

2020 OTTAWA BRFS SECTION	PAGE NUMBER	NUMBER OF QUESTIONS
Introduction & Initial Demographics	2	10
Section 1: General Questions	5	3
Section 2: Health Status/Healthy Days	6	6
Section 3: Health Care Access	6	9
Section 4: Chronic Health Conditions	9	10
Section 5: Marijuana Use	11	3
Section 6: Chronic Pain	12	4
Section 7: Health Literacy	13	3
Section 8: Tobacco Use and Vaping	14	5
Section 9: Resiliency and Social Support	15	5
Section 10: Demographics, continued	17	11
Section 11: Weight Control	21	4
Section 12: Fruits, Vegetables, Sweetened Drinks	22	4
Section 13: Food Access and Accessibility	24	2
Section 14: Exercise (Physical Activity)	24	2
Section 15: Cancer Screening	25	3
Section 16: Immunization	26	3
Section 17: Alcohol Consumption	26	3
Section 18: Mental Illness and Stigma	27	9
Section 19: Oral Health	29	3
Section 20: Suicide	30	2
Section 21: Adverse Childhood Experience	31	11
Section 22: Coronavirus (COVID-19) Pandemic	33	5
TOTAL		120

2020 Ottawa County Behavioral Risk Factor Survey – Questionnaire

Interviewer's Script for Landline Phone Number

Hello, this is _____ from _____ on behalf of the Ottawa County Department of Public Health. We are gathering information on the health of Ottawa County residents. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices

S1. 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**

S2. Is this a private residence in Ottawa County?

If **"no," say** "Thank you very much, but we are only interviewing private residences in Ottawa County."

Read if necessary: By private residence we mean someplace like a house or apartment.

Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

NOT PRIVATE RESIDENCE - Group Homes (halfway houses, shelters, sororities, fraternities, institutions (nursing homes, assisted living facilities, etc.) or vacation homes not occupied for more than 30 days per year.)

S3. Do you live in college housing?

If **"no," say** "Thank you very much, but we are only interviewing people who live in private residences or college housing at this time."

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." If they live in college housing, it must be located in Ottawa County.

S4. Do you live in Ottawa County?

If **"no,"**

Is your residence in one of the following zip codes: 49423, 49404, 49448, 49456?

If **"yes," continue**

If **"no," say** "I'm sorry, this survey is only for Ottawa County Residents. Thank you for your time." **STOP**

S5. Is this a cell phone? If **"yes," say** "Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time."

Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

S6. May I ask your age?

Caller: Enter age. Enter 999 for refused, and ask follow-up question. TERMINATE IF < 18.

Caller: Choose correct range from previous question. If respondent refused age, say:

S6a. May I ask what range your age falls in? A few of our questions are age dependent. Are you...?

- 01 18-24
- 02 25-34
- 03 35-44
- 04 45-54
- 05 55-64
- 06 65-74
- 07 75 or older

S7. Are you male or female?

- 1 Male
- 2 Female
- 77 Don't know / Not sure **[THANK AND TERMINATE]**
- 99 Refused **[THANK AND TERMINATE]**

S8. 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

Go to "everybody" introduction.

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[him/her]?** **Go to "different person" introduction.**

(If more than "1") How many of these adults are men and how many are women?

__ Number of men

__ Number of women

IF there are five or more adults, ask, Is this a private residence or a group home?

If it is a group home, Thank you for your time, but we are only interviewing private residences. **STOP**

If two to four adults, or a private residence with 5 or more adults,

I would like to speak to the adult with the closest birthday. Is that person available?

If person doesn't know the birthdays, continue survey with him or her.

If no, When would be a good time to call to reach that person, and may I ask that person's first name?

Thank you for your time.

Enter name and call back information on calling sheet. STOP

Survey Introduction – If a different person:

Hello, this is _____ from _____ on behalf of the Ottawa County Department of Public Health. We are gathering information on the health of Ottawa County residents. You have been chosen randomly to be interviewed, and I would like to ask some questions about health and health practices.

Interviewer's Script for Cell Phone Number

Hello, this is _____ from _____ on behalf of the Ottawa County Department of Public Health. We are gathering information on the health of Ottawa County residents. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices

S1. Is this a safe time to talk with you?

If "no,": Thank you very much. We will call you back at a more convenient time. **STOP**

S2. 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**

S3. Is this a cell phone?

If "no,": Thank you very much but we are only interviewing people on cell telephones at this time. **STOP**

S4. Do you live in Ottawa County?

If "no,"

Is your residence in one of the following zip codes: 49423, 49404, 49448, 49456?

If "yes," continue

If "no," say "I'm sorry, this survey is only for Ottawa County Residents. Thank you for your time." STOP

S5. May I ask your age?

Caller: Enter age. Enter 999 for refused, and ask follow-up question. TERMINATE IF < 18.

Caller: Choose correct range from previous question. If respondent refused age, say:

S5a. May I ask what range your age falls in? A few of our questions are age dependent. Are you...?

- 01 18-24
- 02 25-34
- 03 35-44
- 04 45-54
- 05 55-64
- 06 65-74
- 07 75 or older

S6. Are you male or female?

- 1 Male
- 2 Female
- 77 Don't know / Not sure [THANK AND TERMINATE]
- 99 Refused [THANK AND TERMINATE]

S7. Do you live in a private residence?

- 1 Yes [GO TO S9]
- 2 No
- 77 Don't know / Not sure [THANK AND TERMINATE]
- 99 Refused [THANK AND TERMINATE]

**Read if necessary: By private residence we mean someplace like a house or apartment
Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.**

S8. Do you live in college housing?

- 1 Yes
- 2 No [THANK AND TERMINATE]
- 77 Don't know / Not sure [THANK AND TERMINATE]
- 99 Refused [THANK AND TERMINATE]

Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university

If “no,” say “Thank you very much, but we are only interviewing people who live in private residences or college housing at this time.”

S9. Do you also have a landline telephone in your home that is used to make and receive calls?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

Read 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.

S10. How many members of your household, including yourself, are 18 years of age or older?

__ Number of adults
Don't know = 77, Refuse = 99

NOTE: if S7=1 (they live in college housing) then S10 is set to “1”.

Go to “everybody” introduction.

Survey Introduction for everybody:

I won't 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. The interview takes about 20 minutes and any information you provide will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Do you have a cell phone, land line phone, or both?

- 1 Cell phone only
- 2 Land line phone only
- 3 Both
- 77 Don't know
- 99 Refused

IF they have a landline:

How many residential landline telephone numbers do you have in your household? (Not number of phones. Not cell phones. Not business numbers. Different Residential landline numbers.)

- 1
- 2
- 3
- 4
- 5 or more
- 77 Don't know
- 99 Refused

What is your zip code?

- 49401 - Allendale
- 49403 - Conklin
- 49404 – Coopersville
- 49409 - Ferrysburg
- 49417 - Grand Haven
- 49423 - Holland (southside)
- 49424 - Holland (northside)
- 49426 - Hudsonville
- 49427 - Jamestown
- 49428 - Jenison
- 49430 - Lamont
- 49434 - Macatawa
- 49435 - Marne
- 49448 – Nunica
- 49456 - Spring Lake
- 49460 - West Olive
- 49464 - Zeeland
- 88 Other (please specify)
- 77 Don't know
- 99 Refused

NOTE: If respondent says DK/REF above, interviewer should ask for town or township.

Section 1: General Questions

1.1 What do you feel are the **two** most important **health** problems in your community today?

(Do not read) (Multiple response, limit to two)

- 01 Access to health care
- 02 Alcohol/drug/substance abuse
- 03 Cancer
- 04 Care for the elderly/elderly issues
- 05 Diabetes
- 06 Dental care
- 07 Health care costs/lack of affordable care
- 08 Heart disease
- 09 HIV/AIDS
- 10 Lack of health care coverage/insurance
- 11 Lifestyle choices (diet, smoking, lack of exercise)
- 12 Mental illness
- 13 Obesity
- 14 Lack of immunizations/vaccinations
- 15 Air quality/water quality/environmental
- 16 Self-care management
- 17 Affordable housing
- 18 Affordable healthy food
- 19 Social issues (poverty, crime)
- 20 Issues specific to teens (sex, pregnancy, drug use)
- 21 Chronic pain
- 22 Lack of providers
- 23 Chronic disease
- 24 Communicable diseases (e.g., coronavirus, COVID-19, ebola)
- 88 Other _____
- 77 Don't know/not sure
- 99 Refused

1.2 There is a large public health study about how experiences during childhood affects life-long health. When these experiences are negative, they are known as Adverse Childhood Experiences or ACEs for short. How familiar are you with the term ACEs? Would you say...?

Please read:

- 1 You have never heard of ACEs and/or the study **[Go to Section2]**
- 2 You have heard of ACEs and/or the study but don't know much about it **[Go to Section2]**
- 3 You know a little about ACEs and/or the study
- 4 You know quite a bit about ACEs and/or the study
- 5 You know a lot about ACEs and/or the study

Do not read:

- 77 Don't know / Not sure **[Go to Section2]**
- 99 Refused **[Go to Section2]**

1.3 (ASK IF 1.2 = 3-5) Do you apply findings from the ACEs study to your life or work?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

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

2.1 Would you say that in general your health is...

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor
- 77 Don't know / Not sure **(Do not read)**
- 99 Refused **(Do not read)**

2.2 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?

(Caller: use 0 (zero) for "none", 77 for "don't know/not sure", 99 for refused)

__ Number of days

2.3 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?

Interviewer Note: use 0 (zero) for "none", 77 for "don't know/not sure", 99 for refused

__ Number of days **[If Q2.2 and Q2.3 = 0 (None), go to Section 3]**

2.4 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?

Interviewer: use 0 (zero) for "none", 77 for "don't know/not sure", 99 for refused

__ Number of days

Interviewer Note: If asked, "**usual activities**" includes housework, self-care, care giving, work, volunteer work, attending school, studies, or recreation. Also,

2.5 **(ASK IF 2.2 = 1-30)** Thinking about the days in the past month when your physical health was not good, do you think it was at all related to the COVID-19, or coronavirus, pandemic?

- 1 Yes
- 2 No
- 77 Don't know/Not sure
- 99 REF

2.6 **(ASK IF 2.3 = 1-30)** Thinking about the days in the past month when your mental health was not good, do you think it was at all related to the COVID-19, or coronavirus, pandemic?

- 1 Yes
- 2 No
- 77 Don't know/Not sure
- 99 REF

Section 3: Health Care Access

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

- 1 Yes
- 2 No [Go to Q3.3]
- 77 Don't know / Not sure [Go to Q3.3]
- 99 Refused [Go to Q3.3]

3.2 What is the primary source of your health care coverage? Is it...

Interviewer Note: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace, 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 plan)? If purchased on their own (or by a family member), select response 2, if Medicaid, select response 4. If answer 2 in Q3.1 then code 08 for this question.

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

Please read:

- 0 1 A plan purchased through an employer or union (includes plans purchased through another person's employer)
 - 0 2 A plan that you or another family member buys on your own
 - 0 3 Medicare
 - 0 4 Medicaid or other state program such as the Healthy Michigan Plan
 - 0 5 TRICARE (formerly CHAMPUS), VA, or Military
 - 0 6 Alaska Native, Indian Health Service, Tribal Health Services
- OR**
- 0 7 Some other source _____
 - 0 8 None (no coverage)

Do not read:

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

3.3 Do you have one person you think of as your personal doctor or health care provider?

Interviewer Note: If initial response is "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

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

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

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

3.5 There are many reasons why people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months?
(Check all that apply).

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/office wasn't open when you got there.
- 5 You didn't have transportation
- 6 The clinic/office would not accept your insurance
- 7 Cost - of health care services in general
- 8 Cost - You couldn't afford the co-pay or deductible required by your insurance
- 9 Cost – You couldn't afford prescriptions
- 10 You couldn't understand my doctor

Do not read:

- 10 No, I did not delay getting medical care/did not need medical care
- 20 COVID-19 or coronavirus pandemic related (e.g., when respondent indicates they couldn't get needed medical because of the coronavirus pandemic, like for example wait times being too long, couldn't access the Internet or use technology because of heavy traffic, etc.)
- 88 Other _____
- 77 Don't know / Not sure
- 99 Refused

3.6 How many times have you been to an Urgent Care Center in the past 12 months? READ: "An Urgent Care Center is a place where people can go who need medical care but don't need to visit an Emergency Room. For example, most doctors' offices are not open in the evening or weekends, so if someone needs to see a doctor at these times, but the situation does not require the use of an Emergency Room, they could visit an Urgent Care Center."

Interviewer Note: (Read if necessary) For the person's own care and not because they accompanied someone else.

- __ Number of times
- 0 None
 - 77 Don't know/Not sure
 - 99 Refused

3.7 How many times have you been to an Emergency Department/Room in the past 12 months?

Interviewer Note: For the person's own care and not because they accompanied someone else.

- __ Number of times
- 0 None
 - 77 Don't know/Not sure
 - 99 Refused

3.8 Was there a time in the past 12 months when you did not take your medication as prescribed, such as skipping doses or splitting pills, in order to save on costs? Do not include over-the-counter (OTC) medication.

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed
- 77 Don't know/Not sure
- 99 Refused

3.9 How confident are you that you can successfully navigate the health care system? Would you say...?

Interviewer Note: IF NECESSARY, SAY: By navigating the health care system, we mean knowing: how to use your health plan or insurance, what your plan covers, how to read your statements, where to go for services, how to find a primary care provider, what your options are for treatment, etc.

Please read:

- 1 Not at all confident
- 2 Not very confident
- 3 Somewhat confident
- 4 Very confident
- 5 Extremely confident

Do not read:

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

Section 4: Chronic Health Conditions

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

4.1 Ever told you had asthma?

- 1 Yes
 - 2 No
 - 77 Don't know / Not sure
 - 99 Refused
- [Go to Q4.3]
[Go to Q4.3]
[Go to Q4.3]

4.2 Do you still have asthma?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

4.3 Has a doctor, nurse, or other health professional EVER told you that you had diabetes?

Interviewer Note: If “Yes” and respondent is female, ask: “Was this only during a pregnancy?”

If respondent says “pre-diabetes” or “borderline diabetes,” code as yes in 4.4

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 77 Don't know / Not sure
- 99 Refused

4.4 Has a doctor, nurse, or other health professional EVER told you that you had pre-diabetes or borderline diabetes?

- 1 Yes **[Go to Q4.5]**
- 2 No
- 77 Don't know / Not sure
- 99 Refused

4.5 (ASK IF DIAGNOSED WITH PREDIABETES) What steps are you taking, if any, to prevent your prediabetes from developing into diabetes? (**Select all that apply**)

Read only if necessary:

- 0 Nothing (**Do not read**)
- 1 Increasing my physical activity
- 2 Losing weight/lowering BMI
- 3 Eating healthier/changed diet
- 1 Using medication (Metformin)
- 2 Lowering A1C
- 3 Having, or had, surgery (gastric bypass)
- 7 Managing stress better
- 8 Became involved with support group(s)
- 77 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

4.6 Has a doctor, nurse, or other health professional EVER told you that you have COPD (chronic obstructive pulmonary disease, emphysema, or chronic bronchitis)?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

4.7 Has a doctor, nurse, or other health professional EVER told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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)

4.8 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)?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

4.9 Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

4.10 (IF FEMALE and 4.9=YES) Was this following the birth of a child or related to pregnancy?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

Section 5: Marijuana Use

5.1 During the past 30 days, on how many days did you use marijuana or cannabis?

Interviewer Note: use 0 (zero) for "none", 77 for "don't know/not sure", 99 for refused

__ Number of days [If 0, DK, REF, go to 5.3]

5.2 During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...? (**Select one. READ LIST**)

Please Read

- 1 Smoke it (for example, in a joint, bong, pipe or blunt)
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)
- 3 Drink it (for example, in tea, cola, or alcohol)
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates), or
- 6 Use it some other way

Do not read

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

5.3 How much do you think people risk harming themselves (physically or in other ways) if they use marijuana or cannabis once or twice a week? Would you say there is...? (**Select one. READ LIST**)

Please Read

- 1 No risk
- 2 A slight risk
- 3 A moderate risk, or
- 4 Great risk

Do not read

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

Section 6: Chronic Pain

The next two questions ask about the use of prescription pain medication (such as OxyContin, Opana, Percocet, Vicodin, codeine).

6.1 Have you taken prescription pain medication, **such as OxyContin, Percocet, Vicodin, or codeine?**

Interviewer Note: If “Yes”, ask “Was it within the past 30 days, more than 30 days, but within the past 12 months, or more than 12 months ago?”

- 1 Yes – within the past 30 days
- 2 Yes – more than 30 days ago, but within the past 12 months
- 3 Yes – more than 12 months ago
- 4 No
- 7 Don't know / Not sure
- 9 Refused

6.2 Do you suffer from any type of chronic pain; that is, pain that occurs constantly or flares up frequently?

- 1 Yes
- 2 No **[Go to Next Section]**
- 77 Don't know / Not sure **[Go to Next Section]**
- 99 Refused **[Go to Next Section]**

6.3 Do you feel your pain is well managed?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

6.4 What are some of the **barriers** to treating your pain? (**DO NOT READ**)

(Check all that apply)

- 1 Too costly/can't afford
- 2 Not enough programs/services
- 3 Existing programs/services inadequate
- 4 Do not have health insurance
- 5 Insurance doesn't cover treatment
- 6 Transportation issues
- 7 Too hard to remember/forget easily
- 8 Don't trust health care providers
- 9 Current provider not helpful
- 10 Too many chronic issues to manage
- 11 Chronic conditions make it tough to be mobile
- 12 Don't ask for treatment of my pain
- 13 There are **no** barriers
- 77 Don't know/Not sure
- 88 Other _____
- 99 Refused

Section 7: Health Literacy

7.1 Now, I would like to ask you some questions about medical forms or medical information.

How confident are you in filling out medical forms by yourself? For example, insurance forms, questionnaires, and doctor's office forms. Would you say....

- 1 Not at all confident
- 2 A little confident
- 3 Moderately confident
- 4 Somewhat confident
- 5 Extremely confident
- 77 Don't know / Not sure
- 99 Refused

7.2 How often do you have problems learning about your health condition because of difficulty in understanding written information? Would you say...**(Interviewer: probe if respondent states they do not have a health condition, say "This would include any routine visit to a doctor's office for a physical exam, women's health exam or men's health exam.")**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 77 Don't know/Not sure
- 99 Refused

7.3 How often do you have difficulty understanding written or verbal information your health care provider (doctor, nurse, nurse practitioner) gives you?...**(Interviewer: probe if respondent states they do not have a health condition, say “This would include any routine visit to a doctor’s office for a physical exam, women’s health exam or men’s health exam.”)**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 77 Don’t know/Not sure
- 99 Refused

Section 8: Tobacco Use and Vaping

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

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.”

Interviewer Note: 5 packs = 100 cigarettes

- 1 Yes
- 2 No
- 3 Never smoked at all **[SKIP TO 8.3]**
- 77 Don’t know / Not sure
- 99 Refused

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

- 1 Everyday
- 2 Some days
- 3 Not at all
- 77 Don’t know / Not sure
- 99 Refused

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

- 1 Every day
- 2 Some days
- 3 Not at all
- 77 Don’t know / Not
- 99 Refused

8.4 Have you ever used e-cigarettes or other electronic “vaping” devices for a product other than tobacco or nicotine?

- 1 Yes
- 2 No
- 77 Don’t know / Not Sure
- 99 Refused

8.5 How much do you think people risk harming themselves (physically or in other ways) if they use e-cigarettes or other electronic “vaping” devices once or twice a week? Would you say there is...?
(Select one. READ LIST)

Please Read

- 1 No risk
- 2 A slight risk
- 3 A moderate risk, or
- 4 Great risk

Do not read

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

Section 9: Resiliency and Social Support

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

INTERVIEWER NOTE: If asked, say “please include support from any source.”

Please Read

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

Do not read

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

9.2 How many people could you count on to come help you if you called for practical help, like someone to pick up groceries, talk to about a problem, or provide you or a household member with care?

Please Read

- 1 None
- 2 One
- 3 Two
- 4 Three
- 5 Four or more

Do not read

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

9.3 Think about people you rely on for help and support. How common is it for you to reach outside this circle of people to give or receive practical help or social and emotional support?

Prompt 1, if needed: “help and support” may include informal social and emotional support; help with errands, tasks, or chores; and information for problem solving.

Prompt 2, if needed: “reach outside” to people you are unfamiliar with, who are not immediate friends or family.

Prompt 3, if needed: “circle of people” are those individuals you reach to for social and emotional support or practical help

Please Read

- 1 Very uncommon
- 2 Somewhat uncommon
- 3 Somewhat common
- 4 Very common

Do not read

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

9.4 Next, I am going to read you two statements and I want you to tell me how accurate the statements are using the scale I will provide you. The first statement is....

“You are able to adapt when change occurs.” Would you say this is....

Please Read

- 1 Not at all true
- 2 Rarely true
- 3 Sometimes true
- 4 Often true, or
- 5 Always true

Do not read

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

9.5 The second statement is....

“You tend to bounce back after illness, injury, or other hardships.” Would you say this is....

Please Read

- 1 Not at all true
- 2 Rarely true
- 3 Sometimes true
- 4 Often true, or
- 5 Always true

Do not read

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

Section 10: Demographics

10.1 Are you Hispanic or Latino/a or Spanish origin?

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected

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

Do not read:

- 5 No
- 77 Don't know / Not sure
- 99 Refused

10.2 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 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

- 60 Other [please specify]_____ (**Do not read**)
- 88 No additional choices (**Do not read**)
- 77 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

10.3 Do you consider yourself to be transgender? (If yes, ask): Do you consider yourself to be male-to-female, female-to-male, or gender nonconforming?

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female-to-male, or
- 3 Yes, Transgender, Gender nonconforming
- 4 No
- 77 Don't know/Not sure
- 99 Refused

10.4 What is your marital status? Are you...?

Please read:

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

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

Interviewer Note: please use 0 (zero) for “none” and 99 for “refused”

_____ (textbox)

10.6 [ASK IF 1 OR MORE IN 10.5] What are the ages of this child/these children? **Select age for each child**

Child 1	0-5	6-11	12-17	DK	REF
Child 2	0-5	6-11	12-17	DK	REF
Child 3	0-5	6-11	12-17	DK	REF
Child 4	0-5	6-11	12-17	DK	REF

10.7 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)
- 99 Refused (**Do not read**)

10.8 Are you currently...?

Interviewer Note: If the respondent states they are retired, but still working, please code them as being employed. Only code retired, if they are not working at all.

Please read:

- 1 Employed for wages or salary
- 2 Self-employed
- 3 Out of work 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
- 99 Refused (**Do not read**)

10.9 Do you own or rent your home?

Please read:

- 1 Own
- 2 Rent
- 3 Other arrangement (specify) _____
- 77 Don't know/Not sure (Do not read)
- 99 Refused (Do not read)

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

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.

10.10 Keeping in mind that your answers are completely confidential, is your annual household income from all sources:

Interviewer Note: If respondent refuses at ANY income level, code '99' (Refused).

Please read:

- 04 less than \$25,000? If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 03 less than \$20,000? If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)
- 02 less than \$15,000? If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)
- 01 less than \$10,000? If "no," code 02
- 05 less than \$35,000? If "no," ask 06
(\$25,000 to less than \$35,000)
- 06 less than \$50,000? If "no," ask 07
(\$35,000 to less than \$50,000)
- 07 less than \$75,000? If "no," ask 08
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

10.11 About how much do you weigh without shoes?

**Interviewer Note: Enter whole number only – round fractions UP.
IF answer is in metric (kilograms) check box below.
Use 8888 for Don't know/ Not sure, 9999 for Refused**

(If refused or hesitant, try to talk them into giving an answer – anonymous and confidential, necessary to get accurate information on health of county.)

_____ (textbox)

Check box if weight was given in kilograms – otherwise DO NOT CHECK
 weight in kilograms

10.12 About how tall are you without shoes?

**Interviewer Note: Use whole numbers only, round fractions DOWN
IF given in meters/centimeters, check box below
Use 88/88 for Don't know/ Not sure, 99/99 for Refused**

Feet __ __
Inches __ __

Check box if height was given in meters/centimeters – otherwise DO NOT CHECK
 height in meters

Section 11: Weight Control

11.1 Are you currently trying to lose weight or keep from gaining more weight?

- 2 Yes
- 3 No
- 77 Don't know/Not sure
- 99 Refused

11.2 How would you describe your weight?

- 1. Very underweight
- 2. Slightly underweight
- 3. About the right weight
- 4. Slightly overweight
- 5. Very overweight
- 77 Don't know/Not sure
- 99 Refused

11.3 Has a doctor, nurse, or other health professional given you advice about your weight?

- 1 Yes **[GO TO 11.4]**
- 2 No
- 3 Has not been an issue/have not discussed it
- 77 Don't know/Not sure
- 99 Refused

11.4 How satisfied were you with that advice?

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very Dissatisfied
- 77 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

Section 12: Fruits, Vegetables, Sweetened Drinks

These next questions are about the fruits and vegetables **you** ate or drank in 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.

12.1 During the past month, how many times per day, week or month did you eat fruit or 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.

Interviewer Note: pick 1 time frame and enter the number of times.

Each time a vegetable serving (approximately ½ cup) is eaten it counts as one time.

Interviewer Note: If respondent only says daily or weekly, probe with “How many times daily/weekly?”

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.”

Do include cut up fresh, frozen, or canned fruit.

Do include 100% pure juices 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.

Do include dried raisins, cran-raisins or craisins. 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, akee, rambutan, etc.).

Do not count fruit jam, jelly, or fruit preserves.

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

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 vegetable juices such as tomato and V8.

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 97 Never
- 77 Don't know / Not sure
- 99 Refused

12.2 Now I'm going to ask you about **servings**. During the past month, how many servings per day, week or month did you eat fruit or 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
- 4 __ Per year
- 97 Never
- 77 Don't know / Not sure
- 99 Refused

12.3 During the past month, how many times per day, week, or month did you eat vegetables for example broccoli, sweet potatoes, carrots, tomatoes, V-8 juice, corn, cooked or fresh leafy greens including romaine, chard, collard greens or spinach?

Interviewer Note: If respondent only says daily or weekly, probe with "How many times daily/weekly?"

Each time a vegetable serving (approximately ½ cup) is eaten it counts as one time.

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

Include all raw or cooked leafy green salads including spinach, mesclun, romaine lettuce, arugula, bok choy, dark green leafy lettuce, dandelions, komatsuna, kale, collard greens and watercress.

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

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).

Do not include iceberg (head) lettuce.

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

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 97 Never
- 77 Don't know / Not sure
- 99 Refused

12.4 Now I'm going to ask you about servings. During the past month, how many **servings** per day, week, or month did you eat vegetables for example broccoli, sweet potatoes, carrots, tomatoes, V-8 juice, corn, cooked or fresh leafy greens including romaine, chard, collard greens or spinach?

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 97 Never
- 77 Don't know / Not sure
- 99 Refused

Section 13: Food Access and Sufficiency

Please read: The next section is about food eaten in your household within the last 12 months.

13.1 Which of the following statements best describes the food eaten in your household within the last 12 months? Would you say that...

Please read:

- 1 You always have enough to eat
- 2 Sometimes you don't have enough to eat, or
- 3 You often don't have enough to eat

Do not read:

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

13.2 In the past 12 months, did you or others in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1 Yes
- 2 No
- 77 Don't know/Not sure
- 99 Refused

Section 14: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

Interviewer Note: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

14.1 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?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

14.2 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

- 1 __ Times per week
- 2 __ Times per month
- 97 Never
- 77 Don't know / Not sure
- 99 Refused

Section 15: Cancer Screening

The next three questions are about cancer screening.

(Females only)

15.1 A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram?

Interviewer Note: read answers only if necessary

- 1 Never/Haven't had one (**Do not read**)
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 5 years (3 years but less than 5 years ago)
- 6 5 or more years ago
- 77 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

(Females only)

15.2 A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?

Interviewer Note: read answers only if necessary

- 1 Never/Haven't had one (**Do not read**)
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 5 years (3 years but less than 5 years ago)
- 6 5 or more years ago
- 77 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

(Age 50 years or older)

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

Interviewer Note: read answers only if necessary

- 1 Never/Haven't had one (**Do not read**)
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 5 years (3 years but less than 5 years ago)
- 6 Within the past 10 years (5 years but less than 10 years ago)
- 7 10 or more years ago
- 77 Don't know / Not sure (**Do not read**)
- 99 Refused (**Do not read**)

Section 16: Immunization -- ask of all

16.1 Now I will ask you questions about the seasonal flu. During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

16.2 Do you plan to get a flu vaccine this coming year for the flu season that starts this fall in October?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

16.3 If a vaccine were currently available for the coronavirus (COVID-19) how likely would you be to get the vaccine? Would you say..."

Please read:

- 1 Not at all likely
- 2 Not very likely
- 3 Somewhat likely
- 4 Very likely, or
- 5 Extremely likely

Do not read

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

Section 17: Alcohol Consumption

17.1 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?

1 __ Days per week

2 __ Days in past 30 days

97 No drinks in past 30 days

77 Don't know / Not sure

99 Refused

[Go to Next Section]

[Go to Next Section]

[Go to Next Section]

17.2 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?

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

__ Number of drinks

77 Don't know / Not sure

99 Refused

17.3 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?

__ Number of times

97 None

77 Don't know / Not sure

99 Refused

Section 18: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling lately.

18.1 About how often (all of the time, most of the time, some of the time, a little of the time, or none of the time) during the past 30 days did you feel **nervous** – would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

1 All

2 Most

3 Some

4 A little

5 None

77 Don't know/Not sure

99 Refuse

18.2 During the past 30 days, about how often did you feel **hopeless** – **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

1 All

2 Most

3 Some

4 A little

5 None

77 Don't know/Not sure

99 Refused

18.3 During the past 30 days, about how often did you feel **restless** or **fidgety**?

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 77 Don't know/Not sure
- 99 Refused

18.4 During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 77 Don't know/Not sure
- 99 Refused

18.5 During the past 30 days, about how often did you feel that **everything was an effort**?

Interviewer Note: If respondent asks what does “everything was an effort” means, say: “Whatever it means to you”

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 77 Don't know/Not sure
- 99 Refused

18.6 During the past 30 days, about how often did you feel **worthless**?

[If necessary: all, most, some, a little, or none of the time?]

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 77 Don't know/Not sure
- 99 Refused

18.7 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?

- 1 Yes
- 2 No
- 77 Don't know/Not sure
- 99 Refused

These next questions ask about peoples' attitudes toward mental illness and its treatment.

18.8 What is your level of agreement with the following statement? "Treatment can help people with mental illness lead normal lives." Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

18.9 What is your level of agreement with the following statement? "People are generally caring and sympathetic to people with mental illness." Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 3 Disagree strongly

Do not read:

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

Interviewer Note: if asked for the purpose of Q22.8 or Q22.9: say, "Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs."

Section 19: Oral Health

19.1 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 97 Never **(Do not read)**
- 77 Don't know / Not sure **(Do not read)**
- 99 Refused **(Do not read)**

19.2 In the past 12 months, have you had problems getting needed dental care?

- 1 Yes **[Go to Q19.3]**
- 2 No
- 77 Don't know / Not sure
- 99 Refused

19.3 Please provide the reason(s) for the difficulty in getting dental care. **(Mark all that apply)**

- 1 Dentist or dental hygienist not available
- 2 Lack of insurance
- 3 Dental care provider would not accept your insurance
- 4 Insurance would not approve/pay for care
- 5 Cannot afford co-pay or deductible
- 6 Lack of transportation
- 7 Language barriers
- 8 Cannot afford to pay for dental care
- 9 Cannot understand my dentist
- 0 None
- 88 Other _____
- 77 Don't know / Not sure
- 99 Refused

Section 20: Suicide

The next few questions are sensitive topics and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

20.1 Has there been a time in the past 12 months when you thought of taking your own life?

- 1 Yes
- 2 No **[Go to next section]**
- 77 Don't know / Not sure **[Go to next section]**
- 99 Refused **[Go to next section]**

20.2 During the past 12 months, did you attempt to commit suicide (take your own life)? Would you say...

- 1 Yes, but did not require treatment
- 2 Yes, was treated
- 3 No [Go to next section]
- 77 Don't know / Not sure [Go to next section] [DO NOT READ]
- 99 Refused [Go to next section] [DO NOT READ]

Section 21: Adverse Childhood Experience

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

21.1 Did you live with anyone who was depressed, mentally ill, or suicidal?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

21.2 Did you live with anyone who was a problem drinker or alcoholic?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

21.3 Did you live with anyone who used illegal street drugs or who abused prescription medication?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

21.4 Did you live with anyone who served time, or was sentenced to serve time, in prison, jail, or other correctional facility?

- 1 Yes
- 2 No
- 77 Don't know / Not sure
- 99 Refused

21.5 Were your parents separated or divorced?

- 1 Yes
- 2 No
- 4 Parents not married
- 77 Don't know / Not sure

99 Refused

21.6 How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?

- 1 Never
- 2 Once
- 3 More than once
- 77 Don't know / Not sure
- 99 Refused

21.7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say...

- 1 Never
- 2 Once
- 3 More than once
- 77 Don't know / Not sure
- 99 Refused

21.8 How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- 1 Never
- 2 Once
- 3 More than once
- 77 Don't know / Not sure
- 99 Refused

21.9 How often did anyone at least five years older than you or an adult, ever touch you sexually?

- 1 Never
- 2 Once
- 3 More than once
- 77 Don't know / Not sure
- 99 Refused

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

- 1 Never
- 2 Once
- 3 More than once
- 77 Don't know / Not sure
- 99 Refused

21.11 How often did anyone at least five years older than you or an adult, force you to have sex?

- 1 Never
- 2 Once
- 3 More than once
- 77 Don't know / Not sure
- 99 Refused

As I mentioned earlier, these questions are sensitive and may trigger difficult memories or emotions in some people. I would like to give you a phone number for a 24-hour help line where someone can talk to you or just provide you with helpful information or a referral, if you need it.

an organization that can provide information and referral for these issues. You can dial the Ottawa County mental health crisis line at 1-866-512-HELP (4357). Another option would be to contact your own doctor or healthcare provider. You can also speak directly to your doctor or health provider.

Section 22: Coronavirus (COVID-19) Pandemic

Finally, because we are living in a very unique and different time, we have a few questions regarding the coronavirus, or COVID-19, pandemic.

22.1 How much do you understand about the coronavirus? Would you say you understand...? (**READ LIST**)

Please Read

- 1 Nothing at all
- 2 A little bit
- 3 A fair amount, or
- 4 A great deal

Do not read

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

22.2 How concerned are you, that you or someone you live with, will get the coronavirus? Would you say you are...? (**READ LIST**)

Please Read

- 1 Not at all concerned
- 2 Not very concerned
- 3 Somewhat concerned
- 4 Very concerned
- 5 Extremely concerned

Do not read

- 50 They/Someone they live with has tested positive for, COVID-19
- 77 Don't know/Not sure
- 99 Refused

Interviewer: if respondent is very or extremely concerned that they/someone they live with will get the coronavirus, or if they/someone they live with has it, ask if they would like the number to their local health department (616-396-5266) or the website where they can email with questions (www.miottawa.org/mihealth)

(ASK IF 22.2 DOES NOT = 50)

22.3 How has your concern about possibly getting the coronavirus changed since the pandemic first began, if at all? Would you say you are...? (**READ LIST**)

Please Read

- 1 Much less concerned about getting the coronavirus
- 2 Slightly less concerned about getting the coronavirus
- 3 Slightly more concerned about getting the coronavirus
- 4 Much more concerned about getting the coronavirus, or
- 5 Your concern is about the same

Do not read

77 Don't know/Not sure
99 Refused

22.4 Lastly, I want to ask you how your life has changed since the coronavirus (COVID-19) pandemic, or outbreak, began in early March. How would you compare your life overall now with how your life was before the coronavirus pandemic started? Would you say that overall, your life now is better, worse, or about the same as it was before the coronavirus pandemic began?

1 Better
2 About the same
3 Worse
77 Don't know/Not sure
99 Refused

22.5 (ASK IF 22.4=3) Why do you say that? Please be as detailed as possible. [OPEN-END]

Closing Statement: Those are all of my questions. Everyone's answers will be combined to give us information about the health practices of people in this county. Would you like to have the telephone number at the Ottawa County Department of Public Health to get more information about this survey?

If yes: It is 616-494-5598.

Lastly, I would like to ask you if you would be willing to take a short online survey regarding the COVID-19 or coronavirus pandemic.

Link sent via text, link sent via email, or a phone call

INTERVIEWER: If yes, get respondent's email address so we can send them the survey link. If they indicate they can't participate online but would be willing to do it over the phone, confirm their phone number, note that, and we can call them at a later date.

Thank you very much for your time and cooperation.