

Attachment 5 2019 BRFSS Questionnaire



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OMB Header and Introductory Text

| Read if necessary | Read | Interviewer instructions (not read) |
|---|--|--|
| <p>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).</p> | | <p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2018</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.</p> |
| | <p>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.</p> | |

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 | Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. | 63 |
| | | | 2 No | TERMINATE | | |
| LL02. | Is this a private residence? | PVTRES1 | 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 | If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for | |

| | | | | | | |
|-------|---|----------|---------------------------|------------|--|----|
| | | | | | personal communication are eligible. | |
| | | | 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? | CELPHONE | 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. | 67 |
| | | | 2 Not a cell | Go to LL06 | Read if necessary: | |

| | | | | | | |
|-------|---|----------|------------------------------------|---|---|-------|
| | | | phone | | 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? | LADULT1 | 1 Yes | [CATI NOTE: IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION] | | 68 |
| | | | 2 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. | |
| LL07. | Are you male or female? | COLGSEX | 1 Male 2 Female | ONLY for respondents who are LL and COLGHOUS=1. | | 69 |
| | | | 7 Don't know/Not sure 9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future. | |
| LL08. | I need to randomly select one adult who lives in your | NUMADULT | 1 | Go to Transition to Section 1. Go to LL09 | Read: Are you that adult? If yes: Then you are the person I | 70-71 |

| | | | | | | |
|--------------|---|----------|--|-----------------------------|--|-------|
| | household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older? | | | | need to speak with. If no: May I speak with the adult in the household? | |
| | | | 2-6 or more | Go to LL10. | | |
| LL09. | Are you male or female? | LANDSEX | 1 Male 2 Female | GO to Transition Section 1. | | 72 |
| | | | 7 Don't know/Not sure 9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future. | |
| LL10. | How many of these adults are men? | NUMMEN | __ Number 77 Don't know/ Not sure 99 Refused | | | 73-74 |
| LL11. | So the number of women in the household is [X]. Is that correct? | NUMWOMEN | | | Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. | 75-76 |
| LL12 | The person in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the | RESPSLCT | 1 Male 2 Female | | | 77 |
| | | | 7 Don't know/Not sure 9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in | |

| | [Oldest/Youngest / Middle//Male /Female] in this household? | | | | the future. | |
|---------------------------------|---|--|---|--|--|--|
| Transition to Section 1. | | | <p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).</p> | | <p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>Do not read: The sentence “Any information you give me will not be connected to any personal information” may be replaced by “Any personal information that you provide will not be used to identify you.” If the state coordinator approves the change.</p> | |

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 | Thank you very much. We will call you back at a more convenient time. | 78 |
| | | | 2 No | Go to CP02 ([set appointment if possible]) TERMINATE] | | |
| CP02. | Is this [PHONE NUMBER]? | CTELNUM1 | 1 Yes | Go to CP03 | | 79 |
| | | | 2 No | TERMINATE | | |
| CP03. | Is this a cell phone? | CELLFON5 | 1 Yes | Go to CADULT | If "no": thank you very much, but we are only interviewing persons on cell telephones at this time | 80 |
| | | | 2 No | TERMINATE | | |
| CP04. | Are you 18 years of age or older? | CADULT1 | 1 Yes | | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. | 81 |
| | | | 2 No | TERMINATE | | |
| CP05. | Are you male or female? | CELLSEX | 1 Male 2 Female | | Thank you for your time, your number may be selected for another survey in the future. | 82 |
| | | | 7 Don't Know/ Not sure 9 Refused | TERMINATE | | |
| CP06. | Do you live in a private residence? | PVTRES3 | 1 Yes | Go to CP08 | Read if necessary: By private residence we | 83 |

| | | | | | | |
|--------------|---------------------------------------|----------|-------|------------|---|----|
| | | | | | 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. | |
| | | | 2 No | Go to CP07 | | |
| CP07. | Do you live in college housing? | CCLGHOUS | 1 Yes | Go to CP08 | 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. | 84 |
| | | | 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. | |
| CP08. | Do you currently live in__(state)___? | CSTATE1 | 1 Yes | Go to CP10 | | 85 |
| | | | 2 No | Go to CP09 | | |

| | | | | | | |
|-------|--------------------------------------|----------|---|--|--|-------|
| CP09. | In what state do you currently live? | RSPSTAT1 | 1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina | | | 86-87 |
|-------|--------------------------------------|----------|---|--|--|-------|

| | | | | | | |
|---------------------------------|--|----------|--|---|--|-------|
| | | | 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands 99 Refused | | | |
| CP10. | Do you also have a landline telephone in your home that is used to make and receive calls? | LANDLINE | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use. | 88 |
| CP11. | How many members of your household, including yourself, are 18 years of age or older? | HHADULT | __ Number 77 Don't know/ Not sure 99 Refused | If CP07 = yes then number of adults is automatically set to 1 | | 89-90 |
| Transition to section 1. | | | I will not ask for your last name, address, or other personal information that can identify you. You do not have to | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number). | | | |
|--|--|--|--|--|--|--|

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 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused | | | 101 |

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 None 77 Don't know/not sure 99 Refused | | | 102-103 |
| 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 None 77 Don't know/not sure 99 Refused | | | 104-105 |
| 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 None 77 Don't know/not sure 99 Refused | Skip if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88 | | 106-107 |

Core Section 3: Healthcare Access

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|---|--|-----------|
| C03.01 | Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service? | HLTHPLN1 | 1 Yes | If using Healthcare Access (HCA) Module go to HCA.01, else continue | | 108 |
| | | | 2 No 7 Don't know/Not Sure 9 Refused | | | |
| C03.02 | Do you have one person you think of as your personal doctor or health care provider? | PERSDOC2 | 1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused | | If No, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? | 109 |
| C03.03 | Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? | MEDCOST | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 110 |
| C03.04 | About how long has it been since you last visited a doctor for a routine checkup? | CHECKUP1 | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the | | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. | 111 |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused | | | |
|--|--|--|--|--|--|--|

Core Section 4: 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 | Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? | BPHIGH4 | 1 Yes 2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive 7 Don't know / Not sure 9 Refused | Go 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. | 112 |
| HYPER.02 | Are you currently taking prescription medicine for your high blood pressure? | BPMEDS | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 113 |

Core Section 5: 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 | Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked? | CHOLCHK2 | <p>1 Never</p> <p>2 Within the past year (anytime less than one year ago)</p> <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 Within the past 3 years (2 years but less than 3 years ago)</p> <p>5 Within the past 4 years (3 years but less than 4 years ago)</p> <p>6 Within the past 5 years (4 years but less than 5 years ago)</p> <p>8 5 or more years ago</p> <p>7 Don't know/ Not sure</p> | <p>If response = 1, 9.</p> <p>GOTO Next section.</p> | Blood cholesterol is a fatty substance found in the blood. | 114 |

| | | | 9 Refused | | | |
|----------------|--|----------|---|--|---|-----|
| CHOL.02 | Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high? | TOLDHI2 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | If response = 2, 7, 9 GOTO next section. | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. | 115 |
| CHOL.03 | Are you currently taking medicine prescribed by your doctor for your blood cholesterol? | CHOLMED2 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 116 |

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 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 117 |
| C06.02 | (Ever told) (you had) angina or coronary heart disease? | CVDCRHD4 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 118 |
| C06.03 | (Ever told) (you had) a stroke? | CVDSTRK3 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 119 |
| C06.04 | (Ever told) (you had) asthma? | ASTHMA3 | 1 Yes | Go to C06.06 | | 120 |
| | | | 2 No 7 Don't know / Not sure 9 Refused | | | |
| C06.05 | Do you still have asthma? | ASTHNOW | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 121 |
| C06.06 | (Ever told) (you | CHCSCNCR | 1 Yes | | | 122 |

| | | | | | | |
|---------------|---|----------|---|------------|--|-----|
| | had) skin cancer? | | 2 No 7 Don't know / Not sure 9 Refused | | | |
| C06.07 | (Ever told) (you had) any other types of cancer? | CHCOCNCR | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 123 |
| C06.08 | (Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis? | CHCCOPD1 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 124 |
| C06.09 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV2 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 125 |
| C06.10 | Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease? | CHCKDNY2 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | Read if necessary: Incontinence is not being able to control urine flow. | 126 |
| C06.11 | (Ever told) (you had) 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. | 127 |
| | | | 2 Yes, but | Go to Pre- | | |

| | | | | | | |
|---------------|--|----------|--|--|--|---------|
| | | | female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused | Diabetes Optional Module (if used). Otherwise, go to next section. | | |
| C06.12 | 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. | | 128-129 |

Core Section 7: Arthritis

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| C07.01 | (Ever told) (you had) have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | HAVARTH3 | 1 Yes | Go to next section | 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) | 130 |
| | | | 2 No 7 Don't know / Not sure 9 Refused | | | |
| C07.02 | Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? | ARTHEXER | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase. | 131 |
| C07.03 | Have you ever taken an educational course or class to | ARTHEDU | 1 Yes 2 No 7 Don't know / Not | | | 132 |

| | | | | | | |
|---------------|---|----------|--|--|---|---------|
| | teach you how to manage problems related to your arthritis or joint symptoms? | | sure 9 Refused | | | |
| C07.04 | Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? | LMTJOIN3 | 1 Yes 2 No 7 Don't know / Not sure 9 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" | 133 |
| C07.05 | 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 Yes 2 No 7 Don't know / Not sure 9 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." | 134 |
| C07.06 | 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 | JOINPAI2 | ___ __ Enter number [00-10] 77 Don't know/ Not sure 99 Refused | | | 135-136 |

| | | | | | | |
|--|--|--|--|--|--|--|
| | on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be? | | | | | |
|--|--|--|--|--|--|--|

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) |
|-----------------|--|----------------|--|---|---|-----------|
| Prologue | | | | | Read if necessary: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups. | |
| C08.01 | What is your age? | AGE | __ Code age in years 07 Don't know / Not sure 09 Refused | | | 137-138 |
| C08.02 | Are you Hispanic, Latino/a, or Spanish origin? | HISPANC3 | If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused | | One or more categories may be selected. | 139-142 |
| C08.03 | 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 Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino | 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 | 143-170 |

| | | | | | | |
|---------------|--|---------|---|--|---|---------|
| | | | 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused | | categories may be selected. | |
| C08.04 | 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 Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused | | 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 | 171-172 |
| C08.05 | Are you... | MARITAL | Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an | | | 173 |

| | | | | | | |
|---------------|--|----------|---|--|--|---------|
| | | | unmarried couple Do not read: 9 Refused | | | |
| C08.06 | What is the highest grade or year of school you completed? | EDUCA | Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused | | | 174 |
| C08.07 | Do you own or rent your home? | RENTHOM1 | 1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 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. | 175 |
| C08.08 | In what | CTYCODE2 | _ _ _ANSI County Code | | | 176-178 |

| | | | | | | |
|---------------|--|--------------|--|--|--|---------|
| | county do you currently live? | | 777 Don't know / Not sure 999 Refused | | | |
| C08.09 | What is the ZIP Code where you currently live? | ZIPCODE1 | ----- 77777 Do not know 99999 Refused | | | 179-183 |
| C08.10 | Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? | NUMHHOL3 | 1 Yes | If cellular telephone interview skip to 8.13 (Veteran3) | | 184 |
| | | | 2 No 7 Don't know / Not sure 9 Refused | Go to C08.13 | | |
| C08.11 | How many of these telephone numbers are residential numbers? | NUMPHON 3 | __ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused | | | 185 |
| C08.12 | How many cell phones do you have for personal use? | CPDEMO1B | __ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused | Last question needed for partial complete. | Read if necessary: Include cell phones used for both business and personal use. | 186 |
| C08.13 | Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? | VETERAN3 | 1 Yes 2 No 7 Don't know / Not sure 9 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. | 187 |

| | | | | | | |
|---------------|---|----------|---|--|---|---------|
| C08.14 | Are you currently...? | EMPLOY1 | Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused | | If more than one, say "select the category which best describes you". | 188 |
| C08.15 | How many children less than 18 years of age live in your household? | CHILDREN | _ _ Number of children 88 None 99 Refused | | | 189-190 |
| C08.16 | Is your annual household income from all sources— | INCOME2 | Read if necessary: 04 Less than \$25,000 If 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 02 05 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 more Do not read: 77 Don't know / Not sure | | If respondent refuses at ANY income level, code '99' (Refused) | 191-192 |

| | | | | | | |
|---------------|--|----------|---|--|---|---------|
| | | | 99 Refused | | | |
| C08.17 | About how much do you weigh without shoes? | WEIGHT2 | ____ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused | | If respondent answers in metrics, put 9 in first column. Round fractions up | 193-196 |
| C08.18 | About how tall are you without shoes? | HEIGHT3 | __ / __ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused | | If respondent answers in metrics, put 9 in first column. Round fractions down | 197-200 |
| C08.19 | To your knowledge, are you now pregnant? | PREGNANT | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Skip if M28.01, BIRTHSEX, is coded 1; or CP05=1 or LL12=1; or LL09 = 1 or LL07 =1 or C08.01, AGE, is greater than 49 | | 201 |
| C08.20 | Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? | DEAF | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 202 |
| C08.21 | Are you blind or do you have serious difficulty seeing, even | BLIND | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 203 |

| | | | | | | |
|---------------|---|----------|---|--|--|-----|
| | when wearing glasses? | | | | | |
| C08.22 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | DECIDE | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 204 |
| C08.23 | Do you have serious difficulty walking or climbing stairs? | DIFFWALK | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 205 |
| C08.24 | Do you have difficulty dressing or bathing? | DIFFDRES | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 206 |
| C08.25 | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? | DIFFALON | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 207 |

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 | SMOKE100 | 1 Yes | | Do not include: electronic cigarettes (e-cigarettes, njoy, | 208 |

| | | | | | | |
|--------|--|----------|--|--------------|--|---------|
| | in your entire life? | | | | bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes | |
| | | | 2 No 7 Don't know/Not Sure 9 Refused | Go to C09.05 | | |
| C09.02 | Do you now smoke cigarettes every day, some days, or not at all? | SMOKDAY2 | 1 Every day 2 Some days | | | 209 |
| | | | 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 Yes 2 No 7 Don't know / Not sure 9 Refused | Go to C09.05 | | 210 |
| 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 | | | 211-212 |

| | | | | | | |
|---------------|---|---------|---|--|--|-----|
| | | | <p>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 regularly 77 Don't know / Not sure 99 Refused</p> | | | |
| C09.05 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | USENOW3 | <p>1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused</p> | | 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. | 213 |

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 week 2 __ Days in past 30 days | | INTERVIEWER NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. | 214-216 |
| | | | 888 No drinks in past 30 days 777 Don't know / Not sure 999 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 drinks 88 None 77 Don't know / Not sure 99 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. | 217-218 |
| 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 88 None 77 Don't know / Not sure 99 Refused | CATI X = 5 for men, X = 4 for women | | 219-220 |
| C10.04 | During the past | MAXDRNKS | __ Number | | | 221-222 |

| | | | | | | |
|--|--|--|---|--|--|--|
| | 30 days, what is the largest number of drinks you had on any occasion? | | of drinks 77 Don't know / Not sure 99 Refused | | | |
|--|--|--|---|--|--|--|

Core Section 11: Exercise (Physical Activity)

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|-------------------------|---|-----------|
| C11.01 | During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? | EXERANY2 | 1 Yes | | If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month. | 223 |
| | | | 2 No 7 Don't know/Not Sure 9 Refused | Go to C 11.08 | | |
| C11.02 | What type of physical activity or exercise did you spend the most time doing during the past month? | EXTRACT11 | __ __ Specify from Physical Activity Coding List | | See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other". | 224-225 |
| | | | 77 Don't know/ Not Sure 99 Refused | Go to C11.08 | | |
| C11.03 | How many times per week or per month did you take part in this activity during the past month? | EXEROFT1 | 1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused | | | 226-228 |
| C11.04 | And when you took part in this activity, for how | EXERHMM1 | _:__ Hours and minutes 777 Don't know / Not | | | 229-231 |

| | | | | | | |
|--------|---|-----------|--|--------------|--|---------|
| | many minutes or hours did you usually keep at it? | | sure 999 Refused | | | |
| C11.05 | What other type of physical activity gave you the next most exercise during the past month? | EXTRACT21 | ___ __ Specify from Physical Activity List | | See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other". | 232-233 |
| | | | 88 No other activity 77 Don't know/ Not Sure 99 Refused | Go to C11.08 | | |
| C11.06 | How many times per week or per month did you take part in this activity during the past month? | EXEROFT2 | 1_ _ Times per week 2_ _ Times per month 777 Don't know / Not sure 999 Refused | | | 234-236 |
| C11.07 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? | EXERHMM2 | _:_ _ Hours and minutes 777 Don't know / Not sure 999 Refused | | | 237-239 |
| C11.08 | During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? | STRENGTH | 1_ _ Times per week 2_ _ Times per month 888 Never 777 Don't know / Not sure 999 Refused | | Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. | 240-242 |

Core Section 12: Fruits and Vegetables

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|-------------------------|---|-----------|
| C12.01 | <p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p> | FRUIT2 | 1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused | | <p>If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.</p> <p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"</p> <p>Read if respondent asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.</p> | 243-245 |

| | | | | | | |
|--------|---|----------|--|--|---|---------|
| C12.02 | Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? | FRUITJU2 | 1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused | | Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends." Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" | 246-248 |
| C12.03 | How often did you eat a green leafy or lettuce salad, with or without other vegetables? | FVGREEN1 | 1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused | | Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about spinach: "Include spinach salads." | 249-251 |
| C12.04 | How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns? | FRENCHF1 | 1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused | | Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" | 252-254 |

| | | | | | | |
|--------|---|----------|--|--|---|---------|
| | | | | | Read if respondent asks about potato chips: "Do not include potato chips." | |
| C12.05 | How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? | POTATOE1 | 1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused | | Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes." | 255-257 |
| C12.06 | Not including lettuce salads and potatoes, how often did you eat other vegetables? | VEGETAB2 | 1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused | | Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice." | 258-260 |

Core Section 13: Immunization

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|--|--|-----------|
| C13.01 | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? | FLUSHOT7 | 1 Yes | | 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. | 261 |
| | | | 2 No 7 Don't know / Not sure 9 Refused | Go to C13.03 | | |
| C13.02 | During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? | FLSHTMY3 | ___ / ____ Month/ Year 777777 Don't know/ Not sure 999999 Refused | Module on Place of Flu Shot Vaccination may be inserted after this question. | | 262-267 |
| C13.03 | Have you received a tetanus shot in the past 10 years? | TETANUS1 | 1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type 4 No, did not receive any tetanus shot in the past 10 years 7 Don't know/Not sure | | If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine? | 268 |

| | | | | | | |
|---------------|--|----------|---|--|---|-----|
| | | | 9 Refused | | | |
| C13.04 | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? | PNEUVAC4 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar. | 269 |

Core Section 14: H.I.V./AIDS

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|--|-----------|
| C14.01 | <p>The next few questions are about the national health problem of H.I.V., 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.</p> <p>Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?</p> | HIVTST7 | 1 Yes | | | 270 |
| | | | 2 No 7 Don't know/ not sure 9 Refused | Go to C14.03 | | |
| C14.02 | Not including blood donations, in what month and | HIVTSTD3 | ___/____ Code month and year 77/ 7777 | If response is before January 1985, code | INTERVIEWER NOTE: If the respondent remembers the year but cannot | 271-276 |

| | year was your last H.I.V. test? | | Don't know / Not sure 99/ 9999 Refused | "777777". | remember the month, code the first two digits 77 and the last four digits for the year. | |
|---------------|---|----------|--|-----------|---|-----|
| C14.03 | <p>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.</p> <p>You have injected any drug other than those prescribed for you in the past year.</p> <p>You have been treated for a sexually transmitted disease or STD in the past year.</p> <p>You have given or received money or drugs in exchange for sex in the past year.</p> <p>You had anal sex without a condom in the past year.</p> <p>You had four or more sex partners in the past year.</p> <p>Do any of these situations apply to you?</p> <p>Do any of these situations apply to you?</p> | HIVRISK5 | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | 277 |

Closing Statement/ Transition to Modules

| 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. | | Read if no optional modules follow, otherwise continue to optional modules. |

Optional Modules

Module 1: Prediabetes

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|---|---|-----------|
| M01.01 | Have you had a test for high blood sugar or diabetes within the past three years? | PDIABTST | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | Skip if Section C06.112, DIABETE3, is coded 1 | | 278 |
| M01.02 | Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? | PREDIAB1 | 1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused | Skip if Section 06.11, DIABETE3, is coded 1; If C06.11, DIABETE3, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes); | If Yes and respondent is female, ask: Was this only when you were pregnant? | 279 |

Module 2: Diabetes

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|--|--|-----------|
| M02.01 | Are you now taking insulin? | INSULIN | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | To be asked following Core Q6.12; if response to Q6.11 is Yes (code = 1) | | 280 |
| M02.02 | About how often do you check your blood for glucose or sugar? | BLDSUGAR | 1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 888 Never 777 Don't know / Not sure 999 Refused | | Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional. Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.' | 281-283 |
| M02.03 | Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations? | FEETCHK3 | 1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 555 No feet 888 Never 777 Don't know / Not sure 999 Refused | | | 284-286 |
| M02.04 | About how many times in | DOCTDIAB | _ _ Number of times [76 = | | | 287-288 |

| | | | | | | |
|---------------|--|----------|--|---|---|---------|
| | the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? | | 76 or more] 88 None 77 Don't know / Not sure 99 Refused | | | |
| M02.05 | About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? | CHKHEMO3 | __ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused | | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months. | 289-290 |
| M02.06 | About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? | FEETCHK | __ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused | If M02.03 = 555 (No feet), go to M02.07 | | 291-292 |
| M02.07 | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light? | EYEXAM1 | Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not | | | 293 |

| | | | | | | |
|---------------|--|---------|--|--|--|-----|
| | | | sure 8 Never 9 Refused | | | |
| M02.08 | Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? | DIABEYE | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 294 |
| M02.09 | Have you ever taken a course or class in how to manage your diabetes yourself? | DIABEDU | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 295 |

Module 3: ME/CFS

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|-------------------------|-----------------------------------|-----------|
| M03.01 | Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME? | TOLDCFS | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Go to next section | My-al-gic En-ceph-a-lo-my-eli-tis | 296 |
| M03.02 | Do you still have Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME? | HAVECFS | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | My-al-gic En-ceph-a-lo-my-eli-tis | 297 |
| M03.03 | 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? | WORKCFS | Read if necessary 1 0 or no hours -- cannot work at all because of CFS or ME 2 1 - 10 hours a week 3 11- 20 hours a week 4 21- 30 hours a week 5 31 - 40 hours a week Do not read 7 Don't know/ Not sure 9 Refused | | | 298 |

Module 4: Hepatitis Treatment

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|----------------------|---|-----------|
| M04.01 | Have you ever been told by a doctor or other health professional that you had Hepatitis C? | TOLDHEPC | 1 Yes | | Hepatitis C is an infection of the liver from the Hepatitis C virus | 299 |
| | | | 2 No 7 Don't know / Not sure 9 Refused | Go to HTV.05 | | |
| M04.02 | Were you treated for Hepatitis C in 2015 or after? | TRETHEPC | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | Most hepatitis C treatments offered in 2015 or after were oral medicines or pills. Including Harvoni, Viekira, Zepatier, Eplclusa and others. | 300 |
| M04.03 | Were you treated for Hepatitis C prior to 2015? | PRIRHEPC | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | Most hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months. | 301 |
| M04.04 | Do you still have Hepatitis C? | HAVEHEPC | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C. | 302 |
| M04.05 | The next question is about Hepatitis B. Has a doctor, nurse, or other health professional ever told you that you had hepatitis B? | HAVEHEPB | 1 Yes | | Hepatitis B is an infection of the liver from the hepatitis B virus. | 303 |
| | | | 2 No 7 Don't know/ Not sure 9 Refused | Go to next section | | |
| M04.06 | Are you | MEDSHEPB | 1 Yes | | | 304 |

| | | | | | | |
|--|---|--|---|--|--|--|
| | currently taking medicine to treat hepatitis B? | | 2 No 7 Don't know/ Not sure 9 Refused | | | |
|--|---|--|---|--|--|--|

Module 5: HPV - Vaccination

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Columns |
|-----------------|---|----------------|---|--|---|---------|
| C05.01 | Have you ever had the Human Papilloma virus vaccination or HPV vaccination? | HPVADVC3 | 1 Yes | To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module | 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"]. (Human Papilloma Virus (Human Pap•uh•loh•muh Virus), Gardasil (Gar•duh•seel), Cervarix (Serv a rix)) | 305 |
| | | | 2 No 7 Don't know / Not sure 9 Refused | Go to next module | | |
| C05.02 | How many HPV shots did you receive? | HPVADSHT | __ Number of shots (1-2) 3 All shots 77 Don't know / Not sure 99 Refused | | | 306-307 |

Module 6: Place of Flu Vaccination

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|---|-----------|
| C06.01 | At what kind of place did you get your last flu shot or vaccine? | IMFVPLA1 | Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient or outpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused | This question may be inserted in core after C13.02 | Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? | 308-309 |

Module 7: Shingles Vaccination

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|---------------------------------|--|-----------|
| C07.01 | Have you ever had the shingles or zoster vaccine? | SHINGLE2 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | If age ≤ 49, go to next section | 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. | 310 |

Module 8: Lung Cancer Screening

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|---|-----------|
| M08.01 | <p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p> | LCSFIRST | <p>___ Age in Years (001 - 100) 777 Don't know/Not sure 999 Refused</p> <p>888 Never smoked cigarettes regularly</p> | <p>If C09.01=1 (yes) and C09.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question M08.04.</p> <p>Go to M08.04</p> | <p>Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).</p> <p>If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.</p> | 311-313 |
| M08.02 | How old were you when you last smoked cigarettes regularly? | LCSLAST | <p>___ Age in Years (001 - 100) 777 Don't know/Not sure 999 Refused</p> | | | 314-316 |
| M08.03 | On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you | LCSNUMCG | <p>---</p> <p>Number of cigarettes 777 Don't know/Not sure 999 Refused</p> | | Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may | 317-319 |

| | | | | | | |
|--------|--|----------|--|--|--|-----|
| | usually smoke each day? | | | | answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes | |
| M08.04 | The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan? | LCSCTSCN | Read if necessary: 1 Yes, to check for lung cancer 2 No (did not have a CT scan) 3 Had a CT scan, but for some other reason Do not read: 7 Don't know/not sure 9 Refused | | | 320 |

Module 9: Breast and Cervical Cancer Screening

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|----------------------|---|-----------|
| M09.01 | (The next questions are about breast and cervical cancer.) Have you ever had a mammogram? | HADMAM | 1 Yes | Skip if male. | A mammogram is an x-ray of each breast to look for breast cancer. | 321 |
| | | | 2 No 7 Don't know/ not sure 9 Refused | Go to M09.03 | | |
| M09.02 | How long has it been since you had your last mammogram? | HOWLONG | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused | | | 322 |
| M09.03 | Have you ever had a Pap test? | HADPAP2 | 1 Yes | | | 323 |
| | | | 2 No 7 Don't know / Not sure | Go to M09.05 | | |

| | | | | | | |
|---------------|--|----------|---|--------------|---|-----|
| | | | 9 Refused | | | |
| M09.04 | How long has it been since you had your last Pap test? | LASTPAP2 | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused | | | 324 |
| M09.05 | An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test? | HPVTEST | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Go to M09.07 | Human papillomavirus (pap-uh-loh-muh virus) | 325 |
| M09.06 | How long has it been since you had your last H.P.V. test? | HPLSTTST | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years | | | 326 |

| | | | | | | |
|---------------|------------------------------|----------|---|---|--|-----|
| | | | (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused | | | |
| M09.07 | Have you had a hysterectomy? | HADHYST2 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | If response to Core Q8.20 = 1 (is pregnant); then go to next section. | Read if necessary: A hysterectomy is an operation to remove the uterus (womb). | 327 |

Module 10: Prostate Cancer Screening

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|--|-----------|
| M10.01 | Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test? | PCPSAAD3 | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | If respondent is ≤39 years of age, or 1 is female, go to next section. | Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer. | 328 |
| M10.02 | Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test? | PCPSADI1 | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 329 |
| M10.03 | Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test? | PCPSARE1 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 330 |
| M10.04 | Have you ever had a P.S.A. test? | PSATEST1 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Go to next section | | 331 |
| M10.05 | How long has it been since you had your last P.S.A. test? | PSATIME | Read if necessary: 1 Within the past year (anytime less | | | 332 |

| | | | | | | |
|---------------|---|----------|---|--|--|-----|
| | | | <p>than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
| M10.06 | What was the main reason you had this P.S.A. test – was it ...? | PCPSARS1 | <p>Read:</p> <p>1 Part of a routine exam</p> <p>2 Because of a prostate problem</p> <p>3 Because of a family history of prostate cancer</p> <p>4 Because you were told you had prostate cancer</p> <p>5 Some other reason</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | 333 |

Module 11: Prostate Cancer Decision Making

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|--|-----------|
| M11.01 | Which one of the following best describes the decision to have the P.S.A. test done? | PCPSADE1 | Read: 1 You made the decision alone | If M10.04= 1, continue, otherwise GOTO next module. If M11.01 = 1, go to next module. | | 334 |
| | | | Read: 2 Your doctor, nurse, or health care provider made the decision alone | Go to next module. | | |
| | | | 3 You and one or more other persons made the decision together | Continue with 11.02 | | |
| | | | 4 You don't know how the decision was made Do not read: 9 Refused | Go to next module. | | |
| M11.02 | Who made the decision with you? | PCDMDEC1 | Read if necessary: 1 Doctor/nurse /health care provider 2 Spouse/significant other 3 Other family member 4 Friend/non-relative Do not read: | | Select one response. If respondent offers more than one response ask for primary person who made decision. | 335 |

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| | | | 7 Don't know / Not sure 9 Refused | | | |
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Module 12: Colorectal Cancer Screening

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|---|----------------------|-----------|
| M12.01 | 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? | BLDSTOOL | 1 Yes | Skip if Section 08.02, AGE, is less than 50 | | 336 |
| | | | 2 No 7 Don't know/ not sure 9 Refused | Go to M12.03 | | |
| M12.02 | How long has it been since you had your last blood stool test using a home kit? | LSTBLDS3 | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused | | | 337 |
| M12.03 | Sigmoidoscopy and colonoscopy are exams in | HADSIGM3 | 1 Yes | | | 338 |
| | | | 2 No 7 Don't know / | Go to next section | | |

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| | 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? | | Not sure 9 Refused | | | |
| M12.04 | 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? | HADSGCO1 | 1 Sigmoidoscopy 2 Colonoscopy 7 Don't know / Not sure 9 Refused | | | 339 |
| M12.05 | How long has it been since you had your last sigmoidoscopy or colonoscopy? | LASTSIG3 | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 | | | 340 |

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|--|--|--|---|--|--|--|
| | | | years but less than 5 years ago) 5 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused | | | |
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Module 13: Cancer Survivorship

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|---|---|-----------|
| M13.01 | <p>You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.</p> <p>How many different types of cancer have you had?</p> | CNCRDIFF | <p>1 Only one 2 Two 3 Three or more</p> <p>7 Don't know / Not sure 9 Refused</p> | <p>If C06.06 or C06.07 = 1 (Yes) or M10.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.</p> <p>Go to next module</p> | | 341 |
| M13.02 | At what age were you told that you had cancer? | CNCRAGE | <p>__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused</p> | | <p>If M13.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers to the first time they were told about their first cancer.</p> | 342-343 |
| M13.03 | What type of cancer was it? | CNCRTP1 | <p>Read if respondent needs prompting for cancer type: 01 Breast cancer</p> | <p>If C06.06 = 1 (Yes) and M11.01 =</p> | <p>If M13.01 = 2 (Two) or 3 (Three or more), ask:</p> | 344-345 |

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | <p>Female reproductive (Gynecologic) 02 Cervical cancer (cancer of the cervix) 03 Endometrial cancer (cancer of the uterus) 04 Ovarian cancer (cancer of the ovary) Head/Neck 05 Head and neck cancer 06 Oral cancer 07 Pharyngeal (throat) cancer 08 Thyroid 09 Larynx Gastrointestinal 10 Colon (intestine) cancer 11 Esophageal (esophagus) 12 Liver cancer 13 Pancreatic (pancreas) cancer 14 Rectal (rectum) cancer 15 Stomach Leukemia/ Lymphoma (lymph nodes and bone marrow) 16 Hodgkin's Lymphoma (Hodgkin's disease) 17 Leukemia (blood) cancer 18 Non-Hodgkin's Lymphoma Male reproductive 19 Prostate cancer 20 Testicular cancer Skin 21 Melanoma 22 Other skin cancer Thoracic 23 Heart 24 Lung Urinary cancer 25 Bladder cancer</p> | <p>1 (Only one): ask Was it Melanoma or other skin cancer? then code 21 if Melanoma or 22 if other skin cancer</p> <p>CATI note: If C16.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.</p> | <p>With your most recent diagnoses of cancer, what type of cancer was it?</p> | |
|--|--|--|--|--|---|--|

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|--------|--|----------|--|---|--|---------|
| | | | <p>26 Renal (kidney) cancer</p> <p>Others</p> <p>27 Bone</p> <p>28 Brain</p> <p>29 Neuroblastoma</p> <p>30 Other</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p> | | | |
| M13.04 | Are you currently receiving treatment for cancer? | CSRVRT3 | <p>Read if necessary:</p> <p>1 Yes</p> <p>2 No, I've completed treatment</p> <p>3 No, I've refused treatment</p> <p>4 No, I haven't started treatment</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | <p>Go to next module</p> <p>Go to next module</p> | <p>Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.</p> | 346 |
| M13.05 | What type of doctor provides the majority of your health care? Is it a.... | CSRVDOC1 | <p>Read:</p> <p>01 Cancer Surgeon</p> <p>02 Family Practitioner</p> <p>03 General Surgeon</p> <p>04 Gynecologic Oncologist</p> <p>05 General Practitioner, Internist</p> <p>06 Plastic Surgeon, Reconstructive Surgeon</p> <p>07 Medical Oncologist</p> <p>08 Radiation Oncologist</p> <p>09 Urologist</p> <p>10 Other</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p> | | <p>If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).</p> <p>Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment</p> | 347-348 |

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| | | | | | after a cancer diagnosis. | |
| M13.06 | Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? | CSRVSUM | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional. | 349 |
| M13.07 | Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer? | CSRVRTRN | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | Go to M13.09 | | 350 |
| M13.08 | Were these instructions written down or printed on paper for you? | CSRVINST | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 351 |
| M13.09 | With your | CSRVINSR | 1 Yes | | Read if | 352 |

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| | most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? | | 2 No 7 Don't know/ not sure 9 Refused | | necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs. | |
| M13.10 | Were you ever denied health insurance or life insurance coverage because of your cancer? | CSRVDEIN | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 353 |
| M13.11 | Did you participate in a clinical trial as part of your cancer treatment? | CSRVCLIN | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 354 |
| M13.12 | Do you currently have physical pain caused by your cancer or cancer treatment? | CSRVPAIN | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | Go to next module | | 355 |
| M13.13 | Would you say your pain is currently under control...? | CSRVCTL1 | Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control, without medication (or treatment) Do not read: | | | 356 |

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

Module 14: Healthcare Access

| Question Number | Question text | | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------|--|----------------------|---|-----------|
| M14.01 | What is the primary source of your health care coverage? | HLTHCVR1 | Read if necessary: 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A plan that you or another family member buys on your own 03 Medicare 04 Medicaid or other state program 05 TRICARE (formerly CHAMPUS), VA, or Military 06 Alaska Native, Indian Health Service, Tribal Health Services Or 07 Some other source 08 None (no coverage) Do not read: 77 Don't know/Not | Go to C03.02 | If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04. | 357-358 |

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| | | | sure 99 Refused | | | |
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Module 15: 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) |
|-----------------|--|----------------|---|----------------------|----------------------|-----------|
| M15.01 | How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say.... | ASPIRIN | Read: 1 Daily 2 Some days 3 Used to take it but had to stop due to side effects, or 4 Do not take it Do not read: 7 Don't know / Not sure 9 Refused | | | 359 |

Module 16: 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) |
|-----------------|--|----------------|---|----------------------|---|-----------|
| M16.01 | Has your healthcare provider doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home? | HOMBPCHK | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | By other healthcare provider professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. | 360 |
| M16.02 | Do you regularly check your blood pressure outside of your healthcare provider professional's office or at home? | HOMRGCHK | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Go to next section | | 361 |
| M16.03 | Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location? | WHEREBP | 1 Mostly At home 2 Mostly On a machine at a pharmacy, grocery or similar location 3 Do not check it 7 Don't know / Not sure 9 Refused | | | 362 |
| M16.04 | How do you share your blood pressure numbers that you collected with your healthcare professional provider ? Is it mostly by telephone, other methods such as emails, internet portal | SHAREBP | Do not read: 1 Mostly by Telephone 2 Mostly by Other methods such as email, internet portal, or | | | 363 |

| | | | | | | |
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| | or fax, or in person? | | fax, or 3 Mostly In person | | | |
| | | | Do not read: 4 Do not share information 7 Don't know / Not sure 9 Refused | | | |

Module 17: Sodium or Salt-Related Behavior

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|-------------------------|----------------------|-----------|
| M17.01 | Are you currently watching or reducing your sodium or salt intake? | WTCHSALT | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | | 364 |
| M17.02 | Has a doctor or other health professional ever advised you to reduce sodium or salt intake? | DRADVISE | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | | 365 |

Module 18: Indoor Tanning

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|-------------------------|----------------------|-----------|
| M18.01 | Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth? | INDORTAN | ___ Number (0-365) 777 Don't know/ Not sure 999 Refused | | | 366-368 |

Module 19: Excess Sun Exposure

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|-------------------------|---|-----------|
| M19.01 | During the past 12 months, how many times have you had a sunburn? | NUMBURN3 | ___ Number (0-365) 777 Don't know/ Not sure 999 Refused | | | 369-371 |
| M19.02 | When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that... | SUNPRTCT | Read: 1 Always 2 Most of the time 3 Sometimes 4 Rarely 5 Never Do not read: 6 Don't stay outside for more than one hour on warm sunny days 8 Don't go outside at all on warm sunny days 7 Don't know/ Not sure 9 Refused | | Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt. | 372 |
| M19.03 | On weekdays, in the summer, how long are you outside per day between 10am and 4pm? | WKDAYOUT | 01 Less than half an hour 02 (More than half an hour) up to 1 hour 03 (More than 1 hour) up to 2 hours 04 (More than 2 hours) up to 3 hours | | Friday is a weekday. If respondent says never, code 01. | 373-374 |

| | | | | | | |
|--------|--|----------|---|--|---|---------|
| | | | 05 (More than 3 hours) up to 4 hours 06 (More than 4 hours) up to 5 hours 07 (More than 5) up to 6 hours 77 Don't know/ Not sure 99 Refused | | | |
| M19.04 | On weekends in the summer, how long are you outside each day between 10am and 4pm? | WKENDOUT | 01 Less than half an hour 02 (More than half an hour) up to 1 hour 03 (More than 1 hour) up to 2 hours 04 (More than 2 hours) up to 3 hours 05 (More than 3 hours) up to 4 hours 06 (More than 4 hours) up to 5 hours 07 (More than 5) up to 6 hours 77 Don't know/ Not sure 99 Refused | | Friday is a weekday. If respondent says never, code 01. | 375-376 |

Module 20: Cognitive Decline

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|---|----------------------|-----------|
| M20.01 | <p>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.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is</p> | CIMEMLOS | 1 Yes | If respondent is 45 years of age or older continue, else go to next module. Go to M20.02 | | 377 |
| | | | 2 No | Go to next module | | |
| | | | 7 Don't know/ not sure | Go to M20.02 | | |
| | | | 9 Refused | Go to next module | | |

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|---------------|---|----------|--|--------------|--|-----|
| | getting worse? | | | | | |
| M20.02 | During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is... | CDHOUSE | Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused | | | 378 |
| M20.03 | As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is... | CDASSIST | Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused | Go to M20.05 | | 379 |
| M20.04 | When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is... | CDHELP | Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused | | | 380 |
| M20.05 | During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, | CDSOCIAL | Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't | | | 381 |

| | or engage in social activities outside the home? Would you say it is... | | know/Not sure 9 Refused | | | |
|---------------|--|----------|--|--|--|-----|
| M20.06 | Have you or anyone else discussed your confusion or memory loss with a health care professional? | CDDISCUS | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 382 |

Module 21: Caregiver

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|----------------------|---|-----------|
| M21.01 | 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 | | If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss | 383 |
| | | | 2 No | Go to M21.09 | | |
| | | | 7 Don't know/Not sure | | | |
| | | | 8 Caregiving recipient died in past 30 days | Go to next module | | |
| | | | 9 Refused | Go to M21.09 | | |
| M21.02 | What is his or her relationship to you? | CRGVREL3 | 01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused | | If more than one person, say: Please refer to the person to whom you are giving the most care. | 384-385 |
| M21.03 | For how long have you provided care for that person? Would you say... | CRGVLNG1 | Read if necessary: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less | | | 386 |

| | | | | | | |
|---------------|---|----------|---|--|--|---------|
| | | | <p>than 5 years 5 More than 5 years Do not read: 7 Don't Know/ Not Sure 9 Refused</p> | | | |
| M21.04 | <p>In an average week, how many hours do you provide care or assistance? Would you say...</p> | CRGVHRS1 | <p>Read if necessary: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused</p> | | | 387 |
| M21.05 | <p>What is the main health problem, long-term illness, or disability that the person you care for has?</p> | CRGVPRB3 | <p>01 Arthritis/rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer's disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida 07 Diabetes 08 Heart disease, hypertension, stroke 09 Human Immunodeficiency Virus Infection (H.I.V.) 10 Mental illnesses, such as anxiety,</p> | <p>If M21.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M21.07. Otherwise, continue</p> | | 388-389 |

| | | | | | | |
|---------------|--|----------|--|--|--|-----|
| | | | depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused | | | |
| M21.06 | Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder? | CRGVALZD | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | | 390 |
| M21.07 | In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing? | CRGVPER1 | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 391 |
| M21.08 | In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or | CRGVHOU1 | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 392 |

| | preparing meals? | | | | | |
|---------------|---|----------|--|---------------------------------------|--|-----|
| M21.09 | 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 Yes 2 No 7 Don't know/ not sure 9 Refused | If M21.01 = 1 or 8, go to next module | | 393 |

Module 22: Adverse Childhood Experiences

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|---------------------|---|-----------|
| Prologue | I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. | | | | Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan. | |
| M22.01 | Now, looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal? | ACEDEPRS | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | | 394 |
| M22.02 | Did you live with anyone who was a problem drinker or alcoholic? | ACEDRINK | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | | 395 |
| M22.03 | Did you live with anyone who used illegal street drugs or who abused prescription medications? | ACEDRUGS | 1 Yes 2 No 7 Don't Know/Not Sure | | | 396 |

| | | | | | | |
|---------------|--|----------|---|--|--|-----|
| | | | 9 Refused | | | |
| M22.04 | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? | ACEPRISN | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | | 397 |
| M22.05 | Were your parents separated or divorced? | ACEDIVRC | 1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused | | | 398 |
| M22.06 | How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it... | ACEPUNCH | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | 399 |
| M22.07 | Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it— | ACEHURT1 | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | 400 |
| M22.08 | How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it... | ACESWEAR | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | 401 |

| | | | | | | |
|---------------|--|----------|---|--|--|-----|
| M22.09 | How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it... | ACETOUCH | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | 402 |
| M22.10 | How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it... | ACETTHEM | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | 403 |
| M22.11 | How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it... | ACEHVSEX | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | 404 |

Module 23: Family Planning

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|---|--|-----------|
| M23.01 | The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant? | PFPPRVN3 | 1 Yes | If respondent is female and greater than 49 years of age, has had a hysterectomy (M09.07=1), is pregnant, or if respondent is male go to the next module. Continue | | 405 |
| | | | 2 No | Go to M23.03 | | |
| | | | 3 No partner/ not sexually active 4 Same sex partner 7 Don't know / Not sure 9 Refused | Go to next section | | |
| M23.02 | The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant? | TYPCNTR8 | 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, | Go to M23.03 | 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 | 406-407 |

| | | | | | | |
|---------------|---|----------|---|-------------------|--|---------|
| | | | <p>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)</p> | | <p>“levonorgestrel I.U.D.” or “copper-bearing I.U.D.”</p> <p>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.</p> | |
| | | | <p>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 sure 99 Refused</p> | Go to next module | | |
| M23.03 | Some reasons for not doing anything to keep you from getting pregnant the last time you had sex | NOBCUSE7 | <p>Read if necessary:</p> <p>01 You didn’t think you were going to have sex/no regular partner 02 You just didn’t think about it</p> | | <p>If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category.</p> | 408-409 |

| | | | | | | |
|--|---|--|---|--|---|--|
| | <p>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?</p> | | <p>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 hysterectomy 14 Your partner had a vasectomy (sterilization) 15 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 sure 99 Refused</p> | | <p>If response does fit into another category, please mark appropriately.</p> | |
|--|---|--|---|--|---|--|

Module 24: Alcohol Screening & Brief Intervention (ASBI)

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|--|----------------------|-----------|
| M24.01 | 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? | ASBIALCH | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | If core q3.4 (CHECKUP), = 1 or 2 (had a checkup within the past 2 years) continue, else go to next module. | | 410 |
| M24.02 | Did the health care provider ask you in person or on a form how much you drink? | ASBIDRNK | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 411 |
| M24.03 | Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion? | ASBIBING | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 412 |
| M24.04 | Were you offered advice about what level of drinking is harmful or risky for you? | ASBIADVC | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | If question M25.01, 02, or 03 = 1 (yes) continue, else go to next module.] | | 413 |

| | | | | | | |
|---------------|--|----------|--|--|--|-----|
| | health? | | | | | |
| M24.05 | 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? | ASBIRDUC | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 414 |

Module 25: Marijuana Use

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|----------------------|--|-----------|
| M25.01 | During the past 30 days, on how many days did you use marijuana or cannabis? | MARIJAN1 | _ _ 01-30 Number of days 88 None 77 Don't know/not sure 99 Refused | Go to next module | | 415-416 |
| M25.02 | During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually... | USEMRJN2 | Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it (for example, in brownies, cakes, cookies, or candy) 3 Drink it (for example, in tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using waxes or concentrates), or 6 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused | | Select one. If respondent provides more than one say: which way did you use it most often. | 417 |
| M25.03 | When you used marijuana or cannabis | RSNMRJN1 | Read: 1 For medical reasons (like to | | | 418 |

| | | | | | | |
|--|--|--|--|--|--|--|
| | during the past 30 days, was it usually: | | <p>treat or decrease symptoms of a health condition);</p> <p>2 For non-medical reasons (like to have fun or fit in), or</p> <p>3 For both medical and non-medical reasons.</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p> | | | |
|--|--|--|--|--|--|--|

Module 26: Industry and Occupation

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|---|---|-----------|
| M26.01 | What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic. | TYPEWORK | _____Record answer 99 Refused | If C08.15 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section. If C08.15 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic." Else go to next module | If respondent is unclear, ask: What is your job title? If respondent has more than one job ask: What is your main job? | 419-518 |
| M26.02 | What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant | TYPEINDS | _____Record answer 99 Refused | If Core Q8.15 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant." | | 519-618 |

Module 27: Food Stamps

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|---------------------|---|-----------|
| M27.01 | In the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card? | FOODSTMP | 1 Yes 2 No 7 Don't Know/Not Sure 9 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. | 619 |

Module 28: Sex at Birth

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|----------------------|-----------|
| M28.01 | What was your sex at birth? Was it male or female? | BIRTHSEX | 1 Male 2 Female 7 Don't know/Not sure 9 Refused | If state does not use option for sex at birth, GOTO C08.06 | | 620 |

Module 29: Sexual Orientation and Gender Identity

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|--|---|-----------|
| M29.01a | <p>The next two questions are about sexual orientation and gender identity.</p> <p>Which of the following best represents how you think of yourself?</p> | SOMALE | <p>READ: 1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else</p> <p>DO NOT READ: 7 = I don't know the answer/ The respondent did not understand the question 9 = Refused</p> | <p>Ask if Sex= 1.</p> <p>Read the number of the response to allow respondent to reply with a number.</p> | <p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7.</p> | 621 |
| M29.01b | <p>Which of the following best represents how you think of yourself?</p> | SOFEMALE | <p>READ: 1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else</p> <p>DO NOT READ: 7 = I don't know the answer/ Respondent</p> | <p>Ask if Sex=2.</p> <p>Read the number of the response to allow respondent to reply with a number.</p> | <p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> | 622 |

| | | | | | | |
|--------|---|----------|--|-----------------------------|--|-----|
| | | | does not understand the question 9 = Refused | | Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7. | |
| M29.02 | Do you consider yourself to be transgender? | TRNSGNDR | 1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused | If Yes, read responses 1-3. | Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A | 623 |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | <p>transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p> | |
|--|--|--|--|--|--|--|

Module 30: Random Child Selection

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---------------|----------------|---|----------------------|----------------------|-----------|
|-----------------|---------------|----------------|---|----------------------|----------------------|-----------|

| | | | | | | |
|--|---|--|--|---|--|--|
| <p>Intro text and screening</p> | <p>If C08.15 > 1 and C08.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If C08.15 is >1 and C08.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including</p> | | | <p>If C08.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.</p> | | |
|--|---|--|--|---|--|--|

| | | | | | | |
|---------------|--|----------|--|--|---|---------|
| | twins, in the order of their birth. | | | | | |
| M30.01 | What is the birth month and year of the [Xth] child? | RCSBIRTH | ___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused | | | 624-629 |
| M30.02 | Is the child a boy or a girl? | RCSGENDR | 1 Boy 2 Girl 9 Refused | | | 630 |
| M30.03 | Is the child Hispanic, Latino/a, or Spanish origin? | RCHISLA1 | Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused | | If yes, ask: Are they... | 631-634 |
| M30.04 | Which one or more of the following would you say is the race of the child? | RCSRACE1 | 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese | [CATI NOTE: IF MORE THAN ONE RESPONSE TO M30.05 ; CONTINUE. OTHERWISE, GO TO M30.06 .] | Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. | 635-662 |

| | | | | | | |
|---------------|---|----------|---|--|--|-----|
| | | | 77 Don't know / Not sure 99 Refused | | | |
| M30.06 | How are you related to the child? Are you a.... | RCSRLTN2 | Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused | | | 665 |

Module 31: Childhood Asthma Prevalence

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|--|----------------------|-----------|
| M31.01 | The next two questions are about the Xth child. Has a doctor, nurse or other | CASTHDX2 | 1 Yes | If response to C08.15 = 88 (None) or 99 (Refused), go to next module. Fill in correct [Xth] number. | | 666 |

| | | | | | | |
|---------------|--|----------|---|-------------------|--|-----|
| | health professional EVER said that the child has asthma? | | 2 No 7 Don't know/ not sure 9 Refused | Go to next module | | |
| M31.02 | Does the child still have asthma? | CASTHNO2 | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | 667 |

Asthma Call-Back Permission Script

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|---------------------|----------------------|-----------|
| Text | <p>We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers</p> | | | | | |

| | | | | | | |
|----------------|--|--|--------------------|--|--|-----|
| | collected today. Even if you agree now, you or others may refuse to participate in the future. | | | | | |
| CB01.01 | Would it be okay if we called you back to ask additional asthma-related questions at a later time? | CALLBACK | 1 Yes 2 No | | | 668 |
| CB01.02 | Which person in the household was selected as the focus of the asthma call-back? | ADLTCHLD | 1 Adult 2 Child | | | 669 |
| CB01.03 | Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back? | _____ Enter first name or initials. | | | | |

Closing Statement

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.