**2021 BRFSS Core Questionnaire**

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**Feasibility Testing for Collection of BRFSS Supplemental Data Using Web-Based Methods**

**GenIC Submitted Under**

**Cognitive Testing and Pilot Testing for the National Center for Chronic Disease Prevention and Health Promotion**

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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) |
| CHD.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 |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |  |
| CHD.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 |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |  |
|  |  |  |  | Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88 |  |  |
| CHD.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 |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |  |

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) |
| CHCA.01 | What is the current primary source of your health insurance? | \*\*\*NEW\*\*\* | 01 A plan purchased through an employer or union (including plans purchased through another person's employer)  02 A private nongovernmental plan that you or another family member buys on your own  03 Medicare  04 Medigap  05 Medicaid  06 Children's Health Insurance Program (CHIP)  07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA  08 Indian Health Service  09 State sponsored health plan  10 Other government program  88 No coverage of any type  77 Don’t Know/Not Sure 99 Refused |  | If respondent has multiple sources of insurance, ask for the one used most often.  If respondents give the name of a health plan rather than the type of coverage  ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP. |  |
|  |
| CHCA.02 | Do you have one person or a group of doctors that you think of as your personal health care provider? | \*\*\*NEW\*\*\* | 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? |  |
| CHCA.03 | Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? | \*\*\*NEW\*\*\* | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CHCA.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 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 |  | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. |  |

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: Hypertension Awareness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C05.01 | Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? | BPHIGH4 | 1 Yes |  | 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. |  |
| 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 |
| C05.02 | Are you currently taking prescription medicine for your high blood pressure? | BPMEDS | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |

Core Section 6: Cholesterol Awareness

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C06.01 | Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your ~~blood~~ cholesterol checked? | CHOLCHK2 | 1 Never | Go to next section. | |  |  |
| 2 Within the past year (anytime less than one year ago)  3 Within the past 2 years (1 year but less than 2 years ago)  4 Within the past 3 years (2 years but less than 3 years ago)  5 Within the past 4 years (3 years but less than 4 years ago)  6 Within the past 5 years (4 years but less than 5 years ago)  8 5 or more years ago |  | |
| 7 Don’t know/ Not sure  9 Refused | Go to next section | |
| C06.02 | Have you ever been told by a doctor, nurse or other health professional that your ~~blood~~ cholesterol is high? | TOLDHI2 | 1 Yes |  | | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |  |
| 2 No  7 Don’t know / Not sure  9 Refused | Go to next section. | |
| C06.03 | Are you currently taking medicine prescribed by your doctor or other health professional for your ~~blood~~ cholesterol? | CHOLMED2 | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused | |  |  |  |

Core Section 7: 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) |
| Prologue | 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. |  |  |  |  |  |
| CCHC.01 | 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 |  |  |  |
| CCHC.02 | (Ever told) (you had) angina or coronary heart disease? | CVDCRHD4 | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.03 | (Ever told) (you had) a stroke? | CVDSTRK3 | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.04 | (Ever told) (you had) asthma? | ASTHMA3 | 1 Yes |  |  |  |
| 2 No  7 Don’t know / Not sure  9 Refused | Go to CCHC.06 |  |
| CCHC.05 | Do you still have asthma? | ASTHNOW | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.06 | (Ever told) (you had) skin cancer? | CHCSCNCR | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.07 | (Ever told) (you had) any other types of cancer? | CHCOCNCR | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.08 | (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? | CHCCOPD2 | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.10 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV3 | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.11 | Not including kidney stones, bladder infection or incontinence, were you ever told you had 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. |  |
| CCHC.12 | (Ever told) (you had) diabetes? | DIABETE4 | 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. |  |
| CCHC.13 | How old were you when you were told you had diabetes? | DIABAGE3 | \_ \_ 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 8: Arthritis

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C08.01 | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | HAVARTH3 | 1 Yes |  | 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) |  |
| 2 No  7 Don’t know / Not sure  9 Refused | Go to next section |
| C08.02 | 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. |  |
| C08.03 | Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? | ARTHEDU | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| C08.04 | 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 |  |
| C08.05 | 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." |  |
| C08.06 | Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be? | JOINPAI2 | \_\_ \_\_ Enter number [00-10]  77 Don’t know/ Not sure  99 Refused |  |  |  |

Core Section 9: Demographics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CDEM.01 | What is your age? | AGE | \_ \_ Code age in years  07 Don’t know / Not sure  09 Refused |  |  |  |
| CDEM.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. |  |
| CDEM.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  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 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.  One or more categories may be selected. |  |
|  |  |  |  | If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05 |  |  |
| CDEM.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 |  |
|  |  |  |  | If using Sex at Birth Module, insert here |  |  |
| CDEM.05 | 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 |  |  |  |
| CDEM.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 |  |  |  |
| CDEM.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. |  |
| CDEM.08 | In what county do you currently live? | CTYCODE2 | \_ \_ \_ANSI County Code  777 Don’t know / Not sure  999 Refused |  |  |  |
| CDEM.09 | What is the ZIP Code where you currently live? | ZIPCODE1 | \_ \_ \_ \_ \_  77777 Do not know  99999 Refused |  |  |  |
|  |  |  |  | If cell interview go to CDEM12 |  |  |
| CDEM.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 |  |  |  |
| 2 No  7 Don’t know / Not sure  9 Refused | Go to CDEM.12 |  |
| CDEM.11 | How many of these telephone numbers are residential numbers? | NUMPHON3 | \_\_ Enter number (1-5)  6 Six or more  7 Don’t know / Not sure  8 None  9 Refused |  |  |  |
| CDEM.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. |  |
| CDEM.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. |  |
| CDEM.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”. |  |
| CDEM.15 | How many children less than 18 years of age live in your household? | CHILDREN | \_ \_ Number of children  88 None  99 Refused |  |  |  |
| CDEM.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  99 Refused |  | If respondent refuses at ANY income level, code ‘99’ (Refused) |  |
|  |  |  |  | Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1).  or AGE (CDEM.01), is greater than 49 |  |  |
| CDEM.17 | To your knowledge, are you now pregnant? | PREGNANT | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDEM.18 | 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 |  |
| CDEM.19 | 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 |  |

Core Section 10: Disability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CDIS.01 | 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 |  |  |  |
| CDIS.02 | 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 |  |  |  |
| CDIS.03 | 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 |  |  |  |
| CDIS.04 | Do you have serious difficulty walking or climbing stairs? | DIFFWALK | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDIS.05 | Do you have difficulty dressing or bathing? | DIFFDRES | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDIS.06 | 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 11: Tobacco Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CTOB.01 | Have you smoked at least 100 cigarettes in your entire life? | SMOKE100 | 1 Yes |  | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), 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 |  |
| CTOB.02 | 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 |  |
| ~~CTOB.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~~ |  | NOTE: Move to Tobacco Cessation Module |  |
| ~~Go to CTOB.05~~ |
| CTOB.03 | 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. |  |
| CTOB.04 | 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 |  | 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. Brands you may have heard of are JUUL, NJOY, or blu.  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. |  |

Core Section 12: Alcohol Consumption

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| --- | --- | --- | --- | --- | --- | --- |
| 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 |  | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |  |
| 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? | AVEDRNK3 | \_ \_ 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 (states may use sex at birth to determine sex if module is adopted) |  |  |
| CALC.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? | MAXDRNKS | \_ \_ Number of drinks  77 Don’t know / Not sure  99 Refused |  |  |  |

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) |
| 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? | FLUSHOT7 | 1 Yes |  | 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. |  |
| 2 No  7 Don’t know / Not sure  9 Refused | Go to CIMM.03 |
| 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? | FLSHTMY3 | \_ \_ / \_ \_ \_ \_ Month / Year  77 / 7777 Don’t know / Not sure  09 / 9999 Refused |  |  |  |
| C11.03 | At what kind of place did you get your last flu shot or vaccine? | IMFVPLAC | Read if necessary:  01 A doctor’s office or health maintenance organization (HMO)  02 A health 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)  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 |  | Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? |  |
|  |  |  |  | If age <50 GOTO CIMM.04. |  |  |
| 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 14: H.I.V./AIDS

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| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHIV.01 | 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? | HIVTST7 | 1 Yes |  | 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. |  |
| 2 No  7 Don’t know/ not sure  9 Refused | Go to Next section |
| 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. |  |

# Core Section 15: Physical Activity

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| 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 type of physical activity or exercise did you spend the most time doing during the past month? | EXRACT11 | \_\_ \_\_ 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”. |  |
| 77 Don’t know/ Not Sure  99 Refused | Go to M26.08 |
| M26.02 | 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 |  |  |  |
| M26.03 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? | EXERHMM1 | \_:\_ \_ Hours and minutes  777 Don’t know / Not sure  999 Refused |  |  |  |
| M26.04 | What other type of physical activity gave you the next most exercise during the past month? | EXRACT21 | \_\_ \_\_ 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”. |  |
| 88 No other activity  77 Don’t know/ Not Sure  99 Refused | Go to M26.08 |
| M26.45 | 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 |  |  |  |
| M26.06 | 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 |  |  |  |
| M26.07 | 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. |  |

Core Section 16: Fruits and Vegetables

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| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M27.01 | Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.  Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. | FRUIT2 | 1\_ \_ Day  2\_ \_ Week  3\_ \_ Month  300 Less than once a month  555 Never  777 Don’t Know  999 Refused |  | 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.  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 what to include or says ‘i don’t know’: include fresh, frozen or canned fruit. Do not include dried fruits. |  |
| M27.02 | 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?” |  |
| M27.03 | 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.” |  |
| M27.04 | 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?”  Read if respondent asks about potato chips: “Do not include potato chips.” |  |
| M27.05 | 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.” |  |
| M27.06 | 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.” |  |

# Closing Statement

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| 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. |