1 or 2 puffs?

- 1 Yes [Go to Q7.2a]
- 2 No [Go to Q8.15]
- 7 Don't know [Go to Q8.15]
- 9 Refused [Go to Q8.15]

7.2a Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day [Go to Q7.3a]
- 2 Some days [Go to Q7.4a]
- 3 Not at all [Go to Q8.15]
- 9 Refused [Go to Q8.15]

7.3a On the average, about how many cigarettes a day do you now smoke?

- 1 pack =**      -- --      Number of cigarettes      [Go to Q8.15]  
**20 cigarettes**
- 8 8 None      Go to Q8.15]
  - 7 7 Don't know/Not sure      [Go to Q8.15]
  - 9 9 Refused      [Go to Q8.15]

7.4a On how many of the past 30 days did you smoke cigarettes?

- --      Number of Days      [Go to Q8.15]
- 8 8      None      [Go to Q8.15]
- 7 7      Don't know/Not sure      [Go to Q8.15]
- 9 9      Refused      [Go to Q8.15]

## SECTION 8: CESSATION

### Quit Attempts

**NOTE: Ask Q8.1 of Current Smokers only – If Q7.1=1 and Q7.2=<3**

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

- 1 Yes
- 2 No [Go to Q8.5]
- 7 Don't know/Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

### Methods of Quitting

8.2 [RECENT FORMER SMOKERS Q7.5 = 01-04]: When you quit smoking,  
[CURRENT SMOKERS Q7.2=<3 and Q8.1=1]: The last time you tried to quit smoking,

did you use the nicotine patch, nicotine gum, or any other medication to help you quit?

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

8.3 [RECENT FORMER SMOKERS Q7.5 = 01-04]: When you quit smoking,  
[CURRENT SMOKERS Q7.2=<3 and Q8.1=1]: The last time you tried to quit smoking,

did you use any other assistance?

- 1 Yes
- 2 No [Go to Q8.5]
- 7 Don't know/Not sure [Go to Q8.5]
- 9 Refused [Go to Q8.5]

8.4 Did you use...

		Yes	No	DK/NS	Refused
8.4	a stop smoking clinic or class	1	2	7	9
8.4.1	The Missouri Tobacco Quitline	1	2	7	9
8.4.2	Another telephone quitline	1	2	7	9
8.4.3	One-on-one counseling from a doctor or nurse	1	2	7	9
8.4.4	Self-help material, books or video	1	2	7	9
8.4.5	Acupuncture	1	2	7	9
8.4.6	Hypnosis	1	2	7	9

**CATI NOTE: If Q7.2 = 1 or 2, go to 8.5; If Q7.2 = 3, go to 8.15**

### Stages of Change for Quitting

**NOTE: Ask Q8.5 of Current Smokers only - If 7.2=<3**

8.5 Are you seriously considering stopping smoking within the next six months?

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

- 8.6 Do you ever expect to quit smoking?
- |   |                     |              |
|---|---------------------|--------------|
| 1 | Yes                 | [Go to Q8.8] |
| 2 | No                  | [Go to Q8.9] |
| 7 | Don't know/Not sure | [Go to Q8.9] |
| 9 | Refused             | [Go to Q8.9] |
- 8.7 Are you planning to stop smoking within the next 30 days?
- |   |                     |              |
|---|---------------------|--------------|
| 1 | Yes                 | [Go to Q8.8] |
| 2 | No                  | [Go to Q8.9] |
| 7 | Don't know/Not sure | [Go to Q8.9] |
| 9 | Refused             | [Go to Q8.9] |
- 8.8 Have you set a date to quit smoking?
- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |
- 8.9 If you decided to give up smoking altogether, how likely do you think you would be to succeed?  
Very likely, Somewhat likely, Somewhat unlikely or Very unlikely?
- |   |                     |
|---|---------------------|
|   | <b>Please read</b>  |
| 1 | Very likely         |
| 2 | Somewhat likely     |
| 3 | Somewhat unlikely   |
|   | <b>or</b>           |
| 4 | Very unlikely       |
|   | <b>Do not read</b>  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

### Awareness about Quit Assistance

**NOTE: Ask Q8.10-14 of Current Smokers only - If Q7.1=1 and 7.2=<3**

- 8.10 A telephone quitline is a free telephone-based service that connects people who smoke cigarettes with trained counselors who can help them quit. Are you aware of any telephone quitline services such as the Missouri Tobacco Quitline that are available to help you quit smoking?
- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

**INTERVIEWER NOTE: The Missouri Tobacco Quitline number is 1-800-QUITNOW if requested**

- 8.11 Are you aware of any individual or group counseling services, other than quitlines, that are available to help you quit smoking cigarettes?

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

8.12 Does your health insurance help pay for counseling or medications to help people stop smoking cigarettes?

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

8.13 In the past 30 days, have you seen, read or heard any ads about quitting smoking cigarettes?

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

8.14 Have you ever seen or heard the slogan "Become an EX" in an ad? "EX" is spelled E-X.

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

## PHYSICIAN AND HEALTH PROFESSIONAL ADVICE

**NOTE: Ask Q8.15 of all respondents.**

8.15 In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

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

8.16 In the past 12 months, has a doctor, nurse, or other health professional asked you if you smoke?

- 1 Yes [If Q7.2=>2, go Q9.1]
- 2 No [If Q7.2=>2, go Q9.1]
  
- 7 Don't know/Not sure [If Q7.2=>2, go Q9.1]
- 9 Refused [If Q7.2=>2, go Q9.1]

**NOTE: Ask Q8.17 of Current Smokers (Q7.2 = 1 or 2)**

8.17 During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking?

1 Yes  
2 No [Go to Q9.1]

7 Don't know/Not sure [Go to Q9.1]  
9 Refused [Go to Q9.1]

8.18 In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also do any of the following?

		YES	NO	DK/NS	Refused
8.18	Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills such as Zyban?	1	2	7	9
8.18.1	Suggest you set a specific date to stop smoking?	1	2	7	9
8.18.2	Suggest that you use a smoking cessation class, program, or counseling?	1	2	7	9
8.18.3	Suggest you call the Missouri Tobacco Quitline?	1	2	7	9
8.18.4	Suggest you call another telephone quitline?	1	2	7	9
8.18.5	Provide you with booklets, videos or other materials to help you quit smoking on your own?	1	2	7	9

## SECTION 9: OTHER TOBACCO USE

### Smokeless Tobacco Use

9.1 Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff or snus?

**Snus (rhymes with 'goose')**

**INTERVIEWER 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 Yes  
2 No [Go to Q9.6]

7 Don't know/Not sure [Go to Q9.6]  
9 Refused [Go to Q9.6]

9.2 How old were you the **first time** you used chewing tobacco, snuff or snus?

-- Enter age in years

77 Don't know/Not sure  
99 Refused

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

1 Every day  
2 Some days [Go to Q9.5]  
3 Not at all [Go to Q9.6]

- 7 Don't know/Not sure [Go to Q9.6]
- 9 Refused [Go to Q9.6]

9.4 How old were you when you first started using smokeless tobacco daily?

- Enter age in years
- 77 Don't know/Not sure
- 99 Refused

9.5 During the past 12 months, have you tried to stop using smokeless tobacco?

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

### Other Tobacco Products

9.6 Have you ever used or tried smoking a cigar, pipe, bidi, kretek or clove cigarette, even one or two puffs?  
A bidi is a flavored cigarette from India.

**INTERVIEWER NOTE: Pronunciation of "Bidis" is "bee-dees." Pronunciation of "Kreteks" is "kree-teks."**

- 1 Yes
- 2 No [Go to Q10.1]
- 7 Don't know/Not sure [Go to Q10.1]
- 9 Refused [Go to Q10.1]

9.7 Do you now smoke cigars, a pipe, bidis, kreteks or clove cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

## SECTION 10: SECONDHAND TOBACCO SMOKE

**If number of adults in household = 1 AND # of children in household (Q6.6) ages 5 through 12 = 88 or 99 AND # of children ages 13 through 17 = 88 or 99, go to 10.2.**

### HOME EXPOSURE AND POLICY

10.1 Not including yourself, how many of the **people** who live in your household smoke cigarettes?

- # of **persons** in household (1 – 12)
- 8 8 None

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

*Interviewer: Children 5 and older in household are included.*

10.2 Not including yourself, during the past seven days, how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

\_\_ \_\_ # of days (1 – 7)

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

10.3 Which statement best describes the rules about smoking **inside** your home?

**Please read**

- 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
- 4 There are no rules about smoking inside the home
  
- 7 Don't know/Not sure
- 9 Refused

**EXPOSURE AND POLICY IN A CAR**

10.4 In the past seven days, have you been in a car with someone who was smoking?

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

10.5 Which of the following statements best describes the rules about smoking in your car?

**Please read**

- 1 Smoking is not allowed in your car
- 2 Smoking is allowed in your car sometimes
- 3 Smoking is allowed in your car
- 4 There are no rules about smoking in your car or
- 5 Do not have a car
  
- 7 Don't know/Not sure
- 9 Refused

**CATI NOTE: If Q6.8 = 3-9, go to Q10.12**

**WORKPLACE POLICY AND EXPOSURE**



**NOTE: Workplace questions are asked only if employed for wages (6.8=1) or self-employed (6.8=2)**

**The next questions are about workplace policies on smoking.**

10.6 While working at your job, are you indoors most of the time?

- 1 Yes
- 2 No [Go to Q10.11]
- 7 Don't know/Not sure [Go to Q10.11]
- 9 Refused [Go to Q10.11]

10.7 As far as you know, in the past seven days, has anyone smoked in your work area?

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

10.8 Which of the following best describes your place of work's official smoking policy for work areas?

**Interviewer Note: For workers who visit clients, "place of work" means their base location.**

**Please read**

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas or
- 4 No official policy

**Do not read**

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

10.9 Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms?

**Please read**

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas **or**
- 4. No official policy

**Do not read**

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

10.10 Would you prefer a stronger workplace smoking policy, a weaker workplace smoking policy, or no change in your current policy?

- 1 Stronger policy
- 2 Weaker policy
- 3 No change in policy
- 7 Don't know/Not sure
- 9 Refused

10.11 Within the past 12 months, [**have you** - Q6.8=2] [**has your employer** - Q6.8=1] offered any stop smoking programs or any other help to employees who want to quit smoking?

- 1 Yes
- 2 No
- 3 Not applicable – self-employed/no employees
- 7 Don't know/Not sure
- 9 Refused

## **ATTITUDES ABOUT CLEAN INDOOR AIR POLICIES**

10.12 About how often do you eat out at a restaurant? Would you say...?

- 1 More than once per week
- 2 About once a week
- 3 About once or twice a month
- 4 Less than once a month
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

10.13 In the past year, did you NOT GO TO A RESTAURANT because you knew smoking was permitted?

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

10.14 In the past year, did you NOT GO TO A RESTAURANT because you knew smoking was not permitted?

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

10.15 Missouri state law allows designated smoking areas in restaurants and other public places. Would you support a change in the state law that would make all workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants, bars and casinos?

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

## **SECTION 11: SOCIAL INFLUENCES AND RISK PERCEPTION**

Now I'm going to ask about smoke from other peoples cigarettes.

11.1 In the past 12 months, have you ever asked a stranger not to smoke around you in order to avoid exposure to their tobacco smoke?

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

11.2 Do you think that breathing smoke from other people's cigarettes is? Very harmful to one's health, Somewhat harmful to one's health, Not very Harmful to one's health or Not harmful at all to ones health.

- 1 Very harmful to one's health
- 2 Somewhat harmful to one's health
- 3 Not very harmful to one's health **or**
- 4 Not harmful at all to one's health
  
- 7 No opinion/Don't know/Not sure
- 9 Refused

11.3 I'm going to read a list of medical conditions. After I read each one, please tell me whether you believe second-hand smoke is a cause of this condition.

- 11.3 Heart disease in adults
- 11.3a Colon cancer in adults
- 11.3b Respiratory problems in children
- 11.3c Sudden infant death syndrome

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

11.4 I'm going to read a list of medical conditions. After I read each one, I want you to tell me whether you believe smoking cigarettes is a cause of this condition.

- 11.4 Heart attack
- 11.4a Colon cancer
- 11.4b Stroke
- 11.4c Low-birth weight
- 11.4d Impotence

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

**Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statement.**

11.5 If a person has smoked a pack of cigarettes per day for more than 20 years, there is not much health benefit to quitting. Do you: Strongly agree, Agree, Disagree or Strongly disagree?

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
  
- 7 No opinion/Don't know/Not sure
- 9 Refused

## SECTION 12: ORAL HEALTH AND TOBACCO

12.1 How long has it been since you last visited a dentist or a dental clinic for any reason?

**Interviewer: Include visits to dental specialists such as orthodontists.**

- Read only if necessary**
- 1 Within the past year (anytime less than 12 months ago) [Go to Q13.1]
  - 2 Within the past 2 years (1 year but less than 2 years ago) [Go to Q13.1]
  - 3 Within the past 5 years (2 years but less than 5 years ago) [Go to Q13.1]
- OR**
- 4 5 or more years ago [Go to Q13.1]
- Do not read**
- 8 Never [Go to Q13.1]
  - 7 Don't know/Not sure [Go to Q13.1]
  - 9 Refused [Go to Q13.1]

12.2 In the past 12 months, did a dentist ask you if you smoked?

- 1 Yes [If 7.2 = >2, go to Q12.4]
- 2 No [If 7.2 = >2, go to Q12.4]
- 3
- 7 Don't know/Not sure [If 7.2 = >2, go to Q12.4]
- 9 Refused [If 7.2 = >2, go to Q12.4]

**NOTE: Q12.3 asked of current smokers only (Q7.2 = 1 or 2)**

12.3 In the past 12 months, did a dentist advise you to quit smoking?

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

12.4 In the past 12 months, did a dentist ask you if you used smokeless tobacco or chew?

- 1 Yes [If 9.3 = >2go to 13.1]
- 2 No [If 9.3 = >2go to 13.1]
  
- 7 Don't know/Not sure [If 9.3 = >2go to 13.1]
- 9 Refused [If 9.3 = >2go to 13.1]

**Note: Ask Q12.5 of current smokeless users (Q9.3 = 1 or 2)**

12.5 In the past 12 months, did a dentist advise you to quit using smokeless tobacco or chew?

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

## SECTION 13: PHYSICAL ACTIVITY

I am now going to ask you some questions about physical activity.

13.1 During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

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

**PLEASE READ:** Now think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

13.2 During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

- \_\_\_ Days per week [1-7] **[If 88-None/No days, go to Q14.1]**
- 88 None/No days
- 77 Don't Know/Not Sure **[Go to Q14.1]**
- 99 Refused **[Go to Q14.1]**

**[Interviewer clarification:** Think only about the walking that you do for at least 10 minutes at a time.]

13.3 How much time did you usually spend **walking** on one of those days?

- \_\_\_ Hours per day [WDHRS; Range: 0-16] **[Go to Q14.1]**
- \_\_\_ Minutes per day [WDMIN; Range: 0-960, 998, 999] **[Go to Q14.1]**
  
- 777 Don't Know/Not Sure **[Go to Q13.3a]**
- 999 Refused **[Go to Q14.1]**

**Interviewer probe:** An average time for one of the days on which you walk is being sought. If the respondent can't answer because the pattern of time spent varies widely from day to day, ask:

13.3a What is the total amount of time you spent walking over **the last 7 days**?

- \_\_\_ Hours per week [WWHRS; Range: 0-112]
- \_\_\_ Minutes per week [WWMIN; Range: 0-6720, 9998, 9999]
  
- 7777 Don't Know/Not Sure

## SECTION 14: PHYSICAL ACTIVITY AND NUTRITION PERCEIVED ENVIRONMENT

14.1 Do you use walking trails, parks, playgrounds or sports fields for physical activity?

- 1 Yes
- 2 No
- 3 My community does not have these facilities
  
- 7 Don't know/Not sure
- 9 Refused

14.2 Does your neighborhood have any sidewalks?

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

14.3 Do the roads and streets in your community have shoulders or marked lanes for bicycling?"

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

14.4 How safe from crime do you consider your neighborhood to be? Would you say...?

- Please read**
- 1 Extremely safe
- 2 Quite safe
- 3 Slightly safe
- 4 Not at all safe
  
- 7 Don't Know/Not Sure
- 9 Refused

14.5 To what degree would you agree with the statement, "It is easy to purchase healthy foods in my neighborhood such as whole grain foods, low fat options, and fruits and vegetables?" Would you...?

- Please read**
- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree (neutral)
- 4 Disagree
- 5 Strongly disagree
  
- 7 Don't Know/Not Sure
- 9 Refused

## SECTION 15: FRUIT AND VEGETABLE CONSUMPTION

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

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

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

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

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

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

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

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

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

15.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

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

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

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

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

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

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

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

15.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

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

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

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

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

**Include falafel and tempeh.**

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

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

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

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

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

15.5 During the past month, how many times per day, week, or month did you eat orange-



colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**CATI NOTE: If Q6.20=2, go to Q16.1. If Q6.20=1 and Q6.1=50 or older, go to Q16.8. If Q6.20=1 and Q6.1<50, go to Q17.1**

## **SECTION 16: PREVENTIVE PRACTICES**

**CATI NOTE: Ask Q16.1-16.7 only of women (Q6.20 = 2)**

I am now going to ask about some cancer screenings.

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

- 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 How long has it been since you had your last mammogram?

**Read only if necessary**

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

16.3 A clinical breast exam is when a doctor or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

- 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 How long has it been since your last breast exam?

**Read only if necessary**

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

16.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No [If Q6.21=1, go to Follow-up; otherwise go to Q16.7]
- 7 Don't know/Not sure [If Q6.21=1, go to Follow-up; otherwise go to Q16.7]
- 9 Refused [If Q6.21=1, go to Follow-up; otherwise go to Q16.7]

16.6 How long has it been since you had your last Pap test?

**Read only if necessary**

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

**CATI NOTE: If Q6.21 = 1 (Is pregnant), Go to Follow-up**

16.7 Have you had a hysterectomy?

**A hysterectomy is an operation to remove the uterus (womb)**

- 1 Yes **[If Q6.1=<50, go to Follow-up]**
- 2 No **[If Q6.1=<50, go to Q17.1]**
  
- 7 Don't know/Not sure **[If Q6.1=<50, go to Q17.1]**
- 9 Refused **[If Q6.1=<50, go to Q17.1]**

**Ask Q. 16.8 if Q6.20=1 or 2 AND Q6.1= 50 or older**

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

- 1 Yes
- 2 No **[Go to Q16.10]**
  
- 7 Don't know/Not sure **[Go to Q16.10]**
- 9 Refused **[Go to Q16.10]**

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

**Read Only if Necessary**

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

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

- 1 Yes
- 2 No **[Go to Follow-up]**

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

16.11 How long has it been since you had your last sigmoidoscopy or colonoscopy?

**Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
  
- 7 Don't know/Not sure
- 9 Refused

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

- 1 Sigmoidoscopy [Go to Follow-up]
- 2 Colonoscopy [Go to Follow-up]
  
- 7 Don't know / Not sure [Go to Follow-up]
- 9 Refused [Go to Follow-up]

## SECTION 17: Family Planning

**CATI NOTE: Ask if Q6.1=<45 and Q6.20=1 or 2 and Q6.21 = 2 and Q16.7=2**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Some things people do to keep from getting pregnant include not having sex at certain times, withdrawal, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

17.1 Are you or your [If female, insert “husband/partner,” if male, insert “wife/partner”] doing anything now to keep [If female, insert “you,” if male, insert “her”] from getting pregnant?

**NOTE: If more than one partner, consider usual partner.**

- 1 Yes
- 2 No [Go to Q17.3]
- 3 No partner/not sexually active [Go to follow-up statement]
- 4 Same sex partner [Go to follow-up statement]
  
- 7 Don't know / Not sure [Go to follow-up statement]
- 9 Refused [Go to follow-up statement]

17.2 What are you or your [If female, insert “husband/partner,” if male, insert “wife/partner”] doing now to keep [If female, insert “you,” if male, insert “her”] from getting pregnant?

**NOTE: If more than one partner, consider usual partner.**

**NOTE: If respondent reports using “condom,” probe to determine if “female condoms” or “male condoms.”**

**Read only if necessary:**

- 0 1 Tubes tied (or female sterilization)
- 0 2 Vasectomy (or male sterilization)
- 0 3 Birth control pills, any kind
- 0 4 Male condoms
- 0 5 Female condoms
- 0 6 Contraceptive implant (for example, Implanon)
- 0 7 Shots (for example, Depo-Provera)
- 0 8 Contraceptive ring (for example, Nuvaring)
- 0 9 Contraceptive patch (for example, Ortho Evra)
- 1 0 Diaphragm, cervical cap, or sponge
- 1 1 Foam, jelly, or cream
- 1 2 IUD (for example, Mirena)
- 1 3 Emergency contraceptive (morning after pill)
- 1 4 Withdrawal (or pulling out)
- 1 5 Other method

**Do not read:**

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

- 17.3 Some reasons for not doing anything now to keep [**If female, insert “you”, if male, insert “her”**] from getting pregnant include wanting a pregnancy, not being able to pay for birth control, or not thinking that [**If female, insert “you”, if male, insert “she”**] can get pregnant.

What is your main reason for not doing anything now to keep [**If female, insert “you”, if male, insert “her”**] from getting pregnant?

**Read only if necessary:**

- 0 1 Didn't think you were going to have sex/no regular partner
- 0 2 You want a pregnancy
- 0 3 You or your partner don't want to use birth control
- 0 4 You or your partner don't like birth control/fear side effects
- 0 5 You can't pay for birth control
- 0 6 Religious reasons
- 0 7 Lapse in use of a method
- 0 8 Don't think you or your partner can get pregnant
- 0 9 You or your partner had tubes tied (sterilization)
- 1 0 You or your partner had a vasectomy (sterilization)
- 1 1 You or your partner had a hysterectomy
- 1 2 You or your partner are too old
- 1 3 You or your partner are currently breast-feeding
- 1 4 You or your partner just had a baby/postpartum
- 1 5 Other reason
- 1 6 Don't care if you get pregnant
- 1 7 Partner is pregnant now

**Do not read:**

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

**Follow up\*\*\*\*\***

We may wish to contact you for a follow-up study. May we include you in this follow-up?

1. Yes
2. No [Go to Closing]

**Follow2 \*\*\*\*\***

Please give me your first name so we can contact you in the follow up study \_\_\_\_\_

**Closing \*\*\*\*\*statement**

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

**INTERVIEWER NOTE:**

**Provide the Missouri Tobacco Quitline number (1-800-QUITNOW) if someone asks for assistance with quitting.**