2022 BRFSS Field Test for 2023 Questionnaire

DRAFT

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OMB Header and Introductory Text

|  |  |  |
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| Read if necessary | Read | Interviewer instructions (not read) |
| Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061). |  | Form ApprovedOMB No. 0920-1061Exp. Date 12/31/2024Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov. |
|  | HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. | States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.If cell phone respondent objects to being contacted by state where they have never lived, say:“This survey is conducted by all states and your information will be forwarded to the correct state of residence”  |

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 |  |  |
| 2 No | TERMINATE | Thank you very much, but I seem to have dialed the wrong number. It’s possible that your number may be called at a later time. |
| 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. |  |
| 2 No | Go to LL03 | If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time.NOTE: Business numbers which are also used for personal communication are eligible. |
| 3 No, this is a business |  | Read: Thank you very much but we are only interviewing persons on residential phones at this time.TERMINATE |
| 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. |  |
| 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 |  |  |
| 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? | CELPHONE  | 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? | LADULT1 | 1 Yes | IF COLLEGE HOUSING = “YES,” CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION] |  |  |
| 2 No | IF COLLEGE HOUSING = “YES,” Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION] | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| LL07. | Are you male or female? | COLGSEX | 1 Male2 Female | ONLY for respondents who are LL and COLGHOUS= 1.Go to Transition Section 1. | We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues. |  |
| 3 Nonbinary7 Don’t know/Not sure9 Refused | Go to LL07a |  |
|  |  |  |
| LL07a. | What was your sex at birth? Was it male or female?  | \*\*\*NEW\*\*\* | 1 Male2 Female | ONLY for respondents who are LL and COLGHOUS= 1.Go to Transition Section 1. |  |  |
| 7 Don’t know/Not sure9 Refused | Go to LL07b. |
| LL07b. | We would like to ask questions that best allow you to report on your health status. One set of questions are about cervical health or prostate health. Which types of questions best apply to you? | \*\*\*NEW\*\*\* | Questions about:1 Cervical health 2 Prostate health  | Go to Transition Section 1. |  |  |
| 7 Don’t know/Not sure9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future.  |
|  |  |  |  |  |  |  |
| LL08. | I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older? | NUMADULT | 1 | Go to LL09 | Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household? |  |
| 2-6 or more | Go to LL10. | If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.  |
| LL09.  | Are you male or female? | LANDSEX | 1 Male2 Female | GO to Transition Section 1.  |  |  |
| 3 Nonbinary7 Don’t know/Not sure9 Refused | Go to LL09a |  |
|  |  |  |  |  |  |  |
| LL09a. | What was your sex at birth? Was it male or female?  | \*\*\*NEW\*\*\* | 1 Male2 Female | Go to Transition Section 1. |  |  |
| 7 Don’t know/Not sure9 Refused | Go to LL09b. |
| LL09b. | We would like to ask questions that best allow you to report on your health status. One set of questions are about cervical health or prostate health. Which types of questions best apply to you? | \*\*\*NEW\*\*\* | Questions about:1 Cervical health 2 Prostate health  | Go to Transition Section 1. |  |  |
| 7 Don’t know/Not sure9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future. |
| LL10. | The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday? | \*\*\*NEW\*\*\* |  | If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL10. (See CATI programming) |  |  |
| LL11.  | Are you male or female? | \*\*\*NEW\*\*\* | 1 Male2 Female | GO to Transition Section 1.  |  |  |
|  |  |  | 3 Nonbinary7 Don’t know/Not sure9 Refused | Go to LL11a |  |  |
|  |  |  |  |  |  |  |
| LL11a. | What was your sex at birth? Was it male or female?  | \*\*\*NEW\*\*\* | 1 Male2 Female | Go to Transition Section 1. |  |  |
| 7 Don’t know/Not sure9 Refused | Go to LL11b. |
| LL11b | We would like to ask questions that best allow you to report on your health status. One set of questions are about cervical health or prostate health. Which types of questions best apply to you? | \*\*\*NEW\*\*\* | Questions about:1 Cervical health 2 Prostate health  | Go to Transition Section 1. |  |  |
| 7 Don’t know/Not sure9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future.  |
| Transition to Section 1.  |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information If you have any questions about the survey, please call (give appropriate state telephone number). |  | Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence “Any information you give me will not be connected to any personal information” may be replaced by “Any personal information that you provide will not be used to identify you.” If the state coordinator approves the change.  |  |

Cell Phone Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  |  |  |
| CP01. | Is this a safe time to talk with you? | SAFETIME | 1 Yes | Go to CP02 |  |  |
| 2 No |  ([set appointment if possible]) TERMINATE] | Thank you very much. We will call you back at a more convenient time.  |
| CP02. | Is this [PHONE NUMBER]? | CTELNUM1 | 1 Yes | Go to CP03 |  |  |
| 2 No | TERMINATE |  |
| CP03. | Is this a cell phone? | CELLFON5 | 1 Yes | Go to CADULT1 |  |  |
| 2 No | TERMINATE | If "no”: thank you very much, but we are only interviewing persons on cell telephones at this time |
| CP04. | Are you 18 years of age or older? | CADULT1 | 1 Yes |  |  |  |
| 2 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| CP05. | Are you male or female? | CELLSEX | 1 Male2 Female | Go to CP06. | We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues. |  |
| 3 Nonbinary7 Don’t know/Not sure9 Refused | Go to CP05a. |  |
| CP05a. | What was your sex at birth? Was it male or female?  | **\*\*\*NEW\*\*\*** | 1 Male2 Female | Go to CP06. |  |  |
| 7 Don’t know/Not sure9 Refused | Go to CP05b. |
| CP05b. | We would like to ask questions that best allow you to report on your health status. One set of questions are about cervical health or prostate health. Which types of questions best apply to you? | \*\*\*NEW\*\*\* | Questions about:1 Cervical health 2 Prostate health  | Go to CP06. |  |  |
| 7 Don’t know/Not sure9 Refused | TERMINATE |
| CP06. | Do you live in a private residence? | PVTRESD3 | 1 Yes | Go to CP08 | Read if necessary: By private residence we mean someplace like a house or apartmentDo not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. |  |
| 2 No | Go to CP07 |  |
| CP07. | Do you live in college housing? | CCLGHOUS | 1 Yes | Go to CP08 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. |  |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| CP08. | Do you currently live in\_\_\_(state)\_\_\_\_? | CSTATE1 | 1 Yes | Go to CP10 |  |  |
| 2 No | Go to CP09 |  |
| CP09. | In what state do you currently live? | RSPSTAT1 | 1 Alabama2 Alaska4 Arizona5 Arkansas6 California8 Colorado9 Connecticut10 Delaware11 District of Columbia12 Florida13 Georgia15 Hawaii16 Idaho17 Illinois18 Indiana19 Iowa20 Kansas21 Kentucky22 Louisiana23 Maine24 Maryland25 Massachusetts26 Michigan27 Minnesota28 Mississippi29 Missouri30 Montana31 Nebraska32 Nevada33 New Hampshire34 New Jersey35 New Mexico36 New York37 North Carolina38 North Dakota39 Ohio40 Oklahoma41 Oregon42 Pennsylvania44 Rhode Island45 South Carolina46 South Dakota47 Tennessee48 Texas49 Utah50 Vermont51 Virginia53 Washington54 West Virginia55 Wisconsin56 Wyoming66 Guam72 Puerto Rico78 Virgin Islands |  |  |  |
| 77 Live outside US and participating territories99 Refused | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in the US. |
| CP10. | Do you also have a landline telephone in your home that is used to make and receive calls? | LANDLINE | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use. |  |
| CP11. | How many members of your household, including yourself, are 18 years of age or older? | HHADULT | \_ \_ Number 77 Don’t know/ Not sure99 Refused | If CP07 = yes then number of adults is automatically set to 1 |  |  |
| Transition to section 1.  |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number). |  |  |  |

Core Section 1: Health Status

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

Core Section 2: Healthy Days

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHD.01 | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?  | PHYSHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.  |  |
| CHD.02 | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | MENTHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |  |
|  |  |  |  | Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88 |  |  |
| CHD.03 | During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? | POORHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |  |

Core Section 3: Health Care Access

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHCA.01 | What is the current primary source of your health insurance? |  | Read if necessary:01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private nongovernmental plan that you or another family member buys on your own 03 Medicare04 Medigap05 Medicaid06 Children's Health Insurance Program (CHIP)07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA08 Indian Health Service09 State sponsored health plan10 Other government program88 No coverage of any type77 Don’t Know/Not Sure 99 Refused  |  | If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverageask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.  |  |
|  |
| CHCA.02 | Do you have one person (or a group of doctors) that you think of as your personal health care provider? |  | 1 Yes, only one2 More than one3 No 7 Don’t know / Not sure9 Refused |  | If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one. |  |
| CHCA.03 | Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CHCA.04 | About how long has it been since you last visited a doctor for a routine checkup? | CHECKUP1 | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years agoDo not read:7 Don’t know / Not sure 8 Never9 Refused |  | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  |  |

Core Section 4: 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) |
| CEXP.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. |  |
| 2 No7 Don’t know/Not Sure9 Refused | Go to C 11.08 |
| CEXP.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”. |  |
| 77 Don’t know/ Not Sure99 Refused | Go to C11.08 |
| CEXP.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 |  |  |  |
| CEXP.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  |  |  |  |
| CEXP.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”. |  |
| 88 No other activity77 Don’t know/ Not Sure99 Refused | Go to CEXP.08 |
| CEXP.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 |  |  |  |
| CEXP.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  |  |  |  |
| CEXP.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. |  |

Core Section 5: Demographics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CDEM.01 | What is your age? | AGE | \_ \_ Code age in years07 Don’t know / Not sure09 Refused |  |  |  |
| CDEM.02 | Are you Hispanic, Latino/a, or Spanish origin? | HISPANC3 | If yes, read: Are you… 1 Mexican, Mexican American, Chicano/a2 Puerto Rican3 Cuban4 Another Hispanic, Latino/a, or Spanish originDo not read:5 No7 Don’t know / Not sure9 Refused |  | One or more categories may be selected. |  |
| CDEM.03 | Which one or more of the following would you say is your race? | MRACE1 | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:~~60 Other~~88 No choices77 Don’t know / Not sure99 Refused | . | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.One or more categories may be selected.If respondent indicates that they are Hispanic for race, please read the race choices. |  |
|  |  |  |  | If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05 |  |  |
| CDEM.04 | Which one of these groups would you say best represents your race? | ORACE3 | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:~~60 Other~~77 Don’t know / Not sure99 Refused |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.If respondent has selected multiple races in previous and refuses to select a single race, code refused |  |
|  |  |  |  | If using SOGI module, insert here. Sex at birth module may be inserted here if not used in the screening section.  |  |  |
| CDEM.05 | Are you… | MARITAL | Please read:1 Married2 Divorced3 Widowed4 Separated5 Never marriedOr6 A member of an unmarried coupleDo not read:9 Refused |  |  |  |
| CDEM.06 | What is the highest grade or year of school you completed? | EDUCA | Read if necessary:1 Never attended school or only attended kindergarten2 Grades 1 through 8 (Elementary)3 Grades 9 through 11 (Some high school)4 Grade 12 or GED (High school graduate)5 College 1 year to 3 years (Some college or technical school)6 College 4 years or more (College graduate)Do not read:9 Refused |  |  |  |
| CDEM.07 | Do you own or rent your home? | RENTHOM1 | 1 Own2 Rent3 Other arrangement7 Don’t know / Not sure9 Refused |  | Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.  |  |
| CDEM.08 | In what county do you currently live? | CTYCODE2 | \_ \_ \_ANSI County Code 777 Don’t know / Not sure999 Refused888 County from another state |  |  |  |
| CDEM.09 | What is the ZIP Code where you currently live? | ZIPCODE1 | \_ \_ \_ \_ \_77777 Do not know99999 Refused |  |  |  |
|  |  |  |  | If cell interview go to CDEM12 |  |  |
| CDEM.10 | Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?  | NUMHHOL3 | 1 Yes |  |  |  |
| 2 No7 Don’t know / Not sure9 Refused | Go to CDEM.12 |  |
| CDEM.11 | How many of these landline telephone numbers are residential numbers? | NUMPHON3 | \_\_ Enter number (1-5)6 Six or more7 Don’t know / Not sure 8 None 9 Refused |  |  |  |
| CDEM.12 | How many cell phones do you have for your personal use? | CPDEMO1B | \_\_ Enter number (1-5)6 Six or more7 Don’t know / Not sure 8 None 9 Refused | Last question needed for partial complete. | Do not include cell phones that are used exclusively by other members of your household.Read if necessary: Include cell phones used for both business and personal use. |  |
| CDEM.13 | Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? | VETERAN3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. |  |
| CDEM.14 | Are you currently…? | EMPLOY1 | Read:1 Employed for wages2 Self-employed3 Out of work for 1 year or more 4 Out of work for less than 1 year5 A Homemaker6 A Student7 RetiredOr8 Unable to workDo not read:9 Refused |  | If more than one, say “select the category which best describes you”. |  |
| CDEM.15 | How many children less than 18 years of age live in your household? | CHILDREN | \_ \_ Number of children88 None99 Refused |  |  |  |
| CDEM.16 | Is your annual household income from all sources— | \*\*\*NEW\*\*\* | Read if necessary:01 Less than $10,000?02 Less than $15,000? ($10,000 to less than $15,000) 03 Less than $20,000? ($15,000 to less than $20,000)04 Less than $25,00005 Less than $35,000 If ($25,000 to less than $35,000)06 Less than $50,000 If ($35,000 to less than $50,000)07 Less than $75,000? ($50,000 to less than $75,000)08 Less than $100,000? ($75,000 to less than $100,000)09 Less than $150,000? ($100,000 to less than $150,000)?10 Less than $200,000? ($150,000 to less than $200,000)11 $200,000 or moreDo not read:77 Don’t know / Not sure99 Refused | SEE CATI information of order of coding;Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code ‘99’ (Refused) |  |
|  |  |  |  | Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). Or Age >49 |  |  |
| CDEM.17 | To your knowledge, are you now pregnant? | PREGNANT | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDEM.18 | About how much do you weigh without shoes? | WEIGHT2 | \_ \_ \_ \_ Weight (pounds/kilograms)7777 Don’t know / Not sure9999 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions up |  |
| CDEM.19 | About how tall are you without shoes? | HEIGHT3 | \_ \_ / \_ \_ Height (ft / inches/meters/centimeters)77/ 77 Don’t know / Not sure99/ 99 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions down |  |

Emerging Core: Long-term COVID Effects

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| COVID.01 | Have you been diagnosed with COVID-19 by a healthcare provider or had a positive COVID test?  | \*\*\*REPLACE\*\*\* | 1 Yes |  |   |  |
| 2 No7 Don’t know / Not sure9 Refused | Skip to next section |
| COVID.02 | Are you having any symptoms now that have lasted 3 months or longer that you did not have prior to having coronavirus or COVID-19?  | \*\*\*REPLACE\*\*\* | 1 Yes |  | Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itselfsuch as…- Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”)- Difficulty breathing or shortness of breath- Joint or muscle pain- Fast-beating or pounding heart (also known as heart palpitations) or chest pain- Dizziness on standing- Depression, anxiety, or mood changes- Symptoms that get worse after physical or mental activities--Loss of taste or smell |  |
| 2 No7 Don’t know / Not sure9 Refused | Skip to next section |
| COVID.03 | Do these symptoms you are having reduce your ability to carry out day-to-day activities compared with the time before you had coronavirus or COVID-19? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |

# Closing Statement/ Transition to Modules

|  |  |  |
| --- | --- | --- |
| Read if necessary | Read | CATI instructions (not 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. |  | Read if no optional modules follow, otherwise continue to optional modules. |

# Optional Modules

# Module 1: COVID Vaccination

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  |  |  |
| MCOV.01 | Have you received at least one dose of a COVID-19 vaccination? | \*\*\*NEW\*\*\* | 1 Yes | Go to MCOV.03 (COVIDNUM) |  |  |
| 2 No  | Go to MCOV.03(COVACGET) |
| 7 Don’t know / Not sure9 Refused | **GOTO Next module** |
| MCOV.02 | How many COVID-19 vaccinations have you received? | \*\*\*RESPONSE CHANGED\*\*\* | 1 One2 Two 3 Three 4 Four or more5 Five or more7 Don’t know / Not sure9 Refused |  |  |  |
| MCOV.03 | Which of the following best describes your intent to take the recommended COVID vaccinations, including any additional and booster doses… | \*\*\*REPLACE\*\*\* | 1 = Already received all recommended doses2 = Plan to receive all recommended doses3 = Do not plan to receive all recommended doses7 = Don’t know/Not sure9 = Refused |  |  |  |
|  |  |  |  |  |  |  |

# Module 2: 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. |  |  |
| M13.01 | The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse? | \*\*\*REPLACE\*\*\* | 1 Yes |  |  |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to next module |
| M13.02 | Are you worried about these difficulties with thinking or memory? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| M13.03 | During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments? | \*\*\*REPLACE\*\*\* | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| M13.04 | During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer? | \*\*\*REPLACE\*\*\* | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| M13.05 | Have you or anyone else discussed your difficulties with thinking or memory with a health care provider? | \*\*\*REPLACE\*\*\* | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |

# 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. |