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2017 Ottawa County Behavioral Risk Factor Survey – Questionnaire

Interviewer's Script

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 household has been chosen randomly to be interviewed, and I would like to ask some questions about health and health practices

Is this **(phone number)**?

If "no,": Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in Ottawa County?

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

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.)

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

Yes [Go to state of residence]

No

If "No", Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. STOP

If "yes," continue

I need to randomly select one adult who lives in your household to be interviewed. How many current members of your household, including yourself, are 18 years of age or older? (e.g. does not include college students living away from home)

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

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.

Are you an Ottawa County resident?

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

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

Cell phone only

Land line phone only

Both

Don't know

Refused

(IF THEY SAY "BOTH" ABOVE) What type of phone did we reach you on?

Cell phone

Land line phone

Don't Know

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.

Caller: Indicate gender of respondent. Ask only if necessary.

- 1 Male
- 2 Female

May I ask your age?

Caller: Enter age. Enter 999 for refused, and ask follow-up question.

Caller: Choose correct range from previous question. If respondent refused age, say: May I ask what range your age falls in? A few of our questions are age dependent. Are you...

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older

Section 1: Health Status

1.1 What do you feel is the most important **health** problem in your community today?

(Do not read) (Single response)

- 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

- 88 Other _____
- 77 Don't know/not sure
- 99 Refused

1.2 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)**

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

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

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

__ Number of days

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

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

__ Number of days [If Q2.1 and Q2.2 = 0 (None), go to Section 3]

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

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.

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 Q3.4]

77 Don't know / Not sure [Go to Q3.4]

99 Refused [Go to Q3.4]

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 In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

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

3.4 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

3.5 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

3.6 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
- 11 Cannot understand my doctor

Do not read:

- 10 No, I did not delay getting medical care/did not need medical care
- 88 Other _____
- 77 Don't know / Not sure
- 99 Refused

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

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

3.8 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

3.9 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

3.10 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

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

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

		Yes	No	Don't know/ Not sure	Refused
4.5	A heart attack also called a myocardial infarction				
4.6	Angina or coronary heart disease				
4.7	A stroke				
4.8	Skin cancer				
4.9	Any other types of cancer				
4.10	COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis				

4.11 (Ever told) 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)

4.12 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

4.13 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

4.14 (IF FEMALE and 4.13=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

[If yes to any of 4.1-4.3 or 4.5-4.13, continue to Section 5: Health Information]

Section 5: Health Information (Chronic Disease)

[CATI note: For each illness reported in Section 4, repeat questions 5.1-5.3. Repeat for each illness reported.]

5.1 Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all the things necessary to manage your [CATI NOTE: fill in first illness from previous question – heart attack, diabetes, asthma, heart disease, stroke...]? Would you say you are... (READ LIST)

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

5.2 (If Q11.1 ABOVE=01 or 02) Why do you say you are [insert rating from ABOVE] that you can do all the things necessary to manage your [CATI NOTE: fill in first illness from previous question – heart attack, diabetes, asthma, heart disease, stroke...]? (DO NOT READ LIST)

(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 Too many chronic issues to manage
- 10 Chronic conditions make it tough to be mobile
- 77 Don't know/Not sure
- 99 Refused

5.3 How well do you feel the existing programs and services in the community help you in managing your [CATI NOTE: fill in first illness from previous question – heart attack, diabetes, asthma, heart disease, stroke...]? Would you say... (READ LIST)

- 1 Not at all well
- 2 Not very well
- 3 Somewhat well
- 4 Very well
- 5 Extremely well
- 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 know anyone who currently takes pain medication that is not prescribed to them?

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

6.3 Do you know anyone who currently takes stimulants or amphetamines, such Ritalin, Adderall, Dexadrine, or Concerta, that is not prescribed to them?

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

6.4 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]**

6.5 Do you feel your pain is well managed?

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

6.6 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

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 currently use any tobacco products other than cigarettes, such as chew, snuff, cigars, pipes, bidis, kreteks or any other tobacco product? **DO NOT INCLUDE ELECTRONIC CIGS**

(Interviewer note: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco)

- 1 Yes
- 2 No
- 3 Never have
- 77 Don’t know / Not sure
- 99 Refused

Now I would like to ask you a few questions about smoking where you live.

8.4 How many people that live with you smoke cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco products?

INTERVIEWER INSTRUCTION: IF RESPONSE IS NO ONE, ENTER ZERO

__|__|

ENTER NUMBER OF PERSONS

REFUSED..... 99

DON'T KNOW..... 77

INTERVIEWER: Tobacco products do not include marijuana.

8.5 Not counting decks, porches, or detached garages, how many of these people smoke cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product inside your home?

__|__|

ENTER NUMBER OF PERSONS

REFUSED..... 99

DON'T KNOW..... 77

INTERVIEWER NOTE: Tobacco products do not include marijuana.

Next I am going to ask you about exposure to smoke from other people's cigarettes, cigars or pipes. Please do **not** include yourself.

8.6 In the past seven days, did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

1 Yes

2 No

77 Don't know / Not sure

99 Refused

The next question is about electronic cigarettes (e-cigarettes) and other electronic "vaping" products including electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and contain nicotine, flavors, and other ingredients. Only include products used for nicotine.

8.7 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

8.8 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

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 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

Interviewer Note: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No

Do not read:

- 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 (ASK FOR EACH CHILD) About how long has it been since [CHILD/Age] last visited a doctor (healthcare provider) for a routine checkup? A routine checkup is a general physical exam [or well child exam], not an exam for a specific injury, illness, or condition [or only for participating in sports].

Please read:

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 0 Never

Do not read:

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

10.8 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**)

10.9 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**)

10.10 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.

10.11 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

10.12 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

10.13 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?

- 1 Yes
- 2 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 and Vegetables

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 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

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

13.3 Please tell me how much you agree or disagree with the following statement. "It is easy to find fresh fruits and vegetables within your community or neighborhood." Would you say that you...

Please read:

- 1 Strongly agree
- 2 Agree
- 3 Disagree, or
- 4 Strongly disagree

Do not read:

- 5 Neither agree nor disagree
- 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 **[Go to Q14.4]**
- 77 Don't know / Not sure **[Go to Q14.4]**
- 99 Refused **[Go to Q14.4]**

14.2 How many times per week or per month did you take part in physical activity during the past month?

- 1 __ Times per week
- 2 __ Times per month
- 77 Don't know / Not sure
- 99 Refused

14.3 And when you took part in physical activity, for how many minutes or hours did you usually keep at it?

- 1 __ Hours
- 2 __ Minutes
- 77 Don't know / Not sure
- 99 Refused

14.4 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: Disability

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

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

- 1 Yes
- 2 No
- 98 Don't know / Not Sure
- 99 Refused

15.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Caller: Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 98 Don't know / Not Sure
- 99 Refused

Section 16: Immunization

16.1 Now I will ask you questions about the seasonal flu. During the past 12 months, have you had a seasonal flu shot?

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

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

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

- 1 Yes
- 2 No
- 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

17.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

__ Number of drinks

77 Don't know / Not sure

99 Refused

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?

- 3 Yes
- 4 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
- 5 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 last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Read only if necessary:

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

19.2 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**)

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

- 1 Yes **[Go to Q19.4]**
- 2 No
- 77 Don't know / Not sure
- 99 Refused

19.4 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
- 3 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.

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.

Thank you very much for your time and cooperation.