Supplement. Selected BRFSS Questions

Q. 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?

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td></td>
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</table>

Q. During the past 30 days, about how often did you feel that everything was an effort? (Note: If respondent asks what does “everything was an effort” means; say, “Whatever it means to you”)

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Most</td>
<td></td>
</tr>
<tr>
<td>Some</td>
<td></td>
</tr>
<tr>
<td>A little</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
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Q. During the past 30 days, about how often did you feel worthless?

<table>
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Now I would like to ask you some questions about general health conditions. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure.”

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

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<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
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</tbody>
</table>
Q. 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 [range 101 – 107]
2 _ _ Days per month [range 201 – 230]
8 8 8 None [go to next section]
7 7 7 Don’t know / Not sure [go to next section]
9 9 9 Refused [go to next section]

Q. 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?

_ _ Number of Drinks [range 01-76]
7 7 Don’t know / Not sure
9 9 Refused

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

_ _ Number of Drinks [range 01-76]
7 7 Don’t know / Not sure
9 9 Refused

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 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.

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

1 Yes
2 No [Go to next module]
7 Don't know
9 Refused [Go to next module]

Q. 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?

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
7 Don't know
Q. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
7 Don't know
9 Refused

Q. 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?

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
7 Don't know
9 Refused

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

1 Yes
2 No
7 Don't know
9 Refused

The next questions are about safety and firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.

Q. Are any firearms now kept in or around your home?

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

Q. Is there a firearm in or around your home that is now loaded?

1 Yes
Q. Is there a firearm in or around your home that is now unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don’t count a safety as a lock.

1. Yes
2. No
7. Don’t know/not sure
9. Refused

Q. Are any of the loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don’t count a safety as a lock.

1. Yes
2. No
7. Don’t know/not sure
9. Refused