

|

GULF STATES POPULATION SURVEY

LANDLINE TELEPHONE QUESTIONNAIRE

DECEMBER 2010 – DECEMBER 2011

Form Approved
U.S. Office of Management and Budget (OMB) Control Number 0920-0885
Expiration Date 04/30/2012

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0885)

Table of Contents

Intro/Screenener.....	3
Life Satisfaction and Emotional Support.....	8
Health Status.....	8
Quality of Life.....	9
Self-mastery (Resiliency/Coping).....	10
Social Context.....	12
Child Question.....	13
Lifetime Anxiety and Depression.....	14
Patient Health Questionnaire (PHQ-8).....	14
Generalized Anxiety Disorder (GAD-7).....	16
Gulf Oil Spill Awareness.....	18
Environmental Questions.....	19
Employment Status Questions.....	20
Demographics.....	24
Chronic Health Conditions.....	27
Health Behaviors.....	30
Disability.....	32
Healthcare Access.....	32
Mental Health Treatment.....	33
Suicidal Thoughts and Behaviors.....	34
Intimate Partner Violence.....	35
Income.....	37
Close.....	37

INTRO/SCREENER

/ *//ASK ALL//*

INTRO1. Hello, I am calling for CDC, the Centers for Disease Control and Prevention. My name is (name) . We are gathering information about the health of residents of the Gulf Coast states. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. *//IF RESUMED INTERVIEW: "This call may be monitored or recorded for quality assurance purposes."*

Is this (phone number) ?

- 01 CORRECT NUMBER (PROCEED TO NEXT QUESTION)
- 02 ANSWERING MACHINE (RESIDENCE)
- 03 ANSWERING MACHINE (UNKNOWN)
- 05 [SELECTED RESPONDENT] ON THE PHONE
- 06 FAX MACHINE
- 07 TERMINATION SCREEN
- 08 HANG UP – BEFORE INTRO
- 09 NUMBER REACHED IS NOT THE NUMBER ABOVE.
- 12 RESPONDENT REFUSED TO TRANSFER TO SELECTED-1X
- 14 CONTINUE IN SPANISH [RESET TO INTRO1]

/ *//ASK IF INTRO1=01, 05//*

HS1. Is this a private residence?

- 01 YES
- 02 NO

/ *//IF HS1 = 02//*

X2. Thank you very much, but we are only interviewing private residences. [STOP]

/ *//ASSIGN DISPO 22 NOT A PRIVATE RESIDENCE//*
/ *//ASK IF HS1=01//*

HS2. Is this a **cellular** telephone?

[READ ONLY IF NECESSARY: "BY CELLULAR (OR CELL) TELEPHONE WE MEAN A TELEPHONE THAT IS MOBILE AND USABLE OUTSIDE OF YOUR NEIGHBORHOOD."]

- 01 NO - NOT A CELLULAR TELEPHONE
- 02 YES

|

/ **//IF HS2=02//**

Thank you very much, but we are only interviewing land line telephones and private residences.
[STOP]

/ **//ASSIGN DISPO 8 CELL PHONE//**

/ **//ASK IF HS2=01//**

ADULTS. I need to randomly select one adult who lives in your household to be interviewed.
How many members of your household, including yourself, are 18 years of age or older?

___ NUMBER OF ADULTS [RANGE 0-18]

/ **//IF ADULTS >5//**

NOTE2. I am sorry. I just want to make sure I recorded this correctly.

You said that there are [INSERT # FROM ADULTS] adults living in your household.
Is that correct?

01 CORRECT

02 NO, //GO BACK TO ADULTS//

/ **//IF ADULTS =0//**

ADULT0. You are saying there are NO adults 18 or over in your household.
Is that correct?

1 YES, CORRECT: NO ADULTS 18 OR OVER IN HOUSEHOLD

2 NO, INCORRECT

/ **//IF ADULTS = 0 //**

NOADULT. I'm sorry we are only interviewing adult residents who are 18 years of age or older.

Thank you."

/ **// IF ADULTS=0 ASSIGN DISPO 13//**

/ **//ASK IF ADULTS = 01//**

ONEADULT Are you the adult?

21 YES AND THE RESPONDENT IS MALE

- 22 YES AND THE RESPONDENT IS FEMALE
- 03 NO

[IF "YES"] Then you are the person I need to speak with.

[ENTER 1 MAN OR 1 WOMAN BELOW]

[ASK GENDER IF NECESSARY]

/ **//GOTO?**
/ **//IF ONEADULT=03//**

ASKGENDR. Is the adult a man or a woman?

- 21 MALE
- 22 FEMALE

/ **//IF ONEADULT=03//**

GETADULT. May I speak with [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]?

- 01 YES, ADULT COMING TO THE PHONE.

*** INTERVIEWER: IF NOT AVAILABLE - TYPE SUSPEND ***

/ **IF GETADULT=01 GO TO NEWADULT**
/ **IF GETADULT=02 TERMINATE, SCHEDULE APPOINTMENT FOR BEST TIME TO REACH ADULT**

/ **//ASK IF ADULTS>1//**

MEN. How many of these adults are men

__ NUMBER OF MEN [RANGE 0-18]

/ **IF MEN > 5**

NOTE3. I am sorry. I just want to make sure I recorded this correctly.

You said that there are [INSERT # from MEN] men living in your household.
Is that correct?

- 1 YES, CORRECT AS IS\
- 2 NO, RE-ASK QUESTION

|

/ //ASK IF ADULTS>1//

WOMEN. ... and how many are women?

___ NUMBER OF WOMEN [RANGE 0-18]

/ //ASK IF WOMEN > 5//

NOTE4. I am sorry. I just want to make sure I recorded this correctly.

You said that there are [INSERT # WOMEN] women living in your household.
Is that correct?

1 YES, CORRECT AS IS
2 NO, RE-ASK QUESTION

*/ RANDOMLY SELECT ADULT; ASSIGN SELECTED VALUE:
/ 01 OLDEST FEMALE
/ 02 2ND OLDEST FEMALE
/ 03 3RD OLDEST FEMALE
/ 04 4TH OLDEST FEMALE
/ 05 5TH OLDEST FEMALE
/ 06 6TH OLDEST FEMALE
/ 07 7TH OLDEST FEMALE
/ 08 8TH OLDEST FEMALE
/ 09 9TH OLDEST FEMALE
/ 11 OLDEST MALE
/ 12 2ND OLDEST MALE
/ 13 3RD OLDEST MALE
/ 14 4TH OLDEST MALE
/ 15 5TH OLDEST MALE
/ 16 6TH OLDEST MALE
/ 17 7TH OLDEST MALE
/ 18 8TH OLDEST MALE
/ 19 9TH OLDEST MALE
/ 20 NO RESPONDENT SELECTED
/ 21 ONE PERSON HH - MALE
/ 22 ONE PERSON HH - FEMALE*

/ //ASK IF ADULTS > 1//

ASKFOR. The person in your household that I need to speak with is the [INSERT SELECTED].
Are you the person?

01 YES
02 NO

|

/ **//IF ASKFOR = 02//**

GETNEWAD. May I speak with him or her?

- 01 YES, ADULT COMING TO THE PHONE (GO TO NEWADULT)
- 02 GO BACK TO ADULTS QUESTION.

***** [INTERVIEWER: IF RESPONDENT IS NOT AVAILABLE - TYPE SUSPEND]**

/ **//IF GETNEWAD=01 OR GETADULT = 01//**

NEWADULT. Hello, I am calling for CDC, the Centers for Disease Control and Prevention. My name is (name) . We are gathering information about the health of residents of the Gulf Coast states. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

/ **//ASK ALL//**

YOURTHE1. 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 be confidential. The interview takes approximately 20 minutes to complete. This call may be monitored or recorded for quality assurance purposes. If you have any questions about the survey, please call _____.

[INTERVIEWER NOTE: Type "suspend" if respondent does not want to continue.]

001 PERSON INTERESTED, CONTINUE.

002 GO BACK TO ADULTS QUESTION

LIFE SATISFACTION AND EMOTIONAL SUPPORT

/ **//ASK ALL//**

LSATISFY. In general, how satisfied are you with your life?

READ LIST

- 01 Very satisfied
- 02 Satisfied
- 03 Dissatisfied
- 04 Very dissatisfied
- 97 DON'T KNOW/ NOT SURE
- 99 REFUSED

/ **//ASK ALL//**

EMTSUPRT. How often do you get the social and emotional support that you need?

READ LIST

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never
- 97 DON'T KNOW/ NOT SURE
- 99 REFUSED

HEALTH STATUS

/ **//ASK ALL//**

PHYSHTH2. How would you rate your physical health?

READ LIST

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair
- 05 Poor

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ **//ASK ALL//**

MNTHTH2. How would you rate your mental health?

READ LIST

01 Excellent

02 Very good

03 Good

04 Fair

05 Poor

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ASK ALL/

GENHLTH. How would you rate your general health?

READ LIST

01 Excellent

02 Very good

03 Good

04 Fair

05 Poor

97 DON'T KNOW/ NOT SURE

99 REFUSED

QUALITY OF LIFE

/ **//ASK ALL//**

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

__ 01-30 DAYS

88 NONE

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ ***//ASK ALL//***

MENTHLTH. 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?

__ 01-30 DAYS

88 NONE

97 DON'T KNOW/ NOT SURE

99 REFUSED

SELF-MASTERY (RESILIENCY/COPING)

/ ***//ASK ALL//***

The next questions are about how you see the world. Please tell me how much you agree that each statement describes you.

/ ***//ASK ALL//***

How strongly do you agree or disagree that:

COPE1. I have little control over the things that happen to me. Would you say you...

READ LIST FOR FIRST ITEM, AS NECESSARY THEREAFTER.

01 Strongly disagree

02 Disagree

03 Neither agree nor disagree

04 Agree

05 Strongly agree

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ ***//ASK ALL//***

COPE2. What happens to me in the future mostly depends on me.

[READ LIST IF NECESSARY]

01 Strongly disagree

02 Disagree

03 Neither agree nor disagree

|

04 Agree

05 Strongly agree

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ **//ASK ALL//**

COPE3. I can do just about anything I really set my mind to do.

[READ LIST IF NECESSARY]

01 Strongly disagree

02 Disagree

03 Neither agree or disagree

04 Agree

05 Strongly agree

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ **//ASK ALL//**

COPE4. I am confident in my ability to handle unexpected problems.

[READ LIST IF NECESSARY]

01 Strongly disagree

02 Disagree

03 Neither agree or disagree

04 Agree

05 Strongly agree

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ **//ASK ALL//**

COPE5. When I need suggestions about how to deal with personal problems, I know there is someone I can turn to.

[READ LIST IF NECESSARY]

01 Strongly disagree

02 Disagree

- 03 Neither agree or disagree
- 04 Agree
- 05 Strongly agree
- 97 DON'T KNOW/ NOT SURE
- 99 REFUSED

SOCIAL CONTEXT

/ *ASK ALL*//

PRESC Now, I am going to ask you about several factors that can affect a person's health.

/ *//ASK ALL*//

SCHOME. How often would you say you are worried or stressed about having enough money to pay your rent/mortgage? Would you say you are worried or stressed ---

READ LIST

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never
- 97 DON'T KNOW/ NOT SURE
- 99 REFUSED

/ *//ASK ALL*//

SCMEAL. How often would you say you are worried or stressed about having enough money to buy nutritious meals? Would you say you are worried or stressed ---

READ LIST

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never
- 97 DON'T KNOW/ NOT SURE
- 99 REFUSED

CHILD QUESTION

/ //ASK ALL//

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

__ NUMBER OF CHILDREN [RANGE= 1-20]

88 NONE

99 REFUSED

[PROGRAMMING PLEASE ROTATE ORDER OF CHLDDIF1-4]

/ ASK IF ≤1CHLDRN≤20

CHLDDIF. During the past 30 days, [IF CHLDRN=2-20 INSERT “have any of the children”, IF CHLDRN=1 INSERT “has the child”] in your household experienced any of the following difficulties:

/ ASK IF ≤1CHLDRN≤20

CHLDDIF1. Been very sad or depressed?

01 YES

02 NO

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ASK IF ≤1CHLDRN≤20/

CHLDDIF2. Felt nervous or afraid?

01 YES

02 NO

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ASK IF ≤1CHLDRN≤20/

CHLDDIF3. Had problems sleeping?

01 YES

02 NO

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ASK IF ≤1CHLDRN≤20/

CHLDDIF4. Had problems getting along with other children?

01 YES

02 NO

97 DON'T KNOW/ NOT SURE

99 REFUSED

LIFETIME ANXIETY AND DEPRESSION

/ **ASK ALL**/

And now I'm going to ask you questions about yourself.

/ **//ASK ALL//**

ANX. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder, including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?

01 YES

02 NO

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ **//ASK ALL//**

DEPRESS. Has a doctor or other healthcare provider EVER told you that you had a depressive disorder, including depression, dysthymia, or minor depression?

01 YES

02 NO

97 DON'T KNOW/ NOT SURE

99 REFUSED

PATIENT HEALTH QUESTIONNAIRE (PHQ-8)

Now I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

/ **//ASK ALL//**

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

//RANGE= 01-14, 88,97,99//

|

__ 01-14 DAYS
88 NONE
97 DON'T KNOW/ NOT SURE
99 REFUSED

/ **//ASK ALL//**

ADDOWN. [MUST READ] Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

//RANGE= 01-14, 88,97,99//

__ 01-14 DAYS
88 NONE
97 DON'T KNOW/ NOT SURE
99 REFUSED

/ **//ASK ALL//**

ADSLEEP. [MUST READ] Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? //RANGE= 01-14, 88,97,99//

__ 01-14 DAYS
88 NONE
97 DON'T KNOW/ NOT SURE
99 REFUSED

/ **//ASK ALL//**

ADENERGY. [MUST READ] Over the last 2 weeks, how many days have you felt tired or had little energy? //RANGE= 01-14, 88,97,99//

__ 01-14 DAYS
88 NONE
97 DON'T KNOW/ NOT SURE
99 REFUSED

/ **//ASK ALL//**

ADEAT1. [MUST READ] Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? //RANGE= 01-14, 88,97,99//

__ 01-14 DAYS
88 NONE
97 DON'T KNOW/ NOT SURE

99 REFUSED

/ **//ASK ALL//**

ADFAIL. [MUST READ] Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? //RANGE= 01-14, 88,97,99//

__ 01-14 DAYS

88 NONE

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ **//ASK ALL//**

ADTHINK. [MUST READ] Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?//RANGE= 01-14, 88,97,99//

__ 01-14 DAYS

88 NONE

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ **//ASK ALL//**

ADMOVE. [MUST READ] Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?//RANGE= 01-14, 88,97,99//

__ 01-14 DAYS

88 NONE

97 DON'T KNOW/ NOT SURE

99 REFUSED

GENERALIZED ANXIETY DISORDER (GAD-7)

/ **//ASK ALL//**

PREANX I apologize if these questions seem redundant, please bear with me. Over the last two weeks, for how many days have you been bothered by the following problems...

/ **//ASK ALL//**

ANXDIS1. [MUST READ] Over the last 2 weeks, how many days have you been nervous, anxious, or on edge?

|

//RANGE= 01-14, 88,97,99//

-- 01-14 DAYS

88 NONE

97 DON'T KNOW / NOT SURE

99 REFUSED

/ //ASK ALL//

ANXDIS2. [MUST READ] Over the last 2 weeks, how many days have you not been able to stop or control worrying?

//RANGE= 01-14, 88,97,99//

-- 01-14 DAYS

88 NONE

97 DON'T KNOW / NOT SURE

99 REFUSED

/ //ASK ALL//

ANXDIS3. [MUST READ] Over the last 2 weeks, how many days have you worried too much about different things?

//RANGE= 01-14, 88,97,99//

-- 01-14 DAYS

88 NONE

97 DON'T KNOW / NOT SURE

99 REFUSED

/ //ASK ALL//

ANXDIS4. [MUST READ] Over the last 2 weeks, how many days have you had trouble relaxing?//RANGE= 01-14, 88,97,99//

-- 01-14 DAYS

88 NONE

97 DON'T KNOW / NOT SURE

99 REFUSED

/ //ASK ALL//

ANXDIS5. [MUST READ] Over the last 2 weeks, how many days have you been so restless that it was hard to sit still?//RANGE= 01-14, 88,97,99//

-- 01-14 DAYS

88 NONE
97 DON'T KNOW / NOT SURE
99 REFUSED

/ **//ASK ALL//**

ANXDIS6. [MUST READ] Over the last 2 weeks, how many days have you been easily annoyed or irritable?

//RANGE= 01-14, 88,97,99//

__ 01-14 DAYS
88 NONE
97 DON'T KNOW / NOT SURE
99 REFUSED

/ **//ASK ALL//**

ANXDIS7. [MUST READ] Over the last 2 weeks, how many days have you felt afraid as if something awful might happen?

//RANGE= 01-14, 88,97,99//

__ 01-14 DAYS
88 NONE
97 DON'T KNOW / NOT SURE
99 REFUSED

/ **ASK ALL**

GULF OIL SPILL AWARENESS

/ **//ASK ALL//**

PSPILL Now I have some questions about environmental factors that may affect people's health.

/ **//ASK ALL//**

SPILL1. Are you aware of the Gulf oil spill that occurred in the Gulf of Mexico on April 20, 2010?

01 YES
02 NO
97 DON'T KNOW/NOT SURE
99 REFUSED

ENVIRONMENTAL QUESTIONS

/ IF SPILL1=01

OILTCH1. Did you have direct contact with the oil from the Gulf oil spill?

- 01 YES
- 02 NO
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

/ ASK IF OILTCH1=01

OILTCH2. Did you have contact through:

/ ASK IF OILTCH1=01/

(//PROGRAMMING, PLEASE ROTATE ORDER OF OILTCHa, OILTCHb, and OILTCHc//)

OILTCHa. [Did you have contact through] Your skin?

- 01 YES
- 02 NO
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

/ASK IF OILTCH1=01/

OILTCHb. [Did you have contact through] Inhalation (for example, breathing it in)?

- 01 YES
- 02 NO
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

/ASK IF OILTCH1=01/

OILTCHc. [Did you have contact through] Ingestion (for example, swallowing)?

- 01 YES
- 02 NO
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

/ASK IF OILTCH1=01/

OILTCHd. Did you have contact in any other way?

- 01 YES
- 02 NO
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

/ *IF OILTCHD=01*

OILTCHDo. [In what other way did you have contact?] SPECIFY WAY

EMPLOYMENT STATUS QUESTIONS

/ *//IF SPILL1=01/*

OILEMPLY. What was your employment status before the Gulf oil spill?

[READ LIST]

- 01 Employed for wages
- 02 Self-employed
- 03 Out of work for more than 1 year
- 04 Out of work for less than 1 year
- 05 A homemaker
- 06 A student
- 07 Retired
- 08 Unable to work
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/ *IF SPILL1=01*

OILINC. How did the Gulf oil spill affect your household income?

READ LIST

- 01 Decreased
- 02 Increased
- 03 No change
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

|

/ IF OILEMPLY IN (01,02)

OILIND //DP DELIVER AS OILINDSY//. What type of industry were you employed in prior to the Gulf oil spill?

READ LIST

*/ ALLOW MULTIPLE RESPONSES/
/ [MUL=9]
/ [INTERVIEWER: CHOOSE ALL THAT APPLY]*

- 01 Fishing, agriculture, forestry, hunting
- 02 Oil and gas extraction, mining
- 03 Construction
- 04 Manufacturing
- 05 Wholesale or retail
- 06 Hotels, restaurants, recreation, arts, and entertainment
- 07 Healthcare, social assistance
- 08 Real estate, rental, and leasing
- 09 Something else
 - 97 DON'T KNOW/NOT SURE
 - 99 REFUSED

/ ASK IF OILIND =09/

OILINDO. SPECIFY INDUSTRY

/ IF SPILL1=01

LOSTJOB. Including yourself, how many people in your household lost their jobs due to the Gulf oil spill?

__RECORD NUMBER OF PEOPLE [1-9, 10=10 or more]

- 88 NONE
- 97 DON'T KNOW/ NOT SURE
- 99 REFUSED

/ IF SPILL1=01

OILCLN1. Did you participate in the Gulf oil spill cleanup activities?

- 01 YES
- 02 NO
- 97 DON'T KNOW / NOT SURE

99 REFUSED

/ ASK IF OILCLN1=01

OILCLN2. Were you a volunteer or did you get paid?

01 VOLUNTEER

02 PAID

97 DON'T KNOW/NOT SURE

99 REFUSED

/ ASK IF OILCLN1=01

What type of cleanup activities did you participate in? Did you help with...

/ ASK IF OILCLN1=01/

OILCLN31 [IF NEEDED: What type of cleanup activities did you participate in? Did you help with...] Beach or marsh cleanup?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ ASK IF OILCLN1=01/

OILCLN32 [IF NEEDED: What type of cleanup activities did you participate in? Did you help with...] Birds or wildlife cleanup?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ ASK IF OILCLN1=01/

OILCLN33 [IF NEEDED: What type of cleanup activities did you participate in? Did you help with...] Boom deployment and recovery or off-shore skimming?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ASK IF OILCLN1=01/

OILCLN34 [IF NEEDED: What type of cleanup activities did you participate in? Did you help with...] Decontamination or Waste stream management?

- 01 YES
- 02 NO
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/ASK IF OILCLN1=01/

OILCLN35 [IF NEEDED: What type of cleanup activities did you participate in? Did you help at the well-head or controlled burning?

- 01 YES
- 02 NO
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/ASK IF OILCLN1=01/

OILCLN36 [IF NEEDED: What type of cleanup activities did you participate in? Did you help with...] Administrative, logistical, or medical support?

- 01 YES
- 02 NO
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/ASK IF OILCLN1=01/

OILCLN37 [IF NEEDED: What type of cleanup activities did you participate in? Did you help with...]Anything else?

- 01 YES
- 02 NO
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/ASK IF OILCLN37=01/

OILCLN3o. What other type of cleanup activities did you participate in?

ENTER OTHER SPECIFY

DEMOGRAPHICS

//ASK ALL//

SEX. [INTERVIEWER, ASK ONLY IF UNSURE] I'm sorry but I have to ask. What is your gender?

- 01 MALE
- 02 FEMALE

/ *//ASK ALL//*

AGE. What is your age?

[RANGE=18-96]

[INTERVIEWER USE 96 FOR AGES 96 AND OLDER]

- __ CODE AGE IN YEARS
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

//ASK IF AGE= 97 OR 99//

AGECAT. In which of these age categories do you belong?
[READ LIST]

- 01 18-24
- 02 25-34
- 03 35-44
- 04 45-54
- 05 55-64
- 06 65 or older
- 97 DK
- 99 REFUSED

/ *//ASK ALL//*

HISP. Are you Hispanic or Latino?

- 01 YES
- 02 NO
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

|

/ //ASK ALL//

RACE. Which one of these groups would you say best represents your race?
[READ LIST]

01 American Indian or Alaska Native

02 Asian

03 Black or African American

04 Native Hawaiian or Other Pacific Islander

05 White

[DO NOT READ]

06 RESPONDENT PROVIDES CATEGORY OF RACE NOT LISTED ABOVE

97 DON'T KNOW/NOT SURE

99 REFUSED

/ //ASK ALL//

EMPLOY. What is your employment status?

[IF NEEDED: WE'D LIKE TO KNOW YOUR **CURRENT** EMPLOYMENT STATUS. CAN YOU TELL ME: WHAT IS YOUR **CURRENT** EMPLOYMENT STATUS?]

[READ LIST]

01 Employed for wages

02 Self-employed

03 Out of work for more than 1 year

04 Out of work for less than 1 year

05 A homemaker

06 A student

07 Retired

08 Unable to work

97 DK

99 REFUSED

/ **ASK IF EMPLOY IN (01,02)**

/

INDST //DP DELIVER AS INDSTRY//. What type of industry are you currently employed in?

[READ LIST]

|

/ **ALLOW MULTIPLE RESPONSES/**
/ **[MUL=9]**
/ **[INTERVIEWER: CHOOSE ALL THAT APPLY]**

- 01 Fishing, agriculture, forestry, hunting
- 02 Oil and gas extraction, mining
- 03 Construction
- 04 Manufacturing
- 05 Wholesale or retail
- 06 Hotels, restaurants, recreation, arts, and entertainment
- 07 Healthcare, social assistance
- 08 Real estate, rental, and leasing or
- 09 Something else
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **ASK IF INDST=09**

INDSTO //DP DELIVER AS INDSTRY0//. SPECIFY INDUSTRY

/ **//ASK ALL//**

MRTL. What is your current marital status?

[READ LIST]

- 01 Married
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married
- 06 A member of an unmarried couple
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK ALL//**

CTY. What COUNTY/PARISH do you live in?

001 GAVE COUNTY

997 DON'T KNOW/NOT SURE
999. REFUSED

CTYO. ...and what state is that in?

01-56. STATE FIPS CODE
97. DON'T KNOW/NOT SURE
99. REFUSED

/ASK IF CTY NE 997 OR 999//

CTYVER I just want to make sure I have that right. You said you live in [INSERT COUNTY/PARISH] from [INSERT STATE.] Is that correct?

01 Yes
02 No /GO BACK TO CTY/

/ //ASK ALL//

ZIP. What is your zip code?

ENTER RESPONSE/RANGE 00000-99996.
99997DON'T KNOW/NOT SURE
99999 REFUSED

/ //ASK IF ZIP NE 99997,99999//

ZIPVER I just want to make sure I have that right. You said your zip code is [INSERT RESPONSE FROM ZIP] Is that correct?

*/ 01 YES
/ 02 NO /GO BACK TO ZIP/*

***NOTE: PARTIAL COMPLETE INTERVIEW**

CHRONIC HEALTH CONDITIONS

/ //ASK ALL//

CVDINFR4. Has a doctor, nurse, or other health professional EVER told you that you had a heart attack, also called a myocardial infarction?

01 YES
02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ **//ASK ALL//**

CVDCRHD4. [MUST READ] Has a doctor, nurse, or other health professional EVER told you that you had angina or coronary heart disease?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ **//ASK ALL//**

CVDSTRK3. [MUST READ] Has a doctor, nurse, or other health professional EVER told you that you had a stroke?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ **//ASK ALL//**

ASTHMA2. [MUST READ] Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ **//ASK IF ASHTMA2=01//**

ASTHNOW. Do you still have asthma?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

HEALTH BEHAVIORS

/ **//ASK ALL//**

EXERANY2. During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ **//ASK ALL//**

ALCDAY4. During the past 30 days how many days per week or per month did you have at least one drink of any alcoholic beverage?

[RANGE=101-107,201-230, 888, 997, and 999]

1 __ DAYS PER WEEK

2 __ DAYS IN PAST 30 DAYS

888 NO DRINKS IN PAST 30 DAYS

997 DON'T KNOW / NOT SURE

999 REFUSED

/ **//ASK ALL//**

//ASK IF ALCDAY4= 101-107,201-230, 997//

AVEDRINK2. 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? [NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS].

__ NUMBER OF DRINKS [RANGE 1-76, 97,99]

97 DON'T KNOW / NOT SURE

99 REFUSED

|

/ **//ASK IFALCDAY4=101-101-107, 201-230, 997**

DRNK3GE5. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [INSERT "5" IF SEX=01 MALE; INSERT "4" IF SEX=02 FEMALE] or more drinks on one occasion?

__ NUMBER OF TIMES [RANGE 1-76, 88, 97, 99]

88 NONE

97 DON'T KNOW / NOT SURE

99 REFUSED

/ **//ASK ALL//**

SMOKE100. Have you smoked at least 100 cigarettes in your entire life? [Note: 5 packs = 100 cigarettes]

01 YES

02 NO

97 DON'T KNOW/ NOT SURE

99 REFUSED

/ **//IF SMOKE100 IN (01)**

SMOKDAY2. Do you smoke cigarettes every day, some days, or not at all?

01 EVERY DAY

02 SOME DAYS

03 NOT AT ALL

97 DON'T KNOW/NOT SURE

99 REFUSED

/ **//ASK ALL//**

SCRIP. In the past 30 days, have you increased your level of prescription or non-prescription medication use without the advice of a doctor or other health care professional?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

DISABILITY

/ //ASK ALL//

USEEQUIP. Do you have a health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Including occasional use or use in certain circumstances.

- 01 YES
- 02 NO
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK ALL//

DIS1MNT. During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?

- __ 01-30 DAYS
- 88 NONE
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK ALL//

DIS1PHS. During the past 30 days, for about how many days did a physical health problem keep you from doing your work or other usual activities?

- __ 01-30 DAYS
- 88 NONE
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

HEALTHCARE ACCESS

/ //ASK ALL//

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

- 01 YES
- 02 NO
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

|

/ **ASK IF HLTHPLAN=1**

MHCOV. Does your health care plan include mental health coverage?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

MENTAL HEALTH TREATMENT

/ **//ASK ALL//**

COUNSEL1. Have you EVER received any sort of counseling for problems with your emotions, nerves, or mental health? [INTERVIEWER PLEASE READ: Please include counseling from a family doctor, psychiatrist, psychologist, social worker, therapist, or clergy.]

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ **IF COUNSEL1=1**

COUNSEL2. In the past year, how many times have you received counseling for problems with emotions, nerves, or mental health?

/RANGE=1-365, 888, 997, OR 999/

___ 1-365 [VERIFICATION STARTING AT 100]

888 HASN'T RECEIVED COUNSELING WITHIN THE PAST YEAR

997DON'T KNOW/ NOT SURE

999 REFUSED

/ **/ASK IF COUNSEL2 >=100 AND COUNSEL2 <=365/**

CNSL2VER. I just want to make sure I recorded that correctly. You said you received counseling [INSERT NUMBER FROM COUNSEL2] times within the past year. Is that correct?

01 YES

02 NO /GO BACK TO COUNSEL2/

/ **IF COUNSEL1=1**

COUNSEL3. Were you EVER prescribed medication for problems with your emotions, nerves, or mental health?

- 01 YES
- 02 NO
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

/ ASK IF COUNSEL3=1/

READ LIST

- 01 Within the past month- that is, anytime less than 1 month ago.
- 02 Within the past year- that is, 1 month but less than 12 months ago.
- 03 Within the past 2 years- that is, 1 year but less than 2 years ago.
- 04 Two or more years ago.
- 97 DON'T KNOW/ NOT SURE
- 99 REFUSED

SUICIDAL THOUGHTS AND BEHAVIORS

/ //ASK ALL//

PRESU //Deliver as STBNOSAF// The next few questions deal with suicide and intimate partner violence. We realize that these topics are quite personal and can be difficult to think and talk about, but we would appreciate it if you would try to answer these questions to the best of your ability

The next questions deal with thoughts of suicide. We wish to remind you that you don't have to answer any questions you don't want to.

- 01 CONTINUE
- 99 REFUSED – DOES NOT WANT TO ANSWER THIS SECTION OF QUESTION

/ //IF PRESU IN (01)

SUICIDE1. At any time in the past 12 months, did you seriously think about trying to kill yourself?

- 01 YES
- 02 NO
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //IF SUICIDE1 IN (01,97)

SUICIDE2. At any time in the past 12 months, did you make any plans to kill yourself?

01 YES
02 NO
97 DON'T KNOW/NOT SURE
99 REFUSED

/ *// IF SUICIDE1 IN (01,97)*

SUICIDE3. At any time in the past 12 months, did you try to kill yourself?

01 YES
02 NO
97 DON'T KNOW/NOT SURE
99 REFUSED

/ *//ASK ALL//*

HOTLINE. We are giving this information to everyone.... If you or someone you know would like to talk to a trained counselor, there is confidential, toll-free, national suicide prevention, telephone hotline you can call 1-800-273-TALK. That is 8255. Would you like me to repeat the number?

01 RESPONDENT REQUESTS HOTLINE NUMBER REPEATED
02 RESPONDENT DOES NOT NEED HOTLINE NUMBER REPEATED

/ *IF HOTLINE IN (01)*

HOTLINE1 Again, the number is 1-800-273-TALK. That is 8255

INTIMATE PARTNER VIOLENCE

/ *//ASK ALL//*

PREVIO //Deliver as IPVNOSAF //

The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner.

This information will help us to better understand the problem of violence in relationships.

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 of organizations that can provide information and referral for these issues.

Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

01 CONTINUE

99 REFUSED – DOES NOT WANT TO ANSWER THIS SECTION OF QUESTION

/ //ASK IF PREVIO IN (01)

VIOLENC1. Are you in a safe place to answer these questions?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ ASK IF VIOLENC1=01

VIOLENC2. At any time in the past 12 months has an intimate partner hit, slapped, pushed, kicked, or hurt you in any way?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ ASK IF VIOLENC1=01/

VIOLENC3. At any time in the past 12 months has an intimate partner put you down, humiliated you or tried to control what you can do?

01 YES

02 NO

97 DON'T KNOW/NOT SURE

99 REFUSED

/ //ASK ALL//

HOTLINE2. We are giving this information to everyone...We realize that this topic 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 counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is 1- 800-799-SAFE. That is 7233. Would you like me to repeat the number?

01 RESPONDENT REQUESTS HOTLINE NUMBER REPEATED

02 RESPONDENT DOES NOT NEED HOTLINE NUMBER REPEATED

99 DID NOT READ HOTLINE NUMBER/INFO SUSPECT SOMEONE LISTENING IN

|

/ IF HOTLINE2 IN (01)

HOTLINE3. Again, the number is 1- 800-799-SAFE. That is 7233.

INCOME

/ //ASK ALL//

PINCOME I have just one final question about your household.

/ //ASK ALL//

INCOME. What was your estimated household income from all sources in 2010? Was it....

[IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' REFUSED]

READ ONLY IF NECESSARY:

- 01 LESS THAN \$10,000
- 02 \$10,000 TO LESS THAN \$15,000
- 03 \$15,000 TO LESS THAN \$20,000
- 04 \$20,000 TO LESS THAN \$25,000
- 05 \$25,000 TO LESS THAN \$35,000
- 06 \$35,000 TO LESS THAN \$50,000
- 07 \$50,000 TO LESS THAN \$75,000
- 08 \$75,000 OR MORE
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

/ /ASK ALL/

CLOSE

Those are all the questions I have for you today. On behalf of the CDC, Centers for Disease Control and Prevention, I thank you for participating in this important survey. Thank you for your time.