Attachment 13:

2021 BRFSS Field Test Questionnaire

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OMB Header and Introductory Text

|  |  |  |
| --- | --- | --- |
| Read if necessary | Read | Interviewer instructions (not read) |
| Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061). |  | Form ApprovedOMB No. 0920-1061Exp. Date 3/31/2021Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov. |
|  | HELLO, I am calling for the [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. | States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.If cell phone respondent objects to being contacted by state where they have never lived, say:“This survey is conducted by all states and your information will be forwarded to the correct state of residence”  |

Cell Phone Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  |  |  |
| CP01. | Is this a safe time to talk with you? | SAFETIME | 1 Yes | Go to CP02 |  |  |
| 2 No |  ([set appointment if possible]) TERMINATE] | Thank you very much. We will call you back at a more convenient time.  |
| CP02. | Is this [PHONE NUMBER]? | CTELNUM1 | 1 Yes | Go to CP03 |  |  |
| 2 No | TERMINATE |  |
| CP03. | Is this a cell phone? | CELLFON5 | 1 Yes | Go to CADULT1 |  |  |
| 2 No | TERMINATE | If "no”: thank you very much, but we are only interviewing persons on cell telephones at this time |
| CP04. | 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. |
| CP05. | Are you male or female? | CELLSEX | 1 Male2 Female |  | We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues. |  |
| 3 Nonbinary7 Don’t know/Not sure9 Refused |  |  |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MSAB.01 | What was your sex at birth? Was it male or female? | BIRTHSEX | 1 Male2 Female |  | This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.  |  |
| 7 Don’t know/Not sure9 Refused | TERMINATE |
| CP06. | Do you live in a private residence? | PVTRESD3 | 1 Yes | Go to CP08 | Read if necessary: By private residence we mean someplace like a house or apartmentDo not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. |  |
| 2 No | Go to CP07 |  |
| CP07. | Do you live in college housing? | CCLGHOUS | 1 Yes | Go to CP08 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. |  |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| CP08. | Do you currently live in\_\_\_(state)\_\_\_\_? | CSTATE1 | 1 Yes | Go to CP10 |  |  |
| 2 No | Go to CP09 |  |
| CP09. | In what state do you currently live? | RSPSTAT1 | 1 Alabama2 Alaska4 Arizona5 Arkansas6 California8 Colorado9 Connecticut10 Delaware11 District of Columbia12 Florida13 Georgia15 Hawaii16 Idaho17 Illinois18 Indiana19 Iowa20 Kansas21 Kentucky22 Louisiana23 Maine24 Maryland25 Massachusetts26 Michigan27 Minnesota28 Mississippi29 Missouri30 Montana31 Nebraska32 Nevada33 New Hampshire34 New Jersey35 New Mexico36 New York37 North Carolina38 North Dakota39 Ohio40 Oklahoma41 Oregon42 Pennsylvania44 Rhode Island45 South Carolina46 South Dakota47 Tennessee48 Texas49 Utah50 Vermont51 Virginia53 Washington54 West Virginia55 Wisconsin56 Wyoming66 Guam72 Puerto Rico78 Virgin Islands |  |  |  |
| 77 Live outside US and participating territories99 Refused | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in the US. |
| CP11. | How many members of your household, including yourself, are 18 years of age or older? | HHADULT | \_ \_ Number 77 Don’t know/ Not sure99 Refused | If CP07 = yes then number of adults is automatically set to 1 |  |  |
| Transition to section 1.  |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number). |  |  |  |

Core Section 1: Health Status

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

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 None77 Don’t know/not sure99 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 None77 Don’t know/not sure99 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 None77 Don’t know/not sure99 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? |  | Read if necessary: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 Medicare04 Medigap05 Medicaid06 Children's Health Insurance Program (CHIP)07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA08 Indian Health Service09 State sponsored health plan10 Other government program88 No coverage of any type77 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 coverageask 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? |  | 1 Yes, only one2 More than one3 No 7 Don’t know / Not sure9 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?NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one. |  |
| 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? |  | 1 Yes2 No7 Don’t know / Not sure9 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 agoDo not read:7 Don’t know / Not sure 8 Never9 Refused |  | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  |  |

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Core Section 4: 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 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.02 | (Ever told) (you had) angina or coronary heart disease? | CVDCRHD4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.03 | (Ever told) (you had) a stroke? | CVDSTRK3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.04 | (Ever told) (you had) asthma? | ASTHMA3 | 1 Yes |  |  |  |
| 2 No7 Don’t know / Not sure9 Refused | Go to CCHC.06 |  |
| CCHC.05 | Do you still have asthma? | ASTHNOW | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.06 | (Ever told) (you had) skin cancer that is not melanoma? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.07 | (Ever told) (you had) any melanoma or any other types of cancer? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.08 | (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? | CHCCOPD3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.09 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.10 | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?  | CHCKDNY2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow. |  |
| CCHC.11 | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | HAVARTH4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter’s syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis, polyarteritis nodosa) |  |
| 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 pregnancy3 No4 No, pre-diabetes or borderline diabetes7 Don’t know / Not sure9 Refused | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. |  |
| 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 5: 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 years07 Don’t know / Not sure09 Refused |  |  |  |
| CDEM.02 | Are you Hispanic, Latino/a, or Spanish origin? | HISPANC3 | If yes, read: Are you… 1 Mexican, Mexican American, Chicano/a2 Puerto Rican3 Cuban4 Another Hispanic, Latino/a, or Spanish originDo not read:5 No7 Don’t know / Not sure9 Refused |  | One or more categories may be selected. |  |
| 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 Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other88 No additional choices77 Don’t know / Not sure99 Refused | . | If 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 Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other77 Don’t know / Not sure99 Refused |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.If respondent has selected multiple races in previous and refuses to select a single race, code refused |  |
|  |  |  |  | If using SOGI module, insert here. Sex at birth module may be inserted here if not used in the screening section.  |  |  |
| Prologue | The next two questions are about sexual orientation and gender identity |
|  |  |  |  | If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b. |  |  |
| MSOGI.01a | Which of the following best represents how you think of yourself?  | SOMALE | 1 = Gay2 = Straight, that is, not gay3 = Bisexual4 = Something else7 = I don't know the answer9 = Refused |  | 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. | 551 |
|  |  |  |  | If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02. |  |  |
| MSOGI.01b | Which of the following best represents how you think of yourself? | SOFEMALE | 1 = Lesbian or Gay2 = Straight, that is, not gay3 = Bisexual4 = Something else7 = I don't know the answer9 = Refused | . | 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. | 552 |
| MSOGI.02 | Do you consider yourself to be transgender?  | TRNSGNDR | 1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male3 Yes, Transgender, gender nonconforming4 No7 Don’t know/not sure9 Refused |  | Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual. 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. If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?Please say the number before the text response. Respondent can answer with either the number or the text/word. | 553 |
|  |  |  |  |  |  |  |
| CDEM.05 | Are you… | MARITAL | Please read:1 Married2 Divorced3 Widowed4 Separated5 Never marriedOr6 A member of an unmarried coupleDo 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 kindergarten2 Grades 1 through 8 (Elementary)3 Grades 9 through 11 (Some high school)4 Grade 12 or GED (High school graduate)5 College 1 year to 3 years (Some college or technical school)6 College 4 years or more (College graduate)Do not read:9 Refused |  |  |  |
| CDEM.07 | Do you own or rent your home? | RENTHOM1 | 1 Own2 Rent3 Other arrangement7 Don’t know / Not sure9 Refused |  | Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.  |  |
| CDEM.08 | In what county do you currently live? | CTYCODE2 | \_ \_ \_ANSI County Code 777 Don’t know / Not sure999 Refused888 County from another state |  |  |  |
| CDEM.09 | What is the ZIP Code where you currently live? | ZIPCODE1 | \_ \_ \_ \_ \_77777 Do not know99999 Refused |  |  |  |
|  |  |  |  | If cell interview go to CDEM12 |  |  |
| 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 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. |  |
| CDEM.14 | Are you currently…? | EMPLOY1 | Read:1 Employed for wages2 Self-employed3 Out of work for 1 year or more 4 Out of work for less than 1 year5 A Homemaker6 A Student7 RetiredOr8 Unable to workDo not read:9 Refused |  | If more than one, say “select the category which best describes you”. |  |
| CDEM.15 | How many children less than 18 years of age live in your household? | CHILDREN | \_ \_ Number of children88 None99 Refused |  |  |  |
| CDEM.16 | Is your annual household income from all sources— | \*\*\*NEW\*\*\* | Read if necessary:01 Less than $10,000?02 Less than $15,000? ($10,000 to less than $15,000) 03 Less than $20,000? ($15,000 to less than $20,000)04 Less than $25,00005 Less than $35,000 If ($25,000 to less than $35,000)06 Less than $50,000 If ($35,000 to less than $50,000)07 Less than $75,000? ($50,000 to less than $75,000)08 Less than $100,000? ($75,000 to less than $100,000)09 Less than $150,000? ($100,000 to less than $150,000)?10 Less than $200,000? ($150,000 to less than $200,000)11 $200,000 or moreDo not read:77 Don’t know / Not sure99 Refused | SEE CATI information of order of coding;Start with category 05 and move up or down categories. | 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 >49 |  |  |
| CDEM.17 | To your knowledge, are you now pregnant? | PREGNANT | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDEM.18 | About how much do you weigh without shoes? | WEIGHT2 | \_ \_ \_ \_ Weight (pounds/kilograms)7777 Don’t know / Not sure9999 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions up |  |
| CDEM.19 | About how tall are you without shoes? | HEIGHT3 | \_ \_ / \_ \_ Height (ft / inches/meters/centimeters)77/ 77 Don’t know / Not sure99/ 99 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions down |  |

Core Section 6: 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 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.02 | Are you blind or do you have serious difficulty seeing, even when wearing glasses? | BLIND | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.03 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | DECIDE | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.04 | Do you have serious difficulty walking or climbing stairs? | DIFFWALK | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.05 | Do you have difficulty dressing or bathing? | DIFFDRES | 1 Yes2 No7 Don’t know / Not sure9 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 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |

# Core Section 7: 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) |
|  |  |  |  | If Section CDEM.01, AGE, is less than 45 go to next module. |  |  |
| CCRC.01 | Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams? | HADSIGM3 | 1 Yes | Go to CCRC.02 |  |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to CCRC.06 |
| CCRC.02 | Have you had a colonoscopy, a sigmoidoscopy, or both? |  | 1 Colonoscopy | Go to CCRC.03 |  |  |
| 2 Sigmoidoscopy | Go to CCRC.04 |
| 3 Both 7 Don’t know/Not sure | Go to CCRC.05 |
| 9 Refused | Go to CCRC.06 |
| CCRC.03 | How long has it been since your most recent colonoscopy?  |  | 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 agoDo not read:7 Don't know / Not sure9 Refused | Go to CCRC.06 |  |  |
| CCRC.04 | How long has it been since your most recent sigmoidoscopy?  |  | 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 agoDo not read:7 Don't know / Not sure9 Refused | Go to CCRC.06 |  |  |
| CCRC.05 | How long has it been since your most recent colonoscopy or sigmoidoscopy? | LASTSIG3 | 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 agoDo not read:7 Don't know / Not sure9 Refused |  |  |  |
| CCRC.06 | Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test? |  | 1 Yes | Go to CCRC.07 |  |  |
| 2 No 7 Don’t Know/Not sure9 Refused | Go to Next Module |
| CCRC.07 | A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy? |  | 1 Yes | Go to CCRC.08 | CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach. |  |
| 2 No 7 Don’t Know/Not sure9 Refused | Go to CCRC.09 |
| CCRC.08 | When was your most recent CT colonography or virtual colonoscopy? |  | 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 agoDo not read:7 Don’t know / Not sure 9 Refused |  |  |  |
| CCRC.09 | One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test? |  | 1 Yes | Go to CCRC.10 | The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab. |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to CCRC.11 |
| CCRC.10 | 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 agoDo not read:7 Don’t know / Not sure 9 Refused |  |  |  |
| CCRC.11 | Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this Cologuard test? |  | 1 Yes | Go to CCRC.12 | Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. |  |
| 2 No 7 Don’t Know/Not sure9 Refused | Go to Next Module |
| CCRC.12 | Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test? |  | 1 Yes2 No 7 Don’t Know/Not sure9 Refused |  |  |  |
| CCRC.13 | 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 agoDo not read:7 Don’t know / Not sure 9 Refused |  |  |  |

Core Section 8: 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 No7 Don’t know/Not Sure9 Refused | Go to CTOB.03 |  |
| CTOB.02 | Do you now smoke cigarettes every day, some days, or not at all?  | SMOKDAY2 | 1 Every day2 Some days3 Not at all 7 Don’t know / Not sure 9 Refused |  |  |  |
| CTOB.03 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | USENOW3 | 1 Every day2 Some days3 Not at all7 Don’t know / Not sure9 Refused |  | Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. |  |
| CTOB.04 | Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all? |  | 1 Every day2 Some days3 Not at all4 Never used e-cigs7 Don’t know / Not sure9 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 9: 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) |
|  |  |  |  | If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to LCSCTSCN. |  |  |
| CLC.01 | You’ve told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.How old were you when you first started to smoke cigarettes regularly? | LCSFIRST | \_ \_ \_ Age in Years (001 – 100)777 Don't know/Not sure999 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).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 LCSCTSCN  |
| CLC.02 | How old were you when you last smoked cigarettes regularly? | LCSLAST | \_ \_ \_ Age in Years (001 – 100)777 Don't know/Not sure999 Refused |  |  |  |
| CLC.03 | On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day? | LCSNUMCG | \_ \_ \_ Number of cigarettes777 Don't know/Not sure999 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 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 |  |
| CLC.04 | The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. In the last 12 months, did you have a CT or CAT scan? |  | 1 Yes2 No7 Don't know/not sure9 Refused |  |  |  |
| CLC.04 | Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer? |  | 1 Yes2 No7 Don't know/not sure9 Refused |  |  |  |
| CLC.05 | When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer? |  | Read only 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)3 Within the past 3 years (2 years but less than 3 years)4 Within the past 5 years (3 years but less than 5 years)5 Within the past 10 years (5 years but less than 10 years ago)6 or more years agoDo not read:7 Don’t know / Not sure9 Refused |  |  |  |

Core Section 10: Alcohol Consumption

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| 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 week2 \_ \_ 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 sure999 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 drinks88 None77 Don’t know / Not sure99 Refused |  | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |  |
| 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 sure88 no days99 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 drinks77 Don’t know / Not sure99 Refused |  |  |  |
| CALC.05 | When answering the questions about the number of drinks you had on an occasion, which of the following best describes how you thought of an “occasion”?Was it a few hours, such as an evening or going out for the night, one day, one weekend, a special event or celebration such as a birthday, wedding, or sporting event? |  | 1 A few hours, such as an evening or going out for the night, 2 one day,3 One weekend, 4 A special event or celebration such as a birthday, wedding, or sporting event5 Other7 Don’t know/ Not sure9 Refused |  |  |  |
| CALC.06 | Earlier I described a standard drink size as equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. In thinking about the size of your drinks, how do they compare to the standard drink size? Are the drinks you described generally larger than the standard drink size, generally smaller than the standard drink size or about the same size as a standard drink. |  | 1 Generally larger than the standard drink size, 2 Generally smaller than the standard drink size or  |  |  |  |
| 3 about the same size as a standard drink7 Don’t know/ Not sure9 Refused | Go to next section |
|  |
| CALC.07 | When answering questions about the number of drinks you had, did you base your answer on the size of your drinks or the size of a standard drink? |  | 1 the size of your drinks 2 the size of a standard drink7 Don’t know/ Not sure9 Refused |  |  |  |

# Emerging Core: Long-term COVID Effects

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names |  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| COVID.01 | Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19? | \*\*\*NEW\*\*\* |  | 1 Yes |  | Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing.Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.  |  |
|  | 2 No7 Don’t know / Not sure9 Refused | Go to next section |
| COVID.02 | Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19? | \*\*\*NEW\*\*\* |  | 1 Yes |  | Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself |  |
|  | 2 No7 Don’t know / Not sure9 Refused | Go to next section |
| COVID.03 | Which of the following was the primary symptom that you experienced? Was it…. | \*\*\*NEW\*\*\* |  | READ1 Tiredness or fatigue 2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”)3 Difficulty breathing or shortness of breath4 Joint or muscle pain5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain6 Dizziness on standing7 Depression, anxiety, or mood changes8 Symptoms that get worse after physical or mental activities9 You did not have any long-term symptoms that limited your activities.77 Don’t know/Not sure99 Refused |  |  |  |

# Module 1: COVID Vaccination

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  |  |  |
| MCOV.01 | Have you had a COVID-19 vaccination? | COVIDVAC  | 1 Yes | Go to MCOV.03 (COVIDNUM) |  |  |
| 2 No  | Go to MCOV.02 (COVACGET) |
| 7 Don’t know / Not sure9 Refused | Go to next section |
| MCOV.02 | Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure? | COVACGET | 1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don’t know/Not sure 9 = Refused  | Go to next section |  |  |
| MCOV.03 | How many COVID-19 vaccinations have you received? | COVIDNUM | 1 One |  |  |  |
| 2 Two or more | Go to MCOV.05 |  |  |
| 7 Don’t know / Not sure9 Refused | Go to next module |  |  |
|  |  |  |  | Skip MCOV4 (COVINT) if COVIDNUM = 2. |  |  |
| MCOV.04 | Which of the following best describes your intent to take the recommended COVID vaccinations…Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?  | COVIDINT | 1 = Already received all recommended doses2 = Plan to receive all recommended doses3 = Do not plan to receive all recommended doses7 = Don’t know/Not sure9 = Refused |  |  |  |
| MCOV.05 | During what month and year did you receive your (first) COVID-19 vaccination? | COVIDFST | \_ \_ / \_ \_ \_ \_ Month / Year77 / 7777 Don’t know / Not sure09 / 9999 Refused | If respondent indicated only one vaccine do not read word “first” |  |  |
| MCOV.06 | During what month and year did you receive your second COVID-19 vaccination? | COVIDFST | \_ \_ / \_ \_ \_ \_ Month / Year77 / 7777 Don’t know / Not sure09 / 9999 Refused |  |  |  |

# Module 2: Prediabetes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12; |  |  |
| M01.01 | Have you had a test for high blood sugar or diabetes within the past three years? | PDIABTST | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
|  |  |  |  | Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes) |  |  |
| M01.02 | Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? | PREDIAB1 | 1 Yes2 Yes, during pregnancy3 No7 Don’t know / Not sure9 Refused |  | If Yes and respondent is female, ask: Was this only when you were pregnant? |  |

# Module 3: Diabetes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | Skip if CCHC.12 is not equal to 1. |  |  |
| M02.01 | According to your doctor or other health professional, what type of diabetes do you have? | \*\*\*NEW\*\*\* | 1 Type 12 Type 27 Don’t know/ Not sure9 Refused |  |  |  |
| M02.02 | Are you now taking insulin?  | INSULIN | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| M02.03 | About how often do you check your blood for glucose or sugar?  | BLDSUGAR | 1 \_ \_ Times per day2 \_ \_ Times per week3 \_ \_ Times per month 4 \_ \_ Times per year 888 Never 777 Don’t know / Not sure999 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.’ |  |
| M02.04 | 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 day2 \_ \_ Times per week3 \_ \_ Times per month 4 \_ \_ Times per year555 No feet 888 Never 777 Don’t know / Not sure999 Refused |  |  |  |
| M02.05 | About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? | DOCTDIAB | \_ \_ Number of times [76 = 76 or more]88 None77 Don’t know / Not sure99 Refused |  |  |  |
| M02.06 | 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 None98 Never heard of A-one-C test77 Don’t know / Not sure99 Refused |  | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.  |  |
| M02.07 | 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 None77 Don’t know / Not sure99 Refused | If M02.03 = 555 (No feet), go to M02.07 |  |  |
| M02.08 | 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 agoDo not read: 7 Don’t know / Not sure8 Never9 Refused |  |  |  |
| M02.09 | When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera? | \*\*\*NEW\*\*\* | 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 agoDo not read: 7 Don’t know / Not sure8 Never9 Refused |  |  |  |
| M02.10 | Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? | DIABEYE | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| M02.11 | Have you ever taken a course or class in how to manage your diabetes yourself?  | DIABEDU | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |

Module 4: Respiratory Health

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M7.01 | During the past 3 months, did you have a cough on most days? | COPDCOGH | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| M7.02 | During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days? | COPDFLEM | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| M7.03 | Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?  | COPDBRTH | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| M7.04 | Have you ever been given a breathing test to diagnose breathing problems?  | COPDBTST | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| M7.05 | Over your lifetime, how many years have you smoked tobacco products? | COPDSMOK | \_ \_ Number of years (01-76)88 Never smoked or smoked less than one year77 Don’t know/Not sure99 Refused |  |  |  |

Module 5: 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) |
|  |  |  |  | If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module. |  |  |
| MTOC.01 | You’ve told us that you have had cancer. I would like to ask you a few more questions about your cancer.How many different types of cancer have you had? | CNCRDIFF | 1 Only one2 Two3 Three or more |  |  |  |
| 7 Don’t know / Not sure 9 Refused | Go to next module |
| MTOC.02 | At what age were you told that you had cancer? | CNCRAGE |  \_ \_ Age in Years (97 = 97 and older)98 Don't know/Not sure99 Refused |  | 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. |  |
|  |  |  |  | If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 21 if Melanoma or 22 if other skin cancer |  |  |
| MTOC.03 | What kind of cancer is it? | \*\*\*NEW\*\*\* | Read if respondent needs prompting for cancer type:01 Bladder02 Blood03 Bone04 Brain05 Breast06 Cervix/Cervical07 Colon08 Esophagus/Esophageal09 Gallbladder10 Kidney11 Larynx-trachea12 Leukemia13 Liver14 Lung15 Lymphoma16 Melanoma17 Mouth/tongue/lip18 Ovary/Ovarian19 Pancreas/Pancreatic20 Prostate21 Rectum/Rectal22 Skin (non-melanoma)23 Skin (don't know what kind)24 Soft tissue (muscle or fat) 25 Stomach26 Testis/Testicular27 Throat - pharynx28 Thyroid29 Uterus/Uterine30 OtherDo not read:77 Don’t know / Not sure99 Refused |  | If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it? |  |

# Module 6: 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) |
|  |  |  |  | If respondent is ≤39 years of age or is female, go to next module. |  |  |
| MPCS.01 | Have you ever had a P.S.A. test?  | PSATEST1 | 1 Yes |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |  |
| 2 No 7 Don’t know / Not sure 9 Refused | Go to M11.04 |
| MPCS.02 | Who first suggested this PSA test: you, your doctor, or someone else? |  | 1 Self2 Doctor, nurse, health care professional3 Someone else7 Don’t Know / Not sure9 Refused |  |  |  |
| MPCS.03 | About how long has it been since your most recent P.S.A. 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 agoDo not read:7 Don’t know / Not sure 9 Refused |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |  |
| MPCS.04 | What was the main reason you had this P.S.A. test – was it …? | \*\*\*NEW\*\*\* | Read:1 Part of a routine exam2 Because of a problem3 other reason Do not read:7 Don’t know / Not sure 9 Refused  |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |  |
| MPCS.05 | When you met with a doctor, nurse, or other health professional, did they talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or PSA test? | \*\*\*NEW\*\*\* | 1 Advantages 2 Disadvantages3 Both Advantages and disadvantagesDO NOT READ4. Neither 7 Don’t know/ not sure9 Refused |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |  |

# Module 7: Marijuana Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MMU.01 | During the past 30 days, on how many days did you use marijuana or cannabis? | MARIJAN1 | \_ \_ 01-30 Number of days |  | These questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.  |  |
| 88 None 77 Don’t know/not sure 99 Refused | Go to next module |
| MMU.02 | During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt) | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |
| MMU.03 | During the past 30 days, did you eat it (for example, in brownies, cakes, cookies, or candy) | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |
| MMU.04 | During the past 30 days, did you drink it (for example, in tea, cola, or alcohol) | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |
| MMU.05 | During the past 30 days, did you vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |
| MMU.06 | During the past 30 days, did you dab it (for example, using a dabbing rig, knife, or dab pen)? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |
| MMU.07 | During the past 30 days, did you use it in some other way? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |

# Module 8: Other Tobacco Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MOTU.01 | Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MOTU.02 | Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MOTU.03 | Prologue: The next questions are about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse. | \*\*\*NEW\*\*\* |  |  |  |  |
| MOTU.04 | Do you now use heated tobacco products every day, some days or not at all? | \*\*\*NEW\*\*\* | 1 Every day2 Some days | Go to next module |  |  |
| 3 Not at all7 Don’t know / Not sure9 Refused |  |
| MOTU.05 | Before today, have you heard of heated tobacco products? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |

# Module 9: Family Planning

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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) |
|  |  |  |  | Skip if sex= male or age> 49 |  |  |
| MFP.01 | In the past 12 months, did you have sex where a penis is inserted into the vagina, sometimes called penile‐vaginal sex? |  | 1 Yes2 No [GO TO NEXT MODULE] |  |  |  |
| MFP.02 | The last time you had sex, what did you or your partner do to keep you from getting pregnant? |  | Read if necessary:01 Female sterilization (Tubal ligation, Essure, or Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)05 Shots (Depo-Provera)06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)07 Condoms (male or female)08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning) 10 Withdrawal or pulling out11 Emergency contraception or the morning after pill (Plan B or ella)12 Other method |  |  |  |
| MFP.03 | The last time you had sex, what else, if anything, did you or your partner do to keep you from getting pregnant?  |  | 00 Nothing else 01 Female sterilization (Tubal ligation, Essure, or Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)05 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)06 Shots (Depo-Provera), 07 Condoms (male or female)08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning) 10 Withdrawal or pulling out11 Emergency contraception or the morning after pill (Plan B or Ella)12 Other method |  |  |  |
| MFP.04 | Where did you get the [contractive response from Q3] you used when you last had sex? |  | 01 Private doctor’s office [GO TO Q7]02 Community health clinic, Community clinic, Public health clinic [GO TO Q7]03 Family planning or Planned Parenthood Clinic [GO TO Q7]04 School or school-based clinic [GO TO Q7]05 Hospital outpatient clinic, emergency room, regular hospital room [GO TO Q7]06 Urgent care center, urgi-care or walk-in facility [GO TO Q7]07 In- store health clinic (like CVS, Target, or Walmart) [GO TO Q7]08 Health care visit with a pharmacist [GO TO Q7]09 Website or app [GO TO Q7]10 Some other place [GO TO Q7] |  |  |  |
| MFP.05 | What was your main reason for not doing anything to prevent pregnancy the last time you had sex?  |  | 01 You didn’t think you were going to have sex/no regular partner 02 You just didn’t think about it 03 You wanted a pregnancy 04 You didn’t care if you got pregnant05 You or your partner didn’t want to use birth control (side effects, don’t like birth control)06 You had trouble getting or paying for birth control 07 You didn’t trust giving out your personal information to medical personnel 08 Didn’t think you or your partner could get pregnant (infertile or too old) 09 You were using withdrawal or “pulling out”10 You had your tubes tied (sterilization)11 Your partner had a vasectomy (sterilization) 12 You were breast-feeding or you just had a baby13 You were assigned male at birth14 Other reasons |  |  |  |
| MFP.06 | If you could use any birth control method you wanted, what method would you use? |  | 01 Female sterilization (Tubal ligation, Essure, or Adiana) [GO TO NEXT MODULE]02 Male sterilization (vasectomy) [GO TO NEXT MODULE]03 Contraceptive implant [GO TO NEXT MODULE]04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard) [GO TO NEXT MODULE]05 Shots (Depo-Provera) [GO TO NEXT MODULE]06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) [GO TO NEXT MODULE] 07 Condoms (male or female) [GO TO NEXT MODULE]08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream [GO TO NEXT MODULE]09 Having sex at a time when less likely to get pregnant (rhythm or natural family planning) [GO TO NEXT MODULE] 10 Withdrawal or pulling out [GO TO NEXT MODULE]11 Emergency contraception or the morning after pill (Plan B or ella) [GO TO NEXT MODULE]12 Other method [GO TO NEXT MODULE]13 I am using the method that I want to use [GO TO NEXT MODULE]14 I don’t want to use any method [GO TO NEXT MODULE] |  |  |  |

# 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. |