

# Attachment 5a

## 2020 BRFSS



## Questionnaire

# Table of Contents

OMB Header and Introductory Text.....	
Landline Introduction.....	
Cell Phone Introduction.....	
Core Section 1: Health Status.....	
Core Section 2: Healthy Days.....	
Core Section 3: Health Care Access.....	
Core Section 4: Exercise.....	
Core Section 5: Inadequate Sleep.....	
Core Section 6: Chronic Health Conditions.....	
Core Section 7: Oral Health.....	
Core Section 8: Demographics.....	
Core Section 9: Disability.....	
Core Section 10: Tobacco Use.....	
Core Section 11: Alcohol Consumption.....	
Core Section 12: Immunization.....	
Core Section 13: Falls.....	
Core Section 14: Seat Belt Use and Drinking and Driving.....	
Core Section 15: Breast and Cervical Cancer Screening.....	
Core Section 16: Prostate Cancer Screening.....	
Core Section 17: Colorectal Cancer Screening.....	
Core Section 18: H.I.V./AIDS.....	
Closing Statement/ Transition to Modules.....	
Optional Modules.....	
Module 1: Prediabetes.....	
Module 2: Diabetes.....	
Module 3: ME/CFS.....	
Module 4: Hepatitis Treatment.....	
Module 5: Health Care Access.....	
Module 6: Cognitive Decline.....	
Module 7: Caregiver.....	
Module 8: E-Cigarettes.....	

Module 9: Marijuana Use.....

Module 10: Lung Cancer Screening.....

Module 11: Cancer Survivorship: Type of Cancer.....

Module 12: Cancer Survivorship: Course of Treatment.....

Module 13: Cancer Survivorship: Pain Management.....

Module 14: Prostate Cancer Screening Decision Making.....

Module 15: Adult Human Papillomavirus (HPV) - Vaccination.....

Module 16: Tetanus Diphtheria (Tdap) (Adults).....

Module 17: Place of Flu Vaccination.....

Module 18: Industry and Occupation.....

Module 19: Sex at Birth.....

Module 20: Sexual Orientation and Gender Identity (SOGI).....

Module 21: Adverse Childhood Experiences.....

Module 22: Random Child Selection.....

Module 23: Childhood Asthma Prevalence.....

Asthma Call-Back Permission Script.....

Closing Statement.....

# 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 3/31/2021</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 <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US 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		
			2 No	TERMINATE	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.	
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.	
			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.
			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	
			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.
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we

					mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
<b>LL06.</b>	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
<b>LL07.</b>	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1.		
			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.	
<b>LL08.</b>	I need to randomly select one adult who lives in your household to be interviewed.	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with.	

	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?		2-6 or more	Go to LL10.	If no: May I speak with the adult in the household?	
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		
			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			
LL11.	So the number of women in the household is [X]. Is that correct?	NUMWOME N			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].	
LL12	The person in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male	RESPLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See		



	/Female] in this household?			CATI programming )		
			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.	
<b>Transition to Section 1.</b>			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).		Do not read: Introductory text may be reread when selected respondent is reached.  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.	



# 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)
<b>CP01.</b>	Is this a safe time to talk with you?	SAFETIME	1 Yes 2 No	Go to CP02 ([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
<b>CP02.</b>	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes 2 No	Go to CP03 TERMINATE		
<b>CP03.</b>	Is this a cell phone?	CELLFON5	1 Yes 2 No	Go to CADULT TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
<b>CP04.</b>	Are you 18 years of age or older?	CADULT1	1 Yes 2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
<b>CP05.</b>	Are you male or female?	CELLSEX	1 Male 2 Female 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.	
<b>CP06.</b>	Do you live in a private residence?	PVTRES3	1 Yes	Go to CP08	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.	
			2 No	Go to CP07		
<b>CP07.</b>	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.	
			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.	
<b>CP08.</b>	Do you currently live in ___(state)___?	CSTATE1	1 Yes	Go to CP10		
			2 No	Go to CP09		
<b>CP09.</b>	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 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington			
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			54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands 99 Refused			
<b>CP10.</b>	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.	
<b>CP11.</b>	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		
<b>Transition to section 1.</b>			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).			
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# 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)
CHS.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			



## 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)
<b>CHD.01</b>	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			
<b>CHD.02</b>	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			
<b>CHD.03</b>	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 CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		

## Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHCA.01</b>	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 Health Care Access (HCA) Module go to MHCA.01, else continue		
			2 No 7 Don't know/Not Sure 9 Refused			
<b>CHCA.02</b>	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?	
<b>CHCA.03</b>	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	If using HCA Module, go to Module 03, MME.03, else continue.		
<b>CHCA.04</b>	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)	If using HCA Module and CHCA.01 = 1 go to Module 03 MME.04a or if using HCA Module and CHCA,01 = 2, 7, or 9 go to Module 03, MME.04b, else go to	Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

			3 Within the 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	next section.		
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## Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEX.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 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

## Core Section 5: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIS.01	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	

## 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)
<b>CCHC.01</b>	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			
<b>CCHC.02</b>	(Ever told) you had angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.03</b>	(Ever told) you had a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.04</b>	(Ever told) you had asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
<b>CCHC.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.06</b>	(Ever told) you had skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know			

			/ Not sure 9 Refused			
<b>CCHC.07</b>	(Ever told) you had any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.08</b>	(Ever told) you have 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			
<b>CCHC.09</b>	(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
<b>CCHC.10</b>	(Ever told) you have a depressive disorder	ADDEPEV2	1 Yes 2 No 7 Don't know / Not sure			

	(including depression, major depression, dysthymia, or minor depression)?		9 Refused			
<b>CCHC.11</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	CHCKDNY1	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	
<b>CCHC.12</b>	(Ever told) you have diabetes?	DIABETE3	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
<b>CCHC.13</b>	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.		



## Core Section 7: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COH.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	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 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			
COH.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	RMVTETH4	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	

## 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)
<b>CDEM.01</b>	What is your age?	AGE	-- Code age in years 07 Don't know / Not sure 09 Refused			
<b>CDEM.02</b>	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.	
<b>CDEM.03</b>	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 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	If more than one response to CDEM.04; continue. Otherwise, go to CDEM.05.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	
<b>CDEM.0</b>	Which one	ORACE3	Please read:		If 40 (Asian)	

4	of these groups would you say best represents your race?		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		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	
<b>CDEM.0</b> 5	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused	If using Sex at Birth Module, insert module question prior to asking this question		
<b>CDEM.0</b> 6	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			
<b>CDEM.0 7</b>	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.	
<b>CDEM.0 8</b>	In what county do you currently live?	CTYCODE2	_ _ _ANSI County Code 777 Don't know / Not sure 999 Refused			
<b>CDEM.0 9</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
<b>CDEM.1 0</b>	Not including cell phones or	NUMHHOL 3	1 Yes	Do not ask this question if cell telephone interview. If		

	numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household ?		2 No 7 Don't know / Not sure 9 Refused	cell interview go to 8.12 Go to CDEM.12		
<b>CDEM.1 1</b>	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			
<b>CDEM.1 2</b>	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.	
<b>CDEM.1 3</b>	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.	
<b>CDEM.1</b>	Are you	EMPLOY1	Read:		If more than	

4	currently... ?		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		one, say “select the category which best describes you”.	
<b>CDEM.1</b> 5	How many children less than 18 years of age live in your household ?	CHILDREN	_ _ Number of children 88 None 99 Refused			
<b>CDEM.1</b> 6	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:		If respondent refuses at ANY income level, code '99' (Refused)	

			77 Don't know / Not sure 99 Refused			
<b>CDEM.1 7</b>	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	
<b>CDEM.1 8</b>	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	
<b>CDEM.1 9</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Skip if Male (M28.01, BIRTHSEX, is coded 1). If M28.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or CDEM.01), or AGE, is greater than 49		

## Core Section 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDIS.20</b>	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	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

	hearing?					
<b>CDIS.21</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.22</b>	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			
<b>CDIS.23</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.24</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.25</b>	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			

## Core Section 10: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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<b>CTOB.01</b>	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.05		
<b>CTOB.02</b>	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			
			3 Not at all	Go to CTOB.04		
			7 Don't know / Not sure 9 Refused	Go to CTOB.05		
<b>CTOB.03</b>	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 CTOB.05		
<b>CTOB.04</b>	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but			

			less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
<b>CTOB.05</b>	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	

## Core Section 11: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CALC.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			
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
CALC.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.	
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		
CALC.04	During the past 30 days, what is the largest number of drinks	MAXDRNKS	__ Number of drinks 77 Don't know / Not			

	you had on any occasion?		sure 99 Refused		
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## Core Section 12: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.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?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.04	Read if necessary: 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.	
CIMM.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?		-- / ---- Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
CIMM.03	Have you ever had the shingles or zoster vaccine?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	If age >49 GOTO CIMM.04.	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.	
CIMM.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.	



## Core Section 13: Falls

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CFAL.01	In the past 12 months, how many times have you fallen?	FALL12MN	-- Number of times 88 None 77 Don't know / Not sure 99 Refused	Skip if Section 08.02, AGE, coded 18-44 Go to Next Section	Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.	
CFAL.02	Did this fall cause an injury that limited your regular activities for at least a day or caused you to go to see a doctor? How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?	FALLINJ3	-- Number of falls [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	If CFAL.01 =1 ask first version of question, if CFAL.01 > 1 ask second version. If only one fall from CFAL.01 and response is Yes (caused an injury); code 01. If response is No, code 88.	Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.	

## Core Section 14: Seat Belt Use and Drinking and Driving

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CSBD.01	How often do you use seat belts when you drive or ride in a car? Would you say—	SEATBELT	Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure			
			8 Never drive or ride in a car	Go to next section		
			9 Refused			
CSBD.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	DRNKDRI2	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	If CALC.01 = 888 (No drinks in the past 30 days); go to next section.		

## Core Section 15: 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)
CBCC.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.	
			2 No 7 Don't know/ not sure 9 Refused		Go to CBCC.03	
CBCC.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			
CBCC.03	Have you ever had a Pap test?	HADPAP2	1 Yes			
			2 No	Go to CBCC.05		



			7 Don't know / Not sure 9 Refused			
<b>CBCC.04</b>	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			
<b>CBCC.05</b>	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 CBCC.07	Human papillomavirus (pap-uh-loh-muh virus)	
<b>CBCC.06</b>	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 (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			
<b>CBCC.07</b>	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).	

## Core Section 16: 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)
<b>CPCS.01</b>	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 CDEM.01 is coded 2, 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.	
<b>CPCS.02</b>	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			
<b>CPCS.03</b>	Has a doctor, nurse, or other	PCPSARE1	1 Yes 2 No			

	health professional ever recommended that you have a P.S.A. test?		7 Don't know / Not sure 9 Refused			
<b>CPCS.04</b>	Have you ever had a P.S.A. test?	PSATEST1	1 Yes		Go to next section	
			2 No  7 Don't know / Not sure 9 Refused			
<b>CPCS.05</b>	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 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			
<b>CPCS.06</b>	What was the main reason you had this P.S.A. test - was it ...?	PCPSARS1	Read: 1 Part of a routine exam 2 Because of a prostate problem 3 Because of a family			

			history of prostate cancer 4 Because you were told you had prostate cancer 5 Some other reason Do not read: 7 Don't know / Not sure 9 Refused			
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## Core Section 17: 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)
<b>Prologue</b>	The next questions are about the five different types of tests for colorectal cancer screening.			CATI note: If respondent is < 49 years of age, go to next section.		
<b>CRC.01</b>	A colonoscopy checks the entire colon. 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. Have you ever had a colonoscopy?		1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.03		
<b>CRC.02</b>	How long has it been since you had this test?		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 5 years (2 years but less than 5 years ago) 4 Within the past 10 years			

			(5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
<b>CRC.03</b>	A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?		1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.05		
<b>CRC.04</b>	How long has it been since you had this test?		Read if necessary: 1 Within the past year (anytime less than 12 s ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			

<b>CRC.05</b>	Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?		1 Yes		This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.	
			2 No 7 Don't know / Not sure 9 Refused			
<b>CRC.06</b>	How long has it been since you had this test?		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			
<b>CRC.07</b>	Another test uses a special kit to obtain an entire		1 Yes		This is also called a FIT-DNA test, a stool DNA test, or	
			2 No			

	bowel movement at home and returns the kit to a lab. Have you ever had this test?		7 Don't know / Not sure 9 Refused		a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.	
<b>CRC.08</b>	How long has it been since you had this test?		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			
<b>CRC.09</b>	For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-rays machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?		1 Yes		Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		



<p><b>CRC.10</b></p>	<p>How long has it been since you had this test?</p>		<p>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</p>			
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## Core Section 18: 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)
CHIV.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>Have you ever been tested for H.I.V.? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>	HIVTST6	1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to CHIV.03		
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the	

					last four digits for the year.	
<b>CHIV.03</b>	<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><b>You have injected any drug other than those prescribed for you in the past year.</b></p> <p><b>You have been treated for a sexually transmitted disease or STD in the past year.</b></p> <p><b>You have given or received money or drugs in exchange for sex in the past year.</b></p> <p><b>You had anal sex without a condom in the past year.</b></p> <p><b>You had four or more sex partners in the past year.</b></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>			

# Closing Statement/ Transition to Modules

Read if necessary	Read	CATI instructions (not read)
<p>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.</p>		<p>Read if no optional mod continue to optional mo</p>

# 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)
MPDB.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 CCHC.12, DIABETE3, is coded 1		
MPDB.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 06.12, DIABETE3, is coded 1; If CCHC.12, DIABETE3, is coded 4 automatically code MPDB.02, PREDIAB1, equal to 1 (yes);	If Yes and respondent is female, ask: Was this only when you were pregnant?	

## 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)
MDIA.01	Are you now taking insulin?	INSULIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	To be asked following Core Q6.13; if response to Q6.12 is Yes (code = 1)		
MDIA.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.'	
MDIA.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			
MDIA.04	About how	DOCTDIAB	_ _ Number			

	many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?		of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			
<b>MDIA.05</b>	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.	
<b>MDIA.06</b>	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 MDIA.03 = 555 (No feet), go to MDIA.07		
<b>MDIA.07</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEXAM1	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 sure 8 Never 9 Refused			
<b>MDIA.08</b>	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			
<b>MDIA.09</b>	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			

## 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)
MME.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	
MME.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	
MME.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			

## 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)
MHT.01	Have you ever been told by a doctor or other health professional that you had Hepatitis C?	TOLDHEPC	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to MHT.05	Hepatitis C is an infection of the liver from the Hepatitis C virus	
MHT.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, Epclusa and others.	
MHT.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.	
MHT.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.	
MHT.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 2 No 7 Don't know/ Not sure 9 Refused	Go to next section	Hepatitis B is an infection of the liver from the hepatitis B virus.	
MHT.06	Are you currently taking medicine	MEDSHEPB	1 Yes 2 No			

	to treat hepatitis B?		7 Don't know/ Not sure 9 Refused			
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## Module 5: Health Care Access

Question Number	Question text		Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MHCA.01	Do you have Medicare?	MEDICARE	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Medicare is a coverage plan for people age 65 or over and for certain disabled people.	
MHCA.02	What is the primary source of your health care coverage? Is it...	HLTHCVR1	Read: 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	Go to CHCA.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.	

			<p>Services Or 07 Some other source 08 None (no coverage) Do not read: 77 Don't know/Not sure 99 Refused</p>			
<b>MHCA.03</b>	Other than cost, have you delayed getting medical care for one of the following reasons in the past 12 months? Was it because.....	DELAYME1	<p>Read: 1 You couldn't get through on the telephone. 2 You couldn't get an appointment soon enough. 3 Once you got there, you had to wait too long to see the doctor. 4 The clinic or doctor's office wasn't open when you got there. 5 You didn't have transportation. Do not read:  8 No, I did not delay getting medical care/did not need medical care 7 Don't know/Not sure 9 Refused</p>	Go to CHCA.04	If respondent provides more than one reason, say: "Which was the most important reason you delayed getting care?"	
		DLYOTHER	<p>6 Other _____</p> <p>(specify)</p>			
<b>MHCA.04a</b>	In the past 12 months was there any time when you did	NOCOV121	<p>1 Yes 2 No 7 Don't know/not sure</p>	If CHCA.01 = 1 (Yes) continue, else go to		

	not have any health insurance or coverage?		9 Refused	MME.04b		
<b>MHCA.04 b</b>	About how long has it been since you last had health care coverage?	LSTCOVRG	Read if necessary: 1 6 months or less 2 More than 6 months, but not more than 1 year ago 3 More than 1 year, but not more than 3 years ago 4 More than 3 years 5 Never Do not read: 7 Don't know/Not sure 9 Refused	If CHCA.01 = 2, 7, or 9 continue, else Go to MME.05		
<b>MHCA.05</b>	How many times have you been to a doctor, nurse, or other health professional in the past 12 months?	DRVISITS	-- Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			
<b>MHCA.06</b>	Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?	MEDSCOS1	1 Yes 2 No 3 No medication was prescribed 7 Don't know/ not sure 9 Refused			
<b>MHCA.07</b>	In general, how satisfied are you with the health care you received?	CARERCVD	Read: 1 Very satisfied 2 Somewhat satisfied 3 Not at all			

	Would you say —		satisfied Do not read: 8 Not applicable 7 Don't know/Not sure 9 Refused			
<b>MHCA.08</b>	Do you currently have any health care bills that are being paid off over time?	MEDBILL1	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to Core Section 4.	Read if necessary: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.  Read if necessary: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.	

## Module 6: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>MCD.01</b>	The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday	CIMEMLOS	1 Yes	If respondent is 45 years of age or older continue, else go to next module.  Go to MCD.02		

	<p>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 getting worse?</p>		<p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>	<p>Go to next module</p> <p>Go to MCD.02</p> <p>Go to next module</p>		
<b>MCD.02</b>	<p>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</p>	CDHOUSE	<p>Read:</p> <p>1 Always</p> <p>2 Usually</p> <p>3 Sometimes</p> <p>4 Rarely</p> <p>5 Never</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>			



	bills? Would you say it is...					
<b>MCD.03</b>	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 MCD.05		
<b>MCD.04</b>	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			
<b>MCD.05</b>	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...	CDSOCIAL	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
<b>MCD.06</b>	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			

## Module 7: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCG.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	
			2 No	Go to MCG.09		
			7 Don't know/Not sure			
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to MCG.09		
MCG.02	What is his or her relationship to you?	CRGVREL2	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.	
MCG.03	For how long have you provided care for that person? Would you say...	CRGVLNG1	Read: 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 than 5 years 5 More than 5 years			

			Do not read: 7 Don't Know/ Not Sure 9 Refused			
<b>MCG.04</b>	In an average week, how many hours do you provide care or assistance? Would you say...	CRGVHRS1	Read: 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			
<b>MCG.05</b>	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB2	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, depression, or schizophrenia 11 Other organ			

			<p>failure or diseases such as kidney or liver problems</p> <p>12 Substance abuse or addiction disorders</p> <p>13 Injuries, including broken bones</p> <p>14 Old age/ infirmity/frailty</p> <p>15 Other</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>			
<b>MCG.06</b>	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVPERS	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>			
<b>MCG.07</b>	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	CRGVHOUS	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>			
<b>MCG.08</b>	Of the following support services, which one do you, as a caregiver, most need that you are not currently getting?	CRGVMST3	<p>Read:</p> <p>1 Classes about giving care, such as giving medications</p> <p>2 Help in getting access to services</p> <p>3 Support groups</p> <p>4 Individual counseling to help cope with giving care</p>		If respondent asks what respite care is read: "Respite care means short-term breaks for people who provide care."	

			5 Respite care, or 6 You don't need any of these support services Do not read: 7 Don't Know /Not Sure 9 Refused			
<b>MCG.09</b>	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 MCG.01 = 1 or 8, go to next module		

## Module 8: E-Cigarettes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MECIG.01	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes 2 No 7 Don't know/Not sure 9 Refused	Go to next module	<p>Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.</p> <p>Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.</p>	
MECIG.02	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	ECIGNOW	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		<p>Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.</p>	

## Module 9: Marijuana Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MMJU.01	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	_ _ 01-30 Number of days		Marijuana and cannabis include both CBD and THC products.	
			88 None 77 Don't know/not sure 99 Refused	Go to next module		
MMJU.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.	
MMJU.03	When you	RSNMRJN1	Read:			

	<p>used marijuana or cannabis during the past 30 days, was it usually:</p>		<p>1 For medical reasons (like to treat or decrease symptoms of a health condition);  2 For non-medical reasons (like to have fun or fit in), or  3 For both medical and non-medical reasons.  Do not read:  7 Don't know/Not sure  9 Refused</p>			
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## Module 10: 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)
MLCS.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	___ Age in Years (001 - 100) 777 Don't know/Not sure 999 Refused	If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question MLCS.04.	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).  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.	
			888 Never smoked cigarettes regularly	Go to MLCS.04		
MLCS.02	How old were you when you last smoked cigarettes regularly?	LCSLAST	___ Age in Years (001 - 100) 777 Don't know/Not sure 999 Refused			
MLCS.03	On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke	LCSNUMCG	___  Number of cigarettes 777 Don't know/Not sure 999 Refused		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 answer in packs	

	each day?				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	
MLCS.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?	LCSCCTSCN	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			

# Module 11: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MTOC.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>	CNCRDIF	<p>1 Only one</p> <p>2 Two</p> <p>3 Three or more</p>	<p>If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.</p>		
			<p>7 Don't know / Not sure</p> <p>9 Refused</p>	<p>Go to next module</p>		
MTOC.02	At what age were you told that you had cancer?	CNCRAGE	<p>__ Age in Years (97 = 97 and older)</p> <p>98 Don't know/Not sure</p> <p>99 Refused</p>		<p>If MTOC.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>	
MTOC.03	What type of cancer was it?	CNCRTYP1	<p>Read if respondent needs prompting for cancer type:</p> <p>01 Breast cancer</p> <p><b>Female reproductive (Gynecologic)</b></p> <p>02 Cervical cancer (cancer of the cervix)</p> <p>03 Endometrial</p>	<p>If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code 21</p>	<p>If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?</p>	

			<p>cancer (cancer of the uterus)  04 Ovarian cancer (cancer of the ovary)  <b>Head/Neck</b>  05 Head and neck cancer  06 Oral cancer  07 Pharyngeal (throat) cancer  08 Thyroid  09 Larynx  <b>Gastrointestinal</b>  10 Colon (intestine) cancer  11 Esophageal (esophagus)  12 Liver cancer  13 Pancreatic (pancreas) cancer  14 Rectal (rectum) cancer  15 Stomach  <b>Leukemia/ Lymphoma (lymph nodes and bone marrow)</b>  16 Hodgkin's Lymphoma (Hodgkin's disease)  17 Leukemia (blood) cancer  18 Non-Hodgkin's Lymphoma  <b>Male reproductive</b>  19 Prostate cancer  20 Testicular cancer  Skin  21 Melanoma  22 Other skin cancer  <b>Thoracic</b>  23 Heart  24 Lung  <b>Urinary cancer</b>  25 Bladder cancer  26 Renal (kidney) cancer  <b>Others</b>  27 Bone  28 Brain</p>	<p>if Melanoma or 22 if other skin cancer   CATI note: If CCCS.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.</p>		
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			29 Neuroblastoma 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
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			Not sure 99 Refused			
MCOT.03	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.	
MCOT.04	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 MCOT.09		
MCOT.05	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOT.06	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	
MCOT.07	Were you ever denied health insurance or	CSRVDEIN	1 Yes 2 No 7 Don't know/			

	life insurance coverage because of your cancer?		not sure 9 Refused			
MCOT.08	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			



## Module 13: Cancer Survivorship: Pain Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCPM.1	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		
MCPM.2	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: 7 Don't know / Not sure 9 Refused			

## Module 14: Prostate Cancer Screening Decision Making

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MPCDM.01	Which one of the following best describes the decision to have the P.S.A. test done?	PCPSADE1		If CPCS.04 = 1 continue, otherwise go to next module.		
			Read: 1 You made the decision alone 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			
			4 You don't know how the decision was made Do not read: 9 Refused	Go to next module		
MPCDM.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: 7 Don't know / Not sure 9 Refused		Select one response. If respondent offers more than one response ask for primary person who made decision.	



## Module 15: Adult Human Papillomavirus (HPV) - Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MHPV.01	A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL]. Have you ever had an H.P.V. vaccination?	HPVADVC2	1 Yes  2 No 3 Doctor refused when asked 7 Don't know/ not sure 9 Refused	To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.  Go to next module	Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var·icks)	
MHPV.02	How many H.P.V. shots did you receive?	HPVADSHT	_ _ Number of shots 03 All shots 77 Don't know / Not sure 99 Refused			

## Module 16: Tetanus Diphtheria (Tdap) (Adults)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MTDAP.01	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 9 Refused		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	

## Module 17: 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)
MFP.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	Ask if CIMM= 1 This question may be inserted in core after CIMM.02	Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?	

## Module 18: 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)
MIO.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____Record answer 99 Refused	If CDEM.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue.  If CDEM.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?	
MIO.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."		

# Module 19: 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)
MSAB.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			



## Module 20: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>MSOGI.01a</b>	The next two questions are about sexual orientation and gender identity.  Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	Ask if Sex= 1.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	
<b>MSOGI.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	Ask if Sex=2.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	
<b>MSOGI.02</b>	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender,		Read if necessary: Some people describe themselves as transgender when	

			<p>female to male</p> <p>3 Yes, Transgender, gender nonconforming</p> <p>4 No</p> <p>7 Don't know/not sure</p> <p>9 Refused</p>		<p>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 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-</p>
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					conforming?  Please say the number before the text response. Respondent can answer with either the number or the text/word.	
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## Module 21: 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)
<b>Prologue</b>	I'd like to ask you some questions about events that happened during your childhood. 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.	
<b>MACE.01</b>	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			
<b>MACE.02</b>	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			
<b>MACE.03</b>	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 9 Refused			
<b>MACE.04</b>	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			
<b>MACE.05</b>	Were your parents separated or divorced?	ACEDIVRC	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			
<b>MACE.06</b>	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			
<b>MACE.07</b>	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			
<b>MACE.08</b>	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			
<b>MACE.09</b>	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			
<b>MACE.10</b>	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			
<b>MACE.11</b>	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			
<b>Epilogue</b>	Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.				If yes provide number [STATE TO INSERT NUMBER HERE]	

## Module 22: 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)
<b>Intro text and screening</b>	<p>If CDEM.16 = 1 and CDEM.16 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 CO.16 is &gt;1 and CDEM.16 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</p>			<p>If CDEM.16 = 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>		

	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 twins, in the order of their birth.					
<b>MRCS.01</b>	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			
<b>MRCS.02</b>	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			
<b>MRCS.03</b>	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...	
<b>MRCS.04</b>	Which one or	RCSRACE1	10 White	[CATI NOTE: IF	Select all that	



	more of the following would you say is the race of the child?		20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 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	MORE THAN ONE RESPONSE TO Q4; CONTINUE. OTHERWISE, GO TO Q6.]	apply  If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	
<b>MRC5.05</b>	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	

			<p>47 Other Asian  <b>50 Pacific Islander</b>  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</p>			
<b>MRCS.06</b>	How are you related to the child? Are you a....	RCSRLTN2	<p>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</p>			

## Module 23: 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)
<b>MCAP.01</b>	The next two questions are about the Xth child.  Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes	If response to CDEM.16 = 88 (None) or 99 (Refused), go to next module. Fill in correct [Xth] number.		
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>MCAP.02</b>	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

## 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)
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<p><b>Text</b></p>	<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 &lt;STATE&gt;. 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 collected today. Even if you agree now, you or others may refuse to participate in the future.</p>					
<p><b>CB01.01</b></p>	<p>Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>	<p>CALLBACK</p>	<p>1 Yes 2 No</p>			

<b>CB01.02</b>	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child			
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## 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.