Attachment 12:

2019 BRFSS

Field Test Questionnaire



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# OMB Header and Introductory Text

|  |  |  |
| --- | --- | --- |
| Read if necessary | Read | Interviewer instructions (not read) |
| Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061). | HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. | Form ApprovedOMB No. 0920-1061Exp. Date 3/31/2021Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov. |
|  |

# Landline Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| LL01. | Is this [PHONE NUMBER]? | CTELENM1 | 1 Yes | Go to LL02 |  | 63 |
| 2 No | TERMINATE |  |
| LL02. | Is this a private residence? | PVTRESD1 | 1 Yes | Go to LL04 | Read if necessary: By private residence we mean someplace like a house or apartment.Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. | 64 |
| 2 No | Go to LL03 |  |
| 3 No, this is a business |  | Read: Thank you very much but we are only interviewing persons on residential phones at this time. |
| LL03. | Do you live in college housing? | COLGHOUS | 1 Yes | Go to LL04 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. | 65 |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| LL04. | Do you currently live in\_\_(state)\_\_\_\_? | STATERE1 | 1 Yes | Go to LL05 |  | 66 |
| 2 No | TERMINATE | Thank you very much but we are only interviewing persons who live in [STATE] at this time. |
| LL05. | Is this a cell phone? | CELLFON4 | 1 Yes, it is a cell phone  | TERMINATE | Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time. |
| 2 Not a cell phone | Go to LL06 | Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services). |
| LL06. | Are you 18 years of age or older? | LADULT | 1 Yes, male respondent2 Yes, female respondent |  | Do not read: Sex will be asked again in demographics section. | 68 |
| 3 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| Transition to Section 1.  |  |  | I will not ask for your last name, address, or other information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any personal information that you provide will not be used to identify you. If you have any questions about the survey, please call (give appropriate state telephone number). |  | Do not read: Introductory text may be reread when selected respondent is reached.  |  |

# Cell Phone Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  |  |  |
| CP01. | Is this a safe time to talk with you? | SAFETIME | 1 Yes | Go to CP02 |  | 75 |
| 2 No |  ([set appointment if possible]) TERMINATE] | Thank you very much. We will call you back at a more convenient time.  |
| CP02. | Is this [PHONE NUMBER]? | CTELNUM1 | 1 Yes | Go to CP03 |  | 76 |
| 2 No | TERMINATE |  |
| CP03. | Is this a cell phone? | CELLFON5 | 1 Yes | Go to CADULT |  | 77 |
| 2 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| CP04. | Are you 18 years of age or older? | CADULT | 1 Yes, male respondent2 Yes, female respondent |  | Do not read: Sex will be asked again in demographics section. | 78 |
| 3 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| CP05. | Do you live in a private residence? | PVTRESD3 | 1 Yes | Go to CP07 | Read if necessary: By private residence we mean someplace like a house or apartmentDo not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. | 79 |
| 2 No | Go to CP06 |  |
| CP06. | Do you live in college housing? | CCLGHOUS | 1 Yes | Go to CP07 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. | 80 |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| CP07. | Do you currently live in\_\_\_(state)\_\_\_\_? | CSTATE1 | 1 Yes | Go to CP09 |  | 81 |
| 2 No | Go to CP08 |  |
| CP08. | In what state do you currently live? | RSPSTAT1 | 1 Alabama2 Alaska4 Arizona5 Arkansas6 California8 Colorado9 Connecticut10 Delaware11 District of Columbia12 Florida13 Georgia15 Hawaii16 Idaho17 Illinois18 Indiana19 Iowa20 Kansas21 Kentucky22 Louisiana23 Maine24 Maryland25 Massachusetts26 Michigan27 Minnesota28 Mississippi29 Missouri30 Montana31 Nebraska32 Nevada33 New Hampshire34 New Jersey35 New Mexico36 New York37 North Carolina38 North Dakota39 Ohio40 Oklahoma41 Oregon42 Pennsylvania44 Rhode Island45 South Carolina46 South Dakota47 Tennessee48 Texas49 Utah50 Vermont51 Virginia53 Washington54 West Virginia55 Wisconsin56 Wyoming66 Guam72 Puerto Rico78 Virgin Islands99 Refused |  |  | 82-83 |
| Transition to section 1.  |  |  | I will not ask for your last name, address, or other information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any personal information that you provide will not be used to identify you. If you have any questions about the survey, please call (give appropriate state telephone number). |  |  |  |

# Core Section 1: Health Status

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C01.01 | Would you say that in general your health is—  | GENHLTH | Read:1 Excellent2 Very Good3 Good 4 Fair5 PoorDo not read:7 Don’t know/Not sure9 Refused |  |  | 90 |

# Core Section 2: Healthy Days

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C02.01 | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?  | PHYSHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  |  | 91-92 |
| C02.02 | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | MENTHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  |  | 93-94 |
| C02.03 | During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? | POORHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused | Skip if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88 |  | 95-96 |

# Core Section 3: Healthcare Access

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| HC.01 | What is the primary source of your health care coverage? Is it…  | HLTHCVR1 | 1 A plan purchased through an employer or union Notes: includes plans purchased through another person's employer2 A plan that you or another family member buys on your own 3 Medicare 4 Medicaid or other state program 5 TRICARE (formerly CHAMPUS), VA, or Military 6 Alaska Native, Indian Health Service, Tribal Health Services 7 Some other source 8 None (no coverage) 77 Don’t know/Not Sure 99 Refused  |  |  |  |

# Core Section 4: Chronic Health Conditions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C06.01 | Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You’re Not Sure.Ever told) you that you had a heart attack also called a myocardial infarction? | CVDINFR4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.02 | (Ever told) you had angina or coronary heart disease? | CVDCRHD4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.03 | (Ever told) you had a stroke? | CVDSTRK3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.04 | (Ever told) you had asthma? | ASTHMA3 | 1 Yes |  |  |  |
| 2 No7 Don’t know / Not sure9 Refused | Go to C06.06 |  |
| C06.05 | Do you still have asthma? | ASTHNOW | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.06 | (Ever told) you had skin cancer? | CHCSCNCR | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.07 | (Ever told) you had any other types of cancer? | CHCOCNCR | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.08 | (Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis? | CHCCOPD1 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.10 | (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C06.11 | Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?  | CHCKDNY1 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow. |  |
| C06.12 | (Ever told) you have diabetes? | DIABETE3 | 1 Yes |  | If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4. |  |
| 2 Yes, but female told only during pregnancy3 No4 No, pre-diabetes or borderline diabetes7 Don’t know / Not sure9 Refused | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. |  |
| C06.13 | How old were you when you were told you have diabetes? | DIABAGE2 | \_ \_ Code age in years [97 = 97 and older] 98 Don‘t know / Not sure 99 Refused | Go to Diabetes Module if used, otherwise go to next section.  |  |  |

# Core Section 5: Demographics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C08.01 | What is your sex?Are you…. | SEX1 | 1 Male2 FemaleDo not read:7 Don’t know / Not sure9 Refused | States may adopt one of the two formats of the question. If second format is used, read options. |  |  |
| C08.02 | In what year were your born? | AGE | \_ \_ Code age in years07 Don’t know / Not sure09 Refused |  |  |  |
| C08.03 | Are you Hispanic, Latino/a, or Spanish origin? | HISPANC3 | If yes, read: Are you… 1 Mexican, Mexican American, Chicano/a2 Puerto Rican3 Cuban4 Another Hispanic, Latino/a, or Spanish originDo not read:5 No7 Don’t know / Not sure9 Refused |  | One or more categories may be selected. |  |
| C08.04 | Which one or more of the following would you say is your race? | MRACE1 | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other88 No additional choices77 Don’t know / Not sure99 Refused | If more than one response to C08.04; continue. Otherwise, go to C08.06. | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.One or more categories may be selected. |  |
| C08.05 | Which one of these groups would you say best represents your race? | ORACE3 | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other77 Don’t know / Not sure99 Refused |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.If respondent has selected multiple races in previous and refuses to select a single race, code refused |  |
| C08.06 | Are you… | MARITAL | Please read:1 Married2 Divorced3 Widowed4 Separated5 Never marriedOr6 A member of an unmarried coupleDo not read:9 Refused |  |  |  |
| C08.07 | What is the highest grade or year of school you completed? | EDUCA | Read if necessary:1 Never attended school or only attended kindergarten2 Grades 1 through 8 (Elementary)3 Grades 9 through 11 (Some high school)4 Grade 12 or GED (High school graduate)5 College 1 year to 3 years (Some college or technical school)6 College 4 years or more (College graduate)Do not read:9 Refused |  |  |  |
| C08.08 | Do you own or rent your home? | RENTHOM1 | 1 Own2 Rent3 Other arrangement7 Don’t know / Not sure9 Refused |  | Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.  |  |
| C08.14 | Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? | VETERAN3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. |  |
| C08.15 | Are you currently…? | EMPLOY1 | Read:1 Employed for wages2 Self-employed3 Out of work for 1 year or more 4 Out of work for less than 1 year5 A Homemaker6 A Student7 RetiredOr8 Unable to workDo not read:9 Refused |  | If more than one, say “select the category which best describes you”. |  |
| C08.16 | How many children less than 18 years of age live in your household? | CHILDREN | \_ \_ Number of children88 None99 Refused |  |  |  |
| C08.17 | Is your annual household income from all sources— | INCOME2 | Read if necessary:04 Less than $25,000If no, ask 05; if yes, ask 03 ($20,000 to less than $25,000)03 Less than $20,000 If no, code 04; if yes, ask 02 ($15,000 to less than $20,000)02 Less than $15,000 If no, code 03; if yes, ask 01 ($10,000 to less than $15,000)01 Less than $10,000 If no, code 0205 Less than $35,000 If no, ask 06 ($25,000 to less than $35,000)06 Less than $50,000 If no, ask 07 ($35,000 to less than $50,000)07 Less than $75,000 If no, code 08($50,000 to less than $75,000)08 $75,000 or moreDo not read:77 Don’t know / Not sure99 Refused |  | If respondent refuses at ANY income level, code ‘99’ (Refused) |  |
| C08.18 | About how much do you weigh without shoes? | WEIGHT2 | \_ \_ \_ \_ Weight (pounds/kilograms)7777 Don’t know / Not sure9999 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions up |  |
| C08.19 | About how tall are you without shoes? | HEIGHT3 | \_ \_ / \_ \_ Height (ft / inches/meters/centimeters)77/ 77 Don’t know / Not sure99/ 99 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions down |  |
| C08.20 | To your knowledge, are you now pregnant? | PREGNANT | 1 Yes2 No7 Don’t know / Not sure9 Refused | Skip if C08.01, SEX, is coded 1; or C08.02, AGE, is greater than 49 |  |  |

# Module Section 6: Colorectal Cancer Screening

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | CATI note: If respondent is < 49 years of age, go to next section. |  |  |
| Prologue | The next questions are about colorectal cancer screening.There are different stool tests to determine whether the stool contains blood.  |  |  |  |  |  |
| CRC.01 | One stool test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit? |  | 1 Yes |  | Interviewer note: This is also called a fecal immunochemical test (FIT) or a guaiac-based fecal occult blood test (gFOBT). The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical (guaiac) to detect blood in the stool. |  |
| 2 No7 Don't know / Not sure 9 Refused  | Go to CRC.03 |
| CRC.02 | How long has it been since you last had this test?  |  | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 3 years (2 years but less than 3 years ago)4 Within the past 5 years (3 years but less than 5 years ago)5 5 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  |  |
| CRC.03 | Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test? |  | 1 Yes |  | Interviewer note: This is also called a FIT-DNA test or a stool DNA test. This test combined the FIT with a test that detects altered DNA in the stool. |  |
| 2 No 7 Don't know / Not sure 9 Refused  | Go to CRC.05 |
| CRC.04 | How long has it been since you last had this test? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 3 years (2 years but less than 3 years ago)4 Within the past 5 years (3 years but less than 5 years ago)5 5 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  |  |
| CRC.05 | A sigmoidoscopy is a flexible tube that is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had a sigmoidoscopy? |  | 1 Yes |  |  |  |
| 2 No 7 Don't know / Not sure 9 Refused  | Go to CRC.07 |
| CRC.06 | How long has it been since you last had this test? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 3 years (2 years but less than 3 years ago)4 Within the past 5 years (3 years but less than 5 years ago)5 5 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  |  |
| CRC.07 | A colonoscopy is uses a longer tube than a sigmoidoscopy. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy? |  | 1 Yes |  |  |  |
| 2 No 7 Don't know / Not sure 9 Refused  | Go to CRC.09 |
| CRC.08 | How long has it been since you last had this test? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 3 years (2 years but less than 3 years ago)4 Within the past 5 years (3 years but less than 5 years ago)5 5 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  |  |
| CRC.09 | A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy? |  | 1 Yes |  |  |  |
| 2 No 7 Don't know / Not sure 9 Refused  | Go to next section |
| CRC.10 | How long has it been since you last had this test? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 3 years (2 years but less than 3 years ago)4 Within the past 5 years (3 years but less than 5 years ago)5 5 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  |  |

# Core Section 7: Tobacco Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C09.01 | Have you smoked at least 100 cigarettes in your entire life? | SMOKE100 | 1 Yes |  | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.5 packs = 100 cigarettes |  |
| 2 No7 Don’t know/Not Sure9 Refused | Go to C09.05 |  |
| C09.02 | Do you now smoke cigarettes every day, some days, or not at all?  | SMOKDAY2 | 1 Every day2 Some days |  |  |  |
| 3 Not at all  | Go to C09.04 |  |
| 7 Don’t know / Not sure 9 Refused | Go to C09.05 |  |
| C09.03 | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? | STOPSMK2 | 1 Yes2 No7 Don’t know / Not sure9 Refused | Go to C09.05 |  |  |
| C09.04 | How long has it been since you last smoked a cigarette, even one or two puffs?  | LASTSMK2 | Read if necessary:01 Within the past month (less than 1 month ago)02 Within the past 3 months (1 month but less than 3 months ago)03 Within the past 6 months (3 months but less than 6 months ago)04 Within the past year (6 months but less than 1 year ago)05 Within the past 5 years (1 year but less than 5 years ago)06 Within the past 10 years (5 years but less than 10 years ago)07 10 years or more 08 Never smoked regularly77 Don’t know / Not sure99 Refused |  |  |  |
| C09.05 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | USENOW3 | 1 Every day2 Some days3 Not at all7 Don’t know / Not sure9 Refused |  | Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. |  |

# Core Section 8: Alcohol Consumption

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C10.01 | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? | ALCDAY5 | 1 \_ \_ Days per week2 \_ \_ Days in past 30 days |  |  |  |
| 888 No drinks in past 30 days 777 Don’t know / Not sure999 Refused | Go to next section |  |
| C10.02 | One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? | AVEDRNK2 | \_ \_ Number of drinks88 None77 Don’t know / Not sure99 Refused |  | Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |  |
| C10.03 | Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? | DRNK3GE5 | \_ \_ Number of times 77 Don’t know / Not sure99 Refused | CATI X = 5 for men, X = 4 for women |  |  |
| C10.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? | MAXDRNKS | \_ \_ Number of drinks77 Don’t know / Not sure99 Refused |  |  |  |

# Section 9: ACE Module

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.  |  |  |  | Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan. |  |
|  M22.01 | Now, looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal?  | ACEDEPRS | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  | 394 |
|  M22.02 | Did you live with anyone who was a problem drinker or alcoholic? | ACEDRINK | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  | 395 |
|  M22.03 | Did you live with anyone who used illegal street drugs or who abused prescription medications?  | ACEDRUGS | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  | 396 |
|  M22.04 | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?  | ACEPRISN | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  | 397 |
|  ACE.05 | Before you were 18 years of age, during your childhood were your parents….? | ACEDIVRE2 | Read:1 Living together 2 Living separately3 Living together for part of your childhood, or4 Other arrangements7 Don’t Know9 Refused |  |  | 398 |
|  ACE.06 | How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?Was it…  | ACEPUNCH | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 399 |
|  ACE.07 | Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—  | ACEHURT1 | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 400 |
|  ACE.08 | How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it… | ACESWEAR | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 401 |
|  ACE.09 | How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it… | ACETOUCH | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 402 |
|  ACE.10 | How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it… | ACETTHEM | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 403 |
|  ACE.11 | How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it… | ACEHVSEX | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 404 |
| ACE.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? |  | Do not read1 Never2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 7 Don’t Know9 Refused |  |  |  |
| ACE.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? |  | 1 Never2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time 7 Don’t Know9 Refused |  |  |  |
| ACE.14 | In the last 12 months how many times have you attempted suicide?  |  | 1 0 times/ never 2 1 or 2 times 3 3 to 9 times 4 10 to 19 times 5 20 to 39 times6 40 or more times7 Do not know9 Refused |  |  |  |
| ACE.15 | In the last 12 months how many times have you taken prescription pain reliever differently than how a doctor told you to use it?    |  | 1 0 times/ never 2 1 or 2 times 3 3 to 9 times 4 10 to 19 times 5 20 to 39 times6 40 or more times7 Do not know9 Refused |  |  |  |
| ACE.16 | In the last 12 months, how many times have you used heroin? |  | 1 0 times/ never 2 1 or 2 times 3 3 to 9 times 4 10 to 19 times 5 20 to 39 times6 40 or more times7 Do not know9 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] |  |

Core Section 10: 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) |
| DO NOT PROBE IN THIS SECTION. IF RESPONDENT INTIALLY INDICATES DNK, CODE 7(777) WITHOUT FURTHER PROBE. |
| PA.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 No7 Don’t know/Not Sure9 Refused | Go to PA.08 |
| PA.02 | What type of physical activity or exercise did you spend the most time doing during the past month? | EXRACT11 | \_\_ \_\_ Specify from Physical Activity Coding List |  | See Physical Activity Coding List.If the respondent’s activity is not included in the physical activity coding list, choose the option listed as “other”. | 224-225 |
| 77 Don’t know/ Not Sure99 Refused | Go to PA.08 |
| PA.03 | How many times per week or per month did you take part in this activity during the past month? | EXEROFT1 | 1\_ \_ Times per week2\_ \_ Times per month777 Don’t know / Not sure 999 Refused |  |  | 226-228 |
| PA.04 | 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 sure999 Refused  |  |  | 229-231 |
| PA.05 | What other type of physical activity gave you the next most exercise during the past month? | EXRACT21 | \_\_ \_\_ Specify from Physical Activity List |  | See Physical Activity Coding List.If the respondent’s activity is not included in the physical activity coding list, choose the option listed as “other”. | 232-233 |
| 88 No other activity77 Don’t know/ Not Sure99 Refused | Go to PA.08 |
| PA.06 | How many times per week or per month did you take part in this activity during the past month? | EXEROFT2 | 1\_ \_ Times per week2\_ \_ Times per month777 Don’t know / Not sure 999 Refused |  |  | 234-236 |
| PA.07 | And when you took part in this activity, for how many minutes or hours did you usually keep at it?  | EXERHMM2 | \_:\_ \_ Hours and minutes 777 Don’t know / Not sure999 Refused  |  |  | 237-239 |
| PA.08 | During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? | STRENGTH | 1\_ \_ Times per week2\_ \_Times per month888 Never777 Don’t know / Not sure 999 Refused |  | Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. | 240-242 |

Core Section 11: 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) |
| DO NOT PROBE IN THIS SECTION. IF RESPONDENT INTIALLY INDICATES DNK, CODE 777(7) WITHOUT FURTHER PROBE.  |
| F&V.01 | Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.  | FRUIT2 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 Refused |  | If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “was that per day, week, or month?”Read if respondent asks what to include or says ‘i don’t know’: include fresh, frozen or canned fruit. Do not include dried fruits. | 243-245 |
| F&V.02 | Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?  | FRUITJU2 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 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 |
| F&V.03 | How often did you eat a green leafy or lettuce salad, with or without other vegetables? | FVGREEN1 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 Refused |  | Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?” Read if respondent asks about spinach: “Include spinach salads.” | 249-251 |
| F&V.04 | How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns? | FRENCHF1 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 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 |
| F&V.05 | How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? | POTATOE1 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 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 |
| F&V.06 | Not including lettuce salads and potatoes, how often did you eat other vegetables? | VEGETAB2 | 1\_ \_ Day2\_ \_ Week3\_ \_ Month300 Less than once a month555 Never777 Don’t Know999 Refused |  | Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”Read if respondent asks about what to include: “Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.” | 258-260 |

# Closing Statement

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| --- | --- | --- |
|  | Read |  |
|  | That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation. |  |