

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
Final Survey Questionnaire**

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Interviewer's Script – Answering Machine/Voicemail

23 sec

INTERVIEWER NOTE: LEAVE MESSAGE.

HELLO, my name is (name) , and I am calling for **INSERT FIRST AND LAST NAME FROM SAMPLE** on behalf of the Oregon Health Plan. We're conducting a study about health and health habits. We will try and reach you again at a later time, or you can call us toll free at 1-800-643-2611.

Thank you in advance for your help with this important research!

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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Interviewer's Script – Live Respondent

35 Sec

HELLO, my name is (name) , and I am calling on behalf of the Oregon Health Plan.

INTERVIEWER NOTE: Oregon Health Plan also known as Medicaid is connected with the Oregon Division of Medical Assistance Programs (DMAP).

S1. Is this **INSERT FIRST AND LAST NAME FROM SAMPLE?**

SCORRECT

- | | | |
|---|-------------------------|---|
| 1 | Yes, correct respondent | GO TO INTRO FOR CORRECT RESPONDENT |
| 2 | No, not respondent | |
| 3 | Wrong number | Thank you very much. I seem to have dialed the wrong number. |
| 7 | Don't know/Not sure | CALLBACK |
| 9 | Refused | CALLBACK |

IF NEEDED. I am calling on behalf of the Oregon Health Plan. We are doing a survey about health and health habits ~~practices~~. We are NOT selling anything.

S2. Is **INSERT FIRST** available?

SAVAIL

- | | | |
|---|--------------------------|---|
| 1 | Respondent available | GO TO INTRO FOR CORRECT RESPONDENT |
| 2 | Respondent not available | GO TO SPHONEALT |
| 3 | Wrong number | THANK & TERMINATE |
| 7 | Don't know/Not sure | CALLBACK |
| 9 | Refused | CALLBACK |

IF NEEDED. I am calling on behalf of DMAP (the Division of Medical Assistance Programs). We are doing a survey about health and health habits. We are NOT selling anything.

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S3. Is there another number where INSERT FIRST NAME FROM SAMPLE can be reached?

SPHONEALT; SPHONEALT10

**INTERVIEWER'S NOTE: IF RESPONSE =2, MAKE SCHEDULED
CALLBACK AND ENTER ALTERNATE NUMBER IN CALLBACK NOTES**

- | | | |
|---|---------------------|---|
| 1 | No, no other number | CALLBACK |
| 2 | Yes, another number | CAPTURE OTHER PHONE NUMBER,
CALLBACK |
| 7 | Don't know/Not sure | CALLBACK |
| 9 | Refused | CALLBACK |

Telephone number: () _____

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Interviewer's Script – Correct Respondent from Sample

35 sec

THIS IS ASKED ONLY IF SAMPLE INDICATES RESPONDENT'S PREFERRED LANGUAGE IS SPANISH, RUSSIAN, OR VIETNAMESE

We have your preferred language as **(INSERT SPANISH, RUSSIAN OR VIETNAMESE)**.
Would you like to continue in English, or would you prefer to continue in **(INSERT SPANISH, RUSSIAN OR VIETNAMESE)**?

INTLANG

- 1 English
- 2 Spanish
- 3 Russian
- 4 Vietnamese

INTERVIEWER NOTE: Continue in language chosen by respondent.

IF NEEDED (IF SPEAKING TO CORRECT RESPONDENT FOR THE FIRST TIME):
HELLO, my name is (name), and I am calling on behalf of the Oregon Health Plan.

IF NEEDED: We sent you a letter recently about our survey.

INTERVIEWER NOTE: Oregon Health Plan also known as Medicaid is connected with the Oregon Division of Medical Assistance Programs (DMAP).

S4. If you are on a cell phone, I need to make sure that you are not driving while we talk.
Are you on a cell phone and driving?

SCELLDRIVE

- 1 Yes, on cell phone and driving
- 2 No, not on a cellphone and driving **CONTINUE**

IF YES, READ: Thank you very much. We will call you back at a more convenient time.

ENTER AS SCHEDULED CALLBACK

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We are conducting a survey about health and health habits

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. The interview is roughly 30 minutes in length. You do not have to answer any question you do not want to, and you can end the interview at any time. Your answers to the questions will be kept confidential and private.

IF NEEDED: We are NOT selling anything.

IF NEEDED: The results of the survey will provide information that can improve access to appropriate healthcare and help reduce risk behaviors that are linked to chronic diseases, injuries and preventable diseases.

If needed:

If respondent has any questions ABOUT THE SURVEY, please tell them to call:¹

Renee Boyd
971.673.1145
renee.k.boyd@state.or.us

If needed:

If respondent has any questions or concerns about OHP:

“I am not able to answer those types of questions. You may wish to contact OHP Client Services at 1-800-273-0557, available Monday through Friday, 8:00 a.m. - 5:00 p.m.”

This call may be recorded for quality purposes only.

ONLY IF RESPONDENT HESITATES, READ THE FOLLOWING: If you prefer, we can schedule another time for the interview. It could be at this number or a different phone number, at work or at home.
SPHONEALT2O

Telephone number: () _____

¹ Contact changed from Charles to Renee on 10/10/14.

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Some of the questions in the survey depend on gender, so I need to ask if you're male or female.

SEXAD

PLEASE READ

- 1 Male OR
- 2 Female

DO NOT READ

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

IF DK/NS OR REFUSED, INTERVIEWER INDICATE SEX OF RESPONDENT

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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The first questions are about health status.

Health Status

11 sec

1. Would you say that in general your health is excellent, very good, good, fair or poor?
HSTATUS

PLEASE READ

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

Or

- 5 Poor

DO NOT READ

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

Healthy Days – Health-Related Quality of Life

46 sec

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?
ILL30D

__ __ Number of days
88 None

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

-
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?
MENT30D

__ __ Number of days
88 None **[If ILL30D = 88 (None) AND MENT30D = 88 (None), GO TO SLEEPHOURS]**
77 Don't know / Not sure
99 Refused

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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?

INCAP30D

-- Number of days
88 None
77 Don't know / Not sure
99 Refused

Sleep

11 sec

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

SLEEPHOURS

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

-- Number of hours (01 to 24)

77 Don't know/Not sure
99 Refused

CATI NOTE: 25 to 76 not valid responses.

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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Health Care Access

81 sec

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

HCNOINS

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

-
7. Is there a place where you usually go when you are sick or when you need advice about your health?

HCGO

- 1 Yes
- 2 No **GO TO CHECKUP**
- 7 Don't know/Not sure **GO TO CHECKUP**
- 9 Refused **GO TO CHECKUP**

-
8. What kind of place is it?

HCPLACE

READ LIST

- 1 A doctor's office or private clinic
- 2 A community health center or other public clinic
- 3 A hospital emergency room
- 4 An urgent care center
- 5 Or, some other place

DO NOT READ

- 8 Doesn't go to one place most often
- 7 Don't know/Not sure
- 9 Refused

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

CHECKUP

READ ONLY IF NECESSARY

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

DO NOT READ

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

-
10. About 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.

DENTVISI

READ ONLY IF NECESSARY

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

DO NOT READ

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

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Chronic Health Conditions

130 sec

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.”

11. (Ever told) you that you had a heart attack, also called a myocardial infarction?
CVATTACK

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

12. (Ever told) you had angina or coronary heart disease?
CVANGINA

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

13. (Ever told) you had a stroke?
CVSTROKE

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

14. (Ever told) you had asthma?
ADIAG

- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- GO TO SKINCANCER**
GO TO SKINCANCER
GO TO SKINCANCER

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15. Do you still have asthma?

ASTILL

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

ASK IF ASTILL = 1; ELSE GO TO SKINCANCER

16. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you an asthma action plan?

MGT_PLAN

IF NEEDED: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators

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

17. (Ever told) you had skin cancer?

SKINCANCER

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

18. (Ever told) you had any other types of cancer?

OTHERCANCER

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

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SKIP INSTRUCTIONS FOR CANCER TYPE BASED ON FOLLOWING:

	C6.6. Skin Cancer			
C6.7. Other Cancer	Yes	No	DK	Ref
Yes	Type	Type	Type	Type
No	Type of skin cancer	Skip	Skip	Skip
DK	Type of skin cancer	Skip	Skip	Skip
Ref	Type of skin cancer	Skip	Skip	Skip

Ask **CANCERTYPE** if **EVER** had cancer (**SKINCANCER = 1 OR OTHERCANCER = 1**)

- **Had skin cancer and other cancer (SKINCANCER = 1 AND OTHERCANCER = 1)**
- **Did not have skin cancer, don't know or refused AND had other cancer (SKINCANCER = 2, 7 or 9 AND OTHERCANCER = 1)**
- **If had skin cancer AND no, don't know or refused other cancer, use the following wording in **CANCERTYPE**: "With your most recent diagnoses of skin cancer, what type of skin cancer was it?"**

Skip to **ARTHRIT2** if:

- **No skin cancer AND no, don't know or refused other cancer (SKINCANCER = 2 AND OTHERCANCER = 2, 7 or 9)**
- **Don't know or refused skin cancer AND no, don't know or refused other cancer (SKINCANCER = 7 or 9 AND OTHERCANCER = 2)**

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19. With your most recent diagnosis of cancer, what type of cancer was it?
CANCERTYPE

**INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer):
If answer is “skin cancer,” clarify if “Melanoma” or “Other skin cancer.”**

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx

Gastrointestinal

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 6 Hodgkin's Lymphoma (Hodgkin's disease)

1 7 Leukemia (blood) cancer

1 8 Non-Hodgkin's Lymphoma

Male reproductive

1 9 Prostate cancer

2 0 Testicular cancer

Skin

2 1 Melanoma

2 2 Other skin cancer

Thoracic

2 3 Heart

2 4 Lung

Urinary cancer:

2 5 Bladder cancer

2 6 Renal (kidney) cancer

Others

2 7 Bone

2 8 Brain

2 9 Neuroblastoma

3 0 Other (**SPECIFY**) _____

DO NOT READ

7 7 Don't know / Not sure

9 9 Refused

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20. (Ever told) you have chronic obstructive pulmonary disease or COPD, emphysema or chronic bronchitis?

COPD

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

21. (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

ARTHRIT2

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

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Depression

11 sec

-
22. Has a doctor, nurse or other health professional EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

DEPRESS

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

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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Diabetes

11 sec

23. Has a doctor, nurse or other health professional EVER told you that you have diabetes?

DIABETES

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

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

CATI NOTE: DO NOT SHOW/HIDE CODE 2 (Yes, but female told only during pregnancy) FOR MALE RESPONDENTS (SEX = 1)

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

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Pre-Diabetes

23 sec

Ask only those not responding “Yes” to DIABETES (DIABETES ≠ 1); Else go to next section.

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

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

CATI Note: if DIABETES = 4 (No, pre-diabetes or borderline diabetes); answer PREDIABX as “Yes” (code = 1)

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

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

CATI NOTE: DO NOT SHOW/HIDE CODE 2 (Yes, but female told only during pregnancy) FOR MALE RESPONDENTS (DUMMYSEX = 1)

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

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Disability

11 sec

The following question is about health problems or impairments you may have.

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

LACT2

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

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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Pain Assessment

11 sec

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

PAINCHRONIC

READ IF NECESSARY

1 Yes

2 No

DO NOT READ

7 Don't know / Not sure

9 Refused

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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Stress

46 sec

The next questions ask about your feelings and thoughts during the last month.

28. In the last month, how often have you felt that you were unable to control the important things in your life?

STCONTROL

READ LIST

- 1 Never
- 2 Almost never
- 3 Sometimes
- 4 Fairly often or
- 5 Very often

DO NOT READ

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

29. In the last month, how often have you felt confident about your ability to handle your personal problems?

STCONFIDENT

READ LIST

- 1 Never
- 2 Almost never
- 3 Sometimes
- 4 Fairly often or
- 5 Very often

DO NOT READ

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

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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30. In the last month, how often have you felt that things were going your way?
STWAY

READ LIST

- 1 Never
- 2 Almost never
- 3 Sometimes
- 4 Fairly often or
- 5 Very often

DO NOT READ

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

31. In the last month, how often have you felt difficulties were piling up so high that
you could not overcome them?
STPILE

READ LIST

- 1 Never
- 2 Almost never
- 3 Sometimes
- 4 Fairly often or
- 5 Very often

DO NOT READ

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

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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Core 18: HIV/AIDS

23 sec

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

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

HIVTEST1

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

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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Core 5: Hypertension Awareness

23 sec

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

CHHIPRES

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

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

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

Ask if diagnosed with hypertension (CHHIPRES = 1), else skip to CHHICHEC.

34. Are you currently taking medicine for your high blood pressure?

CHTKEMED

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

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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OR123: Actions to Control High Blood Pressure

23 sec

CATI NOTE: If CHHIPRES = 1 (Yes); continue. Otherwise, go to next module.

Are you now doing any of the following to help lower or control your high blood pressure?

35. (Are you) changing your eating habits (to help lower or control your high blood pressure)?

CHEAT

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

36. (Are you) exercising (to help lower or control your high blood pressure)?

CHEXER

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

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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Core 6: Cholesterol Awareness

35 sec

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

CHHICHEC

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

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

CHCHECKL

Read only if necessary:

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

DO NOT READ

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

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

CHHIDIAG

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

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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OR120: Fruits and Vegetables Summary

11 sec

40. How many days last week did you eat five or more servings of fruits and vegetables?

FV5DAYS

**INTERVIEWER NOTE: Range is 01-07. Zero (0) or None =88.
Enter number of days.**

__ __ Days last week

DO NOT READ

7 7 Don't Know/Not Sure

8 8 None

9 9 Refused

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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OR 102: SSB Consumption

23 sec

-
41. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do NOT include diet soda or diet pop.

FREQPOP2

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIMEFRAME, ASK: "Was that per day, week, or month?"

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

**2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS)
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42. During the past 30 days, other than sodas, how often did you drink a can, bottle or glass of a sugar-sweetened beverage, such as Snapple, Gatorade, Red Bull, or a mocha? Do not include diet or sugar-free drinks.

FREQSSB2

INTERVIEWER NOTE: Sugar-sweetened includes sodas sweetened with cane sugar or with high fructose corn syrup (HFCS).

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIMEFRAME, ASK: "Was that per day, week, or month?"

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

INTERVIEWER NOTE: OUNCES DO NOT MATTER. MULTIPLE CANS, BOTTLES OR GLASSES WOULD COUNT AS MULTIPLE TIMES

OTHER DRINK EXAMPLES

Energy Drinks

Monster
Rockstar
Amp
Full Throttle

Coffee Drinks

Frappachino
Bottled iced coffee

Fruit-flavored drinks and Iced Teas

Arizona
Nestea
SOBE
Fuze
Lemonade
Hi-C
Hawaiian Punch
Kool-Aid

Core 10: Alcohol Consumption

46 sec

43. 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?

ALCOHOLX

- 1 __ Days per week
2 __ Days in past 30 days
888 No drinks in past 30 days **Go to next section**
777 Don't know / Not sure **Go to next section**
999 Refused **Go to next section**

-
44. 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?

NALCOCC

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

-
45. Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [CATI **X=5** for men (**SEX=1**), **X=4** for women (**SEX=2**)] or more drinks on one occasion?

DRINKGEN

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

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

DRKMOST

- __ Number of drinks
77 Don't know / Not sure
99 Refused

Core 13. Physical Activity

100 sec

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

INTERVIEWER INSTRUCTION: 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.

47. 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?

EXERANY2

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

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FINAL

48. What type of physical activity or exercise did you spend the most time doing during the past month?

ACTTYPEX

CATI NOTE: Allow only one response

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as "Other (specify)."

- | | | |
|---|------------------------------------|--|
| 01. Active Gaming Devices (Wii Fit, Dance Dance Revolution) | 22. Hiking - cross-country | 54. Stair climbing/Stair Master |
| 02. Aerobics video or class | 23. Hockey | 55. Stream fishing in waders |
| 03. Backpacking | 24. Horseback riding | 56. Surfing |
| 04. Badminton | 25. Hunting large game - deer, elk | 57. Swimming |
| 05. Basketball | 26. Hunting small game - quail | 58. Swimming in laps |
| 06. Bicycling machine exercise | 27. Inline Skating | 59. Table tennis |
| 07. Bicycling | 28. Jogging | 60. Tai Chi |
| 08. Boating (canoeing, rowing, kayaking, sailing for pleasure or camping) | 29. Lacrosse | 61. Tennis |
| 09. Bowling | 30. Mountain climbing | 62. Touch football |
| 10. Boxing | 31. Mowing lawn | 63. Volleyball |
| 11. Calisthenics | 32. Paddleball | 64. Walking |
| 12. Canoeing/rowing - in competition | 33. Painting/papering house | 65. BLANK |
| 13. Carpentry | 34. Pilates | 66. Waterskiing |
| 14. Dancing-ballet, ballroom, Latin, hip-hop, etc. | 35. Racquetball | 67. Weight lifting |
| 15. Elliptical/EFX machine exercise | 36. Raking lawn | 68. Wrestling |
| 16. Fishing from river bank or boat | 37. Running | 69. Yoga |
| 17. Frisbee | 38. Rock Climbing | 71. Childcare |
| 18. Gardening (spading, weeding, digging, filling) | 39. Rope skipping | 72. Farm/Ranch Work (caring for livestock, stacking hay, etc.) |
| 19. Golf (with motorized cart) | 40. Rowing machine exercise | 73. Household activities (vacuuming, dusting, home repair, etc.) |
| 20. Gold (without motorized cart) | 41. Rugby | 74. Karate/Martial Arts |
| 21. Handball | 42. Scuba diving | 75. Upper Body Cycle (wheelchair sports, ergometer, etc.) |
| | 43. Skateboarding | 76. Yard work (cutting/gathering wood, trimming hedges, etc.) |
| | 44. Skating - ice or roller | 98 Other (Specify) |
| | 45. Sledding, tobogganing | |
| | 46. Snorkeling | |
| | 47. Snow blowing | |
| | 48. Snow shoveling by hand | |
| | 49. Snow skiing | |
| | 50. Snowshoeing | |
| | 51. Soccer | |
| | 52. Softball/Baseball | 77 Don't know/not sure |
| | 53. Squash | 99 Refused |

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FINAL

49. How many times per week or per month did you take part in this activity during the past month?

ACTTIMES

1 _ _ Times per week

2 _ _ Times per month

7 7 7 Don't know / Not sure

9 9 9 Refused

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

ACTHRS

_ _ _ Hours and minutes

7 7 7 Don't know / Not sure

9 9 9 Refused

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FINAL

51. What other type of physical activity gave you the next most exercise during the past month?

ACTTYPETWX

CATI NOTE: Allow only one response

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as "Other (specify)."

- | | | |
|---|------------------------------------|--|
| 01. Active Gaming Devices (Wii Fit, Dance Dance Revolution) | 22. Hiking - cross-country | 54. Stair climbing/Stair Master |
| 02. Aerobics video or class | 23. Hockey | 55. Stream fishing in waders |
| 03. Backpacking | 24. Horseback riding | 56. Surfing |
| 04. Badminton | 25. Hunting large game - deer, elk | 57. Swimming |
| 05. Basketball | 26. Hunting small game - quail | 58. Swimming in laps |
| 06. Bicycling machine exercise | 27. Inline Skating | 59. Table tennis |
| 07. Bicycling | 28. Jogging | 60. Tai Chi |
| 08. Boating (canoeing, rowing, kayaking, sailing for pleasure or camping) | 29. Lacrosse | 61. Tennis |
| 09. Bowling | 30. Mountain climbing | 62. Touch football |
| 10. Boxing | 31. Mowing lawn | 63. Volleyball |
| 11. Calisthenics | 32. Paddleball | 64. Walking |
| 12. Canoeing/rowing - in competition | 33. Painting/papering house | 65. BLANK |
| 13. Carpentry | 34. Pilates | 66. Waterskiing |
| 14. Dancing-ballet, ballroom, Latin, hip-hop, etc. | 35. Racquetball | 67. Weight lifting |
| 15. Elliptical/EFX machine exercise | 36. Raking lawn | 68. Wrestling |
| 16. Fishing from river bank or boat | 37. Running | 69. Yoga |
| 17. Frisbee | 38. Rock Climbing | 71. Childcare |
| 18. Gardening (spading, weeding, digging, filling) | 39. Rope skipping | 72. Farm/Ranch Work (caring for livestock, stacking hay, etc.) |
| 19. Golf (with motorized cart) | 40. Rowing machine exercise | 73. Household activities (vacuuming, dusting, home repair, etc.) |
| 20. Gold (without motorized cart) | 41. Rugby | 74. Karate/Martial Arts |
| 21. Handball | 42. Scuba diving | 75. Upper Body Cycle (wheelchair sports, ergometer, etc.) |
| | 43. Skateboarding | 76. Yard work (cutting/gathering wood, trimming hedges, etc.) |
| | 44. Skating - ice or roller | 98 Other (Specify) |
| | 45. Sledding, tobogganing | |
| | 46. Snorkeling | |
| | 47. Snow blowing | |
| | 48. Snow shoveling by hand | |
| | 49. Snow skiing | |
| | 50. Snowshoeing | |
| | 51. Soccer | |
| | 52. Softball/Baseball | 77 Don't know/not sure |
| | 53. Squash | 99 Refused |

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FINAL

52. How many times per week or per month did you take part in this activity during the past month?

ACTTIMESTWO

- 1 __ Times per week
- 2 __ Times per month
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

ACTHRSTWO

- __ __ Hours and minutes
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

54. During the past month, how many times per week or per month did you do physical activities or exercises specifically designed 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.

ACTSTRENGTHX

- 1 __ Times per week
- 2 __ Times per month
- 8 8 8 None
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

OR142: Marijuana and Other Drugs

55 sec

The next questions are about recent use of recreational drugs. Your answers are strictly private and confidential and will only be used to help improve health services.

55. During the past 30 days, on how many days did you use marijuana or hashish (grass, hash, or pot)?

MJ30

DO NOT READ

- 8 8 Never/None
 - Number of days
 - 7 7. Don't know / Not sure
 - 9 9. Refused
-

56. During the past 30 days, on how many days did you use medical marijuana as recommended by a doctor or other health care provider for treatment of a medical condition?

MJMED30

DO NOT READ

- 8 8 Never/None
 - Number of days
 - 7 7. Don't know / Not sure
 - 9 9. Refused
-

57. During the past 30 days, did you use methamphetamine (meth), heroin, cocaine, crack cocaine, or XTC (ecstasy)?

DRUGSTIM

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

INTERVIEWER NOTE: CAN INCLUDE SMOKING, SNORTING, INJECTING, TAKING PILLS, SNIFFING, ETC.

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58. During the past 30 days, did you use any prescription pain relievers – like OxyContin (ox-e-con-tin), Oxycodone (ox-e-CO-done), or Vicodin – that were not prescribed to you or that you took only for the feeling they caused?

DRUGRX

- 3 Yes
- 4 No
- 7 Don't know/Not sure
- 9 Refused

59. During the past 30 days, did you use any other recreational drug?

DRUGOTHER, DRUGOTHERO

- 5 Yes (**SPECIFY**) _____
- 6 No
- 7 Don't know/Not sure
- 9 Refused

Core 9: Tobacco Use

69 sec

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

SMOKE100

Note: 5 packs = 100 cigarettes

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

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.

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

SMOKE

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

Ask if SMOKE = 1 OR 2 (smoke cigarettes every day or some days)

62. Are the cigarettes you smoke menthol or non-menthol?

MENTHOL

- | | |
|----|------------------------------|
| 1. | Menthol |
| 2. | Non-menthol |
| 3 | Both menthol and non-menthol |

DO NOT READ

- | | |
|----|---------------------|
| 8 | Other |
| 7. | Don't know/Not sure |
| 9. | Refused |

INTERVIEWER NOTE: If respondent answers something other than "Menthol" or "Non-menthol," mark response as "Other".

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FINAL

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

SMKQTYN

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

64. How long has it been since you last smoked a cigarette, even one or two puffs?

SMKLASTPUFFX

PLEASE READ

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more

DO NOT READ

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

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

CHEW

Snus (rhymes with "goose")

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

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

DO NOT READ

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

OR26: Cigarette Consumption

11 sec

ONLY GET IF SMOKE = 1 (Smoke every day); Else skip to next section.

66. Earlier you said that you smoke cigarettes every day. On the average, about how many cigarettes a day do you now smoke?

SMOKENUM

NOTE: 1 PACK = 20 CIGARETTES

__ __ Number of Cigarettes

76 76 or more cigarettes

77 Don't know/Not sure

88 None

99 Refused

Interviewer note: If respondent says '0', please verify, but record answer 88 if respondent repeats this answer.

Interviewer note: If respondent says a number higher than 75, please verify and record answer as 76 or more.

OR20: Tobacco – Current Smoker Quit Patterns (mini)

11 sec

Only get if SMOKE < 3 (current smoker); Else skip to next section.

ONLY GET IF SMOKE < 3 (current smoker)

67. Would you like to quit smoking?
SMQTLIKE2

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

OR134: Electronic Cigarette Prevalence

23 sec

68. The next question asks you about electronic cigarettes, also known as e cigs. Have you ever used an electronic cigarette in your entire life, even one or two puffs?

ECIGEVER

- | | | |
|----|---------------------|---------------------------|
| 1. | Yes | |
| 2. | No | GO TO NEXT SECTION |
| 7. | Don't know/Not sure | GO TO NEXT SECTION |
| 9. | Refused | GO TO NEXT SECTION |
-

69. During the past 30 days, on how many days did you use an electronic cigarette?

ECIG30

__ __ Days

- | | |
|----|---------------------|
| 77 | Don't know/Not sure |
| 88 | None |
| 99 | Refused |

OR111: Coupons/Merchandising

23 sec

**Ask cigarette smokers or smokeless tobacco users
(SMOKE < 3 OR CHEW < 3), Else go to next module.**

70. In the last 30 days, did you receive tobacco coupons or other discounts in the mail, over the Internet, or from any other source?

COUPONGET

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

71. In the last 30 days, did you buy any tobacco product using coupons, rebates, buy 1 get 1 free, or any other special promotions?

COUPONUSE

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

OR132: Tobacco Advertising Exposure

11 sec

72. Thinking of the stores you have visited in the past 30 days, did you see any advertisements promoting cigarettes or other tobacco products on the storefront or inside the store? Include advertisements for electronic cigarettes.

TOBADV

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

INTERVIEWER NOTE: If the respondent questions whether or not what they saw was an advertisement, respond with "it is whatever an advertisement is to you".

OR39: Mini SHS/Policy

11 sec

INTERVIEWER NOTE: Make sure that DK/NS, None and Refused are coded as 77, 88, and 99 – not 7, 8 or 9.

73. This question refers to how much time you spend in places where there is smoke, whether it is at home, at work or anywhere else. In a typical week, how many hours are you in the same room where others are smoking?

SSROOM

INTERVIEWER NOTE: CODE DK/NS, NONE AND REFUSED AS 77, 88 AND 99 (NOT 7, 8 OR 9).

__ __ Hours

01 1 hour or less

76 76 hours or more

88 None

77 Don't know/Not sure

99 Refused

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FINAL

Demographics I

200 sec

74. What is your age?

AGE

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

ASK ONLY IF DON'T KNOW/REFUSED TO GIVE SPECIFIC AGE (AGE = 07 OR 09); ELSE TO GO DHISPALAX1

B In which of these age categories do you belong?

AGEGRPX

READ LIST

- 01 18-24
- 02 25-34
- 03 35-39
- 04 40-44
- 05 45-49
- 06 50-54
- 07 55-59
- 08 60-64
- 09 65-74
- 10 Or 75 or older

DO NOT READ

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

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75. Are you Hispanic, Latino/a, or Spanish origin
DHISPALAX1, DHISPALAX2, DHISPALAX3, DHISPALAX4

IF YES, ASK: ARE YOU ...

Interviewer Note: One or more categories may be selected

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

DO NOT READ

- 5 No (Not of Hispanic, Latino/a, or Spanish Origin)
- 7 Don't know/Not sure
- 9 Refused

CATI NOTE:

- **IF “NO”, “DON’T KNOW” OR “REFUSED” TO DHISPALAX1, SKIP TO RACE1.**
- **IF “NO”, “DON’T KNOW” OR “REFUSED” DHISPALAX2, SKIP TO RACE1.**
- **IF “NO”, “DON’T KNOW” OR “REFUSED” TO DHISPALAX3, SKIP TO RACE1.**

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76. Which one or more of the following would you say is your race?
RACE1, RACE2, RACE3, RACE4, RACE5, RACE6, RACE7, RACE8, RACE9, RACE10

Interviewer note: Select all that apply.

PLEASE READ BOLDED TEXT)

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

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

DO NOT READ

60 Other

88 No additional choices

77 Don't know/Not sure

99 Refused

CATI NOTE: If more than one response to RACE; continue. Otherwise, go to TRIBE.

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77. Which one of these groups would you say best represents your race?
RACEBESTX

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

DO NOT READ

60 Other

88 No additional choices

77 Don't know/Not sure

99 Refused

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FINAL

Ask if RACE1 or RACE 2 or RACE 3 or RACE 4 or RACE 5 or RACE 6 or RACE 7 or RACE 8 or RACE 9 or RACE 0 or RACEBESTX = 30 (American Indian/Alaska Native); Else go to DMLANG

78. Are you an enrolled member of a Tribe located in the state of Oregon?

TRIBE

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 CATI – DO NOT CODE THIS RESPONSE
- 9 Refused

INTERVIEWER NOTE: THERE ARE 9 FEDERALLY RECOGNIZED TRIBES IN THE STATE OF OREGON:

Burns Paiute

Coquille Indian Tribe

Klamath Tribes

Confederated Tribes of Grande Ronde

Confederated Tribes of Warm Springs

Confederated Tribes of Siletz

Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians

Confederated Tribes of Umatilla

Cow Creek Band of Umpqua Indians

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EVERYBODY, unless survey is being administered in:

- **Spanish; then autofill DM2LANG = 3 and autofill DM2LANGA = 11**
- **Russian; then autofill DM2LANG = 4 and autofill DM2LANGA = 22**
- **Vietnamese; then autofill DM2LANG = 5 and autofill DM2LANGA = 19**

79. Do you regularly speak a language other than English at home?
DM2LANG

- 1 Yes
- 2 No
- 3 Interview being conducted in Spanish
- 4 Interview being conducted in Russian
- 5 Interview being conducted in Vietnamese
- 7 Don't know / Not sure
- 9 Refused

ASK IF DM2LANG = 1; ELSE GO TO MILITSTATUS

80. What is this language?
DM2LANGA, DM2LANGB, DM2LANGO

DO NOT READ. CHOOSE UP TO TWO.

- 11 Spanish
- 12 Cambodian
- 13 Chinese (use this code also for Cantonese or Mandarin)
- 14 Hmong
- 15 Japanese
- 16 Korean
- 17 Lao
- 18 Mien
- 19 Vietnamese
- 20 Arabic
- 21 Romanian
- 22 Russian
- 23 Tagalog (pronounced ta-GA-log)
- 24 Ukrainian
- 25 Other _____ [specify; capture as open-ended answer]
- 77 Don't know/Not sure
- 99 Refused

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81. 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.

MILITSTATUS

- 1 Yes
- 2 No

DO NOT READ

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

82. Are you...

MARITAL

PLEASE READ

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

OR

- 7 A member of a Registered Domestic Partnership

DO NOT READ

- 9 Refused

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

DKIDTOT

- Number of children
- 8 8 None
- 9 9 Refused

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FINAL**

84. What is the highest grade or year of school you completed?
EDUCAX

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 (High school graduate)
- 7 GED (did not graduate high school, instead obtained a GED)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

DO NOT READ

- 9 Refused

Interviewer probe: If respondent says “12th grade”: When you say that you completed the 12th grade, does that mean you received a high school diploma, or GED?

85. Are you currently ...?
EMPLOY

PLEASE READ

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired,

Or

- 8 Unable to work

DO NOT READ

- 9 Refused

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86. About how much do you weigh without shoes?
WEIGHT

Note: If respondent answers in metrics, put “9” in column 147

Round fractions up

____ Weight
(pounds/kilograms)
7777 Don't know / Not sure
9999 Refused

87. Are you now trying to lose weight?
LOSEWT

1 Yes **Go to HEIGHT**
2 No
7 Don't know / Not sure
9 Refused

88. Are you now trying to maintain your current weight, that is, to keep from gaining weight?
KEEPWT

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

89. About how tall are you without shoes?
HEIGHT

Note: If respondent answers in metrics, put “9” in column

Round fractions down

__/_ Height
(ft / inches/meters/centimeters)
7777 Don't know / Not sure
9999 Refused

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90. Do you own or rent your home?
OWNORRENT

DO NOT READ

- 1 Own
- 2 Rent
- 3 Other arrangement
- 4 Staying at a shelter
- 5 Homeless
- 7 Don't know / Not sure
- 9 Refused

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

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

IF NEEDED: "We ask this question in order to compare health indicators among people with different housing situations."

Neighborhood safety

11 sec

91. How safe from crime do you consider your neighborhood to be?
WALKSAFE

PLEASE READ

- 4 Extremely safe
- 3 Quite safe
- 2 Slightly safe
- 1 Not at all safe

DO NOT READ

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

Housing stability

23 sec

ASK IF OWNORRENT \neq 4 (NOT CURRENTLY STAYING AT SHELTER); ELSE GO TO NEXT MODULE

92. During the past 12 months, did you get shelter or housing services?
SHELTERGET

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

ASK IF SHELTERGET = 2 OR 7, ELSE GO TO NEXT MODULE

93. (If no or don't know on previous question): Have you needed shelter or housing services?
SHELTERNEED

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

Demographics II

35 sec

ASK IF FEMALE AND < 50 YEARS OLD, ELSE GO TO SXORIENT

94. To your knowledge, are you now pregnant?

PREGNANT

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

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FINAL

95. Now I'm going to ask you a question about sexual orientation. Remember, your answers are confidential and private, and you can refuse to answer any questions you do not want to answer.

Do you think of yourself as ...

SXORIENT
SXORIENTO

PLEASE READ LETTERS (A, B, C, D) WITH ANSWER CATEGORIES

1. A Gay or lesbian
2. B. Straight, that is, not lesbian or gay
3. C Bisexual, or
8. D. Something else? (SPECIFY: _____) SEXORTXT-BOTH

DO NOT READ

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

Interviewer Notes: Please read the letters with the answer categories, so that respondent may use either the letter or words to give their answer. You may use the descriptions below if respondent asks for clarification.

If Needed:

- Gay or Lesbian: A person who is gay or lesbian is primarily attracted to people of the same sex.
- Straight: A person who is "straight" is primarily attracted to people of the opposite sex.
- Bisexual: A person who is bisexual attracted to people of either sex.

IF NEEDED: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Oregon.

Hunger

35 sec

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.

I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was often, sometimes, or never true for you and the other members of your household in the last 12 months.

-
96. The first statement is, "The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for you in the last 12 months?

HUNDMON

- 1 Often true
- 2 Sometimes true
- 3 Never true

DO NOT READ

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

-
97. The second statement is, "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

HUNNOBAL

- 1 Often true
- 2 Sometimes true
- 3 Never true

DO NOT READ

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

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98. In the last 12 months, since **[Fill in today's date - 12 months]**, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

HUCUTSIZ

- 1 Yes
- 2 No **GO TO HULESS**

DO NOT READ

- 7 Don't know/Not sure **GO TO HULESS**
- 9 Refused **GO TO HULESS**

(screener- following 3 are asked depending on answers to previous 3)

ASK IF HUCUTSIZ = 1

99. How often did this happen? Would you say almost every month, some months but not every month, or in only 1 or 2 months?

HUSKIP

- 1 Almost every month
- 2 Some months but not every month
- 3 Only 1 or 2 months

DO NOT READ

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

ASK ~~Q12-Q13~~ HULESS AND HUAFF IF HUNDMON = 1 OR 2 OR HUNNOBAL = 1 OR 2 OR HUCUTSIZ = 1; ELSE TO GO NEXT MODULE

100. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

HULESS

- 1 Yes
- 2 No

DO NOT READ

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

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101. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

HUAFF

1 Yes

2 No

DO NOT READ

7 Don't know/Not sure

9 Refused

Colorectal Cancer Screening

60 sec

CATI NOTE: If respondent is ≤ 49 years of age, go to next section

The next questions are about colorectal cancer screening

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

COSTOOLT

- 1 Yes
- 2 No **Go to COSIG**
- 7 Don't know / Not sure **Go to COSIG**
- 9 Refused **Go to COSIG**

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

Read only if necessary

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

DO NOT READ

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

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

COSIG

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

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

COTYPE

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know/Not sure
- 9 Refused

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

COSIGLST

Read only if necessary

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

DO NOT READ

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

Module 12: Breast/Cervical Cancer Screening

50 sec

CATI Note: If the respondent is male; go to the next section.

The next questions are about breast and cervical cancer.

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

HADMAM

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

108. How long has it been since you had your last mammogram/

HOWLONG

READ ONLY IF NECESSARY

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

DO NOT READ

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

109. A Pap test is a test for cancer of the cervix. Have you EVER had a Pap test?

PAPEXAM

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

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110. How long has it been since you had your last Pap test?
PAPLNG

READ ONLY IF NECESSARY

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

DO NOT READ

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

CATI NOTE: If response to PREGNANT = 1 (is pregnant), then go to next module.

111. Have you had a hysterectomy?
HYSTER

READ ONLY IF NECESSARY: "A hysterectomy is an operation to remove the uterus (womb)".

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

OR05: Family Planning

65 sec

Note this is the revised FP module received by PDES 2-21-14

Ask if female and age < 50.

Males age < 60 go to FPBCLAST

If have had hysterectomy (HYSTER = 1) OR if female and over 49 OR if male and over 59, go to next module.

112. In the last year, has a doctor, nurse, or other health care worker asked you if you want to become pregnant in the future?

FPINTSCRN

- 1 Yes
- 2 No
- 3 Have not had a health care visit in the last year
- 7 Don't know/Not sure
- 9 Refused

If pregnant (PREGNANT = 1) OR have had a hysterectomy (HYSTER = 1) OR if female and over 49 OR if male and over 59, go to next module.

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

113. Did you or your [IF FEMALE, INSERT "HUSBAND/OR PARTNER," IF MALE, INSERT "WIFE/OR PARTNER"] do anything the last time you had sex to keep [IF FEMALE, INSERT "YOU", IF MALE, INSERT "HER"] from getting pregnant?

FPBCLAST

INTERVIEWER NOTE: If respondent reports "sterilization," "vasectomy," "tubes tied" or "hysterectomy," code FPBCLAST as 1 (Yes) and go to FPTYPLAST.

- 1 Yes
- 2 No **GO TO FPRESLX**
- 3 No partner/Not sexually active **GO TO NEXT MODULE**
- 4 Same sex partner **GO TO NEXT MODULE**
- 7 Don't know/Not sure **GO TO NEXT MODULE**
- 9 Refused **GO TO NEXT MODULE**

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114. What did you or your [IF FEMALE, INSERT "HUSBAND/OR PARTNER", IF MALE, INSERT "WIFE/OR PARTNER"] do the last time you had sex to keep from getting pregnant?

FPTYPLAST

INTERVIEWER NOTE: If respondent reports using MORE THAN ONE method, please code the method that occurs first on the list.

INTERVIEWER NOTE: If respondent reports using "condom," probe to determine if "female condoms" or "male condoms."

INTERVIEWER NOTE: If respondent reports using an "IUD," probe to determine if "Hormonal IUD" or "copper-bearing IUD."

READ ONLY IF NECESSARY

01	Female sterilization (ex: Tubal ligation, Essure, Adiana)	Go to next module
02	Male sterilization (vasectomy)	Go to next module
03	Contraceptive implant (ex: Implanon, Nexplanon)	Go to FPPGINT
04	Hormonal IUD (ex. Mirena, Skyla)	Go to FPPGINT
05	Copper-bearing IUD (ex. ParaGard)	Go to FPPGINT
06	IUD, type unknown	Go to FPPGINT
07	Shots (ex. Depo-Provera)	Go to FPPGINT
08	Birth control pills, any kind	Go to FPPGINT
09	Contraceptive patch (ex. Ortho Evra)	Go to FPPGINT
10	Contraceptive ring (ex. Nuvaring)	Go to FPPGINT
11	Male condoms	Go to FPPGINT
12	Diaphragm, cervical cap, sponge	Go to FPPGINT
13	Female condoms	Go to FPPGINT
14	Not having sex at certain times (rhythm or natural family planning)	Go to FPPGINT
15	Withdrawal (or pulling out)	Go to FPPGINT
16	Foam, jelly, film, or cream	Go to FPPGINT
17	Emergency contraception (morning after pill)	Go to FPPGINT
18	Other method	Go to FPPGINT
88	Hysterectomy	Go to next module

DO NOT READ

77	Don't know/Not sure	Go to FPPGINT
99	Refused	Go to FPPGINT

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Ask if not doing something to keep from getting pregnant (FPBCLAST = 2), else go to FPPGINT.

115. What was your main reason for not doing anything the last time you had sex to keep from getting pregnant?

FPREASLX

INTERVIEWER NOTE: If respondent reports “other reason”, ask to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

PLEASE READ

- | | | |
|----|---|----------------------|
| 08 | You or your partner can't get pregnant
81-89 | Go to FPREASLX CODES |
| 10 | You didn't think you would get pregnant that time | Go to FPPGINT |
| 01 | Didn't think you were going to have sex | Go to FPPGINT |
| 02 | You want a pregnancy | Go to FPPGINT |
| 03 | You don't mind if you get pregnant | Go to FPPGINT |
| 04 | You or your partner don't want to use birth control
41-45 | Go to FPREASLX CODES |
| 05 | You couldn't get birth control when you needed it
51-55 | Go to FPREASLX CODES |
| 06 | You were not taking, or using, your method consistently | Go to FPPGINT |
| 07 | Same sex partner | Go to FPPGINT |
| 09 | You or your partner are pregnant now | Go to next module |

DO NOT READ

- | | | |
|----|------------------------|---------------|
| 11 | Other reason (general) | Go to FPPGINT |
| 77 | Don't know/Not sure | Go to FPPGINT |
| 99 | Refused | Go to FPPGINT |

DATA PROCESSING NOTE: FPREASLX CODES 41-89 ARE SUBSETS OF FPREASLX CODES 01-11, 77 AND 99 – ALL HAVE SAME VARIABLE NAME.

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Ask if FPRESLX = 4 (you or your partner don't want to use birth control)

116. Would you say...
FPRESLX

PLEASE READ

- 41 You don't want to use birth control
- 42 Your partner doesn't want to use birth control
- 43 You or your partner are worried about side effects
- 44 Religious reasons/it doesn't fit in with your beliefs

DO NOT READ

- 45 Other (don't want to use birth control)

Ask if FPRESLX = 5 (you couldn't get birth control when you needed it)

117. Would you say ...
FPRESLX

PLEASE READ

- 51 You can't pay for birth control/It's too expensive
- 52 Your or your partner's health insurance doesn't cover the method you want
- 53 Couldn't get to the clinic or pharmacy
- 54 Don't know where to go to get birth control

DO NOT READ

- 55 Other (couldn't get birth control)

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Ask if FPRESLX = 8 (you or your partner can't get pregnant)

118. Would you say ...
FPRESLX

PLEASE READ

- | | | |
|----|---|--------------------------|
| 81 | You or your partner are too old or have been through menopause | Go to next module |
| 82 | A health care worker told you or your partner that you or your partner can't get pregnant | Go to next module |
| 83 | You or your partner had tubes tied (sterilization) | Go to next module |
| 84 | You or your partner had a vasectomy | Go to next module |
| 85 | You or your partner had a hysterectomy | Go to next module |
| 86 | You or your partner are currently breastfeeding | |
| 87 | You or your partner just had a baby | |
| 88 | You or your partner have not gotten pregnant in the past | |

DO NOT READ

- 89 Other (can't get pregnant)

IF NEEDED: By menopause, we mean not having a menstrual period for 12 months.

Skip and go to next module:

- **If male OR**
- **If FPRESLX = 9 (you or your partner are pregnant now) OR**
- **If FPRESLX = 81, 82, 83, 84, or 85 (can't get pregnant)**

119. How do you feel about becoming pregnant now or sometime in the future? Would you say...
FPPGINT

PLEASE READ

- 1 You don't want a future pregnancy
- 2 You are trying to get pregnant now
- 3 You're not trying now but want to get pregnant in the future
- 4 You aren't sure if you want to become pregnant in the future
- 5 You're okay with getting pregnant or not getting pregnant

DO NOT READ

- 7 Other
- 9 Refused

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Skip and go to next module:

- **If male OR**
- **If FPREASLX = 9 OR**
- **If OR05.7 = 81, 82, 83, 84, or 85**

120. How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

FPVIT

- | | |
|---|-----------------------|
| 1 | 0 times a week |
| 2 | 1 to 3 times a week |
| 3 | 4 to 6 times a week |
| 4 | Every day of the week |
| 7 | Don't know/Not sure |
| 9 | Refused |

Reactions to Race

70 sec

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

121. How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

RACCLASS, RACLASSO

- 1 White
- 2 Black
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group **(PLEASE SPECIFY)** _____
- 7 Don't know/Not sure
- 9 Refused

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

122. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

RATHINK

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know/Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.

123. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

RAHEALTH

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

DO NOT READ

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know/Not sure
- 9 Refused

INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

124. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

RAPHYSICAL

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

125. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

RAEMOTION

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

Module 31: Adverse Childhood Experience

175 sec

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

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age...

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

ACEDEP

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

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

ACEDRINK

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

128. Did you live with anyone who used illegal street drugs or who abused prescription medications?

ACEDRUG

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

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

ACEJAIL

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

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130. Were your parents separated or divorced?

ACEDIV

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

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

ACESPOUSE

- 1 Never
- 2 Once
- 3 More than once

DO NOT READ

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

132. 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...

ACEPHYS

- 1 Never
- 2 Once
- 3 More than once

DO NOT READ

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

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

ACESWEAR

- 1 Never
- 2 Once
- 3 More than once

DO NOT READ

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

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

ACETOUCHU

- 1 Never
- 2 Once
- 3 More than once

DO NOT READ

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

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

ACETOUCHTHEM

- 1 Never
- 2 Once
- 3 More than once

DO NOT READ

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

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

ACEFORCE

- 1 Never
- 2 Once
- 3 More than once

DO NOT READ

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

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number?

IF NEEDED:

- National Domestic Violence Hotline: 1-800-799 SAFE (7233)
- Oregon Statewide Crisis Number: 1-888-235-5333
- National Sexual Assault Hotline: 1-800-656-HOPE (4673)

Intimate partner violence

23 sec

Now I would like to ask you a question about-physical violence by an intimate partner.

137. Please keep in mind that if you are not in a safe place, you can ask me to skip the following question. Are you in a safe place to answer this question?

IPVSAFE

- 1 Yes
- 2 No **(skip to next module)**
- 7 Don't know/Not sure **(skip to next module)**
- 9 Refused **(skip to next module)**

138. In the past 12 months, have you been slapped, hit, pushed, kicked, or otherwise physically hurt by an intimate partner. By intimate partner, we mean a spouse, former spouse, boyfriend or girlfriend, or former boyfriend or girlfriend, or dating partners (including first dates).

IPVHURT

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

IF NEEDED: If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is a confidential multilingual hotline to help anyone who has been abused or is being abused. The hotline number – if you'd like to write it down – is 1-800-799-SAFE (7233).

Please read:

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