

# 2020 BRFSS Questionnaire



## Maine

### March 31, 2020

### Paths A and B

**(All questions to be asked of all respondents unless Path indicated)**

State-Added questions not included in the final dataset noted in red: June 2022\*\*

\*\* A CATI error in 2020 resulted in 58 state-added questions in 2020 only being asked of respondents who reported they or their child had asthma (15% of eligible respondents). These impacted state-added questions are noted in the questionnaire in red text and are not included in the final dataset for 2020.

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## Interviewer's Script Landline –

Form Approved  
OMB No. 0920-1061  
Exp. Date 3/31/2021

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

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

### CTELENM1

**LL01** HELLO, I am calling for the Maine Center for Disease Control and Prevention. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the U.S. Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

1. Yes
2. No

**[CATI /INTERVIEWER NOTE: 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. CATI NOTE: STOP OR REDIAL]**

### PVTRES1

**LL02** Is this a private residence?

**READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.**

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**DO NOT READ: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

1. Yes [GO TO LL04]
2. No [GO TO LL03]
3. No, this is a business

**[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME.**

**INTERVIEWER NOTE: Business numbers which are also used for personal communication ARE eligible]**

### COLGHOUS

**LL03** Do you live in college housing?

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

1. Yes [GO TO LL04]
2. No

**[CATI/INTERVIEWER NOTE: 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]**

### STATERE1

**LL04.** Do you currently live in \_\_\_\_\_ (state) \_\_\_\_\_?

1. Yes [GO TO LL05]
2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [STATE] AT THIS TIME. STOP]

### CELPHONE

**LL05** Is this a cell telephone?

**DO NOT READ:** TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).

**READ ONLY IF NECESSARY:** BY CELL TELEPHONE WE MEAN A TELEPHONE THAT IS MOBILE AND USABLE OUTSIDE OF YOUR NEIGHBORHOOD.

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- 1 Yes, it is a cell phone **[TERMINATE]**
- 2 Not a cell phone **(GO TO LL06)**

**[CATI/INTERVIEWER NOTE: IF YES: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]**

### **LADULT1**

**LL06** Are you 18 years of age or older?

- 1 Yes
- 2 No

**[INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]**

**[CATI NOTE: IF YES 18 YEARS OF AGE OR OLDER AND IF COLLEGE HOUSING = YES, CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]**

### **COLGSEX**

**[CATI NOTE: ONLY FOR RESPONDENTS WHO ARE LL AND COLGHOUSE=1]**

**LL07** Are you male or female?

- 1 Male
- 2 Female
- 7 Don't know/not sure
- 9 Refused

**[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport? ]**

**[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]**

### **Adult Random Selection**

#### **NUMADULT**

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

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**LL08**      \_\_\_ Number of adults

**If 1:** Are you the adult?

- 1 Yes
- 2 No

**[CATI/INTERVIEWER NOTE: IF YES: THEN YOU ARE THE PERSON I NEED TO SPEAK WITH. GO TO LL09.]**

**[CATI/INTERVIEWER NOTE: IF NO,: MAY I SPEAK WITH THE ADULT IN THE HOUSEHOLD]**

**CATI/INTERVIEWER NOTE; IF 1, GO TO LL09; IF 2-6 OR MORE GO TO LL12.**

### **LANDSEX**

**LL09.** Are you male or female?

- 1 Male
- 2 Female
- 7 Don't Know/Not Sure
- 9 Refused

**[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport? ]**

**[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]**

**[CATI/INTERVIEWER NOTE; IF 1 OR 2, GO TO TRANSITION SECTION 1 ]**

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### **RESPSLCT**

**LL12.** The person in your household that I need to speak with is [**Oldest/Second Oldest/Youngest/Second Youngest/Adult.**] Are you the [**Oldest/Second Oldest/Youngest/Second Youngest/Adult**] in this household?

**INTERVIEWER NOTE: If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12.**

Are you male or female?

- |   |                     |
|---|---------------------|
| 1 | Male                |
| 2 | Female              |
| 7 | Don't know/Not sure |
| 9 | Refused             |

**[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport? ]**

**[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]**

**[CATI/INTERVIEWER NOTE; IF 1 OR 2, GO TO TRANSITION SECTION 1 ]**



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## Interviewer's Script Cell Phone –

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OMB No. 0920-1061  
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**NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at [ivk7@cdc.gov](mailto:ivk7@cdc.gov).**

HELLO, I am calling for the Maine Center for Disease Control and Prevention. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the U.S. Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

### **SAFETIME**

**CP01** Is this a safe time to talk with you?

1. Yes
2. No

**[CATI/INTERVIEWER NOTE: IF YES, GO TO CP02. IF NO: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]**

### **CTELNUM1**

**CP02** Is this     (phone number)     ?

1. Yes
2. No

**[CATI/INTERVIEWER NOTE: IF YES, GO TO CP03. IF NO: TERMINATE. 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]**

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### **CELLFON5**

**CP03** Is this a cell telephone?

**Read only if necessary:** By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood.

- 1 Yes
- 2 No

**[CATI/INTERVIEWER NOTE: IF YES, GO TO CADULT1; IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]**

### **CADULT1**

**CP04** Are you 18 years of age or older?

- 1. Yes
- 2. No

**[CATI/INTERVIEWER NOTE: IF NO, THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]**

### **CELLSEX**

**CP05.** Are you male or female?

- 1 Male
- 2 Female
- 7 Don't know/Not sure
- 9 Refused

**[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport? ]**

**[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]**

### **PVTRES3**

**CP06** Do you live in a private residence?

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

**INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

- 1. Yes

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2. No

**CATI NOTE: IF YES GO TO CP08. IF NO, GO TO CP07.**

### CCLGHOUS

**CP07** Do you live in college housing?

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

1. Yes
2. No

**[CATI/INTERVIEWER NOTE: IF YES, GO TO CP08. 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]**

### CSTATE1

**CP08** Do you currently live in \_\_\_\_\_ **(state)** \_\_\_\_\_?

1. Yes **GO TO CP10**
2. No

### RSPSTAT1

**CP09** In what state do you currently live?

- \_\_\_\_\_ ENTER FIPS STATE
- 77 Live outside US and participating territories

#### **TERMINATE**

Thank you very much, but we are only interviewing persons who live in the US.

- 99 Refused

#### **TERMINATE**

Thank you very much, but we are only interviewing persons who live in the US.

### LANDLINE

**CP10** Do you also have a landline telephone in your home that is used to make and receive calls?

**Read only if necessary:** By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

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

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9 Refused

### **HHADULT**

**CP11** How many members of your household, including yourself, are 18 years of age or older?

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

**[CATI/INTERVIEWER NOTE: IF CP07 COLLEGE HOUSING = YES THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]**

### **TRANSITION TO SECTION 1**

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

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## Core 1: Health Status

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### GENHLTH

**CHS.01** Would you say that in general your health is—

**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

## Core 2: Healthy Days

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### PHYSHLTH

**CHD.01** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- Number of days (01 – 30)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

### MENTHLTH

**CHD.02** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- Number of days (01 – 30)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI NOTE: SKIP CHD.03 IF CHD.01, PHYSHLTH, IS 88 AND CHD.02, MENTHLTH, IS 88.**

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## POORHLTH

### **CHD.03**

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

- Number of days (01-30)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## **Core 03: Health Care Access**

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## HLTHPLN1

### **CHCA.01**

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

- 1 Yes **GO TO SAHCA.01**
- 2 No **GO TO CHCA.02**
- 7 Don't know / Not sure **GO TO CHCA.02**
- 9 Refused **GO TO CHCA.02**

## HLTHCRV1

### **SAHCA.01**

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 (name of state 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 02, if Medicaid select 04.

#### **READ :**

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

#### **DO NOT READ:**

- 77 Don't Know/Not Sure
- 99 Refused

## MEDICARE

### **SAHCA.02**

Do you have Medicare?

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**READ IF NECESSARY:** Medicare is a coverage plan for people age 65 or over and for certain disabled people.

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

### **PERSDOC2**

#### **CHCA.02**

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

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

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

### **MEDCOST**

#### **CHCA.03**

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

### **CHECKUP1**

#### **CHCA.04**

About how long has it been since you last visited a doctor for a routine checkup?

**Read if necessary:** A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

**Read 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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### **DELAYME1**

#### **SAHCA.03**

Other than cost, have you delayed getting medical care for one of the following reasons in the past 12 months? Was it because.....

**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 or doctor's office wasn't open when you got there
- 5 You didn't have transportation
- 6 Other

**DO NOT READ:**

- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't Know/Not Sure
- 9 Refused

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**CATI NOTE: If CHCA.01 = 1 (Yes) continue, else go to SAHCA.04b**

### **NOCOV121**

#### **SAHCA.04a**

In the past 12 months was there any time when you did not have any health insurance or coverage?

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

---

**If CHCA.01 = 2, 7, or 9 continue, else Go to SAHCA.05**

### **LSTCOVRG**

#### **SAHCA.04b**

About how long has it been since you last had health care coverage?

**Read if necessary:**

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

**Do not read:**



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7 Don't know/Not sure  
9 Refused

### DRVISITS

#### **SAHCA.05**

How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

\_\_ Number of times [76 = 76 or more]  
88 None  
77 Don't know / Not sure  
99 Refused

### MEDSCOS1

#### **SAHCA.06**

Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

1 Yes  
2 No  
3 No medication was prescribed  
7 Don't know/ not sure  
9 Refused

### CARERCVD

#### **SAHCA.07**

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

#### **Read:**

1 Very satisfied  
2 Somewhat satisfied  
3 Not at all satisfied

#### **Do not read:**

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

### MEDBILL1

#### **SAHCA.08**

Do you currently have any health care bills that are being paid off over time?

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

**READ IF NECESSARY:** Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

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

### Core 04: Exercise

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**CEX.01** 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

**DO NOT READ:** If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do

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

### Core 5: Inadequate Sleep

---

#### SLEPTIM1

**CIS.01** On average, how many hours of sleep do you get in a 24-hour period?

**DO NOT READ:** 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 [01-24]
- 77 Don't know / Not sure
- 99 Refused

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## Core Section 6: Chronic Health Conditions

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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.”

### CVDINFR4

**CCHC.01** (Ever told) you that you had a heart attack also called a myocardial infarction?

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

### CVDCRHD4

**CCHC.02** (Ever told) (you had) angina or coronary heart disease?

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

### CVDSTRK3

**CCHC.03** (Ever told) (you had) a stroke?

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

### ASTHMA3

**CCHC.04** (Ever told) (you had) asthma?

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

**CATI NOTE: IF 2, 7, OR 9 GO TO CCHC.06)**

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### ASTHNOW

**CCHC.05**

Do you still have asthma?

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

### CHCSCNCR

**CCHC.06**

(Ever told) (you had) skin cancer?

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

### CHCOCNCR

**CCHC.07**

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

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

### CHCCOPD2

**CCHC.08**

(Ever told) (you had) Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema or chronic bronchitis?

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

### HAVARTH4

**CCHC.09**

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

**DO NOT READ:** Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome,

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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)

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

### **ADDEPEV3**

#### **CCHC.10**

(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

### **CHCKDNY2**

#### **CCHC.11**

Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?

**READ IF NECESSARY: Incontinence is not being able to control urine flow.**

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

### **DIABETE4**

#### **CCHC.12**

(Ever told) (you had) 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.

- 1 Yes **Go to CCHC.13**
- 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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**CATI NOTE: IF RESPONSE 2, 3, 4, 7 OR 9, go to Pre-Diabetes Optional Module 1 (MPDB.01)**

## **DIABAGE3**

**CCHC.13** How old were you when you were told you had diabetes?

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

## **Module 1: Pre-Diabetes**

---

**CATI NOTE: Skip if Section CCHC.12, DIABETE4, is coded 1**

**CATI NOTE: Only asked of those NOT responding "Yes" (code = 1) to Core CCHC.12 (Diabetes awareness question).**

## **PDIABTST**

**MPDB.01** Have you had a test for high blood sugar or diabetes within the past three years?

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

---

**CATI note: Skip MPDB.02 if Core CCHC.12, DIABETE4 is coded 1; If CCHC.12, DIABETE4, is coded 4 automatically code MPDB.02, PREDIAB1, equal to 1 (Yes).**

## **PREDIAB1**

**MPDB.02** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

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

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## Module 2: Diabetes

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**CATI NOTE:** To be asked following Core CCHC.13; if response to CCHC.12 is Yes (code = 1)

### INSULIN1

**MDIA.01** Are you now taking insulin?

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

### BLDSUGAR

**MDIA.02** About how often do you check your blood for glucose or sugar?

**READ IF NECESSARY:** Include times when checked by a family member or friend, but do not include times when checked by a health professional.

**DO NOT READ:** If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

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

### FEETCHK3

**MDIA.03** Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 555 No feet
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

### DOCTDIAB

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**MDIA.04** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

\_\_ Number of times [76 = 76 or more]

88 None

77 Don't know / Not sure

99 Refused

### CHKHEMO3

**MDIA.05** About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

**Read if necessary:** A test for A-one-C measures the average level of blood sugar over the past three months.

\_\_ Number of times [76 = 76 or more]

88 None

98 Never heard of A-one-C test

77 Don't know / Not sure

99 Refused

**CATI NOTE: If MDIA.03 = 555 (No feet), go to MDIA.07**

### FEETCHK

**MDIA.06** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

\_\_ Number of times [76 = 76 or more]

88 None

77 Don't know / Not sure

99 Refused

### EYEEXAM1

**MDIA.07** When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

**Read if necessary:**

1 Within the past month (anytime less than 1 month ago)

2 Within the past year (1 month but less than 12 months ago)

3 Within the past 2 years (1 year but less than 2 years ago)

4 2 or more years ago

**Do not read:**



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

### **DIABEYE**

#### **MDIA.08**

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

### **DIABEDU**

#### **MDIA.09**

Have you ever taken a course or class in how to manage your diabetes yourself?

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

## **Core 7: Oral Health**

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### **LASTDEN4**

#### **COH.01**

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

#### **READ 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

### **RMVTETH4**

#### **COH.02**

Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

**READ IF NECESSARY:**

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

**DO NOT READ:**

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

### **Core 8: Demographics**

#### **AGE**

**CDEM.01** What is your age?

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

#### **HISPANC3**

**CDEM.02** Are you Hispanic, Latino/a, or Spanish origin?

**If yes, ask: Are you...**

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

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

**Do not read:**

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

#### **MRACE1**

**CDEM.03** Which one or more of the following would you say is your race?

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**INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One of more categories may be selected.**

**Please read:**

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

**Do not read:**

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

**CATI NOTE: IF MORE THAN ONE RESPONSE TO CDEM.03, CONTINUE. OTHERWISE GO TO CDEM.05**

**ORACE3**

**CDEM.04** Which one of these groups would you say best represents your race?

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

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**INTERVIEWER NOTE: IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE AS 'REFUSED'**

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

**Do not read:**

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

**STATE ADDED: GENDER IDENTITY AND SEXUAL ORIENTATION (ALL PATHS)**

**SAGISO.01** The next questions are about gender identity and sexual orientation.

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

**IF NEEDED, SAY:** "We ask these questions in order to better understand the health and health care needs of people with different sexual orientations and gender identities."

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- 1 Male
- 2 Female
- 7 Don't Know/ Not Sure
- 9 Refused

**SAGISO.02** I'll read a list of terms people sometimes use to describe their gender identity. Please tell me which number best describes how you think of yourself.

**INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT WORD.**

**INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER, SAY:**

"Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual."

- 1 Male
- 2 Female
- 3 Transgender
- 4 Do not Identify as female, male, or transgender
- 7 Don't Know/ Not Sure
- 9 Refused

**SAGISO.03** Now I'll read a list of terms people sometimes use to describe themselves – heterosexual or straight; homosexual (gay or lesbian) and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

**INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.**

- 1 Heterosexual or straight
- 2 Homosexual (gay or lesbian)
- 3 Bisexual
- 4 Other
- 7 Don't Know/ Not Sure
- 9 Refused

**MARITAL**  
**CDEM.05**

Are you...?

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**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

**EDUCA**

**CDEM.06**

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

**Read if necessary:**

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

**Do not read:**

- 9 Refused

**RENTHOM1**

**CDEM.07**

Do you own or rent your home?

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

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

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

**READ IF NECESSARY:** We ask this question in order to compare health indicators among people with different housing situations.

### CTYCODE2

**CDEM.08** In what county do you currently live?

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

### ZIPCODE1

**CDEM.09** What is the ZIP Code where you currently live?

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

**CATI NOTE:** If cellular telephone interview, do not ask CDEM.10, go to CDEM.12

### NUMHHOL3

**CDEM.10** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

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

**CATI NOTE:** IF RESPONSE TO C08.10 IS 2, 7, OR 9, GO TO CDEM.12

### NUMPHON3

**CDEM.11** How many of these telephone numbers are residential numbers?

— Enter number[1-5]  
6 **Six or more**  
7 Don't know / Not sure  
8 None  
9 Refused

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**CDEM.12 is last question needed for partial complete.**

**CPDEMO1B**

**CDEM.12** How many cell phones do you have for personal use?

**Read if necessary:** Include cell phones used for both business and personal use.

- Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 9 Refused

**VETERAN3**

**CDEM.13** 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?

**READ IF NECESSARY: 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
- 7 Don't know / Not sure
- 9 Refused

**EMPLOY1**

**CDEM.14** Are you currently...?

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

**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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### CHILDREN

- CDEM.15** How many children less than 18 years of age live in your household?
- — Number of children
  - 8 8 None
  - 9 9 Refused

### INCOME2

- CDEM.16** Is your annual household income from all sources—

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

**Read only if necessary:**

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

**Do not read:**

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

**CATI NOTE: Skip if Male (SAGISO.01 is coded 1 OR if SAGISO.01=missing and (CP.05=1 or LL.12=1; or LL.09 = 1 or LL.07 =1) or if CDEM.01, AGE, is greater than 49**

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## PREGNANT

**CDEM.17** To your knowledge, are you now pregnant?

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

## WEIGHT2

**CDEM.18** About how much do you weigh without shoes?

**NOTE: If respondent answers in metrics, put "9" in first column**

**Round fractions UP**

- \_ \_ \_ \_ Weight  
(pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

## HEIGHT3

**CDEM.19** About how tall are you without shoes?

**NOTE: If respondent answers in metrics, put "9" in column XXX.**

**Round fractions DOWN**

- \_ \_ / \_ \_ Height  
(ft / inches/meters/centimeters)
- 7 7 / 7 7 Don't know / Not sure
- 9 9 / 9 9 Refused

## Core 9: Disability

### DEAF

**CDIS.01** Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

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

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### **BLIND**

**CDIS.02** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

### **DECIDE**

**CDIS.03** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

### **DIFFWALK**

**CDIS.04** Do you have serious difficulty walking or climbing stairs?

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

### **DIFFDRES**

**CDIS.05** Do you have difficulty dressing or bathing?

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

### **DIFFALON**

**CDIS.06** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

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## Core Section 10: Tobacco Use

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### **SMOKE100**

**CTOB.01** Have you smoked at least 100 cigarettes in your entire life?

**INTERVIEWER NOTE:** “Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.”

**NOTE: 5 packs = 100 cigarettes**

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

**CATI NOTE: IF CTOB.01 RESPONSES 2, 7 OR 9 GO TO CTOB.05**

### **SMOKDAY2**

**CTOB.02** Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all **(GO TO CTOB.04)**
- 7 Don't know / Not sure **(GO TO CTOB.05)**
- 9 Refused **(GO TO CTOB.05)**

### **STOPSMK2**

**CTOB.03** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No **(GO TO CTOB.05)**
- 7 Don't know / Not sure **(GO TO CTOB.05)**
- 9 Refused **(GO TO CTOB.05)**

### **LASTSMK2**

**CTOB.04** How long has it been since you last smoked a cigarette, even one or two puffs?

**Read if necessary:**

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)

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- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more

**Do not read:**

- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

### **USENOW3**

#### **CTOB.05**

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

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

**READ IF NECESSARY: 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

### **STATE ADDED: OTHER TOBACCO PRODUCTS – PATH B**

#### **SAOTP.01**

Now I would like to ask you some questions about using other kinds of tobacco.

Do you now smoke regular cigars, cigarillos or little cigars that look like cigarettes 'every day,' 'some days,' or 'not at all'?

**Read if necessary**

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

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### **MODULE 8: E-Cigarettes – PATH A & B**

#### **ECIGARET**

**MECIG.01** Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

**READ IF NECESSARY:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**INTERVIEWER NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**CATI NOTE:** If MECIG.01 = 2, 7 or 9, go to MMJU.01

#### **ECIGNOW**

**MECIG.02** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

**INTERVIEWER NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

**READ:**

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

**DO NOT READ:**

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

### **STATE ADDED: E-CIGARETTES (SAECIG) – PATH B**

**CATI NOTE: ASK IF MECIG.01 = 1**

**SAECIG.01** Why did you start to use e-cigarettes or other electronic vaping products?

- 1 Try something new
- 2 As a way to reduce or quit smoking

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- 3 Friends (introduced, pressured, recommended)
- 4 Health Reasons (to improve health, perceived as less harmful)
- 8 Other
- 7 Don't Know/Not sure
- 9 Refused

---

**CATI NOTE: ASK IF ((CTOB.01 > 0 AND CTOB.02 <3) OR SAOTP.01 <3 OR CTOB.05 <3) and MECIG.01 = 1**

**SAECIG.02** Do you or did you use e-cigarettes or other electronic vaping products the same, more or less frequently than other tobacco products?

Read if necessary

- 1 Same
- 2 More
- 3 Less
- 7 Don't Know/Not sure
- 9 Refused

---

**CATI NOTE: ASK IF MECIG.02 < 3**

**SAECIG.03** Have you stopped using other tobacco products completely?

- 1 Yes
- 2 No
- 3 Never use other tobacco products
- 7 Don't Know/Not sure
- 9 Refused

**CATI NOTE: ASK IF MECIG.01 = 1**

**SAECIG.04** Will you continue to use e-cigarettes or other electronic vaping products or plan to use them in the future?

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

### **Module 9: Marijuana Use – ALL PATHS**

#### **MARIJAN1**

**MMJU.01** During the past 30 days, on how many days did you use marijuana or cannabis?

**INTERVIEWER NOTE:** Marijuana and cannabis include both CBD and THC products.

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\_\_ \_\_ 01-30 Number of days

88 None (GO TO SAECG.01)

77 Don't know/not sure (GO TO SAECG.01)

99 Refused (GO TO SAECG.01)

### **USEMRJN2**

#### **MMJU.02**

During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

**INTERVIEWER NOTE:** Select one. If respondent provides more than one say: which way did you use it most often.

**Read:**

1 Smoke it (for example, in a joint, bong, pipe, or blunt).

2 Eat it (for example, in brownies, cakes, cookies, or candy)

3 Drink it (for example, in tea, cola, or alcohol)

4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)

5 Dab it (for example, using waxes or concentrates), or

6 Use it some other way.

**Do not read:**

7 Don't know/not sure

9 Refused

### **RSNMRJN1**

#### **MJU.03**

When you used marijuana or cannabis during the past 30 days, was it usually:

**Read:**

1 For medical reasons (like to treat or decrease symptoms of a health condition);

2 For non-medical reasons (like to have fun or fit in), or

3 For both medical and non-medical reasons.

**Do not read:**

7 Don't know/Not sure

9 Refused

### **STATE ADDED: ELECTRONIC VAPOR USE (SAECG) - PATH B**

**CATI NOTE: ASK IF MECIG.02 < 3 OR MMJU.02 = 4**

### **SAECG.01**

When you use e-cigarettes or other electronic vaping products what do you most often inhale? Would you say...

**INTERVIEWER NOTE:** Marijuana and cannabis include CBD and THC.



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- 1 Nicotine
- 2 Marijuana, cannabis or THC
- 3 Just flavoring
- 7 Don't Know/Not sure
- 9 Refused

## Core Section 11: Alcohol Consumption

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### ALCDAYS

**CALC.01** 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
- 8 8 8 No drinks in past 30 days
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**[READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.]**

**CATI NOTE: IF CALC.01 RESPONSE = 888, 777 OR 999, GO TO CIMM.01**

### AVEDRNK3

**CALC.02** 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?

**READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

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

**CATI NOTE: For CALC.03, X = 5 for men, X = 4 for women, Use sex at birth to determine sex (SAGISO.01)**

### DRNK3GE5

**CALC.03** 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?

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

### **MAXDRNKS**

**CALC.04** 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

### **Core Section 12: Immunization**

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### **FLUSHOT7**

**CIMM.01** During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

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

**CATI NOTE: IF CIMM.01 RESPONSE = 2, 7, OR 9 GO TO CIMM.03**

### **FLSHTMY3**

**CIMM.02** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

- / -- -- -- Month / Year
- 77 / 7777 Don't know / Not sure
- 09 / 9999 Refused

**If age <50 GOTO CIMM.04.**

### **SHINGLE2**

**CIMM.03** Have you ever had the shingles or zoster vaccine?

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**INTERVIEWER NOTE:** Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.

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

**PNEUVAC4  
CIMM.04**

Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

**READ IF NECESSARY: THERE ARE TWO TYPES OF PNEUMONIA SHOTS:  
POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN  
AS PREVNAR.**

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

**CORE SECTION 13: Falls.**

**SKIP SECTION IF CDEM.01 AGE, CODED 18-44**

**FALL12MN**

**CFAL.01** In the past 12 months, how many times have you fallen?

**READ IF NECESSARY:** By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

\_\_ Number of times [76 = 76 or more]

88 None **Go to CSBD.01**

77 Don't know / Not sure **Go to CSBD.01**

99 Refused **Go to CSBD.01**

**FALLINJ4**

**CFAL.02** How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?

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**READ IF NECESSARY:** By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

\_\_ Number of falls [76 = 76 or more]

88 None

77 Don't know / Not sure

99 Refused

### **CORE SECTION 14: Seat Belt Use and Drinking and Driving**

#### **SEATBELT**

**CSBD.01** How often do you use seat belts when you drive or ride in a car? Would you say—

READ:

1 Always

2 Nearly always

3 Sometimes

4 Seldom

5 Never

Do not read:

7 Don't know / Not sure

8 Never drive or ride in a car **GO TO NEXT SECTION**

9 Refused

**If CALC.01 = 888 (No drinks in the past 30 days); go to next section.**

#### **DRNKDRI2**

**CSBD.02** During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

\_\_ Number of times

88 None

77 Don't know / Not sure

99 Refused

### **Core 15: Breast and Cervical Cancer Screening**

**CATI NOTE:** Skip if Male (SAGISO.01, is coded 1), or if SAGISO.01=missing and (CP.05=1 or LL.12=1; or LL.09 = 1 or LL.07 =1).

#### **HADMAM**

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**CBCC.01** The next questions are about breast and cervical cancer. Have you ever had a mammogram?

**INTERVIEWER NOTE:** A mammogram is an x-ray of each breast to look for breast cancer.

- 1 Yes
- 2 No **GO TO CBCC.03**
- 7 Don't know / Not sure **GO TO CBCC.03**
- 9 Refused **GO TO CBCC.03**

### HOWLONG

**CBCC.02** How long has it been since you had your last mammogram?

**Read if necessary:**

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

### HADPAP2

**CBCC.03** Have you ever had a Pap test?

**INTERVIEWER NOTE:** A Pap test is a test for cancer of the cervix.

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

**CATI: IF CBCC.03 = 2, 7 OR 9, GO TO CBCC.05**

### LASTPAP2

**CBCC.04** How long has it been since you had your last Pap test?

**Read 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)

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- 5 5 or more years ago
- DO NOT READ:
- 7 Don't know / Not sure
- 9 Refused

### HPVTEST

**CBCC.05** An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

**INTERVIEWER NOTE:** Human papillomavirus (pap-uh-loh-muh virus)

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

**CATI: IF CBCC.05 = 2, 7, OR 9 GO TO CBCC.07**

### HPLSTTST

**CBCC.06** How long has it been since you had your last H.P.V. test?

Read 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: If response to Core CDEM.17 = 1 (is pregnant); then go to next section.**

### HADHYST2

**CBCC.07** Have you had a hysterectomy?

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

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

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## Core 16: Prostate Cancer Screening

**CATI NOTE:** If respondent is <39 years of age, or is female (SAGISO.01 is coded 2), or if SAGISO.01=missing and (CP.05=2 or LL.12=2; or LL.09=2 or LL.07=2), go to next section

### PCPSAAD3

**CPCS.01** Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

**READ IF NECESSARY:** A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

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

### PCPSADI1

**CPCS.02** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

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

### PCPSARE1

**CPCS.03** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

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

### PSATEST1

**CPCS.04** Have you ever had a PSA test?

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

### PSATIME

**CPCS.05** How long has it been since you had your last PSA test?

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### Read 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

### PCPSARS1

#### CPCS.06

What was the main reason you had this PSA test – was it ...

### READ:

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

### DO NOT READ

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



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## **CORE SECTION 17: Colorectal Cancer Screening**

**CATI NOTE: If respondent is < 45 years of age, go to next section.**

The next questions are about the five different types of tests for colorectal cancer screening

### **COLNSCPY**

**CRC.01** A colonoscopy checks the entire colon. 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. Have you ever had a colonoscopy?

- 1 Yes
- 2 No **GO TO CRC.03**
- 7 Don't know / Not sure **GO TO CRC.03**
- 9 Refused **GO TO CRC.03**

**INTERVIEWER NOTE: DO NOT INCLUDE A VIRTUAL COLONOSCOPY, WHERE YOUR COLON IS FILLED WITH AIR AND YOU ARE MOVED THROUGH A DONUT SHAPED X-RAY MACHINE AS YOU LIE ON YOUR BACK AND THEN ON YOUR STOMACH.**

### **COLNTEST**

**CRC.02** How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

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

### **SIGMSCPY**

**CRC.03** A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

- 1 Yes
- 2 No **GO TO CRC.05**
- 7 Don't know / Not sure **GO TO CRC.05**
- 9 Refused **GO TO CRC.05**

### **SIGMTEST**

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**CRC.04** How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

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

### **BLDSTOL1**

**CRC.05** Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

**INTERVIEWER NOTE:** This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

- 1 Yes
- 2 No **GO TO CRC.07**
- 7 Don't know / Not sure **GO TO CRC.07**
- 9 Refused **GO TO CRC.07**

### **LSTBLDS4**

**CRC.06** How long has it been since you had this test?

READ 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

### **STOOLDNA**

**CRC.07** Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

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**INTERVIEWER NOTE:** This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

- 1 Yes
- 2 No **GO TO CRC.09**
- 7 Don't know / Not sure **GO TO CRC.09**
- 9 Refused **GO TO CRC.09**

### **SDNATEST**

**CRC.08** How long has it been since you had this test?

READ 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

### **VIRCOLON**

**CRC.09** For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

**INTERVIEWER NOTE:** Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.

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

### **VCLNTEST**

**CRC.10** How long has it been since you had this test?

READ 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

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

### **Core 18: H.I.V./AIDS**

#### **HIVTST7**

**CHIV.01** Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

**READ IF NECESSARY:** Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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

**CATI NOTE: IF CHIV.01 RESPONSE = 2, 7, OR 9 GO TO CHIV.03**

#### **HIVTSTD3**

**CHIV.02** Not including blood donations, in what month and year was your last H.I.V. test?

**NOTE: If response is before January 1985, code "77777"**

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

- /-- Code month and year
- 77/7777 Don't know / Not sure
- 99/9999 Refused / Not sure

#### **HIVRISK5**

**CHIV.03** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have injected any drug other than those prescribed for you in the past year.
- You have been treated for a sexually transmitted disease or STD in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

### **MODULE 6: Cognitive Decline**

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

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is

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happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

### CIMEMLOS

**MCD.01** During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes **GO TO MCD.02**
- 2 No **GO TO MLCS.01**
- 7 Don't know / Not sure **GO TO MCD.02**
- 9 Refused **GO TO MLCS.01**

### CDHOUSE

**MCD.02** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is ...

#### PLEASE READ

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

#### DO NOT READ

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

### CDASSIST

**MCD.03** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is ...

#### PLEASE READ

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely **GO TO MCD.05**
- 5 Never **GO TO MCD.05**

#### DO NOT READ

- 7 Don't know / Not sure **GO TO MCD.05**
- 9 Refused **GO TO MCD.05**

**CATI NOTE:** If MCD.03 = 1, 2 or 3 continue. If MCD.03 = 4, 5, 7 or 9, go to MCD.05.

### CDHELP

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**MCD.04** When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is ...

PLEASE READ

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

DO NOT READ

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

**CDSOCIAL**

**MCD.05** During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is ...

PLEASE READ

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

DO NOT READ

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

**CDDISCUS**

**MCD.06** Have you or anyone else discussed your confusion or memory loss with a health care professional?

DO NOT READ

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

**MODULE 10: LUNG CANCER SCREENING**

**CATI NOTE: If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question MLCS.04.**

**LCSFIRST**

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**MLCS.01** You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

**INTERVIEWER NOTE:** Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

\_\_\_ Age in Years (001 – 100)

777 Don't know/Not sure

999 Refused

888 Never smoked cigarettes regularly (**GO TO MLCS.04**)

**CATI NOTE/INTERVIEWER NOTE:** If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

### LCSLAST

**MLCS.02** How old were you when you last smoked cigarettes regularly?

\_\_\_ Age in Years (001 – 100)

777 Don't know/Not sure

999 Refused

### LCSNUMC

**MLCS.03** On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?

**INTERVIEWER NOTE:** Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

**INTERVIEWER NOTE:** Respondents may answer in packs instead of number of cigarettes.

**Below is a conversion table:**

0.5 pack = 10 cigarettes

0.75 pack = 15 cigarettes

1 pack = 20 cigarettes

1.25 pack = 25 cigarettes

1.5 pack = 30 cigarettes

1.75 pack = 35 cigarettes

2 packs = 40 cigarettes

2.5 packs = 50 cigarettes

3 packs = 60 cigarettes

\_\_\_ Number of cigarettes

777 Don't know/Not sure

999 Refused



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## LCSTSCN

### **MLCS.04**

The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

#### **Read if necessary:**

- 1 Yes, to check for lung cancer
- 2 No (did not have a CT scan)
- 3 Had a CT scan, but for some other reason

#### **Do not read:**

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

## **STATE ADDED: LUNG CANCER SCREENING – PATHS A AND B**

### **SALCS.01**

Lung cancer screening occurs when someone who is healthy, without any symptoms or signs of lung cancer, is tested to see if lung cancer is present. The test that is used for lung cancer screening is called a CT or CAT scan. During this test, you lie flat on your back on a table, which moves through a donut-shaped x-ray machine that takes pictures of your lungs.

In the last 12 months, did any of your health care providers ask you whether you wanted to have a CT scan for lung cancer screening?

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

### **SALCS.02**

In the last 12 months, did your health care providers talk to you about the possible benefits of the CT scan for lung cancer screening?

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

### **SALCS.03**

In the last 12 months, did your health care providers talk to you about the possible harms of the CT scan for lung cancer screening?

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

### **SALCS.04**

In the last 12 months, did you have a CT scan for lung cancer screening?

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**INTERVIEWER NOTE:** Confirm with respondent that the CT scan was performed for lung cancer screening, not for other reasons (such as evaluation of symptoms like cough, shortness of breath, etc.)

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

**SALCS.05** How many parents, brothers, or sisters in your family have had lung cancer?

- 1 None
- 2 One
- 3 2 or more
- 1 Don't Know/Not Sure
- 9 Refused

**SALCS.06** Have you been exposed to asbestos at work?

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

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## **MODULE 11: CANCER SURVIVORSHIP: TYPE OF CANCER – PATH A**

**CATI NOTE:** If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

### **CNCRDIFF**

**MTOC.01** You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure (**GO TO NEXT MODULE**)
- 9 Refused (**GO TO NEXT MODULE**)

### **CNCRAGE**

**MTOC.02** At what age were you told that you had cancer?

**CATI NOTE:** If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

**READ IF NECESSARY:** This question refers to the first time they were told about their first cancer.

- \_\_ Age in Years (97 = 97 and older)
- 98 Don't know/Not sure
- 99 Refused

### **CNCRTP1**

**MTOC.03** What type of cancer was it?

**CATI NOTE:** If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one) ask:  
Was it Melanoma or other skin cancer?  
then code MTOC.03 as a response 21 if Melanoma or 22 if other skin cancer

**CATI NOTE:** If CCCS.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code MTOC.03 as a response of 19."

**READ IF** respondent needs prompting for cancer type:

- 01 Breast cancer

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### Female reproductive (Gynecologic)

- 02 Cervical cancer (cancer of the cervix)
- 03 Endometrial cancer (cancer of the uterus)
- 04 Ovarian cancer (cancer of the ovary)

### Head/Neck

- 05 Head and neck cancer
- 06 Oral cancer
- 07 Pharyngeal (throat) cancer
- 08 Thyroid
- 09 Larynx

### Gastrointestinal

- 10 Colon (intestine) cancer
- 11 Esophageal (esophagus)
- 12 Liver cancer
- 13 Pancreatic (pancreas) cancer
- 14 Rectal (rectum) cancer
- 15 Stomach

### Leukemia/Lymphoma (lymph nodes and bone marrow)

- 16 Hodgkin's Lymphoma (Hodgkin's disease)
- 17 Leukemia (blood) cancer
- 18 Non-Hodgkin's Lymphoma

### Male reproductive

- 19 Prostate cancer
- 20 Testicular cancer

### Skin

- 21 Melanoma
- 22 Other skin cancer

### Thoracic

- 23 Heart
- 24 Lung

### Urinary cancer

- 25 Bladder cancer
- 26 Renal (kidney) cancer

### Others

- 27 Bone
- 28 Brain
- 29 Neuroblastoma

### 30 Other

### **Do not read:**

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

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### **MODULE 12; CANCER SURVIVORSHIP; COURSE OF TREATMENT – PATH A**

**CATI NOTE:** If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

#### **CSRVTRT3**

**MCOT.01** Are you currently receiving treatment for cancer?

**READ IF NECESSARY:** By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

Read if necessary:

- 1 Yes
- 2 No, I've completed treatment
- 3 No, I've refused treatment (**GO TO NEXT MODULE**)
- 4 No, I haven't started treatment (**GO TO NEXT MODULE**)
- 5 Treatment was not necessary (**GO TO NEXT MODULE**)
- 7 Don't know / Not sure (**GO TO NEXT MODULE**)
- 9 Refused (**GO TO NEXT MODULE**)

#### **CSRVD0C1**

**MCOT.02** What type of doctor provides the majority of your health care? Is it a....

**INTERVIEWER NOTE:** If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

**READ IF NECESSARY:** An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other

Do not read:

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

#### **CSRVSUM**

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**MCOT.03** Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

**READ IF NECESSARY:** By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

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

**CSRVRTRN**

**MCOT.04** Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No **Go to MCOT.06**
- 7 Don't know/ not sure **Go to MCOT.06**
- 9 Refused **Go to MCOT.06**

**CSRVINST**

**MCOT.05** Were these instructions written down or printed on paper for you?

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

**CSRVINSR**

**MCOT.06** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

**READ IF NECESSARY:** Health insurance also includes Medicare, Medicaid, or other types of state health programs.

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

**CSRVDEIN**

**MCOT.07** Were you ever denied health insurance or life insurance coverage because of your cancer?

- 1 Yes
- 2 No

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

### CSRVCLIN

**MCOT.08** Did you participate in a clinical trial as part of your cancer treatment?

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

### MODULE 13: CANCER SURVIVORSHIP: PAIN MANAGEMENT – PATH A

**CATI NOTE:** If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

### CSRVPAIN

**MCPM.01** Do you currently have physical pain caused by your cancer or cancer treatment?

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

### CSRVCTL2

**MCPM.02** Would you say your pain is currently under control...?

Read:

- 1 With medication (or treatment)
- 2 Without medication (or treatment)
- 3 Not under control, with medication (or treatment)
- 4 Not under control, without medication (or treatment)

Do not read:

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

### MODULE 22: RANDOM CHILD SELECTION

---

**CATI NOTE:** If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core CDEM.15 = 1 AND CDEM.15 DOES NOT EQUAL 88 or 99 Interviewer please read:  
“Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” [Go to Q1]

If Core CDEM.15 is >1 and CDEM.15 does not equal 88 or 99, Interviewer please read:  
“Previously, you indicated there were [number] children age 17 or younger in your

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household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.** This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

**INTERVIEWER PLEASE READ:**

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.

**RCSBIRTH**

**MRCS.01.** What is the birth month and year of the [Xth] child?

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

**RCSGENDR**

**MRCS.02.** Is the child a boy or a girl?

1      Boy  
2      Girl  
9      Refused

**RCHISLA1**

**MRCS.03.** Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

**Read:**

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

**Do not read:**

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

**RCSRACE1**

**MRCS.04.** Which one or more of the following would you say is the race of the child?



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(Select all that apply)

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

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

Do not read:

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

**[CATI NOTE: IF MORE THAN ONE RESPONSE TO MRCS.04; CONTINUE. OTHERWISE, GO TO MRCS.06.]**

### **RCSBRAC2**

**MRCS.05** Which one of these groups would you say best represents the child's race?  
**INTERVIEWER NOTE:** If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

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

Do not read:

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

### **RCSRLTN2**

#### **MRC5.06**

How are you related to the child? Are you a.....

**Please read:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Do not read:**

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

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## **MODULE 23: CHILDHOOD ASTHMA PREVALENCE:**

**CATI NOTE: If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module.**

### **CASTHDX2**

**MCAP.01** The next two questions are about the “Xth” [CATI: please fill in correct number] child.

Has a doctor, nurse or other health professional EVER said that the child has asthma?

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

**CATI NOTE: IF 2, 7 OR 9, GO TO NEXT MODULE**

### **CASTHNO2**

**MCAP.02** Does the child still have asthma?

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

## **Asthma Call-Back Permission Script**

### **CALLBACK**

**CB01.01** We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.

Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

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## ADLTCHLD

**CB01.02** Can I please have either (your/your child's) first name or initials so we will know who to ask for when we call back?

\_\_\_\_\_ Enter first name or initials

**CATI NOTE:** Enter code for person in the household selected as the focus of the asthma call-back?

- 1 Adult
- 2 Child

## STATE ADDED CIGARETTE USE (SACIG) – PATH B

**CATI NOTE:** Ask if CTOB.01 = 1 and CTOB.02 = 1

**SACIG.01** We have some additional questions on specific health issues we would like to ask you about. On the average, about how many cigarettes a day do you now smoke?

**INTERVIEWER NOTE:** 1 PACK = 20 CIGARETTES

\_\_\_ Enter number of cigarettes

777 Don't Know/Not sure

999 Refused

**CATI NOTE:** Ask if CTOB.01 = 1 and CTOB.02 = 2

**SACIG.02** We have some additional questions on specific health issues we would like to ask you about.

On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?

**INTERVIEWER NOTE:** 1 PACK = 20 CIGARETTES

\_\_\_ Enter number of cigarettes

777 Don't Know/Not sure

999 Refused

**CATI NOTE:** Ask if CTOB.01 = 1

**SAGIC.03** How old were you when you smoked your first cigarette?

\_\_\_ Age in years

777 Don't Know/Not sure

999 Refused

## STATE ADDED: CESSATION (SAQUIT) – PATH B

**CATI NOTE** for state added section SAQUIT: IF (CTOB.02 > 0 AND CTOB.02 < 3) OR SAOTP.01 < 3 OR CTOB.05 < 3 or MECIG.02 <3 continue, else go to Section SAETOB – Environmental Tobacco

**SAQUIT.01** The next questions are about quitting tobacco use.

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Would you like to quit smoking or using other tobacco products?

- 1 Yes
- 2 No (**Go to SAQUIT.04**)
- 7 Don't Know/Not Sure (**Go to SAQUIT.04**)
- 9 Refused (**Go to SAQUIT.04**)

-----  
**CATI NOTE: ASK IF SAQUIT.01 = 1**

**SAQUIT.02** Are you seriously considering quitting within the next 6 months?

- 1 Yes
- 2 No (**Go to SAQUIT.04**)
- 7 Don't Know/Not Sure
- 9 Refused

---

**CATI NOTE: ASK IF SAQUIT.01 = 1 AND (SAQUIT.02 > 0 AND SAQUIT.02 <> 2)**

**SAQUIT.03** Are you planning to stop within the next 30 days?

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

**SAQUIT.04** Now I am going to read you a list of products and services that you might have used to help you quit smoking or using other tobacco products. In the last 12 months, have you used...Nicotine replacement medication such as nicotine patches, gum, inhaler or nasal spray?

- 1 Yes
- 2 No (**GO TO SAQUIT.06**)
- 3 I did not try to quit smoking or using tobacco products (**Go to SAQUIT.08**)
- 7 Don't Know/Not sure (**Go to SAQUIT.06**)
- 9 Refused (**Go to SAQUIT.06**)

---

**CATI NOTE ASK IF SAQUIT.04 = 1**

**SAQUIT.05** How did you pay for it (nicotine replacement systems)? Would you say

- 1 You paid for it on your own
- 2 Insurance paid for some of it
- 3 Insurance paid for all of it
- 4 You were given the medication free of charge
- 7 Don't Know/Not sure

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9 Refused

**CATI NOTE: ASK IF SAQUIT.04 > 0 AND SAQUIT.04 <> 3**

**SAQUIT.06**

In the last 12 months, have you used...Non-nicotine medication such as Zyban, Wellburtrin, Chantix, varenicline or other medications?

1 Yes

2 No (**Go to SAQUIT.08**)

3 I Did not try to quit smoking or using tobacco products (**Go to SAQUIT.08**)

7 Don't Know/Not sure (**Go to SAQUIT.08**)

9 Refused (**Go to SAQUIT.08**)

**CATI NOTE: ASK IF SAQUIT.06 = 1**

**SAQUIT.07**

How did you pay for it (non-nicotine medication)? Would you say...

1 You paid for it on your own

2 Insurance paid for some of it

3 Insurance paid for all of it

4 You were given the medication free of charge

7 Don't Know/Not Sure

9 Refused

**SAQUIT.08**

In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?

1 Yes

2 No

3 I have not seen a dentist in the last 12 months

7 Don't Know/Not Sure

9 Refused

**SAQUIT.09**

The next set of questions is about experiences you may have had during a visit to a doctor's office in the last 12 months.

During any such visit, did any health professional...

Advise you to stop smoking or using other tobacco products?

1Yes

2No

3 I have not visited a doctor's office in the last 12 months (**Go to SAQUIT.12**)

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7 Don't Know/Not Sure  
9 Refused

---

**CATI NOTE: IF SAQUIT.09 > 0 AND SAQUIT.09 <> 3 continue; else go to SAQUIT.12**

**SAQUIT.10** During any such visit, did any health professional...

Give you information about counseling classes or programs, such as the Maine Tobacco Helpline to help you quit smoking or using other tobacco products?

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

**SAQUIT.11** During any such visit, did any health professional....

Talk with you about medications to help you stop smoking or using other tobacco products?

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

**SAQUIT.12** During the past 30 days, have you seen any advertisements on television about help to quit smoking or using other tobacco products?

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

**SAQUIT.13** During the past 30 days, have you seen any advertisements on social media such as Facebook, Instagram, or YouTube about help to quit smoking or using other tobacco products?

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

**SAQUIT.14** In the last 12 months, how many times have you called the Maine Tobacco Helpline?

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Would you say...

**PLEASE READ**

- 1 Zero Times
- 2 One Time
- 3 Two Times
- 4 Three or more times

**DO NOT READ**

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

---

**CATI NOTE: Ask if SAQUIT.14<6**

**SAQUIT.15** How were you referred to the Maine Tobacco Helpline?

**PLEASE READ**

- 1 Quitlink
- 2 From ads/materials promoting the Helpline
- 3 By a healthcare professional
- 4 By a family member or friend
- 5 I was not referred to the Maine Tobacco Helpline

**DO NOT READ**

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

**STATE ADDED: ENVIRONMENTAL TOBACCO (SAETOB) – PATH B**

**SAETOB.01** These next questions ask about the type of building you live in and how long you have lived there.

In what type of living space do you currently reside?

**PLEASE READ**

- 1 Single family home
- 2 Duplex
- 3 Double or multi-family home
- 4 Condominium
- 5 Townhouse
- 6 Apartment building

**DO NOT READ:**

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

**SAETOB.02** How long have you lived in your current residence?

**CATI NOTE: 101 MIN 499 MAX**



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**101 – 199 Number of Days**  
**201 – 299 Number of Weeks**  
**301 – 399 Number of months**  
**401 – 499 number of years**

\_\_\_ Enter amount of time  
777 Don't Know/Not Sure  
999 Refused

**SAETOB.03** Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?

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

**SAETOB.04** Now I am going to ask you some questions about second hand cigarette smoke.

Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say

**PLEASE READ**

1 Strongly agree  
2 Somewhat agree  
3 Neither agree nor disagree  
4 Somewhat disagree  
5 Strongly disagree

**DO NOT READ**

7 Don't Know/Not Sure  
9 Refused

**SAETOB.05** On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

**CATI NOTE: 30. MAX**

\_\_\_ Days  
88 None  
77 Don't Know/Not Sure  
99 Refused

**SAETOB.06** Which of the following statements best describes the rules about smoking inside your home?

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**Please read**

- 1 No one is allowed to smoke anywhere inside your home
- 2 Smoking is not allowed if children are in the home
- 3 Smoking is allowed in some place or at some times
- 4 Smoking is permitted anywhere inside your home

**DO NOT READ**

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

---

**CATI NOTE: ASK IF SAETOB.01 > 1 AND SAETOB.01 < 7**

**SAETOB.07**

Which of the following statements best describes the official smoking policy in your building?

**Please read**

- 1 Smoking is not allowed in any areas of the building including living units
- 2 Smoking is not allowed in shared areas, but is allowed inside living units
- 3 Smoking is allowed anywhere

**DO NOT READ**

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

**SAETOB.08**

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

**Please read**

- 1 No one is allowed to smoke inside your car
- 2 Smoking is not allowed if children are in your car
- 3 Smoking is permitted anytime inside your car
- 4 Don't own a car

**DO NOT READ**

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

---

**CATI NOTE: Program {today's day of the week}**

**SAETOB.09**

During the past 7 days, that is, since last {today's day of the week}, on how many days did you ride in a vehicle where someone other than you was smoking tobacco?

**INTERVIEWER NOTE: 07 Max**

\_\_ Number of Days (01-07)  
88 None

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77 Don't Know/Not Sure Refused

**CATI NOTE: IF C08.14 = 1 OR C08.14 = 2 continue, else go to next section.**

**SAETOB.10**

Which of these best describes your place of work's smoking policy for indoor public common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is

**Please read**

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

**DO NOT READ**

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

**SAETOB.11**

Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...

**Please read**

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

**DO NOT READ**

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

**SAETOB.12**

Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...

**Please read:**

- 1 Not allowed in any vehicles
- 2 Allowed in some vehicles
- 3 Allowed in all vehicles
- 4 My work does not involve the use of any vehicles at any time

**DO NOT READ**

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

**SAETOB.13**

The next question is about exposure to secondhand smoke.

Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past 7 days, that is, since last {Today's day of the week}, on how many days did you breathe the smoke at your workplace from someone other than you who was smoking tobacco?

**CATI NOTE: Program {Today's day of the week}**

**CATI NOTE: 07 MAX**

\_\_ Number of Days (01-07)

88 None

77 Don't Know/Not sure

99 Refused

**STATE ADDED: SMOKING BELIEFS (SASMB) – PATH B**

**SASMB.01**

When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, other tobacco products or electronic vapor products? Would you say...

**Please read**

1 Frequently

2 Sometimes

3 Almost Never

4 I Don't go to convenience stores or gas stations

**Do not read:**

7 Don't know/Not sure

9 Refused

---

**CATI NOTE: IF CDEM.15 < 88 continue, else go to SASMB.03**

**SASMB.02**

Do you try to prevent the children in your household from using cigarettes, other tobacco products or electronic vapor products?

1 Yes

2 No

7 DON'T KNOW/NOT SURE

9 Refused

**SASMB.03**

Do you believe e-cigarettes or other electronic vaping products have the same, more or less nicotine than regular cigarettes?

**READ IF NECESSARY:** Electronic cigarettes (e-cigarettes and other electronic products include electronic hookahs, (e-hookahs), vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint or candy. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen and blu.

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- 1 Same
- 2 More
- 3 Less
- 7 Don't Know/Not Sure
- 9 Refused

### **STATE ADDED: PROOF OF AGE (SAPOA) – PATH B**

**SAPOA.01** During the past 30 days when you bought or tried to buy any tobacco products, including cigarettes, cigars, smokeless tobacco, hookah tobacco or electronic vapor products, in a store, were you asked to show proof of age?

- 1 Yes
- 2 No
- 3 I have not bought any tobacco products in a store in the past 30 days
- 7 Don't Know/Not Sure
- 9 Refused

### **STATE ADDED: T21 (SAT21) – PATH B**

#### **PLEASE READ:**

As of July 1, 2018, the legal age to purchase tobacco products in Maine was raised to 21.

**INTERVIEWER NOTE:** Individuals who were 18 as of July 1, 2018 are still able to purchase tobacco products.

---

**SAT21.01** Do you agree or disagree with the following statement: "Raising the legal age of sale for tobacco products will reduce youth smoking."

#### **PLEASE READ**

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

#### **DO NOT READ**

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

**SAT21.02** During the past 30 days, have you seen any signage in retail stores, such as grocery or convenience stores, that the legal age for tobacco sales in Maine is 21?

- 1 Yes

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

### **STATE ADDED: SUICIDE (SASUICD) – BOTH PATHS A AND B**

**INTRODUCTION:** The next questions deal with the topic of suicide. Answering these questions may bring up strong feelings. If you feel that you need help with these feelings please write down the statewide crisis number 1-888-568-1112, so that you can call them if needed.

#### **CMT\_SUCD**

**SASUICD.01** During the last 12 months, did you ever seriously consider attempting suicide?

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

#### **ATM\_SUCD**

**SASUICD.02** During the last 12 months, did you ever attempt suicide?

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

**CLOSING SUICIDE STATEMENT:** Would you like me to repeat the statewide suicide number?

**If yes say:** The number is, 1-888-568-1112

### **STATE ADDED: SEXUAL VIOLENCE (SASV) – PATH A**

**SASV.01** Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.

Are you in a safe place to answer these questions?

- 1. YES
- 2. NO

**CATI NOTE: IF 2 (NO), END SECTION.**

---

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**CATI NOTE: ASK IF SASV.01=1**

**CATI NOTE: IF female (SAGISO.01, is coded 2 or if SAGISO.01= missing) and (CP05=2 or LL12=2; or LL09=2 or LL07=2), then include “vagina” prior to anus.**

**SASV.02** Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {**IF female (SAGISO.01, is coded 2 or if SAGISO.01= missing and (CP05=2 or LL12=2; or LL09=2 or LL07=2), vagina**}anus, or mouth or making you do these things to them after you said or showed that you didn’t want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Has anyone EVER had sex with you or attempted to have sex with you after you said or showed that you didn’t want them to or without your consent?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

**CATI NOTE: IF 2, 7, OR 9, GO TO SASV.04**

---

**CATI NOTE: Ask if SASV.02 = 1**

**SASV.03** Has this happened in the past 12 months?

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

---

**CATI NOTE: ASK IF SASV.01 = 1**

**SASV.04** In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn’t want them to, or without your consent?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

---

**CATI NOTE: ASK IF SASV.01 = 1**

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**SASV.05** The next questions are about conflicts in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

Have you EVER been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

---

**CATI NOTE: ASK IF SASV.01 = 1**

**SASV.06** In the past 12 months, have you experienced physical violence or had unwanted sex with a current or former intimate partner? Physical violence includes being hit, kicked, punched, choked or otherwise physically hurt

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

-----  
**CATI NOTE: ASK IF SASV.01 = 1**

**SASV.07** We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers?

**STATE ADDED: CO DETECTOR, AIR CONDITIONING, PRIVATE WELL WATER, RADON – PATH A**

**CMX\_DET**

**SAENV.01** A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Some CO detectors are part of a combined alarm system that also includes a smoke detector. Do you have a carbon monoxide detector in your home?

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



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### AIR\_COND

**SAENV.02** Any type of air conditioning means a central air conditioning system or window air conditioning units or a heat pump used to cool the air in your home. Do you have any type of air conditioning in your home?

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

---

**CATI NOTE: Ask SAENV.03 if SAENV.02=1 (Yes) else skip to SAENV.04**

### TYP\_COND

**SAENV.03** Do you have central air conditioning, or a window air conditioner unit, or a heat pump?

- 1. Central air conditioning;
- 2. A window air conditioning unit;
- 4. Heat pump;
- 7. Don't know/not sure;
- 9. Refused

### WAT\_WELL

**SAENV.04** Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing. Do you get any of your water from a well?

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

---

**CATI NOTE: Ask SAENV.05 if SAENV.04=1 (Yes) else skip to SAENV.08**

### WAT\_TEST

**SAENV.05** Have you ever had your current well water tested?

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

---

**CATI NOTE: Ask SAENV.06 if SAENV.05=1 (Yes), else skip to SAENV.08**

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### TST\_ARSN

#### **SAENV.06**

Arsenic is not included in all water tests. Have you tested your well water for arsenic?

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

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**CATI NOTE: Ask SAENV.07 if SAENV.05=1 (Yes), else skip to SAENV.08**

### RDN\_WATR

#### **SAENV.07**

Radon is not included in all water tests. Testing water for radon is not the same as testing your household air for radon. Have you tested your well water for radon?

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

### RDN\_TEST

#### **SAENV.08**

Testing household air for radon is not the same as testing your water for radon. Has your household air been tested for the presence of radon gas?

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

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**CATI NOTE: Ask SAENV.09 if SAENV.08 = 1(yes), else skip to next section.**

### RDN\_LEVEL

#### **SAENV.09**

Were the radon levels in your household above normal?

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

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**CATI NOTE: Ask SAENV.10 if SAENV.09=1 (Yes)**

### RDN\_FIXD

#### **SAENV.10**

Have the radon levels been reduced or fixed?

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

### **STATE ADDED: CHOLESTEROL – PATH A**

#### **TOLDHI2**

#### **SACHOL.02**

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

**INTERVIEWER NOTE:** By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 Yes
- 2 No (**Go to next section**)
- 7 Don't Know/ Not Sure (**Go to next section**)
- 9 Refused (**Go to next section**)

#### **CHOLME2**

#### **SACHOL.03**

Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

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

### **STATE ADDED: ASPIRIN FOR CVD PREVENTION – PATHS A AND B**

#### **ASPIRIN**

#### **SACVD.01**

How often do you take an aspirin to prevent or control heart disease, heart attacks, or stroke? Would you say....

#### **Read list:**

- 1 Daily
- 2 Some days
- 3 Used to take it but had to stop due to side effects, OR
- 4 Do not take it

#### **Do not read:**

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

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### **STATE ADDED: SUBSTANCE USE – BOTH PATHS A AND B**

**SARXMU.01** Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?

- 1 NEVER USED
- 2 HAVE USED BUT NOT IN THE LAST 30 DAYS
- 3 1-2 DAYS
- 4 3-5 DAYS
- 5 6 OR MORE DAYS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

### **STATE ADDED: MENTAL HEALTH – BOTH PATHS A AND B**

**SAMH.01** Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

**CATI NOTE: 14 DAY MAX**

- \_\_ 01-14 Days
- 88 None
- 77 Don't Know/Not sure
- 99 Refused

**SAMH.02** Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

**CATI NOTE: 14 DAY MAX**

- \_\_ 01-14 Days
- 88 None
- 77 Don't Know/Not sure
- 99 Refused

**SAMH.03** 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
- 7 Don't Know/ Not Sure
- 9 Refused

**SAMH.04** Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health condition or emotional problem?

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

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9 Refused

### **STATE ADDED: GAMBLING – BOTH PATHS A AND B**

**SAGAMB.01** In your lifetime, how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?

- 1 0 times (**Go to CLOSING**)
- 2 1-2 times
- 3 3-9 times
- 4 10-19 times
- 5 20-39 times
- 6 40 or more times
- 7 Don't Know/Not Sure (**Go to CLOSING**)
- 9 Refused (**Go to CLOSING**)

**SAGAMB.02** Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?

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

### **CLOSING STATEMENT**

#### **Please read:**

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