Testimony
Health Care Reform Review Committee
Wednesday, November 4, 2015
North Dakota Department of Health

Good morning, Chairman Keiser and members of the Health Care Reform Review Committee. My name is Alice Musumba, representing the North Dakota Department of Health (NDDoH) as Director of the Behavioral Risk Factor Surveillance System Program, hereafter referred to as BRFSS. I am here today to provide information on BRFSS - what it is, its history, process, methodology, uses, as well as its strengths and challenges as a tool for monitoring the health of North Dakotans.

What it is and history:
BRFSS is the world's largest random-digit-dialed survey that reaches adults 18 years and older in private residences. Beginning in 2014, it includes respondents living in college housing. In 1984, BRFSS started as a state based system of surveys that was used by 15 state health departments, including North Dakota. The survey, created by the Centers for Disease Control and Prevention (CDC), is now conducted annually in all 50 states, D.C, and U.S. Territories. For North Dakota, it is the only source of comprehensive health behavior data for adults. The primary focus of the BRFSS survey is on behaviors and conditions that are linked with the leading causes of death – heart disease, cancer, stroke, diabetes, and injury – and other important health issues. BRFSS information is used to identify emerging health problems; assess risk for chronic diseases, some infectious diseases and injuries; identify demographic differences and trends in health-related behaviors; establish and track health objectives; develop, implement and evaluate a broad array of disease prevention activities; and support health-related policy efforts.

BRFSS uses CDC survey protocols to ensure consistency. The survey is conducted each month of the calendar year. North Dakota uses a telephone survey with at least 5,000 interviews per year.

Process:
Funding to support BRFSS comes from CDC through a competitive grant application process, from internal and external stakeholders who use the data, and from appropriations by the 2015 legislature with monies from the Community Health Trust Fund.

Currently, the BRFSS questionnaire has three parts: 1) the core component, consisting of the fixed core, rotating core, and emerging core; 2) optional modules; and 3) state-added questions. All health departments must ask the core component questions without modification to the wording. The modules are optional.

The fixed core is a standard set of questions asked by all states that includes questions on demographic characteristics, and current health behaviors, such as tobacco and seatbelt use. The rotating core is made up of two distinct sets of questions, each asked in alternating years by all states, addressing different topics. In the years that rotating core topics are not used, the states may use them as optional modules. The emerging core is a set of up to five questions that are added to the fixed and rotating cores. Emerging core questions typically focus on "late breaking" issues. These questions are part of the core for one year and are evaluated during, or soon after the year concludes, to determine their potential value in future surveys.

Optional CDC modules are questions on specific topics that states elect to use in their questionnaires. Although the modules are optional, CDC standards require that if they are used, they must be used without modification. Module topics have included several topics, including smokeless tobacco, oral health and cardiovascular disease.

State-added questions are state-specific questions that are designed to address state and local issues. States can either use existing questions from prior surveys or can craft their own questions. Whether North Dakota or other states include state-added questions to the survey depends on the data needs of the stakeholders and availability of funding to cover the additional survey costs.

Our goal for the ND BRFSS questionnaire is to have a respondent on the phone no longer than 22 minutes. Beyond 22 minutes, the number of those completing the entire survey decreases.

Process- Timeline (2015 – 2016)

June – November 2016

- 2016 Questionnaire development
- Determination of sample design and sample size

November – December 2016

- 2016 Questionnaire pretesting of new questions
- Finalizing of 2015 questionnaire's data collection

January 2016

- Interviewer training for new survey
- Monthly data collection begins
- Continuous examination of data quality and data management

April – September 2016

- Receive 2015 weighted data from the CDC
- Create reports and fulfill data requests

Methodology:

The number of completed surveys has varied between 5,000 and 8,000 adults each year. We have occasionally oversampled counties and regions for areas of interest to get

enough survey participants to provide reliable health outcome data. The latest oversample was done in the 2013 and 2014 survey years. In this period, we oversampled the western counties in the state in an attempt to capture any changes in health behaviors and outcomes due to the influx of people in the western counties.

When it started in 1984, BRFSS only called those with land lines. In 2011, ND BRFSS began adding cell phones to its sample, as many households have only cell phone service. The table below shows the proportion of our completed surveys that were done via cell phone and the cost per completed survey for both land line and cell phone surveys.

Year	Cell phone Percentage	Total Surveys Completed	Cost per complete
2013	30	8,000	$87.00 CP /$34.60 LL
2014	30	8,000	$60.00 CP/ $34.50 LL
2015	40	5,000	$54.80 CP/ $47.20 LL
2016	50	6,000 (proposed)	$53.00 CP/ $46.10 LL

By including cell phones, we have increased participation in the survey, especially among younger adults, males, and minority populations, such as Native Americans.

The ND BRFSS survey has been conducted by Clearwater Research of Boise Idaho since 2001. They provide us with monthly and end of year data reports and unweighted data.

BRFSS data are directly weighted for the probability of selection of a telephone number, the number of adults 18 years and older in a household, and the number of phones in a household. Additional weights are developed for non-coverage and for differences between the sample characteristics and the state population characteristics. For example, although North Dakota's population is 49.2% female and 50.8% male, in 2014's survey, the unweighted percent of land line respondents was 62.5% female and 37.5% male; a 13.5% discrepancy between our sample composition and the population. For the cell phone, our respondents were 53.4% male and 46.6% female; a 2.6% discrepancy. Weighting takes this into account, and evens out the discrepancy.

A final weight is assigned to each respondent so that the weighted proportion and the weighted number of respondents by sex, age, and race matches the state population.

An updated weighting process was implemented in 2011, and this limits our ability to compare data prior to 2011 with subsequent years.

Data Usage:
Information derived from the survey gives us a picture of public health issues in the state in various areas such as:

- General health
    - Health status

    - Health days/quality of life
- Disability
- Access to health care
- Health risk behaviors
    - Cigarette smoking and quitting
    - Electronic cigarette use
    - Physical inactivity
    - Falls
    - Heavy and binge drinking
    - Lack of seatbelt use
    - Inadequate sleep
- Chronic conditions and diseases
    - Overweight and obesity
    - Arthritis
    - Depressive disorders
    - Diabetes
    - Current adult asthma
    - Chronic obstructive pulmonary disease (COPD)
    - Cancer
    - Heart attack
    - Coronary heart disease
    - Stroke
    - Kidney disease
    - Childhood asthma
- Preventive Practices and Screening
    - Immunizations
    - Oral health
    - HIV testing
    - Breast cancer screening
    - Colorectal cancer screening
    - Prostate cancer screening
- Social and Demographic Stratifiers (State Added Questions)
    - ND residence duration
    - Work and residency regions
    - American Indian residence and use of Indian Health Services
    - Sense of safety and security
    - Access to care
    - Stress coping mechanisms

This information is used by:

- State and local departments of health
- CDC

- Nonprofit health organizations
- Researchers and students
- Community leaders and members

People interested in the data either call or email to request information, and we make every effort to respond to the data request within five business days, dependent on whether the requested data needs clearance from our security officer. Clearance might be required for example, in cases where there are small data fields with less than 25 respondents.

The data is used internally within the health department and externally by the requesters for:

- Surveillance (tracking health risk trends) to help identify emerging health issues, document trends, compare health behaviors among states or regions in the state
- Program development
- Policy development
- Practicum projects
- Posters, presentation and publications

Strengths of the BRFSS

The strengths of using BRFSS include the following:

- It is a standardized survey
    - All states must use the core questions
    - The method for data collection and analysis have been standardized
    - It allows for state-to-state comparison
    - It allows for local level comparisons
- It is very flexible
    - Questions can be added or removed at any time
    - It can be used to monitor emerging issues; for example, when H1N1 was first reported, questions were added to monitor issues surrounding that outbreak
    - Data can be easily and readily generated
- Timely
    - A web-based system for data submission to CDC is used
    - Quarterly data reports from CDC are available
    - States receive preliminary reports within two weeks of submitting final year data
    - Weighted data files are posted on CDC website for public use within six months of the new year

<u>Challenges for BRFSS</u>

- Declining land line coverage and expanding cell phone usage

    - Both are highly related to demographics
    - Increasing cell phone completions mean more refusals and higher cost, but data are more representative of the population
- Language barriers; with the influx of both out of state and foreign residents, there is a small proportion of non-English speakers that are not being interviewed
- Demand for local level data is difficult to meet because we do not always have a large enough sample size to get valid numbers, particularly in rural, sparsely populated counties
- Federal funding has been declining in recent years, making it more difficult to obtain valid data.

BRFSS Data Use

It is my understanding that you wish to determine whether BRFSS may be used to evaluate the effectiveness of the ACA in North Dakota. Actual changes in individuals' health take a long time to occur. Trends for health conditions (heart disease, cancer, stroke, diabetes and injuries) should be reviewed over a long time frame, such as ten years or longer. Another method to measure the impact of ACA is to review the changes in individuals' behavior that affect health status, such as obtaining preventive screenings and services like tobacco cessation and nutrition counseling services. The data collected by BRFSS could be used to shed light on the effectiveness of ACA. BRFSS obtains data on the health conditions and various healthy behaviors. It will be important to continue to include these questions in the survey and to consider whether additional questions should be added, so baseline data can be established for additional indicators of health and healthy behaviors. Once baselines are established, future measurements can be used to analyze trends.

The list below shows various services covered under the ACA for adults and women, including pregnant women. The items in bold are topics for which BRFSS questions already exist. The remaining topics that are not in bold would require new questions to be developed for the survey. I have included a sample of BRFSS questions in Appendix 1.

For adults these services are:

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
2. **Alcohol misuse screening and counseling**
3. **Aspirin use for men and women of certain ages**
4. **Blood pressure screening for all adults**
5. **Cholesterol screening for adults of certain ages or at higher risk**
6. **Colorectal cancer screening for adults over 50**
7. **Depression screening for adults**
8. **Type 2 diabetes screening for adults with high blood pressure**
9. Diet counseling for adults at higher risk for chronic disease
10. **HIV screening for all adults at higher risk**

11. **Immunization vaccines for adults**--doses, recommended ages, and recommended populations vary:
    a. Hepatitis A
    b. Hepatitis B
    c. Herpes Zoster
    d. Human Papillomavirus
    e. Influenza (Flu Shot)
    f. Measles, Mumps, Rubella
    g. Meningococcal
    h. Pneumococcal
    i. Tetanus, diphtheria, pertussis
    j. Varicella

For women, including pregnant women, these services are:

1. Anemia screening on a routine basis for pregnant women
2. Bacteriuria urinary tract or other infection screening for pregnant women
3. BReast CAncer susceptibility gene (BRCA) counseling about genetic testing for women at higher risk
4. **Breast cancer mammography screenings every 1 to 2 years for women over 40**
5. Breast cancer chemoprevention counseling for women at higher risk
6. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
7. **Cervical cancer screening for sexually active women**
8. Chlamydia infection screening for younger women and other women at higher risk
9. Contraception; Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
10. **Domestic and interpersonal violence screening and counseling for all women**
11. Folic Acid supplements for women who may become pregnant
12. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
13. Gonorrhea screening for all women at higher risk
14. Hepatitis B screening for pregnant women at their first prenatal visit
15. **Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women**
16. **Human Papilloma Virus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older**
17. Osteoporosis screening for women over age 60 depending on risk factors

18. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
19. **Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users**
20. Sexually Transmitted Infections (STI) counseling for sexually active women
21. Syphilis screening for all pregnant women or other women at increased risk
22. Well-woman visits to obtain recommended preventive services

We would be happy to work with you regarding the use of BRFSS to measure the effectiveness of the ACA in ND. This concludes my presentation. I am happy to answer any questions you may have.

Appendix 1, BRFSS Testimony
November 10, 2015

1. **Health Care Access**
   1.1. HEALTH CARE ACCESS (CORE)
      1.1.1. 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?
      1.1.2. 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?"
      1.1.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
      1.1.4. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
   1.2. HEALTH CARE ACCESS (MODULE)
      1.2.1. Do you have Medicare?
      1.2.2. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?
      1.2.3. Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months?
      1.2.4. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?
      1.2.5. About how long has it been since you last had health care coverage?
      1.2.6. How many times have you been to a doctor, nurse, or other health professional in the past 12 months?
      1.2.7. Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.
      1.2.8. In general, how satisfied are you with the health care you received?
      1.2.9. Do you currently have any medical bills that are being paid off over time?
   1.3. HEALTH CARE ACCESS (STATE-ADDED)
      1.3.1. What is the name of the health plan you use to pay for most of your medical care?
      1.3.2. If you needed to see a healthcare provider for a problem that was not an emergency, where would you go?
      1.3.3. If you have one person you think of as your personal doctor or health care provider (see question 3.2 of questionnaire), how many days do you have to wait for an appointment if you want to be seen in the clinic?
2. **Alcohol Misuse screening and counseling**
   2.1. ALCOHOL CONSUMPTION (CORE)

2.1.1. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

2.1.2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

2.1.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?

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

2.2. ALCOHOL SCREENING & BRIEF INTERVENTION (ASBI) (MODULE)

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

2.2.1. You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

2.2.2. Did the health care provider ask you in person or on a form how much you drink?

2.2.3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

2.2.4. Were you offered advice about what level of drinking is harmful or risky for your health?

2.2.5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

3. Aspirin use for men and women of certain ages

3.1. CARDIOVASCULAR HEALTH (MODULE)

3.1.1. Do you take aspirin daily or every other day?

3.1.2. Do you have a health problem or condition that makes taking aspirin unsafe for you?

3.1.3. Do you take aspirin to relieve pain?

3.1.4. Do you take aspirin to reduce the chance of a heart attack?

3.1.5. Do you take aspirin to reduce the chance of a stroke?

4. Blood Pressure screening for all adults

4.1. **(ODD YEAR ROTATING CORE)**

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

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

5. **Cholesterol screening for adults of certain ages or at higher risk**
   5.1. **(ODD YEAR ROTATING CORE)**
      5.1.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?
      5.1.2. About how long has it been since you last had your blood cholesterol checked?
      5.1.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

6. **Colorectal Cancer screening for adults over 50**
   6.1. **(ODD YEAR ROTATING CORE)**
      6.1.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?
      6.1.2. How long has it been since you had your last blood stool test using a home kit?
      6.1.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?
      6.1.4. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?
      6.1.5. How long has it been since you had your last sigmoidoscopy or colonoscopy?

7. **Depression screening for adults**
   7.1. (IN THE CORE SECTION)
      7.1.1. Has a doctor, nurse, or other health professional EVER told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?
      7.1.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
      7.1.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

   7.2. ANXIETY AND DEPRESSION (MODULE)
      7.2.1. 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. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

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

7.2.3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

7.2.4. Over the last 2 weeks, how many days have you felt tired or had little energy?

7.2.5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

7.2.6. 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?

7.2.7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

7.2.8. 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?

7.2.9. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

7.2.10. 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)?

8. **Type 2 Diabetes screening for adults with high blood pressure**

8.1. (CORE SECTION)

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

8.1.2. How old were you when you were told you have diabetes?

8.2. PRE-DIABETES MODULE

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

8.2.2. 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?”

8.3. DIABETES MODULE

8.3.1. Are you now taking insulin?

8.3.2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

8.3.3. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

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

8.3.5. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

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

8.3.7. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

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

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

9. **HIV screening for all adults at higher risk**

9.1. The next few questions are about the national health problem of HIV, the virus that causes AIDS. 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.

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

9.1.2. Not including blood donations, in what month and year was your last HIV test?

9.1.3. Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

10. Immunization vaccines for adults—

10.1. **Influenza (Flu Shot)**

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

10.1.1. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

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

10.2. (INFLUENZA MODULE)

10.2.1. Earlier, you told me you had received an influenza vaccination in the past 12 months. At what kind of place did you get your last flu shot/vaccine?

10.3. **Pneumococcal (CORE)**

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

10.4. **Tetanus, Diphtheria, Pertussis** TETANUS DIPHTHERIA MODULE

10.4.1. Next, I will ask you about the tetanus diphtheria vaccination.Since 2005, have you had a tetanus shot? If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

10.5. **Varicella**

10.5.1. The next question is about the Shingles vaccine. Have you ever had the shingles or zoster vaccine?

11. **Breast Cancer Mammography screenings every 1 to 2 years for women over 40**

11.1. BREAST AND CERVICAL CANCER SCREENING (ROTATING CORE EVEN YEAR)

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

11.1.2. How long has it been since you had your last mammogram?

11.1.3. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

11.1.4. How long has it been since your last breast exam?

12. **Cervical Cancer screening for sexually active women**

12.1. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

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

12.3. Have you had a hysterectomy?

13. **Domestic and interpersonal violence screening and counseling for all women**

13.1. INTIMATE PARTNER VIOLENCE MODULE

INTERVIEWER'S SCRIPT: For use if SV module has been administered:
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. 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.
INTERVIEWER'S SCRIPT: For use if SV module has not been administered:

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.

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

13.1.2. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.

13.1.3. Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise hurt you, BUT THEY WERE NOT ABLE TO.

13.1.4. Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

13.1.5. Have you EVER experienced any unwanted sex by a current or former intimate partner?

13.1.6. In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?

13.1.7. In the past 12 months, have you had any physical injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex?

13.1.8. At the time of the most recent incident involving an intimate partner who was physically violent –or- had unwanted sex with you, what was that person's relationship to you?

Closing Statement: 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 (7233). Would you like me to repeat the number?

14. Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older

Now, I would like to ask you about the Human Papillomavirus (Pap·uh·loh·muh virus) or HPV.

14.1. An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test?

14.2. How long has it been since you had your last HPV test?

15. **Osteoporosis screening for women over age 60 depending on risk factors**

Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is not the same condition as osteoarthritis, a joint disease.

15.1. Have you EVER been told by a doctor, nurse, or other health professional that you have osteoporosis?

16. **Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users**

16.1. TOBACCO, CORE SECTION

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

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

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

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

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

16.2. E-CIGARETTES CORE SECTION

The next 2 questions are about electronic cigarettes (e-cigarettes) and other electronic "vaping" products, including electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

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

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

17. **Sexually Transmitted Infections (STI) counseling for sexually active women***

17.1. 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 used intravenous drugs in the past year.

You have been treated for a sexually transmitted or venereal disease 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?