Attachment 13b:

2018 BRFSS

Field Test Questionnaire



Table of Contents

[OMB Header and Introductory Text 4](#_Toc512852886)

[Landline Introduction 5](#_Toc512852887)

[Cell Phone Introduction 8](#_Toc512852888)

[Core Section 1: Health Status 12](#_Toc512852889)

[Core Section 2: Healthy Days 13](#_Toc512852890)

[Rotating Module: Healthcare Access 14](#_Toc512852891)

[Core Section 6: Chronic Health Conditions 16](#_Toc512852892)

[Rotating Core Section: Arthritis 19](#_Toc512852893)

[Core Section 8: Demographics 21](#_Toc512852894)

[Rotating Core Section: Hypertension Awareness 27](#_Toc512852895)

[Rotating Core Section: Cholesterol Awareness 29](#_Toc512852896)

[Module: Aspirin for CVD Prevention 31](#_Toc512852897)

[Module: Home/ Self Measured Blood Pressure 31](#_Toc512852898)

[Core Section 9: Tobacco Use 33](#_Toc512852899)

[Core Section 10: Alcohol Consumption 35](#_Toc512852900)

[Core Section 11: Immunization 37](#_Toc512852901)

[Module: ME/CFS 40](#_Toc512852902)

[Module: Hepatitis Treatment and Vaccination 41](#_Toc512852903)

[Module: Family Planning 43](#_Toc512852904)

[Module: Caregiving 47](#_Toc512852905)

[Closing Statement 51](#_Toc512852906)

# OMB Header and Introductory Text

|  |  |  |
| --- | --- | --- |
| Read if necessary | Read | Interviewer instructions (not read) |
| 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). |  | Form ApprovedOMB No. 0920-1061Exp. Date 3/31/2018Interviewers 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. |
|  | HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the 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. |  |

# Landline Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| LL01. | Is this [PHONE NUMBER]? | CTELENM1 | 1 Yes | Go to LL02 |  | 63 |
| 2 No | TERMINATE |  |
| LL02. | Is this a private residence? | PVTRESD1 | 1 Yes | Go to LL04 | Read if necessary: By private residence we mean someplace like a house or apartment.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. | 64 |
| 2 No | Go to LL03 |  |
| 3 No, this is a business |  | Read: Thank you very much but we are only interviewing persons on residential phones at this time. |
| LL03. | Do you live in college housing? | COLGHOUS | 1 Yes | Go to LL04 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. | 65 |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| LL04. | Do you currently live in\_\_(state)\_\_\_\_? | STATERE1 | 1 Yes | Go to LL05 |  | 66 |
| 2 No | TERMINATE | Thank you very much but we are only interviewing persons who live in [STATE] at this time. |
| LL05. | Is this a cell phone? | CELLFON4 | 1 Yes, it is a cell phone  | TERMINATE | Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time. |
| 2 Not a cell phone | Go to LL06 | Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services). |
| LL06. | Are you 18 years of age or older? | LADULT | 1 Yes, male respondent2 Yes, female respondent |  | Do not read: Sex will be asked again in demographics section. | 68 |
| 3 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| Transition to Section 1.  |  |  | I will not ask for your last name, address, or other 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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call (give appropriate state telephone number). |  | Do not read: Introductory text may be reread when selected respondent is reached.  |  |

# Cell Phone Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  |  |  |
| CP01. | Is this a safe time to talk with you? | SAFETIME | 1 Yes | Go to CP02 |  | 75 |
| 2 No |  ([set appointment if possible]) TERMINATE] | Thank you very much. We will call you back at a more convenient time.  |
| CP02. | Is this [PHONE NUMBER]? | CTELNUM1 | 1 Yes | Go to CP03 |  | 76 |
| 2 No | TERMINATE |  |
| CP03. | Is this a cell phone? | CELLFON5 | 1 Yes | Go to CADULT |  | 77 |
| 2 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| CP04. | Are you 18 years of age or older? | CADULT | 1 Yes, male respondent2 Yes, female respondent |  | Do not read: Sex will be asked again in demographics section. | 78 |
| 3 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| CP05. | Do you live in a private residence? | PVTRESD3 | 1 Yes | Go to CP07 | Read if necessary: By private residence we mean someplace like a house or apartmentDo 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. | 79 |
| 2 No | Go to CP06 | ~~Read: Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.~~  |
| CP06. | Do you live in college housing? | CCLGHOUS | 1 Yes | Go to CP07 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. | 80 |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| CP07. | Do you currently live in\_\_\_(state)\_\_\_\_? | CSTATE1 | 1 Yes | Go to CP09 |  | 81 |
| 2 No | Go to CP08 |  |
| CP08. | In what state do you currently live? | RSPSTAT1 | 1 Alabama2 Alaska4 Arizona5 Arkansas6 California8 Colorado9 Connecticut10 Delaware11 District of Columbia12 Florida13 Georgia15 Hawaii16 Idaho17 Illinois18 Indiana19 Iowa20 Kansas21 Kentucky22 Louisiana23 Maine24 Maryland25 Massachusetts26 Michigan27 Minnesota28 Mississippi29 Missouri30 Montana31 Nebraska32 Nevada33 New Hampshire34 New Jersey35 New Mexico36 New York37 North Carolina38 North Dakota39 Ohio40 Oklahoma41 Oregon42 Pennsylvania44 Rhode Island45 South Carolina46 South Dakota47 Tennessee48 Texas49 Utah50 Vermont51 Virginia53 Washington54 West Virginia55 Wisconsin56 Wyoming66 Guam72 Puerto Rico78 Virgin Islands99 Refused |  |  | 82-83 |
| Transition to section 1.  |  |  | I will not ask for your last name, address, or other 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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call (give appropriate state telephone number). |  |  |  |

# Core Section 1: Health Status

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C01.01 | Would you say that in general your health is—  | GENHLTH | Read:1 Excellent2 Very Good3 Good 4 Fair5 PoorDo not read:7 Don’t know/Not sure9 Refused |  |  | 90 |

# Core Section 2: Healthy Days

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C02.01 | 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?  | PHYSHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  |  | 91-92 |
| C02.02 | 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? | MENTHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  |  | 93-94 |
| C02.03 | 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? | POORHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused | Skip if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88 |  | 95-96 |

Rotating Module: Healthcare Access

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| HC.01 | What is the primary source of your health care coverage? Is it…  | HLTHCVR1 | 1 A plan purchased through an employer or union Notes: includes plans purchased through another person's employer2 A plan that you or another family member buys on your own 3 Medicare 4 Medicaid or other state program 5 TRICARE (formerly CHAMPUS), VA, or Military 6 Alaska Native, Indian Health Service, Tribal Health Services 7 Some other source 8 None (no coverage) 77 Don’t know/Not Sure 99 Refused  |  |  |  |

# Core Section 6: Chronic Health Conditions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C06.01 | 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.Ever told) you that you had a heart attack also called a myocardial infarction? | CVDINFR4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.02 | (Ever told) you had angina or coronary heart disease? | CVDCRHD4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.03 | (Ever told) you had a stroke? | CVDSTRK3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.04 | (Ever told) you had asthma? | ASTHMA3 | 1 Yes |  |  |  |
| 2 No7 Don’t know / Not sure9 Refused | Go to C06.06 |  |
| C06.05 | Do you still have asthma? | ASTHNOW | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.06 | (Ever told) you had skin cancer? | CHCSCNCR | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.07 | (Ever told) you had any other types of cancer? | CHCOCNCR | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.08 | (Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis? | CHCCOPD1 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.10 | (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.11 | Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?  | CHCKDNY1 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow. |  |
| C06.12 | (Ever told) you have diabetes? | DIABETE3 | 1 Yes |  | 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. |  |
| 2 Yes, but female told only during pregnancy3 No4 No, pre-diabetes or borderline diabetes7 Don’t know / Not sure9 Refused | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. |  |
| C06.13 | How old were you when you were told you have diabetes? | DIABAGE2 | \_ \_ Code age in years [97 = 97 and older] 98 Don‘t know / Not sure 99 Refused | Go to Diabetes Module if used, otherwise go to next section.  |  |  |

# Rotating Core Section: Arthritis

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| ARTH.01 | (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | HAVARTH3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | 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, 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) |  |
| ARTH.02 | Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? | ARTHEXER | 1 Yes2 No7 Don’t know / Not sure9 Refused | If Arth01 = 2, 7 or 9, skip to next section | If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase. |  |
| ARTH.03 | Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? | ARTHEDU | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| ARTH.04 | Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? | LMTJOIN2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use |  |
| ARTH.05 | In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do? | ARTHDIS2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment." |  |
| ARTH.06 | Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be. | JOINPAIN | \_\_ \_\_ Enter number [00-10]77 Don’t know/ Not sure99 Refused |  |  |  |

# Core Section 8: Demographics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C08.01 | Format 1: What is your sex?Format 2:What was your sex at birth? Was it… | SEX1 | Read if format 2 is selected:1 Male2 FemaleDo not read:7 Don’t know / Not sure9 Refused | States may adopt one of the two formats of the question. If second format is used, read options. |  |  |
| C08.02 | What is your age? | AGE | \_ \_ Code age in years07 Don’t know / Not sure09 Refused |  |  |  |
| C08.03 | Are you Hispanic, Latino/a, or Spanish origin? | HISPANC3 | If yes, read: Are you… 1 Mexican, Mexican American, Chicano/a2 Puerto Rican3 Cuban4 Another Hispanic, Latino/a, or Spanish originDo not read:5 No7 Don’t know / Not sure9 Refused |  | One or more categories may be selected. |  |
| C08.04 | Which one or more of the following would you say is your race? | MRACE1 | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other88 No additional choices77 Don’t know / Not sure99 Refused | If more than one response to C08.04; continue. Otherwise, go to C08.06. | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.One or more categories may be selected. |  |
| C08.05 | Which one of these groups would you say best represents your race? | ORACE3 | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other77 Don’t know / Not sure99 Refused |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.If respondent has selected multiple races in previous and refuses to select a single race, code refused |  |
| C08.06 | Are you… | MARITAL | Please read:1 Married2 Divorced3 Widowed4 Separated5 Never marriedOr6 A member of an unmarried coupleDo not read:9 Refused |  |  |  |
| C08.07 | What is the highest grade or year of school you completed? | EDUCA | Read if necessary:1 Never attended school or only attended kindergarten2 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 |  |  |  |
| C08.08 | Do you own or rent your home? | RENTHOM1 | 1 Own2 Rent3 Other arrangement7 Don’t know / Not sure9 Refused |  | Other arrangement may include group home, staying with friends or family without paying rent. 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.  |  |
| C08.14 | 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? | VETERAN3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | 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. |  |
| C08.15 | Are you currently…? | EMPLOY1 | Read:1 Employed for wages2 Self-employed3 Out of work for 1 year or more 4 Out of work for less than 1 year5 A Homemaker6 A Student7 RetiredOr8 Unable to workDo not read:9 Refused |  | If more than one, say “select the category which best describes you”. |  |
| FOODSTAMP.01 | In the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Food Stamps or SNAP (Supplemental Nutrition Assistance Program) is a government program that provides plastic cards, also known as EBT (Electronic Benefit Transfer) cards, that can be used to buy food. In the past, SNAP was called the Food Stamp Program and gave people benefits in paper coupons or food stamps. |  |
| C08.16 | How many children less than 18 years of age live in your household? | CHILDREN | \_ \_ Number of children88 None99 Refused |  |  |  |
| C08.17 | Is your annual household income from all sources— | INCOME2 | Read if necessary:04 Less than $25,000If no, ask 05; if yes, ask 03 ($20,000 to less than $25,000)03 Less than $20,000 If no, code 04; if yes, ask 02 ($15,000 to less than $20,000)02 Less than $15,000 If no, code 03; if yes, ask 01 ($10,000 to less than $15,000)01 Less than $10,000 If no, code 0205 Less than $35,000 If no, ask 06 ($25,000 to less than $35,000)06 Less than $50,000 If no, ask 07 ($35,000 to less than $50,000)07 Less than $75,000 If no, code 08($50,000 to less than $75,000)08 $75,000 or moreDo not read:77 Don’t know / Not sure99 Refused |  | If respondent refuses at ANY income level, code ‘99’ (Refused) |  |
| C08.18 | About how much do you weigh without shoes? | WEIGHT2 | \_ \_ \_ \_ Weight (pounds/kilograms)7777 Don’t know / Not sure9999 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions up |  |
| C08.19 | About how tall are you without shoes? | HEIGHT3 | \_ \_ / \_ \_ Height (ft / inches/meters/centimeters)77/ 77 Don’t know / Not sure99/ 99 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions down |  |
| C08.20 | To your knowledge, are you now pregnant? | PREGNANT | 1 Yes2 No7 Don’t know / Not sure9 Refused | Skip if C08.01, SEX, is coded 1; or C08.02, AGE, is greater than 49 |  |  |

# Rotating Core Section: Hypertension Awareness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| HYPER.01 | When was the last time you had your blood pressure checked by a doctor, nurse or other health professional?  | \*\*\*NEW\*\*\* | 1 Never2 Within the past year (anytime less than one year ago)3 Within the past 2 years (1 year but less than 2 years ago)4 Within the past 3 years (2 years but less than 3 years ago)5 Within the past 4 years (3 years but less than 4 years ago)6 Within the past 5 years (4 years but less than 5 years ago)8 6 or more years ago7 Don’t know/ Not sure9 Refused |  | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.  |  |
| HYPER.02 | Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? | BPHIGH4 | 1 Yes2 Yes, but female told only during pregnancy3 No4 Told borderline high or pre-hypertensive7 Don’t know / Not sure9 Refused | If HYPER.02 = 2,3,4,7,9Go to next section | If “yes” and respondent is female, ask: “Was this only when you were pregnant?By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |  |
| HYPER.03 | Do you currently have a prescription medicine for your high blood pressure?  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| HYPER.04 | Would you say that...  |  | Read:1 You take it as directed2 You sometimes take it as directed3 You do not take the prescribed medication, or4 Medication was not prescribedDo not read:7 Don’t know/ Not sure9 Refused |  |  |  |

Rotating Core Section: Cholesterol Awareness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHOL.01 | When was the last time you had your blood cholesterol checked?  | \*\*\*NEW\*\*\* | 1 Never2 Within the past year (anytime less than one year ago)3 Within the past 2 years (1 year but less than 2 years ago)4 Within the past 3 years (2 years but less than 3 years ago)5 Within the past 4 years (3 years but less than 4 years ago)6 Within the past 5 years (4 years but less than 5 years ago)8 6 or more years ago7 Don’t know/ Not sure9 Refused |  | Blood cholesterol is a fatty substance found in the blood.  |  |
| CHOL.02 | Have you ever been told by a doctor, nurse or other health professional that blood cholesterol is high? | BPHIGH4 | 1 Yes2 No7 Don’t know / Not sure9 Refused | If HYPER.02 = 2,3,4,7,9Go to next section | If “yes” and respondent is female, ask: “Was this only when you were pregnant?By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |  |
| CHOL.03 | Do you currently have a prescription medicine for your blood cholesterol?  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CHOL.04 | Would you say that...  |  | Read:1 You take it as directed2 You sometimes take it as directed3 You do not take the prescribed medication, or4 Medication was not prescribedDo not read:7 Don’t know/ Not sure9 Refused |  |  |  |

Module: Aspirin for CVD Prevention

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| ASP.01 | How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say….  |  | Read:1 Daily2 Some days3 Used to take it but had to stop due to side effects, or 4 Do not take itDo not read:7 Don’t know / Not sure9 Refused |  |  |  |

# Module: Home/ Self Measured Blood Pressure

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| HSBP.01 | Has your healthcare provider recommended you check your blood pressure out of the office? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused | If HYPER.02 = 1 continue, else go to next section | By other healthcare provider we mean nurse practitioner, a physician assistant, or some other licensed health professional. |  |
| HSBP.02 | Do you regularly check your blood pressure outside of your healthcare provider’s office?  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused | If HSBP = 2, 7, 9 Go to next section |  |  |
| HSBP.03 | Where do you check your blood pressure outside of your healthcare provider? Is it…. |  | Read:1 Mostly at home2 Mostly on a free machine at a pharmacy, grocery or similar location3 Do not check itDo not read:7 Don’t know / Not sure9 Refused |  |  |  |

# Core Section 9: Tobacco Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C09.01 | Have you smoked at least 100 cigarettes in your entire life? | SMOKE100 | 1 Yes |  | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.5 packs = 100 cigarettes |  |
| 2 No7 Don’t know/Not Sure9 Refused | Go to C09.05 |  |
| C09.02 | Do you now smoke cigarettes every day, some days, or not at all?  | SMOKDAY2 | 1 Every day2 Some days |  |  |  |
| 3 Not at all  | Go to C09.04 |  |
| 7 Don’t know / Not sure 9 Refused | Go to C09.05 |  |
| C09.03 | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? | STOPSMK2 | 1 Yes2 No7 Don’t know / Not sure9 Refused | Go to C09.05 |  |  |
| C09.04 | How long has it been since you last smoked a cigarette, even one or two puffs?  | LASTSMK2 | Read if necessary:01 Within the past month (less than 1 month ago)02 Within the past 3 months (1 month but less than 3 months ago)03 Within the past 6 months (3 months but less than 6 months ago)04 Within the past year (6 months but less than 1 year ago)05 Within the past 5 years (1 year but less than 5 years ago)06 Within the past 10 years (5 years but less than 10 years ago)07 10 years or more 08 Never smoked regularly77 Don’t know / Not sure99 Refused |  |  |  |
| C09.05 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | USENOW3 | 1 Every day2 Some days3 Not at all7 Don’t know / Not sure9 Refused |  | 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. |  |

# Core Section 10: Alcohol Consumption

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C10.01 | 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? | ALCDAY5 | 1 \_ \_ Days per week2 \_ \_ Days in past 30 days |  |  |  |
| 888 No drinks in past 30 days 777 Don’t know / Not sure999 Refused | Go to next section |  |
| C10.02 | 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? | AVEDRNK2 | \_ \_ Number of drinks88 None77 Don’t know / Not sure99 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. |  |
| C10.03 | 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? | DRNK3GE5 | \_ \_ Number of times 77 Don’t know / Not sure99 Refused | CATI X = 5 for men, X = 4 for women |  |  |
| C10.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? | MAXDRNKS | \_ \_ Number of drinks77 Don’t know / Not sure99 Refused |  |  |  |

# Core Section 11: Immunization

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C11.01 | 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™.Description:During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?  | FLUSHOT6 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | 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. |  |
| C11.02 | 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? | FLSHTMY2 | \_ \_ / \_ \_ \_ \_ Month/ Year 777777 Don’t know/ Not sure999999 Refused |  |  |  |
| C11.03 | At what kind of place did you get your last flu shot or vaccine? | IMFVPLAC | Read if necessary:01 A doctor’s office or health maintenance organization (HMO)02 A health department03 Another type of clinic or health center (a community health center)04 A senior, recreation, or community center05 A store (supermarket, drug store)06 A hospital (inpatient)07 An emergency room08 Workplace09 Some other kind of place11 A schoolDo not read:10 Received vaccination in Canada/Mexico77 Don’t know / Not sure99 Refused |  | Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? | C11.03 |
| C11.04 | A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female “GARDASIL or CERVARIX”, if male “GARDASIL”]. Have you ever had the HPV vaccination? |

|  |
| --- |
| HPVADVC2  |

 | 1 Yes |  |

|  |
| --- |
| (Human Papilloma Virus (Human Pap•uh•loh•muh Virus), Gardasil (Gar•duh• seel), Cervarix (Serv a rix))  |

 |  |
| 2 No7 Don’t know / Not sure9 Refused  | Go to C11.06 |
| C11.05 | How many HPV shots did you receive?  |

|  |
| --- |
| HPVADSHT  |

 | \_ \_ Number of shots (1-2)3 All shots77 Don’t know / Not sure99 Refused |  |  |  |
| C11.06 | Have you ever had the shingles or zoster vaccine? | SHINGLE2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | 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.  |  |

# Module: ME/CFS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| ME/CFS.01 | Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)? | \*\*\*NEW\*\*\* | 1 Yes |  | My-al-gicEn-ceph-a-lo-my-eli-tis |  |
| 2 No7 Don’t know / Not sure9 Refused  | Go to next section |
| ME/CFS.02 | Do you still have Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | My-al-gicEn-ceph-a-lo-my-eli-tis |  |
| ME/CFS.03 | Thinking about your CFS or ME, during the past 6 months, how many hours a week on average have you been able to work at a job or business for pay? | IMFVPLAC | Read if necessary1 0 or no hours -- cannot work at all because of CFS or ME2 1 - 10 hours a week3 11- 20 hours a week4 21- 30 hours a week 5 31 - 40 hours a weekDo not read7 Don’t know/ Not sure9 Refused |  |  |  |

# Module: Hepatitis Treatment and Vaccination

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| HTV.01 | Have you ever been told by a doctor or other health professional that you had Hepatitis C? | \*\*\*NEW\*\*\* | 1 Yes |  | Hepatitis C is an infection of the liver from the Hepatitis C virus |  |
| 2 No7 Don’t know / Not sure9 Refused  | Go to HTV.05 |
| HTV.02 | Were you treated for Hepatitis C in 2015 or after?  | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | Most hepatitis C treatments offered in 2015 or after were oral medicines or pills. Including Harvoni, Viekira, Zepatier, Epculsa and others.  |  |
| HTV.03 | Were you treated for Hepatitis C prior to 2015? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | Most hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months. |  |
| HTV.04 | Do you still have Hepatitis C? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C.  |  |
| HTV.05 | Has a doctor, nurse, or other health professional ever told you that you had hepatitis B? | \*\*\*NEW\*\*\* | 1 Yes |  | Hepatitis B is an infection of the liver from the hepatitis B virus. |  |
| 2 No7 Don’t know/ Not sure9 Refused | Go to HTV.07 |
| HTV.06 | Are you currently taking medicine to treat hepatitis B? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  |  |
| HTV.07 | Have you ever received the Hepatitis B vaccine?  | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | The Hepatitis B vaccine is completed after a third shot is given. Only code “yes” if respondent indicates all shots have been completed.  |  |
| HTV.08 | Have you ever received the Hepatitis A vaccine? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  |  |

# Module: Family Planning

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| FP.01 | The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?  | \*\*\*NEW\*\*\* | 1 Yes | Continue |  |  |
| 2 No |  Go to FP.04 |
| 3 No partner/ not sexually active4 Same sex partner7 Don’t know / Not sure9 Refused  | Go to next section |
| FP.02 | The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant? | \*\*\*NEW\*\*\* | Read if necessary: 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon) 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena) 05 IUD, Copper-bearing (ex. ParaGard) 06 IUD, type unknown 07 Shots (ex. Depo-Provera or DMPA) 08 Birth control pills, any kind 09 Contraceptive patch (ex. Ortho Evra, Xulane) 10 Contraceptive ring (ex. NuvaRing) | Go to FP.03 | If respondent reports using more than one method, please code the method that occurs first on the list.If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”If respondent reports using an “I.U.D.” probe to determine if “levonorgestrel I.U.D.” or “copper-bearing I.U.D.”If respondent reports “other method,” ask respondent to “please specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.  |  |
| 11 Male condoms 12 Diaphragm, cervical cap, sponge 13 Female condoms 14 Not having sex at certain times (rhythm or natural family planning) 15 Withdrawal (or pulling out) 16 Foam, jelly, film, or cream 17 Emergency contraception (morning after pill) 18 Other method Do not read:77 Don’t know/ Not sure99 Refused | Go to next module |
| FP.04 | Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man? | \*\*\*NEW\*\*\* | Read if necessary:01 You didn’t think you were going to have sex/no regular partner 02 You just didn’t think about it 03 Don’t care if you get pregnant 04 You want a pregnancy 05 You or your partner don’t want to use birth control 06 You or your partner don’t like birth control/side effects 07 You couldn’t pay for birth control 08 You had a problem getting birth control when you needed it 09 Religious reasons 10 Lapse in use of a method 11 Don’t think you or your partner can get pregnant (infertile or too old) 12 You had tubes tied (sterilization) 13 You had a 14 Your partner had a vasectomy (sterilization15 You are currently breast-feeding 16 You just had a baby/postpartum 17 You are pregnant now 18 Same sex partner 19 Other reasons Do not read:77 Don’t know/Not sure99 Refused |  | If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately. |  |

# Module: Caregiving

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CG.01 | People may provide regular care or assistance to a friend or family member who has a health problem or disability.During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?  | CAREGIV1 | 1 Yes | Continue | If caregiving recipient has died in the past 30 days, say “I’m so sorry to hear of your loss.” and code 8. |  |
| 2 No7 Don’t know / Not sure9 Refused |  Go to CG.09 |
| 8 Caregiving recipient died in past 30 days  | Go to next section |
| CG.02 | What is his or her relationship to you?  | CRGREL1 | 01 Mother02 Father03 Mother-in-law04 Father-in-law05 Child06 Husband07 Wife08 Same-sex partner09 Brother or brother-in-law10 Sister or sister-in-law11 Grandmother12 Grandfather13 Grandchild14 Other relative15 Non-relative/ Family friend16 Unmarried partner77 Don’t know/Not sure99 Refused |  | For example is he or she your mother or daughter or father or son?If more than one person, say: “Please refer to the person to whom you are giving the most care.” |  |
| CG.03 | For how long have you provided care for that person? Would you say… | CRGVLNG1 | Read:1 Less than 30 days2 1 month to less than 6 months3 6 months to less than 2 years4 2 years to less than 5 years5 5 years or moreDo not read:7 Don’t Know/ Not Sure9 Refused |  |  |  |
| CG.04 | In an average week, how many hours do you provide care or assistance? Would you say… | CRGVHRS1 | Read:1 Up to 8 hours per week2 9 to 19 hours per week3 20 to 39 hours per week4 40 hours or moreDo not read:7 Don’t know/Not sure9 Refused |  |  |  |
| CG.05 | What is the main health problem, long-term illness, or disability that the person you care for has? | CRGVPRB2 | 1 Arthritis/ Rheumatism2 Asthma3 Cancer4 Chronic respiratory conditions such as Emphysema or COPD5 Dementia and other Cognitive Impairment Disorders such as Alzheimer’s disease6 Developmental Disabilities such as Autism, Down’s Syndrome, and Spina Bifida7 Diabetes8 Heart Disease, Hypertension9 Human Immunodeficiency Virus Infection (HIV)10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia11 Other organ failure or diseases such as kidney or liver problems12 Substance Abuse or Addiction Disorders13 Injuries, including broken bones14 Old age/ infirmity/frailty15 OtherDo not read:77 Don’t know/Not sure99 Refused |  | If respondent provides more than one say: “Please tell me which one of these conditions would you say is the major problem?” |  |
| CG.06 | Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder?  | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  |  |
| CG.07 | In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing? | CRGVPERS | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  |  |
| CG.08 | (In the past 30 days, did you provide care for this person by…) managing household tasks such as cleaning, managing money, or preparing meals? | CRGVHOUS | 1 Yes2 No7 Don’t know/ Not sure9 Refused | If CG.01 = 1 or 8, go to next module |  |  |
| CG.09 | In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?  | CRGVEXPT | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  |  |

# Closing Statement

|  |  |  |
| --- | --- | --- |
| Read if necessary | Read | CATI instructions (not read) |
|  | That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation. |  |