

# Attachment 4 - Optional Modules by Topic

## Table of Contents

Module 1: Prediabetes.....	4
Module 2: Diabetes.....	5
Module 3: ME/CFS.....	9
Module 4: Hepatitis Treatment.....	11
Module 5: Health Care Access.....	13
Module 6: Cognitive Decline.....	15
Module 7: Caregiver.....	18
Module 8: E-Cigarettes.....	22
Module 9: Marijuana Use.....	24
Module 10: Tobacco Cessation.....	26
Module 11: Firearm Safety.....	28
Module 12: Lung Cancer Screening.....	29
Module 13: Cancer Survivorship: Type of Cancer.....	32
Module 14: Cancer Survivorship: Course of Treatment.....	36
Module 15: Cancer Survivorship: Pain Management.....	40
Module 16: Prostate Cancer Screening Decision Making.....	42
Module 17: Adult Human Papillomavirus (HPV) - Vaccination.....	44
Module 18: Tetanus Diphtheria (Tdap) (Adults).....	46
Module 19: Place of Flu Vaccination.....	47
Module 20: Shingles Vaccination.....	49
Module 21: COVID Vaccination.....	50
Module 23: Industry and Occupation.....	53
Module 24: Sex at Birth.....	55
Module 25: Sexual Orientation and Gender Identity (SOGI).....	56
Module 26: Adverse Childhood Experiences.....	60
Module 27: Random Child Selection.....	65
Module 28: Childhood Asthma Prevalence.....	70
Module 29: Aspirin for CVD Prevention.....	71
Module 30: Home/ Self-measured Blood Pressure.....	72
Module 31: Food Stamps.....	74
Module 32: Sleep Disorder.....	75
Module 33: Anxiety and Depression.....	76
Module 34: Adult Asthma History.....	78
Module 35: Respiratory Health (COPD Symptoms).....	82
Module 36: Indoor Tanning.....	83
Module 37: Excess Sun Exposure.....	84
Module 38: Actions to Control High Blood Pressure.....	86
Module 39: Arthritis Management.....	89
Module 40: Alcohol Screening & Brief Intervention (ASBI).....	92
Module 41: Sugar Sweetened Beverages.....	94
Module 42: Sodium or Salt-Related Behavior.....	95
Module 43: Preconception Health/Family Planning.....	96
Module 44: Emotional Support and Life Satisfaction.....	99
Module 45: Social Determinants of Health.....	100
Module 46: Sleep Disorder.....	103
Module 47: Health Literacy.....	104
Module 48: Clinical Breast Exam.....	105
Module 49: Exercise (Physical Activity).....	106
Module 50: Fruits and Vegetables.....	109
Module 51: Heart Attack and Stroke.....	113
Module 52: Anxiety and Depression.....	115
Module 53: Mental Illness and Stigma.....	117
Module 54: Social Context.....	120

<b>Module 55: General Preparedness.....</b>	<b>122</b>
<b>Module 56: Veteran’s Health.....</b>	<b>125</b>
<b>Module 57: Reactions to Race.....</b>	<b>127</b>
<b>Module 59: WGSS Disability.....</b>	<b>130</b>
<b>Module 60: Other Tobacco Use.....</b>	<b>132</b>
<b>Module 61: Periodontal Disease.....</b>	<b>133</b>
<b>Module 62: Knowledge and Impact of COVID Pandemic.....</b>	<b>135</b>
<b>Module 63: Emotional Well-being.....</b>	<b>142</b>
<b>Module 64: Opioid Use and Misuse.....</b>	<b>145</b>
<b>Module 65: Bereavement.....</b>	<b>150</b>

## Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if Section CCHC.12, DIABETE4, is coded 1		
<b>MPDB.01</b>	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			264
				Skip MPDB.02 if CCHC.12 DIABETE4, is coded 1; If CCHC.12, DIABETE4, is coded 4 automatically code MPDB.02, PREDIAB1, equal to 1 (yes);		
<b>MPDB.02</b>	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	265

## Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				To be asked following Core CCHC.13; if response to CCHC.12 is Yes (code = 1)		
<b>MDIA.01</b>	Are you now taking insulin?	INSULIN1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			266
<b>MDIA.02</b>	About how often do you check your blood for glucose or sugar?	BLDSUGAR	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 888 Never 777 Don't know / Not sure 999 Refused		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.  Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under	267-269

					the skin to check glucose levels continuously), fill in '98 times per day.'	
<b>MDIA.03</b>	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	FEETCHK3	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 555 No feet 888 Never 777 Don't know / Not sure 999 Refused			270-272
<b>MDIA.04</b>	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 None 77 Don't know / Not sure 99 Refused			273-274
<b>MDIA.05</b>	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	_ _ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	275-276

				If MDIA.03 = 555 (No feet), go to MDIA.07		
<b>MDIA.06</b>	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	FEETCHK	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			277-278
<b>MDIA.07</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			279
<b>MDIA.08</b>	Has a doctor ever told you that diabetes has affected your eyes or that you had	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			280

	retinopathy?					
<b>MDIA.09</b>	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			281



### Module 3: ME/CFS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MME.01	Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME?	TOLDCFS	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next section	My-al-gic En-ceph-a-lo-my-eli-tis	282
MME.02	Do you still have Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME?	HAVECFS	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		My-al-gic En-ceph-a-lo-my-eli-tis	283
MME.03	Thinking about your CFS or ME, during the past 6 months, how many hours a week on average have you been able to work at a job or business for pay?	WORKCFS	Read if necessary 1 0 or no hours -- cannot work at all because of CFS or ME 2 1 - 10 hours a week 3 11- 20 hours a week 4 21- 30 hours a week 5 31 - 40 hours a week			284

			Do not read 7 Don't know/ Not sure 9 Refused			
--	--	--	--	--	--	--

## Module 4: Hepatitis Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MHT.01	Have you ever been told by a doctor or other health professional that you had Hepatitis C?	TOLDHEPC	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to MHT.05	Hepatitis C is an infection of the liver from the Hepatitis C virus	285
MHT.02	Were you treated for Hepatitis C in 2015 or after?	TRETHEPC	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Most hepatitis C treatments offered in 2015 or after were oral medicines or pills. Including Harvoni, Viekira, Zepatier, Eplclusa and others.	286
MHT.03	Were you treated for Hepatitis C prior to 2015?	PRIRHEPC	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Most hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months.	287
MHT.04	Do you still have Hepatitis C?	HAVEHEPC	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C.	288

<b>MHT.05</b>	The next question is about Hepatitis B. Has a doctor, nurse, or other health professional ever told you that you had hepatitis B?	HAVEHEPB	1 Yes		Hepatitis B is an infection of the liver from the hepatitis B virus.	289
			2 No 7 Don't know/ Not sure 9 Refused	Go to next section		
<b>MHT.06</b>	Are you currently taking medicine to treat hepatitis B?	MEDSHEPB	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			290

## Module 5: Health Care Access

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MHCA.01	What is the primary source of your health care coverage? Is it...	HLTHCVR1 Read: 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A plan that you or another family member buys on your own 03 Medicare 04 Medicaid or other state program 05 TRICARE (formerly CHAMPUS), VA, or Military 06 Alaska Native, Indian Health Service, Tribal Health Services Or 07 Some other source 08 None (no coverage)	Go to CHCA.02	If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan). If purchased on their own (or by a family member), select 02, if Medicaid select 04.	291-292

			Do not read: 77 Don't know/Not sure 99 Refused			
<b>2. In the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?</b>			1 Yes 2 No 7 Don't know/ Not sure 9 Refused			

## Module 6: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is 45 years of age or older continue, else go to next module.		
<b>MCD.01</b>	The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as	CIMEMLOS	1 Yes	Go to MCD.02		293
			2 No	Go to next module		
			7 Don't know/ not sure	Go to MCD.02		
			9 Refused	Go to next module		

	<p>forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>					
<b>MCD.02</b>	<p>During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say</p>	CDHOUSE	<p>Read:            1 Always            2 Usually            3 Sometimes            4 Rarely            5 Never            Do not read:            7 Don't know/Not sure            9 Refused</p>			294



	it is...					
<b>MCD.03</b>	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...	CDASSIST	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			295
				Go to MCD.05		
<b>MCD.04</b>	When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...	CDHELP	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			296
<b>MCD.05</b>	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...	CDSOCIAL	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			297
<b>MCD.06</b>	Have you or anyone else discussed your confusion or memory loss with a health care professional?	CDDISCUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			298

## Module 7: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCG.01	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	299
			2 No	Go to MCG.09		
			7 Don't know/Not sure			
			8 Caregiving recipient died in past 30 days	Go to MCG.09		
			9 Refused	Go to MCG.09		
MCG.02	What is his or her relationship to you?	CRGVREL4	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	300-301
MCG.03	For how long have you provided care for that person? Would you	CRGVLNG1	Read: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less			302

	say...		than 2 years 4 2 years to less than 5 years 5 5 or more years Do not read: 7 Don't Know/ Not Sure 9 Refused			
<b>MCG.04</b>	In an average week, how many hours do you provide care or assistance? Would you say...	CRGVHRS1	Read: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused			303
<b>MCG.05</b>	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	01 Arthritis/ rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer's disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida 07 Diabetes 08 Heart disease, hypertension, stroke 09 Human Immunodeficiency Virus Infection			304-305

			(H.I.V.) 10 Mental illnesses, such as anxiety, depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused			
				If MCG.05=5, go to MCG.07		
<b>MCG.06</b>	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	CRGVALZD	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			306
<b>MCG.07</b>	In the past 30 days, did you provide care for this person by managing personal care such as giving medications,	CRGVPEPS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			307

	feeding, dressing, or bathing?					
<b>MCG.08</b>	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	CRGVHOUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			308
<b>MCG.09</b>	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused			309

## Module 8: E-Cigarettes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MECIG.01	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes 2 No 7 Don't know/Not sure 9 Refused	Go to next module	<p>Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.</p> <p>Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse,</p>	310

					Suorin, MarkTen, and blu.	
<b>MECIG.02</b>	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		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.	311

## Module 9: Marijuana Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M21.01	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	_ _ 01-30 Number of days 88 None 77 Don't know/not sure 99 Refused	Go to next module	If asked, participants should be advised NOT to include hemp-based CBD products.	
M21.02	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...	USEMRJN2	Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it (for example, in brownies, cakes, cookies, or candy) 3 Drink it (for example, in tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for		Select one. If respondent provides more than one say: Which way did you use it most often?  Read parentheticals only if asked for more detail.	



			<p>example, using a dabbing rig, knife, or dab pen), or</p> <p>6 Use it some other way.</p> <p>Do not read:</p> <p>7 Don't know/not sure</p> <p>9 Refused</p>			
<b>M21.03</b>	When you used marijuana or cannabis during the past 30 days, was it usually:	RSNMRJN1	<p>Read:</p> <p>1 For medical reasons (<del>like to treat or decrease symptoms of a health condition</del>);</p> <p>2 For non-medical reasons (<del>like to have fun or fit in</del>), or</p> <p>3 For both medical and non-medical reasons.</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>			

## Module 10: Tobacco Cessation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if SMOKE100 = 1 and SMOKDAY2 = 3		
M22.01	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more	Go to next module		

			08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
				Ask if SMOKDAY2 = 1 or 2.		
<b>M22.02</b>	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Module 11: Firearm Safety

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.					
<b>M23.01</b>	Are any firearms now kept in or around your home?		1 Yes		Do not include guns that cannot fire; include those kept in cars, or outdoor storage.	
			2 No 7 Don't know/ not sure 9 Refused	Go to Next module		
<b>M23.02</b>	Are any of these firearms now loaded?		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to Next module		
<b>M23.03</b>	Are any of these loaded firearms also unlocked?		1 Yes 2 No 7 Don't know/ not sure 9 Refused		By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.	

## Module 12: 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 question MLCS.04.		
<b>MLCS.01</b>	<p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p>	LCSFIRST	___ Age in Years (001 - 100) 777 Don't know/Not sure 999 Refused 888 Never smoked cigarettes regularly	Go to MLCS.04	Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to	316-318

					correct the age of the respondent.	
<b>MLCS.02</b>	How old were you when you last smoked cigarettes regularly?	LCSLAST	___ Age in Years (001 - 100) 777 Don't know/Not sure 999 Refused			319-321
<b>MLCS.03</b>	On average, when you [smoke/smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?	LCSNUMCG	___ Number of cigarettes 777 Don't know/Not sure 999 Refused		Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs 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	322-324
<b>MLCS.04</b>	The next	LCSCTSCN	Read if			325

<p>question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?</p>		<p>necessary:            1 Yes, to check for lung cancer            2 No (did not have a CT scan)            3 Had a CT scan, but for some other reason            Do not read:            7 Don't know/not sure            9 Refused</p>			
--	--	---	--	--	--

## Module 13: 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) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
<b>MTOC.0 1</b>	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 one 2 Two 3 Three or more  7 Don't know / Not sure 9 Refused	Go to next module		326
<b>MTOC.0 2</b>	At what age were you told	CNCRAGE	__ Age in Years (97 = 97 and older) 98 Don't know/Not		If MTOC.01= 2 (Two) or 3 (Three or	327-328



	that you had cancer?		sure 99 Refused		more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers to the first time they were told about their first cancer.	
				<p>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</p> <p>CATI note: If CCCS.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1</p>		

				(Only one) then code MTOC.03 as a response of 19.		
<b>MTOC.03</b>	What type of cancer was it?	CNCRTP1	Read if respondent needs prompting for cancer type: 01 Breast cancer <b>Female reproductive (Gynecologic)</b> 02 Cervical cancer (cancer of the cervix) 03 Endometrial cancer (cancer of the uterus) 04 Ovarian cancer (cancer of the ovary) <b>Head/Neck</b> 05 Head and neck cancer 06 Oral cancer 07 Pharyngeal (throat) cancer 08 Thyroid 09 Larynx <b>Gastrointestinal</b> 10 Colon (intestine) cancer 11 Esophageal (esophagus) 12 Liver cancer 13 Pancreatic (pancreas) cancer 14 Rectal (rectum) cancer 15 Stomach <b>Leukemia/Lymphoma (lymph nodes and bone marrow)</b> 16 Hodgkin's Lymphoma (Hodgkin's disease) 17 Leukemia (blood) cancer 18 Non-Hodgkin's		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	329-330

			Lymphoma <b>Male reproductive</b> 19 Prostate cancer 20 Testicular cancer Skin 21 Melanoma 22 Other skin cancer <b>Thoracic</b> 23 Heart 24 Lung <b>Urinary cancer</b> 25 Bladder cancer 26 Renal (kidney) cancer <b>Others</b> 27 Bone 28 Brain 29 Neuroblastoma 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
--	--	--	---	--	--	--

## Module 14: Cancer Survivorship: Course of Treatment

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) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
<b>MCOT.01</b>	Are you currently receiving treatment for cancer?	CSRVRT3	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	331
			2 No, I've completed treatment	Continue		
			3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary 7 Don't know / Not sure 9 Refused	Go to next module		
<b>MCOT.02</b>	What type of	CSRVDOC1	Read:		If the	332-333

	doctor provides the majority of your health care? Is it a....		01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).  Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	
<b>MCOT.03</b>	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?	CSRVSUM	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	334
<b>MCOT.04</b>	Have you ever received instructions from a doctor, nurse, or	CSRVRTRN	1 Yes			335
			2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		

	other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?					
<b>MCOT.05</b>	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			336
<b>MCOT.06</b>	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	337
<b>MCOT.07</b>	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVDEIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			338
<b>MCOT.08</b>	Did you participate in a clinical trial as part of your cancer	CSRVCLIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			339

	treatment?					
--	------------	--	--	--	--	--

## Module 15: Cancer Survivorship: Pain Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
<b>MCPM.0 1</b>	Do you currently have physical pain caused by your cancer or cancer treatment?	CSRVRAIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to next module		340
<b>MCPM.0 2</b>	Would you say your pain is currently under control...?	CSRVCTL2	Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control,			341



			without medication (or treatment) Do not read: 7 Don't know / Not sure 9 Refused			
--	--	--	---	--	--	--

## Module 16: Prostate Cancer Screening Decision Making

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) AND CPCS.04 = 1 and AGE ≥ 40 continue, otherwise go to next module.		
MPCDM.0 1	Which one of the following best describes the decision to have the P.S.A. test done?	PCPSADE1				342
			Read: 1 You made the decision alone 2 Your doctor, nurse, or health care provider made the decision alone	Go to next module.		
			3 You and one or more other persons made the decision together			
			4 You don't know how the decision was made Do not read: 9 Refused	Go to next module		
MPCDM.0 2	Who made the decision	PCDMDEC1	Read if necessary: 1 Doctor/nurse /health care		Select one response. If respondent	343

	with you?		provider 2 Spouse/significant other 3 Other family member 4 Friend/non-relative Do not read: 7 Don't know / Not sure 9 Refused		offers more than one response ask for primary person who made decision.	
--	-----------	--	---	--	---	--

## Module 17: Adult Human Papillomavirus (HPV) - Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is between the ages of 18 and 49 years continue; otherwise, go to next module.		
<b>MHPV.01</b>	Have you ever had an H.P.V. vaccination?	HPVADV4	1 Yes		Human Papillomavirus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh-seel); Cervarix (Sir-var-icks) Read if necessary: A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL].	344
			2 No 3 Doctor refused when asked 7 Don't know/ not sure 9 Refused	Go to next module		

					Interviewer Note: If respondent comments that this question was already asked, clarify that they earlier questions was about HPV testing, ant this question is about vaccination.	
<b>MHPV.02</b>	How many H.P.V. shots did you receive?	HPVADSHT	_ _ Number of shots 03 All shots 77 Don't know / Not sure 99 Refused			345-346

## Module 18: Tetanus Diphtheria (Tdap) (Adults)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MTDAP.01	Have you received a tetanus shot in the past 10 years?	TETANUS1	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type 4 No, did not receive any tetanus shot in the past 10 years 7 Don't know/Not sure 9 Refused		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	347

## Module 19: Place of Flu Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if CIMM= 1 This question may be inserted in core after CIMM.02		
MFP.01	At what kind of place did you get your last flu shot or vaccine?	IMFVPLA1	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient or outpatient) 07 An emergency		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?	348-349

				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			
--	--	--	--	---	--	--	--



## Module 20: Shingles Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If age ≤ 49 Go to next module.		
<b>M07.01</b>	Have you ever had the shingles or zoster vaccine?	SHINGLE2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.	

## Module 21: COVID Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCOR.01	Since [DATE OF VACCINE AVAILABILITY], have you had a COVID-19 vaccination?	***NEW***	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
MCOR.02	How many COVID-19 vaccinations have you received?	***NEW***	1 One 2 Two or more 7 Don't know / Not sure 9 Refused			
MCOR.03	During what month and year did you receive your (first) COVID-19 vaccination?	***NEW***	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused		If respondent indicated only one vaccine do not read word "first"	
MCOR.04	At what kind of place did you get your (first) COVID-19 vaccination?	***NEW***	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		If respondent indicated only one vaccine do not read word "first"	

			(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			
				If MCOR2 =1, 7,9 go to next section		
<b>MCOR.05</b>	During what month and year did you receive your second COVID-19 vaccination?	***NEW***	___/____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
<b>MCOR.06</b>	At what kind of place did you get your second COVID-19 vaccination?	***NEW***	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/Mexic o 77 Don't know / Not sure 99 Refused			
--	--	--	---	--	--	--

## Module 23: Industry and Occupation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				<p>If CDEM.14 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue.</p> <p>If CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."</p> <p>Else go to next module</p>		
<b>MIO.01</b>	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____Record answer 99 Refused		<p>If respondent is unclear, ask: What is your job title?</p> <p>If respondent has more than one job ask: What is</p>	350-449

					your main job?	
<b>MIO.02</b>	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing , restaurant	TYPEINDS	_____Record answer 99 Refused	If CDEM14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing , restaurant."		450-549

## Module 24: Sex at Birth

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSAB.01	What was your sex at birth? Was it male or female?	BIRTHSEX	1 Male 2 Female 7 Don't know/Not sure 9 Refused			550

## Module 25: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b.		
<b>MSOGI.01a</b>	.Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	Ask if Sex= 1.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text	551



					response. Respondent can answer with either the number or the text/word.	
				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02.		
<b>MSOGI.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	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
<b>MSOGI.02</b>	Do you consider yourself to	TRNSGNDR	1 Yes, Transgender, male-to-female		Read if necessary: Some people	553

	<p>be transgender?</p>		<p>2 Yes, Transgender, female to male          3 Yes, Transgender, gender nonconforming          4 No          7 Don't know/not sure          9 Refused</p>		<p>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</p>
--	------------------------	--	---	--	---

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

## Module 26: Adverse Childhood Experiences

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
<b>M20.01</b>	Now, looking back before you were 18 years of age---. 1) Did you live with	ACEDEPRS	1 Yes 2 No 7 Don't Know/Not			

	anyone who was depressed, mentally ill, or suicidal?		Sure 9 Refused			
<b>M20.02</b>	Did you live with anyone who was a problem drinker or alcoholic?	ACEDRINK	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
<b>M20.03</b>	Did you live with anyone who used illegal street drugs or who abused prescription medications?	ACEDRUGS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
<b>M20.04</b>	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	ACEPRISN	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
<b>M20.05</b>	Were your parents separated or divorced?	ACEDIVRC	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			
<b>M20.06</b>	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...	ACEPUNCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>M20.07</b>	Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or	ACEHURT1	Read: 1 Never 2 Once 3 More than once Don't Read:			

	physically hurt you in any way? Was it—		7 Don't know/Not Sure 9 Refused			
<b>M20.08</b>	How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...	ACESWEAR	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>M20.09</b>	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...	ACETOUGH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>M20.10</b>	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...	ACETHEM	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>M20.11</b>	How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...	ACEHVSEX	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			

M20.12	For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	***NEW***	1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			
M20.13	For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	***NEW***	1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			
	Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.				If yes provide number [STATE TO INSERT NUMBER HERE]	

## Module 27: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.		
				If CDEM.15 = 1 and CDEM.15 does not equal 88 or 99, read into text 1		
<b>Intro text 1</b>	Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.					
				If CDEM.15 is >1 and CDEM.15 does not equal 88 or 99, read intro text 2		



<b>Intro text 2</b>	Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.			CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below. INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.		
<b>MRCS.01</b>	What is the birth month and year of the [Xth] child?	RCSBIRTH	__/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			565-570
<b>MRCS.02</b>	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			571
<b>MRCS.03</b>	Is the child	RCHISLA1	Read if			572-575

	Hispanic, Latino/a, or Spanish origin?		<p>response is yes:            Are they 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</p>			
<b>MRC5.04</b>	Which one or more of the following would you say is the race of the child?	RCSRACE1	<p>10 White            20 Black or African American            30 American Indian or Alaska Native  <b>40 Asian</b>            41 Asian Indian            42 Chinese            43 Filipino            44 Japanese            45 Korean            46 Vietnamese            47 Other Asian  <b>50 Pacific Islander</b>            51 Native Hawaiian            52 Guamanian or Chamorro            53 Samoan</p>		<p>Select all that apply</p> <p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p>	576-603

			54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 88 No additional choices 99 Refused			
				[CATI NOTE: IF MORE THAN ONE RESPONSE TO MRCS.04; CONTINUE. OTHERWISE, GO TO MRCS.06.]		
<b>MRCS.05</b>	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	604-605

			53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused			
<b>MRC5.06</b>	How are you related to the child? Are you a....	RCSRLTN2	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			606

## Module 28: Childhood Asthma Prevalence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module.		
<b>MCAP.01</b>	The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes	Fill in correct [Xth] number.		607
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>MCAP.02</b>	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			608

## Module 29: Aspirin for CVD Prevention

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M15.01	How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say....		Read: 1 Daily 2 Some days 3 Used to take it but had to stop due to side effects, or 4 Do not take it Do not read: 7 Don't know / Not sure 9 Refused			

## Module 30: Home/ Self-measured Blood Pressure

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M16.01	Has your doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
M16.02	Do you regularly check your blood pressure outside of your healthcare professional's office or at home?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next section		
M16.03	Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?		1 At home 2 On a machine at a pharmacy, grocery or similar location 3 Do not check it 7 Don't know / Not sure 9 Refused			
M16.04	How do you share your blood pressure numbers that you collected with your healthcare professional? Is it		Do not read: 1 Telephone 2 Other methods such as			

	<p>mostly by telephone, other methods such as emails, internet portal or fax, or in person?</p>		<p>email, internet portal, or fax, or 3 In person</p>			
			<p>Do not read: 4 Do not share information 7 Don't know / Not sure 9 Refused</p>			



## Module 31: Food Stamps

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
M27.01	In the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Food Stamps or SNAP (Supplemental Nutrition Assistance Program) is a government program that provides plastic cards, also known as EBT (Electronic Benefit Transfer) cards, that can be used to buy food. In the past, SNAP was called the Food Stamp Program and gave people benefits in paper coupons or food stamps.	

## Module 32: Sleep Disorder

---

1. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

\_\_ \_\_ 01-14 days

- 88 None
- 77 Don't know/Not sure
- 99 Refused

1. Over the last 2 weeks, how many days did you unintentionally fall asleep during the day?

\_\_ \_\_ 01-14 days

- 88 None
- 77 Don't know/Not sure
- 99 Refused

3. Have you ever been told that you snore loudly?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

4. Has anyone ever observed that you stop breathing during your sleep?

**INTERVIEWER NOTE: ALSO ENTER YES IF RESPONDENT MENTIONS HAVING A MACHINE OR CPAP THAT RECORDS THAT BREATHING SOMETIMES STOPS DURING THE NIGHT.**

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Module 33: Anxiety and Depression

1 Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things. Would you say this happens...

READ:

- 1 never,
- 2 for several days,
- 3 for more than half the days or
- 4 nearly every day.

DO NOT READ:

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

9.2 Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? Would you say this happens...

READ:

- 1 never,
- 2 for several days,
- 3 for more than half the days or
- 4 nearly every day.

DO NOT READ:

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

9.3 Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? Would you say this happens...

READ:

- 1 never,
- 2 for several days,
- 3 for more than half the days or
- 4 nearly every day.

DO NOT READ:

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

9.4 Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying? Would you say this happens...

READ:

- 1 never,

2 for several days,  
3 for more than half the days or  
4 nearly every day.

DO NOT READ:

7 Don't know/ Not sure

9 Refused

## Module 34: Adult Asthma History

---

**CATI NOTE: If Yes to Core Q6.4; continue. Otherwise, go to next module.**

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

\_ \_ Age in years 11 or older [**96 = 96 and older**]  
 97 Age 10 or younger  
 98 Don't know / Not sure  
 99 Refused

**CATI NOTE: If Yes to Core Q6.5, continue. Otherwise, go to next module.**

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

1 Yes  
 2 No [Go to Q5]  
 7 Don't know / Not sure [Go to Q5]  
 9 Refused [Go to Q5]

2. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

\_ \_ Number of visits [**87 = 87 or more**]  
 88 None  
 98 Don't know / Not sure  
 99 Refused

4. [If one or more visits to Q3, fill in Besides those emergency room or urgent care center visits,] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

\_ \_ Number of visits [**87 = 87 or more**]  
 88 None

- 98 Don't know / Not sure
- 99 Refused

1. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

- — Number of visits [**87 = 87 or more**]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

- — — Number of days
- 888 None
- 777 Don't know / Not sure
- 999 Refused

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —

**NOTE: Phlegm ('flem')**

**Please read:**

- 8 Not at any time **[Go to Q9]**
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time

**Or**

- 5 Every day, all the time

**Do not read:**

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

**8.** During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

**Please read:**

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

**Or**

- 5 More than ten

**Do not read:**

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

**9.** During the past 30 days, how many days did you take a prescription asthma medication to prevent an asthma attack from occurring?

**READ IF NECESSARY**

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

**Do not read:**

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

**10.** During the past 30 days, how often did you use a prescription asthma inhaler during an asthma attack to stop it?

**INTERVIEWER NOTE: HOW OFTEN (NUMBER OF TIMES) DOES NOT EQUAL NUMBER OF PUFFS. TWO TO THREE PUFFS ARE USUALLY TAKEN EACH TIME THE INHALER IS USED.**

**READ IF NECESSARY:**

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

**Do not read:**

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



## Module 35: Respiratory Health (COPD Symptoms)

The next few questions are about breathing problems you may have.

**1. During the past 3 months, did you have a cough on most days?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**2. During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**3. Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**4. Have you ever been given a breathing test to diagnose breathing problems?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**5. Over your lifetime, how many years have you smoked tobacco products?**

- \_\_ Number of years (01-76)
- 88 Never smoked or smoked less than one year
- 77 Don't know/Not sure
- 99 Refused

## Module 36: Indoor Tanning

1. Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth?

**DO NOT READ:**

Enter number (0-365) \_\_\_ \_\_\_ \_\_\_

777 Don't know/ Not sure

999 Refused

## Module 37: Excess Sun Exposure

---

1. During the past 12 months, how many times have you had a sunburn?

**DO NOT READ:**

Enter number (0-365) \_\_\_ \_\_\_ \_\_\_  
777 Don't know/ Not sure  
999 Refused

2. When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that....

**INTERVIEWER NOTE: PROTECTION FROM THE SUN MAY INCLUDE USING SUNSCREEN, WEARING A WIDE-BRIMMED HAT, OR WEARING A LONG-SLEEVED SHIRT**

**READ:**

1 Always  
2 Most of the time  
3 Sometimes  
4 Rarely  
5 Never

**DO NOT READ:**

6 Don't stay outside for more than one hour on warm sunny days  
8 Don't go outside at all on warm sunny days  
7 Don't know/ Not sure  
9 Refused

3. On weekdays, in the summer, how long are you outside per day between 10am and 4pm?

INTERVIEWER NOTE: FRIDAY IS A WEEKDAY

INTERVIEWER NOTE: IF RESPONDENT SAYS NEVER CODE 01

**DO NOT READ:**

1 Less than half an hour  
2 (More than half an hour) up to 1 hour  
3 (More than 1 hour) up to 2 hours  
4 (More than 2 hours) up to 3 hours  
5 (More than 3 hours) up to 4 hours  
6 (More than 4 hours) up to 5 hours  
7 (More than 5) up to 6 hours

77 Don't know/ Not sure

99 Refused

4. On weekends in the summer, how long are you outside each day between 10am and 4pm?

**INTERVIEWER NOTE: FRIDAY IS A WEEKDAY**

**INTERVIEWER NOTE: IF RESPONDENT SAYS NEVER CODE 01**

**DO NOT READ:**

1 Less than half an hour

2 (More than half an hour) up to 1 hour

3 (More than 1 hour) up to 2 hours

4 (More than 2 hours) up to 3 hours

5 (More than 3 hours) up to 4 hours

6 (More than 4 hours) up to 5 hours

7 (more than 5) up to 6 hours

77 Don't know/ Not sure

99 Refused

---

## Module 38: Actions to Control High Blood Pressure

[CATI NOTE: IF CORE Q4.1 = 1 (YES); CONTINUE. OTHERWISE, GO TO NEXT MODULE. ]

Earlier you stated that you had been diagnosed with high blood pressure. Are you now doing any of the following to help lower or control your high blood pressure?

**1. (Are you) changing your eating habits (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**2. (Are you) cutting down on salt (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

**3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

**4. (Are you) exercising (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?**

**5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

**7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

**8. (Ever advised you to) exercise (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**9. (Ever advised you to) take medication (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**10. Were you told on two or more different visits by a doctor or other health professional that you had high blood pressure?**

**INTERVIEWER NOTE: IF “YES” AND RESPONDENT IS *FEMALE*, ASK: “*WAS THIS ONLY WHEN YOU WERE PREGNANT?*”**

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

## Module 39: Arthritis Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
<b>C08.02</b>	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.	
<b>C08.03</b>	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			
<b>C08.04</b>	Are you now limited in	LMTJOIN3	1 Yes 2 No		If a respondent	



		any way in any of your usual activities because of arthritis or joint symptoms?		7 Don't know / Not sure 9 Refused		question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment"	
<b>C08.05</b>		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."	
<b>C08.06</b>		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			

## Module 40: Alcohol Screening & Brief Intervention (ASBI)

**CATI NOTE: IF CORE Q3.4 = 1, OR 2 (HAD A CHECKUP WITHIN THE PAST 2 YEARS) CONTINUE, ELSE GO TO NEXT MODULE.**

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

**1. You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**2. Did the health care provider ask you in person or on a form how much you drink?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**4. Were you offered advice about what level of drinking is harmful or risky for your health?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**[CATI NOTE: IF QUESTION 1, 2, OR 3 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]**

**5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Module 41: Sugar Sweetened Beverages

**1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.**

Please read: **You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

**2. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.**

Please read: **You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

## Module 42: Sodium or Salt-Related Behavior

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

## Module 43: Preconception Health/Family Planning

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

**1. The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?**

- 1 Yes
- 2 No **[GO TO Q3]**
- 3 No partner/not sexually active **[GO TO NEXT MODULE]**
- 4 Same sex partner **[GO TO NEXT MODULE]**
- 5 Has had a Hysterectomy **[GO TO NEXT MODULE]**
- 7 Don't know/Not sure **[GO TO Q3]**
- 9 Refused **[GO TO Q3]**.

**2. The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

Read only if necessary:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) **[GO TO NEXT MODULE]**
- 02 Male sterilization (vasectomy) **[GO TO NEXT MODULE]**
- 03 Contraceptive implant (ex. Implanon) **[GO TO NEXT MODULE]**

- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) **[GO TO NEXT MODULE]**
- 05 Copper-bearing IUD (ex. ParaGard) **[GO TO NEXT MODULE]**
- 06 IUD, type unknown **[GO TO NEXT MODULE]**
- 07 Shots (ex. Depo-Provera) **[GO TO NEXT MODULE]**
- 08 Birth control pills, any kind **[GO TO NEXT MODULE]**
- 09 Contraceptive patch (ex. Ortho Evra) **[GO TO NEXT MODULE]**
- 10 Contraceptive ring (ex. NuvaRing) **[GO TO NEXT MODULE]**
- 11 Male condoms **[GO TO NEXT MODULE]**
- 12 Diaphragm, cervical cap, sponge **[GO TO NEXT MODULE]**
- 13 Female condoms **[GO TO NEXT MODULE]**
- 14 Not having sex at certain times (rhythm or natural family planning) **[GO TO NEXT MODULE]**
- 15 Withdrawal (or pulling out) **[GO TO NEXT MODULE]**
- 16 Foam, jelly, film, or cream **[GO TO NEXT MODULE]**
- 17 Emergency contraception (morning after pill) **[GO TO NEXT MODULE]**
- 18 Other method **[GO TO NEXT MODULE]**

Do not read:

- 77 Don't know/Not sure
- 99 Refused

**3. Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.**

**What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy



- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons -
  
- 77 Don't know/Not sure-
- 99 Refused

## Module 44: Emotional Support and Life Satisfaction

### 1. How often do you get the social and emotional support you need?

**INTERVIEWER NOTE: IF ASKED, SAY “PLEASE INCLUDE SUPPORT FROM ANY SOURCE.”**

Please read:

- 1 Always**
- 2 Usually**
- 3 Sometimes**
- 4 Rarely**
- 5 Never**

Do not read:

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

### 2. In general, how satisfied are you with your life? (475)

Please read:

- 1 Very satisfied**
- 2 Satisfied**
- 3 Dissatisfied**
- 4 Very dissatisfied**

Do not read:

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

## Module 45: Social Determinants of Health

**1. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?**

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

**2. In the last 12 months, how many times have you moved from one home to another?**

- \_\_\_\_ Number of moves in past 12 months [01-52]
- 88 None (Did not move in past 12 months)
- 77 Don't know/Not sure
- 99 Refused

**3. How safe from crime do you consider your neighborhood to be? Would you say...**

Please read:

- 1 Extremely safe
- 2 Safe
- 3 Unsafe
- 4 Extremely unsafe

Do not read:

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

**4. For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CATI NOTE: NAME OF CURRENT MONTH]). The first statement is, "The food that I bought just didn't last, and I didn't have money to get more."**

**Was that often, sometimes, or never true for you in the last 12 months?**

- 1 Often true,
- 2 Sometimes true, or
- 3 Never true

Do not read:

- 7 Don't Know/Not sure
- 9 Refused

**5. "I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?**

- 1 Often true,**
- 2 Sometimes true, or**
- 3 Never true**

Do not read:

- 7 Don't Know /Not sure
- 9 Refused

**6. In general, how do your finances usually work out at the end of the month? Do you find that you usually:**

Please read:

- 1 End up with some money left over,**
- 2 Have just enough money to make ends meet, or**
- 3 Do not have enough money to make ends meet**

Do not read:

- 7 Don't Know/Not sure
- 9 Refused

**7. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?**

Please read:

- 1 None of the time,**
- 2 A little of the time,**
- 3 Some of the time,**
- 4 Most of the time, or**
- 5 All of the time**

Do not read:

- 7. Don't know/not sure
- 9. Refused

8. During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

9. In the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- 1 Yes
- 2 No
- 7. Don't know/not sure
- 9. Refused

10. How often do you feel isolated from others?

- 1. Always,
- 2. Usually,
- 3. Sometimes,
- 4. Rarely,
- 5. Never
- 7. Don't know/not sure
- 9. Refused

11. How often do you feel you lack companionship? Always, usually, sometimes, rarely, never

- 1.. Always,
- 2. Usually,
- 3. Sometimes,
- 4. Rarely,
- 5. Never
- 7. Don't know/not sure
- 9. Refused

12. How often do you feel left out?

- 1. Always,
- 2. Usually,
- 3. Sometimes,
- 4. Rarely,
- 5. Never
- 7. Don't know/not sure
- 9 . Refused

## Module 46: Sleep Disorder

1. On average, how many hours of sleep do you get in a 24-hour period?

**INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDING 30 MINUTES (1/2 HOUR) OR MORE UP TO THE NEXT WHOLE HOUR AND DROPPING 29 OR FEWER MINUTES.**

\_\_\_ \_\_\_ Number of hours [01-24]  
77 \_\_\_ Don't know/Not sure  
99 \_\_\_ Refused

2. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

\_\_\_ \_\_\_ 01-14 days  
88 \_\_\_ None  
77 \_\_\_ Don't know/Not sure  
99 \_\_\_ Refused

3. Over the last 2 weeks, how many days did you unintentionally fall asleep during the day?

\_\_\_ \_\_\_ 01-14 days  
88 \_\_\_ None  
77 \_\_\_ Don't know/Not sure  
99 \_\_\_ Refused

4. Have you ever been told that you snore loudly?

1 \_\_\_ Yes  
2 \_\_\_ No  
7 \_\_\_ Don't know/Not sure  
9 \_\_\_ Refused

5. Has anyone ever observed that you stop breathing during your sleep?  
(366)

**INTERVIEWER NOTE: ALSO ENTER "YES" IF RESPONDENT MENTIONS HAVING A MACHINE OR CPAP THAT RECORDS THAT BREATHING SOMETIMES STOPS DURING THE NIGHT.**

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Module 47: Health Literacy

---

1. How difficult is it for you to get advice or information about health or medical topics if you need it?
  1. Not at all
  2. A little
  3. Somewhat, or
  4. Very difficult or
  5. Never tried to get advice or information
  
  7. Don't know/not sure
  9. Refused
  
2. How difficult is it for you to understand information that doctors, nurses and other health professionals tell you?
  1. Not at all
  2. A little
  3. Somewhat, or
  4. Very difficult or
  5. Never tried to get advice or information
  
  7. Don't know/not sure
  9. Refused
  
3. You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information?
  1. Not at all
  2. A little

3. Somewhat, or
4. Very difficult or
5. Never tried to get advice or information
  
7. Don't know/not sure
9. Refused

## Module 48: Clinical Breast Exam

---

**CATI NOTE: If respondent is male, go to the next section.**

1. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?
  - 1 Yes
  - 2 No **[Go to next module]**
  - 7 Don't know / Not sure **[Go to next module]**
  - 9 Refused **[Go to next module]**
  
2. How long has it been since your last breast exam?
  - 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years ago)
  
  - 3 Within the past 3 years (2 years but less than 3 years ago)
  - 4 Within the past 5 years (3 years but less than 5 years ago)
  - 5 5 or more years ago
  - 7 Don't know / Not sure
  - 9 Refused



## Module 49: Exercise (Physical Activity)

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

<b>C11.04</b>	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			229-231
<b>C11.05</b>	What other type of physical activity gave you the next most exercise during the past month?	EXRACT21	__ __ Specify from Physical Activity List  88 No other activity 77 Don't know/ Not Sure 99 Refused	Go to C11.08	See Physical Activity Coding List.  If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	232-233
<b>C11.06</b>	How many times per week or per month did you take part in this activity during the past month?	EXEROFT2	1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			234-236
<b>C11.07</b>	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	EXERHMM2	_:_ _  Hours and minutes 777 Don't know / Not sure 999 Refused			237-239
<b>C11.08</b>	During the past month, how many times per week or per month did you do physical activities or exercises to	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-	240-242

	strengthen your muscles?				ups and those using weight machines, free weights, or elastic bands.	
--	--------------------------	--	--	--	--	--

## Module 50: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>C12.01</b>	<p>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.</p>	FRUIT2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<p>If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month. 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</p>	243-245

					or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.	
<b>C12.02</b>	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	FRUITJU2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends." Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"	246-248
<b>C12.03</b>	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	249-251

					about spinach: "Include spinach salads."	
<b>C12.04</b>	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."	252-254
<b>C12.05</b>	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"  Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."	255-257
<b>C12.06</b>	Not including lettuce salads and potatoes, how often did	VEGETAB2	1__ Day 2__ Week 3__ Month 300 Less		Enter quantity in times per day, week, or month. If respondent	258-260

	<p>you eat other vegetables?</p>		<p>than once a month            555 Never            777 Don't Know            999 Refused</p>	<p>gives a number without a time frame, ask "Was that per day, week, or month?"</p> <p>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."</p>	
--	----------------------------------	--	--	--	--

## Module 51: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me “yes”, “no”, or you’re “not sure”.

1.(Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2.(Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.(Do you think) chest pain or discomfort (are symptoms of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4.(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

5.(Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.(Do you think) shortness of breath (is a symptom of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7.(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)

- 1 Yes



- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.(Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9.(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10.(Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

11.(Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.(Do you think) severe headache with no known cause (is a symptom of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

13.If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

**Please read:**

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

**Or**

- 5 Do something else

**Do not read:**

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

## Module 52: Anxiety and Depression

---

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (435-436)

-- 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (437-438)

-- 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (439-440)

-- 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

4. Over the last 2 weeks, how many days have you felt tired or had little energy? (441-442)

-- 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (443-444)

-- 01-14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

(445-446)

- 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

(447-448)

- 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

(449-450)

- 01–14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

9. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(451)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10. Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

(452)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Module 53: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling lately.

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(338)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(339)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?

[If necessary: all, most, some, a little, or none of the time?]

(340)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[If necessary: all, most, some, a little, or none of the time?]

(341)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure

9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**?

**Note: If respondent asks what does “everything was an effort” means; say, “Whatever it means to you”**

**[If necessary: all, most, some, a little, or none of the time?]**

(342)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**?

**[If necessary: all, most, some, a little, or none of the time?]**

(343)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(344-345)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**INTERVIEWER NOTE:** If asked, "**usual activities**" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(346)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

These next questions ask about peoples' attitudes toward mental illness and its treatment.

9. Treatment can help people with mental illness lead normal lives. Do you –**agree** slightly or strongly, or **disagree** slightly or strongly?

(347)

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

10. People are generally caring and sympathetic to people with mental illness. Do you –**agree** slightly or strongly, or **disagree** slightly or strongly?

(348)

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

**INTERVIEWER NOTE:** If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

## Module 54: Social Context

---

Now, I am going to ask you about several factors that can affect a person's health.

**If Core Q7.21 = 1 or 2 (own or rent) continue, else go to Q2.**

1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---
- (349)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

- 8 Not applicable
- 7 Don't know / Not sure
- 9 Refused

2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---
- (350)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

- 8 Not applicable
- 7 Don't know / Not sure
- 9 Refused

**If Core Q7.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.**

**If Core Q7.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.**

**If Core Q7.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to next module.**

3. At your main job or business, how are you generally paid for the work you do. Are you:

(351)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).**

4. About how many hours do you work per week at all of your jobs and businesses combined?

(352-353)

- |   |   |                       |                            |
|---|---|-----------------------|----------------------------|
| – | – | Hours (01-96 or more) | <b>[Go to next module]</b> |
| 9 | 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 | 8 | Does not work         | <b>[Go to next module]</b> |
| 9 | 9 | Refused               | <b>[Go to next module]</b> |

5. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:

(354)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

6. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

(355-356)

- |   |   |                       |
|---|---|-----------------------|
| – | – | Hours (01-96 or more) |
| 9 | 7 | Don't know / Not sure |
| 9 | 8 | Does not work         |
| 9 | 9 | Refused               |



## Module 55: General Preparedness

---

The next series of questions asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

1. How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say... (357)

**Please read:**

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

**Do not read:**

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

2. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day. (358)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3. Does your household have a 3-day supply of nonperishable food for everyone who lives there? By nonperishable we mean food that does not require refrigeration or cooking. (359)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (360)

- 1 Yes
- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know / Not sure
- 9 Refused

5. Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (361)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

6. Does your household have a working flashlight and working batteries for your use if the electricity is out? (362)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

7. In a large-scale disaster or emergency, what would be your main method or way of communicating with relatives and friends? (363)

**Read only if necessary:**

1 Regular home telephones  
2 Cell phones  
3 Email  
4 Pager  
5 2-way radios  
6 Other

**Do not read:**

7 Don't know / Not sure  
9 Refused

8. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency? (364)

**Read only if necessary:**

1 Television  
2 Radio  
3 Internet  
4 Print media  
5 Neighbors  
6 Other

**Do not read:**

7 Don't know / Not sure  
9 Refused

9. Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (365)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

10. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (366)

1 Yes **[Go to next module]**  
2 No  
7 Don't know / Not sure  
9 Refused

11. What would be the main reason you might not evacuate if asked to do so? (367-368)

**Read only if necessary:**

0 1 Lack of transportation  
0 2 Lack of trust in public officials  
0 3 Concern about leaving property behind  
0 4 Concern about personal safety  
0 5 Concern about family safety  
0 6 Concern about leaving pets  
0 7 Concern about traffic jams and inability to get out  
0 8 Health problems (could not be moved)  
0 9 Other

**Do not read:**

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

## Module 56: Veteran's Health

---

**CATI NOTE: If Core Q7.5 = 1 (Yes) continue, else go to next module.**

The next questions relate to veteran's health.

1. Did you ever serve in a combat or war zone? (369)
  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
2. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (370)
  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
3. A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)? (371)
  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
  
4. In the past 12 months, did you receive any psychological or psychiatric counseling or treatment? (372)

**Please read:**

  - 1 Yes, from a VA facility
  - 2 Yes, from a non-VA facility
  - 3 Yes, from both VA and non-VA facilities
  - 4 No

**Do not read:**

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

The next few questions are a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

5. Has there been a time in the past 12 months when you thought of taking your own life? (373)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

6. During the past 12 months, did you attempt to commit suicide? Would you say--- (374)

**Please read:**

- 1 Yes, but did not require treatment
- 2 Yes, was treated at a VA facility
- 3 Yes, was treated at a non-VA facility
- 4 No

**Do not read:**

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

As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

## Module 57: Reactions to Race

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

1. How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

(332)

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (please specify) \_\_\_\_\_
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: If the respondent requests clarification of this question, say:** “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.”

2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

(333)

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.**

3. Within the past 12 months, on average, were you treated worse than, the same as, or better than people of other races?

(334)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

**[CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”]**

4. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? (335)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

5. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (336)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say:** “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.”

6. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? (337)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

(338)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8. Within the past 30 days, have you felt emotionally upset (for example angry, sad, or frustrated) as a result of how OTHER PEOPLE were treated based on their race?

(339)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9. Refused

9. Do you think that people living in **[fill in the name of this state]** are treated differently depending on what race they are?

(340)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused



## Module 59: WGSS Disability

Q1: Do you have difficulty seeing, even if wearing glasses?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know/Not sure

Q2: Do you have difficulty hearing, even if using a hearing aid?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know/Not sure

Q3: Do you have difficulty walking or climbing steps?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know/Not sure

Q3\_ACS: Do you have difficulty walking or climbing stairs?

5. No difficulty
6. Some difficulty
7. A lot of difficulty
8. Cannot do at all
8. Refused
9. Don't know/Not sure

Q4: Do you have difficulty remembering or concentrating?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know/Not sure

Q5: Do you have difficulty with self-care, such as washing all over or dressing?

1. No difficulty
2. Some difficulty
3. A lot of difficulty

4. Cannot do at all
7. Refused
9. Don't know/Not sure

Q5\_ACS: Do you have difficulty bathing or dressing?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know/Not sure

Q6: Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know/Not sure

Q7: Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know/Not sure

Q7\_ACS: Do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know/Not sure

## Module 60: Other Tobacco Use

Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes...

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes...

1. YES
2. NO
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## Module 61: Periodontal Disease

1. Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. Do you think you might have gum disease?
  - (1) Yes
  - (2) NoDo not read:
  - (7) Refused
  - (9) Don't Know
  
2. Overall, how would you rate the health of your teeth and gums?
  - (1) Excellent
  - (2) Very good
  - (3) Good
  - (4) Fair
  - (5) PoorDo not read:
  - (7) Refused
  - (9) Don't Know
  
3. Have you ever had treatment for gum disease such as scaling and root planning, sometimes called "deep cleaning?"
  - (1) Yes
  - (2) NoDo not read:
  - (7) Refused
  - (9) Don't Know
  
4. Have you ever been told by a dental professional that you lost bone around your teeth?
  - 1) Yes
  - (2) NoDo not read:
  - (7) Refused
  - (9) Don't Know
  
5. Aside from brushing your teeth with a toothbrush, in the last seven days, how many days did you use dental floss or any other device to clean between your teeth?  
\_\_\_\_(Number of days)  
Interview instruction: Code "0" if the survey participant responds they have no teeth or only dentures.

Do not read:  
77=Refused  
99= Don't Know

## Module 62: Knowledge and Impact of COVID Pandemic

NOTE: These questions are included as placeholders for items that may be included in future BRFSS questionnaires. They are not currently supported by CDC program sponsors.

Question	Components	Response set
As far as you know, have public health experts recommended (INSERT ITEM) as a way to help slow the spread of coronavirus, or not? How about (INSERT NEXT ITEM), have public health experts recommended this as a way to help slow the spread of coronavirus, or not? (scramble items a-d)	<ul style="list-style-type: none"> <li>a. Frequent hand washing</li> <li>b. Healthy people wearing facemasks in public</li> <li>c. Avoiding gatherings with large numbers of people</li> <li>d. Staying home if you are feeling sick</li> </ul>	<ul style="list-style-type: none"> <li>Yes, recommended</li> <li>No, not recommended</li> <li>Don't know/Refused (NET)</li> <li>Don't know</li> <li>Refused</li> </ul>
As far as you know, is each of the following a way that coronavirus is transmitted, or not? First, (INSERT ITEM), is this a way that coronavirus is transmitted, or not? How about (INSERT NEXT ITEM)? (READ IF NECESSARY: Is this a way that coronavirus is transmitted, or not?) (scramble items a-c)	<ul style="list-style-type: none"> <li>a. Being in close physical proximity with someone who is infected</li> <li>b. Touching surfaces that contain small amounts of bodily fluids from someone who is infected</li> <li>c. Through mosquito bites</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don't know/Refused (NET)</li> <li>Don't know</li> <li>Refused</li> </ul>
For each of the following please tell me if you think this is a common symptom of coronavirus, or not. First, (INSERT ITEM), is this a symptom of coronavirus, or not? How about (INSERT NEXT ITEM)? (READ IF NECESSARY: Is this a common symptom of coronavirus, or not?) (scramble items a-d)	<ul style="list-style-type: none"> <li>a. Fever</li> <li>b. Dry cough</li> <li>c. Nasal congestion</li> <li>d. Rash</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don't know/Refused (NET)</li> <li>Don't know</li> <li>Refused</li> </ul>
Compared to other groups, do you think (INSERT ITEM) have a higher risk of developing serious medical issues if they become infected with coronavirus, or not? How about (INSERT NEXT	<ul style="list-style-type: none"> <li>a. People over the age of 60</li> <li>b. Children</li> <li>c. People with</li> </ul>	<ul style="list-style-type: none"> <li>Yes, have a higher risk</li> <li>No, do not have a higher</li> </ul>

Question	Components	Response set
ITEM)? (READ IF NECESSARY: Compared to other groups, do you think (ITEM) have a higher risk of developing serious medical issues if they become infected with coronavirus, or not?) (scramble items a-c)	chronic health conditions	risk Don't know/ Refused (NET) Don't know Refused
As far as you know, is there a vaccine to protect people from the current coronavirus, also known as COVID-19, or not?		Yes No Don't know/ Refused (NET) Don't know Refused
As far as you know, does the vaccine for influenza, or seasonal flu, protect people from the current coronavirus, also known as COVID-19, or not?		Yes No Don't know/ Refused (NET) Don't know Refused
As far as you know, do most people infected with coronavirus (recover without developing serious complications), or do most people (develop serious complications that require intensive care)? (rotate 1-2,2-1)		Most recover without developing serious complications Most develop serious complications that require intensive care Don't know/Refused (NET) Don't know Refused
As far as you know, if someone thinks they are having symptoms of coronavirus, should they (stay home and call a doctor or medical provider) or should they (seek health care immediately at an emergency room or urgent care facility)? (rotate 1-2,2-1) 3/20		Stay home and call a doctor or medical provider 73 Seek health care immediately at an emergency room or

Question	Components	Response set
		urgent care facility 25 Something else (Vol.) * Don't know/Refused (NET) 2 Don't know 1 Refused
Which of the following best describes your feelings about the coronavirus in the United States? (ROTATE FIRST TWO) +		The worst is behind us The worst is yet to come ...or... The coronavirus is not likely to be that major of a problem Not sure
Please indicate your level of agreement or disagreement with the following statements	I am worried about getting the coronavirus. I know what actions to take to prevent myself and my family from becoming infected with the coronavirus. I feel confident I can prevent myself and my family from becoming infected with the coronavirus if it becomes more widespread	Strongly Agree Agree Disagree Strongly Disagree



Question	Components	Response set
	in the United States. I am likely to get the coronavirus	
How worried, if at all, are you that (INSERT ITEM)? Are you very worried, somewhat worried, not too worried or not at all worried? How about that (INSERT NEXT ITEM)? (IF NECESSARY: Are you very worried, somewhat worried, not too worried or not at all worried that (INSERT ITEM)?) (scramble items a-e)	a. You or someone in your family will get sick from the Coronavirus b. You will lose income due to a workplace closure or reduced hours because of coronavirus c. Your investments such as retirement or college savings will be negatively impacted by coronavirus d. You will put yourself at risk of exposure to coronavirus because you can't afford to stay home and miss work You will not be able to afford testing or treatment for coronavirus if you need it	Very/ Somewhat worried (NET) Very worried Somewhat worried Not too/Not at all worried (NET) Not too worried Not at all worried Not Applicable Don't Know/ Refused
Overall, how prepared do you think you are to deal with a coronavirus infection if you or someone in your family contracted the virus? Would you say		Very prepared Somewhat prepared NET

Question	Components	Response set
you feel very prepared, somewhat prepared, not too prepared, or not at all prepared to respond to that? [RESPONSES ROTATED IN ORDER FOR HALF/IN REVERSE ORDER FOR HALF]		Not prepared Not too prepared Not at all prepared No opinion
Thinking about what, if any, impact the coronavirus has had on you and your family's day to day life, would you say it has -- (ROTATE TOP TO BOTTOM, BOTTOM TO TOP) changed your life in a very major way, a fairly major way, only a small way or has it not changed your life in any way? +*		in a very major way, a fairly major way, only a small way or has it not changed your life in any way?
Looking ahead, what, if any, impact do you believe the coronavirus will have on you and your family's day to day life, would you say it will -- (ROTATE TOP TO BOTTOM, BOTTOM TO TOP) change your life in a very major way, a fairly major way, only a small way or will it not change your life in any way?		a very major way, a fairly major way, only a small way or will it not change your life in any way?
In the past 30 days have you cancelled plans to avoid crowds?		Yes No Don't know/ Refused Don't know Refused
In the past 30 days have your children's activities or school been cancelled?		Yes No Don't know/ Refused Don't know Refused
In the past 30 days have you lost employment or had hours reduced?		Yes No Don't know/ Refused Don't know Refused
In the past 30 days have you lost income from a business?		Yes No Don't know/ Refused

Question	Components	Response set
		Don't know Refused
In the past 30 days have you lost health care coverage?		Yes No Don't know/ Refused Don't know Refused
In the past 30 days have you had a medical appointment cancelled or postponed?		Yes No Don't know/ Refused Don't know Refused
In the past 30 days have you had any difficulty Feeding your household adequately		Yes No Don't know/ Refused Don't know Refused
<b>In the past 30 days have you had any difficulty feeding your household adequately?</b>		Yes No Don't know/ Refused Don't know Refused
<b>In the past 30 days have you had any difficulty filling any prescriptions?</b>		Yes No Don't know/ Refused Don't know Refused
<b>In the past 30 days have you had any difficulty finding the groceries you want?</b>		Yes No Don't know/ Refused Don't know Refused
<b>In the past 30 days have you had any difficulty seeing a doctor or health professional?</b>		Yes No Don't know/ Refused Don't know Refused

Question	Components	Response set
<p>In the past 30 days have you had any difficulty finding cleaning products?</p>		<p>Yes            No            Don't know/            Refused            Don't know            Refused</p>

## Module 63: Emotional Well-being

---

Now I'm going to ask you some questions about your life.

1. All things considered, would you say you are?

**Please read 1-4**

- 1 Very happy
- 2 Happy
- 3 Neutral
- 4 Not very happy
- 5 Not happy at all

**Do not read**

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

Please tell me on a scale of 1 to 5 how much you agree or disagree with the following statements about your life. 1 means strongly disagree and 5 means strongly agree.

**[Read choices only if necessary.]**

2. In most ways **my** life is close to ideal.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

**Do not read**

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

3. The conditions of my life are excellent

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

**Do not read**

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

4. I am satisfied with my life

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- Do not read**
- 7 Don't know / Not sure
  - 9 Refused

5. So far I have gotten the important things I want in life.

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- Do not read**
- 7 Don't know / Not sure
  - 9 Refused

**For questions 6-9: Interviewer: Read the question & response options (for Qs 6 & 7).  
Read the question and response options (shaded text in parentheses) only if necessary  
in Qs 8 & 9.**

The next few questions ask about how satisfied you are.

6. In general, how satisfied are you with your present job or work? Would you say you are

...

**Please read 1-4**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied, or
- 4 Very dissatisfied

**Do not read**

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

7. In general, how satisfied are you with your neighborhood? Would you say you are ...

**Please read 1-4**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied, or
- 4 Very dissatisfied

**Do not read**

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

8. (In general, how satisfied are you with) your education? (Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?)

**Read only if necessary**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied, or
- 4 Very dissatisfied

**Do not read**

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

9. (In general, how satisfied are you with) your energy level? (Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?)

**Read only if necessary**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied, or
- 4 Very dissatisfied

**Do not read**

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

10. In general, how satisfied are you with your life?

**Read only if necessary**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied, or
- 4 Very dissatisfied

**Do not read**

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

11. How often do you get the social and emotional support you need?" (this includes support from any source)

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

12. All things considered, would you say you are ([1] very happy to [5] not happy at all? (from NHIS

## Module 64: Opioid Use and Misuse

Example Emerging Core Questions			
Question	Response set Do not read unless otherwise noted	CATI Instructions	Interviewer Notes
Q1. In the last 12 months, have you taken any prescription pain relievers when it was prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused	If Q1= 2, 7, 9 Go to next section	Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan.  We only want to know about prescription medication that is not available over the counter.
Q2. The last time you filled a prescription for pain medication in the past year, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused	If Q2= 2,7,9 Go to Q4	
Q3. What was the main reason you used the medication differently than prescribed? Would you say...	Read if necessary: 1 To relieve pain, prescribed dose did not relieve pain 2 To relieve other physical symptoms 3 To relieve anxiety or depression 4 For fun, good feeling, getting high, peer pressure (friends were doing it)		



	5 To prevent or relieve withdrawal symptoms Do not read 7 Don't Know/Not sure 9 Refused		
<b>Example Optional Module Questions: Prescribed Opioids</b>			
Q1. In the past year, have you had any pain medication left over from a prescription?	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused	If Q4 = 2, 7, 9 Go to next section.	
Q2. What did you do with the leftover prescription pain medication?	1 Kept it 2 Disposed of it 3 Gave it to someone else 4 Sold it 5 Used it for another unrelated pain/ other purpose 7 Don't know/Not sure 9 Refused		
Q3. The last time you used pain medication that was prescribed to you, what was the main reason?	Read if necessary 1 pain related to cancer 2 post-surgical care/medical care 3 back pain, short term 4 back pain, long term 5 joint pain, short term 6 joint pain, long term 7 carpal tunnel syndrome 8 arthritis 9 work-related injury 10 other injury causing short term		

	<p>pain  11 other injury causing long term pain  12 other physical conditions causing pain  13 to prevent or relieve withdrawal symptoms  14 dental pain  15 pain due to diabetes-related nerve damage  Do not read:  77. Don't know  99. Refused</p>		
<p>Q4 In the past year, what prescription pain medications were prescribed to you by a doctor?</p>	<p>1 Butorphanol Tartrate  2 Carisoprodol  3 Celebrex  4 Codeine  5 Darvocet  6 Darvon  7 Demerol  8 Dilaudid  9 Duragesic  10 Embeda  11 Fentanyl  12 Fentora  13 Gabapentin  14 Hydrocodone  15 Hydromorphone  16 Ibuprofen / Motrin  17 Kadian  18 Levorphanol  19 Lortab  20 Lorcet  21 Meperidine  22 Methadone  23 Morphine  24 Naproxen</p>	<p>This question could be coded for multiple response</p>	

	25 Narcan 26 Neurontin 27 Opium Tincture 28 Oxycodone 29 Oxycontin 30 Pentazocine 31 Percocet 32 Percodan 33 Propoxyphene 34 Roxicet 35 Soma 36 Stadol 37 Suboxone 38 Subutex 39 Toradol 40 Tramadol 41 Tylenol with codeine (Tylenol #3) 42 Tylox 43 Ultram (Ultram ER) 44 Ultracet 45 Vicodin 46 Other (specify_____) {28 character limit} 77 Don't know / not sure 99 Refused		
<b>Example Optional Module Questions: Use of Opioids Not Prescribed</b>			
Q1. In the past year, did you use a prescription pain medication that was not prescribed specifically for you by a doctor, dentist, nurse practitioner, or healthcare providers?	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused	If OMQ1 = 2, 7, 9 Go to OMQ5	
Q2. From whom did you obtain the prescription pain medication?	1 = From a friend or relative 2 = From an acquaintance		

	<p>3 = From a street dealer or other person I did not know</p> <p>4 = Online</p> <p>5 = Other</p> <p>7 = Don't know/Not sure</p> <p>9 = Refused</p>		
<p>Q3. About how often in the past 12 months did you use prescription pain relievers including that were not prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare providers? Would you say....</p>	<p>Read</p> <p>1 Never</p> <p>2 Every day or nearly every day</p> <p>3 Several times a month</p> <p>4 Several times a year</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>		<p>Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan.</p> <p>We only want to know about medication that is not available over the counter.</p>
<p>Q4. In the past 12 months, did you shoot up or inject any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.</p>	<p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/ Not sure</p> <p>9 Refused</p>		
<p>Example Optional Module Questions: Dependency</p>			
<p>Q5. How long has it been since you used any prescription pain reliever?</p>	<p>Read only if necessary</p> <p>1 Within the past 30 days (or currently taking)</p> <p>2 More than 30 days ago but within the past 12 months</p> <p>3 More than 12 months ago</p> <p>4 Never</p>		<p>Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan.</p> <p>We only want to know about</p>

	7 Don't know/Not sure 9 Refused		medication that is not available over the counter.
Q6. In the past year have you felt dependent on prescription pain medication or experienced trouble getting off of the medication when you no longer needed it for medical reasons?	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused		Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan.  We only want to know about medication that is not available over the counter.
Thank you for answering these questions. If you would like assistance with any of these issues, please call the XXX at XXXX to find out about mental health and substance related disorder services available in your area.			

## Module 65: Bereavement

I'd like to ask you some questions about friends or family who have passed away in recent years.

**GA7\_1. Have you experienced the death of a family member or close friend in the years 2018 or 2019?**

- 1 Yes
- 2 No [GO TO GA7\_4]
- 7 Don't know / Not sure [GO TO GA7\_4]
- 9 Refused [GO TO GA7\_4]

**GA7\_2. How many losses did you experience during that time?**

- \_\_ losses [RANGE (01-76),
- 77 Don't know [GO TO GA7\_4]
- 99 Refused [GO TO GA7\_4]

**GA7\_3. For each loss, please tell me if he or she was a spouse, friend or a family member.**

**INTERVIEWER NOTE: With family members please indicate relationship; Mother, Father, Sister, Brother.**

GA7\_3a Was [IF GA7\_2=1, READ “your” / IF GA7\_2>1, READ “your first”] loss a ...?

IF GA7\_2>1, ASK; OTHERWISE SKIP TO GA7\_4

GA7\_3b Was the second family member or friend you lost a ...?

IF GA7\_2>2, ASK; OTHERWISE SKIP TO GA7\_4

GA7\_3c Was the third family member or friend you lost a ...?

IF GA7\_2>3, ASK; OTHERWISE SKIP TO GA7\_4

GA7\_3d Was the fourth family member or friend you lost a ...?

IF GA7\_2>4, ASK; OTHERWISE SKIP TO GA7\_4

GA7\_3e Was the fifth family member or friend you lost a ...?

(READ LIST for first mention)

- 01 Spouse/Partner
- 02 Mother
- 03 Father
- 04 Brother
- 05 Sister
- 06 Child
- 07 Other Family Member
- 08 Friend or Neighbor
- 09 Other
- 77 Don't know/Not sure
- 99 Refused

## Module 66: Social Determinants and Health Equity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSDHE.01	In the past 12 months have		1 Yes 2 No			

	you lost employment or had hours reduced?		7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.02</b>	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.03</b>	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
<b>MSDHE.04</b>	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.05</b>	During the last 12 months was there a time when an electric, gas, oil, or water company		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			

	threatened to shut off services?					
<b>MSDHE.06</b>	During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.07</b>	How often do you get the social and emotional support that you need? Is that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
<b>MSDHE.08</b>	How often do you feel lonely or isolated from others? Is it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
<b>MSDHE.09</b>	In general, how satisfied are you with your		Read: 1 Very satisfied			



	life? Are you..		2 Satisfied 3 Dissatisfied 4 Very dissatisfied 7 Don't know/not sure 9 Refused			
<b>MSDHE.10</b>	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			