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 HELLO, I am calling for the (health Form Approved information is estimated to average 27 department). My name is (name). OMB No. 0920-1061 minutes per response, including the time for We are gathering information Exp. Date 3/31/2021 reviewing instructions, searching existing about the health of (state) data sources, gathering and maintaining the residents. This project is conducted Interviewers do not need to data needed, and completing and reviewing by the health department with read any part of the burden the collection of information. An agency assistance from the Centers for estimate nor provide the OMB may not conduct or sponsor, and a person is Disease Control and Prevention. number unless asked by the not required to respond to a collection of Your telephone number has been respondent for specific information unless it displays a currently chosen randomly, and I would like information. If a respondent valid OMB control number. Send comments to ask some questions about health asks for the length of time of regarding this burden estimate or any other and health practices. the interview provide the most accurate information based on aspect of this collection of information, including suggestions for reducing this the version of the burden to CDC/ATSDR Reports Clearance questionnaire that will be Officer; 1600 Clifton Road NE, MS D-74, administered to that Atlanta, Georgia 30333; ATTN: PRA (0920respondent. If the interviewer 1061). 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 2 No	Go to LL02 TERMINATE		63
LLO2.		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 3 No, this is a business	Go to LL03	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	65

		T		T		
					provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.	Do you currently	STATERE1	1 Yes	Go to LL05		66
	live in(state)?		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 homebased phone services).	
LL06.	Are you 18 years of age or older?	LADULT	1 Yes, male respondent		Do not read: Sex will be asked	68

	2 Yes,	again in
	female	demographics
	respondent	section.
	3 No TER	RMINATE Read: Thank you
		very much but we
		are only
		interviewing
		persons aged 18
		or older at this
		time.
Transition	I will not ask	Do not read:
to Section	for your last	Introductory text
1.	name,	may be reread
	address, or	when selected
	other	respondent is
	information	reached.
	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).	

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 2 No	Go to CP02 ([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	75
CP02.	Is this [PHONE	CTELNUM1	1 Yes	Go to CP03		76
	NUMBER]?		2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT	Dead Theal	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?		1 Yes, male respondent 2 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 apartment Do not read: Private residence	79

					includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to CP06		
CP06.	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP07 TERMINATE	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. Read: Thank you very much, but we are only interviewing	80
					interviewing persons who live in private residences or college housing at this time.	
CP07.	Do you currently	CSTATE1	1 Yes	Go to CP09		81
	live in (state)?		2 No	Go to CP08		
CP08.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware			82-83

11 District of
Columbia
12 Florida
13 Georgia
15 Hawaii
16 Idaho
17 Illinois
18 Indiana
19 Iowa
20 Kansas
21 Kentucky
22 Louisiana
23 Maine
24 Maryland
25
Massachusetts
26 Michigan
27 Minnesota
28 Mississippi
29 Missouri
30 Montana
31 Nebraska
32 Nevada
33 New
Hampshire
34 New Jersey 35 New
Mexico
36 New York
37 North
Carolina
38 North
Dakota 39 Ohio
40 Oklahoma
41 Oregon
42
Pennsylvania
44 Rhode
Island
45 South
Carolina
46 South
Dakota
47 Tennessee
48 Texas
49 Utah
50 Vermont
51 Virginia
53 Washington

	54 West
	Virginia
	55 Wisconsin
	56 Wyoming
	66 Guam
	72 Puerto Rico
	78 Virgin
	Islands
	99 Refused
Transition	I will not ask
to section	for your last
1.	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 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 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 None 77 Don't know/not sure 99 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 None 77 Don't know/not sure 99 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	POORHLTH	Number of days (01- 30) 88 None 77 Don't know/not sure 99 Refused	Skip if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88		95-96

r	recreation?			

Core Section 3: Healthcare Access

Question	Question text	Variable	Responses	SKIP INFO/	Interviewer Note (s)	Column(s)
Number		names	(DO NOT READ UNLESS OTHERWISE NOTED)	CATI Note		
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 employer 2 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 Services, 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 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.02	(Ever told) you had angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.03	(Ever told) you had a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.04	(Ever told) you had asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C06.06		
C06.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

C06.06	(Ever told) you had skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 Yes			
C00.07	had any other types of cancer?	CHEOCINER	2 No 7 Don't know / Not sure 9 Refused			
C06.08	(Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.10	(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.11	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	CHCKDNY1	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	
C06.12	(Ever told) you have diabetes?	DIABETE3	1 Yes 2 Yes, but	Go to Pre-	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.	

			female told only during pregnancy 3 No 4 No, pre- diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	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

Questio n 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 Male 2 Female Do not read: 7 Don't know / Not sure 9 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 years 07 Don't know / Not sure 09 Refused			
C08.03	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
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 Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander	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 subcategorie s underneath major heading. One or more categories may be selected.	

			51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused		
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 Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategorie s 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 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused		
C08.07	What is the highest	EDUCA	Read if necessary: 1 Never attended school or		

	grade or year of school you completed ?		only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused		
C08.08	Do you own or rent your home?	RENTHOM 1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused	Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
C08.14	Have you ever served on active duty in the United States	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Read if necessary: Active duty does not include training for	

	Armed Forces, either in the regular military or in a National Guard or military reserve unit?			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 wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused	If more than one, say "select the category which best describes you".	
C08.16	How many children less than 18 years of age live in your household?	CHILDREN	Number of children 88 None 99 Refused		
C08.17	Is your annual household income from all sources—	INCOME2	Read if necessary: 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000) 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000) 02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000) 01 Less than \$10,000 If no, code 02 05 Less than \$35,000 If no, ask 06 (\$25,000 to less than	If respondent refuses at ANY income level, code '99' (Refused)	20

			\$35,000) 06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000) 07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000) 08 \$75,000 or more Do not read: 77 Don't know / Not sure 99 Refused			
C08.18	About how much do you weigh without shoes?	WEIGHT2	Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	
C08.19	About how tall are you without shoes?	HEIGHT3	/Height (ft / inches/meters/centimeters) 77/77 Don't know / Not sure 99/99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	
C08.20	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 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 2 No 7 Don't know / Not sure 9 Refused	Go to CRC.03	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.	
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 ago Do not read: 7 Don't know / Not sure 9 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?	2 No 7 Don't know / Not sure 9 Refused	Go to CRC.05	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.	
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 ago Do not read: 7 Don't know / Not sure 9 Refused		
CRC.05	RC.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	Go to CRC.07	
		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 ago Do not read:		

		7 Don't know / Not sure 9 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	1 Yes		
	make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?	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 or more years ago Do not read: 7 Don't know / Not sure 9 Refused		

CRC.09	A virtual	1 Yes		
CRC.07	colonoscopy uses	1 163		
		2 No	Go to next	
	a series of X-rays			
	to take pictures	7 Don't	section	
	of inside the	know / Not		
	colon. Have you	sure		
	ever had a virtual	9 Refused		
	colonoscopy?			
CRC.10	How long has it	Read if		
	been since you	necessary:		
	last had this test?	1 Within the		
		past year		
		(anytime less		
		than 12		
		months ago)		
		2 Within the		
		past 2 years		
		(1 year but		
		less than 2		
		years ago)		
		3 Within the		
		past 3 years		
		(2 years but		
		less than 3		
		years ago)		
		4 Within the		
		past 5 years		
		(3 years but less than 5		
		years ago)		
		5 5 or more		
		years ago		
		Do not read:		
		7 Don't		
		know / Not		
		sure		
		9 Refused		

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 No 7 Don't know/Not Sure 9 Refused	Go to C09.05		
C09.02	Do you now smoke	SMOKDAY2	1 Every day 2 Some days	Cata		
	cigarettes every day,		3 Not at all	Go to C09.04		
	some days, or not at all?		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 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C09.05		
C09.04	How long has it been since you last smoked a cigarette, even	LASTSMK2	Read if necessary: 01 Within the past month			

C09.05	one or two puffs?	USENOW3	(less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused 1 Every day	Read if necessary:	
	currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	3323	2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused	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	ALCDAY5	1 Days per week 2 Days in past 30 days			
	month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?		888 No drinks in past 30 days 777 Don't know / Not sure 999 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 drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
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 sure 99 Refused	CATI X = 5 for men, X = 4 for women		
C10.04	During the past 30 days, what is	MAXDRNKS	Number of drinks			

the largest	77 Don't		
number of	know / Not		
drinks you had	sure		
on any	99 Refused		
occasion?			

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 Yes 2 No 7 Don't Know/Not Sure 9 Refused			394
M22.02	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			395
M22.03	Did you live with anyone	ACEDRUGS	1 Yes			396

M22.04	who used illegal street drugs or who abused prescription medications? Did you live with anyone who served time or was	ACEPRISN	2 No 7 Don't Know/Not Sure 9 Refused 1 Yes 2 No		397
	sentenced to serve time in a prison, jail, or other correctional facility?		7 Don't Know/Not Sure 9 Refused		
ACE.05	Before you were 18 years of age, during your childhood were your parents?	ACEDIVRE2	Read: 1 Living together 2 Living separately 3 Living together for part of your childhood, or 4 Other arrangements 7 Don't Know 9 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:		401

			7 Don't know/Not Sure 9 Refused		
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 read 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 9 Refused		
ACE.13	For how much of your childhood was there an adult in your household who tried hard to make		1 Never 2 A little of the time 3 Some of the		22

	sure your basic needs	time		
	were met? Would you	4 Most of the		
	say never, a little of the	time		
	time, some of the time,	5 All of the		
		time		
	most of the time, or all of	7 Don't Know		
	the time?	9 Refused		
107.11				
ACE.14	In the last 12 months	10 times/		
	how many times have	never		
	you attempted suicide?	2 1 or 2 times		
		3 3 to 9 times		
		4 10 to 19		
		times		
		5 20 to 39		
		times		
		6 40 or more		
		times		
		7 Do not know		
		9 Refused		
ACE 45	lie the leet 40 minutes to			
ACE.15	In the last 12 months how	10 times/		
	many times have you	never		
	taken prescription pain	2 1 or 2 times		
	reliever differently than	3 3 to 9 times		
	how a doctor told you to	4 10 to 19		
	use it?	times		
		5 20 to 39		
		times		
		6 40 or more		
		times		
		7 Do not know		
		9 Refused		
ACE.16	In the last 12 months have			
ACE.10	In the last 12 months, how	10 times/		
	many times have you used	never		
	heroin?	2 1 or 2 times		
		3 3 to 9 times		
		4 10 to 19		
		times		
		5 20 to 39		
		times		
		6 40 or more		
		times		
		7 Do not know		
		9 Refused		
	Would you like for me to		If yes provide	
	provide a toll-free number		number	
	1 -			
	for an organization that		[STATE TO	
	can provide information		INSERT	
	and referral for the issues		NUMBER	
	in the last few questions.		HERE]	
	•			

Core Section 10: Exercise (Physical Activity)

Question	Question text	Variable	Responses	SKIP INFO/	Interviewer Note (s)	Column(s)				
Number		names	(DO NOT READ UNLESS OTHERWISE NOTED)	CATI Note						
	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 2 No 7 Don't know/Not Sure 9 Refused	Go to PA.08	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				
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 77 Don't know/ Not Sure 99 Refused	Go to PA.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".	224-225				
PA.03	How many times per week or per month did you take part in this activity during the past month?	EXEROFT1	1Times per week 2Times per month 777 Don't know / Not sure 999 Refused			226-228				
PA.04	And when you took part in this	EXERHMM1	_:_ Hours and minutes			229-231				

	activity, for how many minutes or hours did you usually keep at it?		777 Don't know / Not sure 999 Refused			
PA.05	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 PA.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
PA.06	How many times per week or per month did you take part in this activity during the past month?	EXEROFT2	1Times per week 2Times per month 777 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 sure 999 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	1Times per week 2Times per month 888 Never 777 Don't know / Not sure 999 Refused		Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.	240-242

Core Section 11: Fruits and Vegetables

Question	Question text	Variable	Responses	SKIP INFO/	Interviewer Note (s)	Column(s)
Number		names	(DO NOT READ UNLESS OTHERWISE NOTED)	CATI Note		
DO NOT P FURTHER		ON. IF RESPO	NDENT INTIALLY	INDICATES DN	ik, code 777(7) witho	DUT
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	1Day 2Week 3Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month. Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?" Read if respondent asks what to include or says 'i don't	243-245

				know': include fresh, frozen or canned fruit. Do not include dried fruits.	
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	1Day 2Week 3Month 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
F&V.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?	FVGREEN1	1Day 2Week 3Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused	Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about spinach: "Include spinach salads."	249-251
F&V.04	How often did you eat any kind of fried potatoes, including French	FRENCHF1	1Day 2Week 3Month 300 Less than once a month	Enter quantity in times per day, week, or month. If respondent gives a number without a	252-254

	fries, home fries, or hash browns?		555 Never 777 Don't Know 999 Refused	time frame, ask "Was that per day, week, or month?" Read if respondent asks about potato chips: "Do not include potato chips."	
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	1Day 2Week 3Month 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
F&V.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	1Day 2Week 3Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused	Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not	258-260

			include rice."	
- 1			iliciade lice.	

Closing Statement

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