Attachment 4 - Optional Modules by Topic

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# Module 1: Prediabetes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | Skip if Section CCHC.12, DIABETE4, is coded 1 |  |  |
| MPDB.01 | Have you had a test for high blood sugar or diabetes within the past three years? | PDIABTST | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 264 |
|  |  |  |  | Skip MPDB.02 if CCHC.12 DIABETE4, is coded 1; If CCHC.12, DIABETE4, is coded 4 automatically code MPDB.02, PREDIAB1, equal to 1 (yes); |  |  |
| MPDB.02 | Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? | PREDIAB1 | 1 Yes2 Yes, during pregnancy3 No7 Don’t know / Not sure9 Refused |  | If Yes and respondent is female, ask: Was this only when you were pregnant? | 265 |

# Module 2: Diabetes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | To be asked following Core CCHC.13; if response to CCHC.12 is Yes (code = 1) |  |  |
| MDIA.01 | Are you now taking insulin?  | INSULIN1 | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 266 |
| MDIA.02 | About how often do you check your blood for glucose or sugar?  | BLDSUGAR | 1 \_ \_ Times per day2 \_ \_ Times per week3 \_ \_ Times per month 4 \_ \_ Times per year 888 Never 777 Don’t know / Not sure999 Refused |  | Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional. Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in ‘98 times per day.’ | 267-269 |
| MDIA.03 | Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?  | FEETCHK3 | 1 \_ \_ Times per day2 \_ \_ Times per week3 \_ \_ Times per month 4 \_ \_ Times per year555 No feet 888 Never 777 Don’t know / Not sure999 Refused |  |  | 270-272 |
| MDIA.04 | About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? | DOCTDIAB | \_ \_ Number of times [76 = 76 or more]88 None77 Don’t know / Not sure99 Refused |  |  | 273-274 |
| MDIA.05 | About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?  | CHKHEMO3 | \_ \_ Number of times [76 = 76 or more]88 None98 Never heard of A-one-C test77 Don’t know / Not sure99 Refused |  | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.  | 275-276 |
|  |  |  |  | If MDIA.03 = 555 (No feet), go to MDIA.07 |  |  |
| MDIA.06 | About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?  | FEETCHK | \_ \_ Number of times [76 = 76 or more]88 None77 Don’t know / Not sure99 Refused |  |  | 277-278 |
| MDIA.07 | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?  | EYEEXAM1 | Read if necessary:1 Within the past month (anytime less than 1 month ago)2 Within the past year (1 month but less than 12 months ago)3 Within the past 2 years (1 year but less than 2 years ago)4 2 or more years agoDo not read: 7 Don’t know / Not sure8 Never9 Refused |  |  | 279 |
| MDIA.08 | Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? | DIABEYE | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 280 |
| MDIA.09 | Have you ever taken a course or class in how to manage your diabetes yourself?  | DIABEDU | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 281 |

# Module 3: ME/CFS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MME.01 | Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME? | TOLDCFS  | 1 Yes |  | My-al-gicEn-ceph-a-lo-my-eli-tis | 282 |
| 2 No7 Don’t know / Not sure9 Refused  | Go to next section |
| MME.02 | Do you still have Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME? | HAVECFS | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | My-al-gicEn-ceph-a-lo-my-eli-tis | 283 |
| MME.03 | Thinking about your CFS or ME, during the past 6 months, how many hours a week on average have you been able to work at a job or business for pay? | WORKCFS | Read if necessary1 0 or no hours -- cannot work at all because of CFS or ME2 1 - 10 hours a week3 11- 20 hours a week4 21- 30 hours a week 5 31 - 40 hours a weekDo not read7 Don’t know/ Not sure9 Refused |  |  | 284 |

# Module 4: Hepatitis Treatment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MHT.01 | Have you ever been told by a doctor or other health professional that you had Hepatitis C? | TOLDHEPC  | 1 Yes |  | Hepatitis C is an infection of the liver from the Hepatitis C virus | 285 |
| 2 No7 Don’t know / Not sure9 Refused  | Go to MHT.05 |
| MHT.02 | Were you treated for Hepatitis C in 2015 or after?  | TRETHEPC | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | Most hepatitis C treatments offered in 2015 or after were oral medicines or pills. Including Harvoni, Viekira, Zepatier, Epclusa and others.  | 286 |
| MHT.03 | Were you treated for Hepatitis C prior to 2015? | PRIRHEPC | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | Most hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months. | 287 |
| MHT.04 | Do you still have Hepatitis C? | HAVEHEPC | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C.  | 288 |
| MHT.05 | The next question is about Hepatitis B.Has a doctor, nurse, or other health professional ever told you that you had hepatitis B? | HAVEHEPB | 1 Yes |  | Hepatitis B is an infection of the liver from the hepatitis B virus. | 289 |
| 2 No7 Don’t know/ Not sure9 Refused | Go to next section |
| MHT.06 | Are you currently taking medicine to treat hepatitis B? | MEDSHEPB | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  | 290 |

# Module 5: Health Care Access

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text |  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MHCA.01 | What is the primary source of your health care coverage? Is it…  | HLTHCVR1 | Read:01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A plan that you or another family member buys on your own 03 Medicare 04 Medicaid or other state program 05 TRICARE (formerly CHAMPUS), VA, or Military 06 Alaska Native, Indian Health Service, Tribal Health Services Or07 Some other source08 None (no coverage) Do not read:77 Don't know/Not sure 99 Refused  | Go to CHCA.02 | If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan). If purchased on their own (or by a family member), select 02, if Medicaid select 04. | 291-292 |
| 2. In the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?  |  |  | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  |  |

# Module 6: Cognitive Decline

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If respondent is 45 years of age or older continue, else go to next module. |  |  |
| MCD.01 | The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you’ve always done or forgetting things that you would normally know. We want to know how these difficulties impact you. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? | CIMEMLOS | 1 Yes | Go to MCD.02 |  | 293 |
| 2 No | Go to next module |
| 7 Don’t know/ not sure | Go to MCD.02 |
| 9 Refused | Go to next module |
| MCD.02 | During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is… | CDHOUSE | Read: 1 Always 2 Usually 3 Sometimes 4 Rarely5 NeverDo not read:7 Don't know/Not sure9 Refused |  |  | 294 |
| MCD.03 | As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is… | CDASSIST | Read: 1 Always 2 Usually 3 Sometimes  |  |  | 295 |
| 4 Rarely5 NeverDo not read:7 Don't know/Not sure9 Refused | Go to MCD.05 |
| MCD.04 | When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is… | CDHELP | Read: 1 Always 2 Usually 3 Sometimes 4 Rarely5 NeverDo not read:7 Don't know/Not sure9 Refused |  |  | 296 |
| MCD.05 | During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is… | CDSOCIAL | Read: 1 Always 2 Usually 3 Sometimes 4 Rarely5 NeverDo not read:7 Don't know/Not sure9 Refused |  |  | 297 |
| MCD.06 | Have you or anyone else discussed your confusion or memory loss with a health care professional? | CDDISCUS | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 298 |

# Module 7: Caregiver

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MCG.01 | During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? | CAREGIV1 | 1 Yes |  | If caregiving recipient has died in the past 30 days, code 8 and say: I’m so sorry to hear of your loss | 299 |
| 2 No 7 Don’t know/Not sure  | Go to MCG.09 |
| 8 Caregiving recipient died in past 30 days  | Go to MCG.09 |
| 9 Refused | Go to MCG.09 |
| MCG.02 | What is his or her relationship to you? | CRGVREL4 | 01 Mother02 Father03 Mother-in-law04 Father-in-law05 Child06 Husband07 Wife08 Live-in partner09 Brother or brother-in-law10 Sister or sister-in-law11 Grandmother12 Grandfather13 Grandchild14 Other relative 15 Non-relative/ Family friend77 Don’t know/Not sure99 Refused |  | If more than one person, say: Please refer to the person to whom you are giving the most care. | 300-301 |
| MCG.03 | For how long have you provided care for that person? Would you say…  | CRGVLNG1 | Read:1 Less than 30 days2 1 month to less than 6 months3 6 months to less than 2 years4 2 years to less than 5 years5 5 or more yearsDo not read:7 Don’t Know/ Not Sure9 Refused |  |  | 302 |
| MCG.04 | In an average week, how many hours do you provide care or assistance? Would you say… | CRGVHRS1 | Read: 1 Up to 8 hours per week2 9 to 19 hours per week3 20 to 39 hours per week4 40 hours or moreDo not read:7 Don’t know/Not sure9 Refused |  |  | 303 |
| MCG.05 | What is the main health problem, long-term illness, or disability that the person you care for has? | CRGVPRB3 | 01 Arthritis/ rheumatism02 Asthma03 Cancer04 Chronic respiratory conditions such as emphysema or COPD05 Alzheimer’s disease, dementia or other cognitive impairment disorder06 Developmental disabilities such as autism, Down’s Syndrome, and spina bifida07 Diabetes08 Heart disease, hypertension, stroke09 Human Immunodeficiency Virus Infection (H.I.V.)10 Mental illnesses, such as anxiety, depression, or schizophrenia11 Other organ failure or diseases such as kidney or liver problems12 Substance abuse or addiction disorders13 Injuries, including broken bones 14 Old age/ infirmity/frailty15 Other77 Don’t know/Not sure99 Refused |  |  | 304-305 |
|  |  |  |  | If MCG.05=5, go to MCG.07 |  |  |
| MCG.06 | Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder? | CRGVALZD | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  | 306 |
| MCG.07 | In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?  | CRGVPERS | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 307 |
| MCG.08 | In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals? | CRGVHOUS | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 308 |
| MCG.09 | In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?  | CRGVEXPT | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 309 |

# Module 8: E-Cigarettes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MECIG.01 | Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? | ECIGARET | 1 Yes |  | Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu. | 310 |
| 2 No 7 Don’t know/Not sure 9 Refused | Go to next module |
| MECIG.02 | Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?  | ECIGNOW | 1 Every day2 Some days3 Not at all7 Don’t know / Not sure9 Refused |  | Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. | 311 |

# Module 9: Marijuana Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M21.01 | During the past 30 days, on how many days did you use marijuana or cannabis? | MARIJAN1 | \_ \_ 01-30 Number of days |  | If asked, participants should be advised NOT to include hemp-based CBD products. |  |
| 88 None 77 Don’t know/not sure 99 Refused | Go to next module |
| M21.02 | During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually… | USEMRJN2 | Read:1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it (for example, in brownies, cakes, cookies, or candy) 3 Drink it (for example, in tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using a dabbing rig, knife, or dab pen), or6 Use it some other way.Do not read:7 Don’t know/not sure 9 Refused |  | Select one. If respondent provides more than one say: Which way did you use it most often?Read parentheticals only if asked for more detail. |  |
| M21.03 | When you used marijuana or cannabis during the past 30 days, was it usually: | RSNMRJN1 | Read: 1 For medical reasons ~~(like to treat or decrease symptoms of a health condition)~~; 2 For non-medical reasons (~~like to have fun or fit in)~~, or 3 For both medical and non-medical reasons. Do not read:7 Don’t know/Not sure9 Refused  |  |  |  |

# Module 10: Tobacco Cessation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | Ask if SMOKE100 = 1 and SMOKDAY2 = 3 |  |  |
| M22.01 | How long has it been since you last smoked a cigarette, even one or two puffs?  | LASTSMK2 | Read if necessary:01 Within the past month (less than 1 month ago)02 Within the past 3 months (1 month but less than 3 months ago)03 Within the past 6 months (3 months but less than 6 months ago)04 Within the past year (6 months but less than 1 year ago)05 Within the past 5 years (1 year but less than 5 years ago)06 Within the past 10 years (5 years but less than 10 years ago)07 10 years or more 08 Never smoked regularly77 Don’t know / Not sure99 Refused | Go to next module |  |  |
|  |  |  |  | Ask if SMOKDAY2 = 1 or 2. |  |  |
| M22.02 | 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 |  |  |  |

# Module 11: Firearm Safety

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle. |  |
| M23.01 | Are any firearms now kept in or around your home? |  | 1 Yes |  | Do not include guns that cannot fire; include those kept in cars, or outdoor storage.  |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to Next module |
| M23.02 | Are any of these firearms now loaded? |  | 1 Yes |  |  |  |
| 2 No7 Don’t know/ not sure9 Refused  | Go to Next module |
| M23.03 | Are any of these loaded firearms also unlocked? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  | By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don’t count the safety as a lock. |  |

# Module 12: Lung Cancer Screening

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question MLCS.04. |  |  |
| MLCS.01 | You’ve told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.How old were you when you first started to smoke cigarettes regularly? | LCSFIRST | \_ \_ \_ Age in Years (001 – 100)777 Don't know/Not sure999 Refused |  | Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent. | 316-318 |
| 888 Never smoked cigarettes regularly | Go to MLCS.04 |
| MLCS.02 | How old were you when you last smoked cigarettes regularly? | LCSLAST | \_ \_ \_ Age in Years (001 – 100)777 Don't know/Not sure999 Refused |  |  | 319-321 |
| MLCS.03 | On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day? | LCSNUMCG | \_ \_ \_Number of cigarettes777 Don't know/Not sure999 Refused |  | Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes | 322-324 |
| MLCS.04 | The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan? | LCSCTSCN | Read if necessary:1 Yes, to check for lung cancer2 No (did not have a CT scan)3 Had a CT scan, but for some other reasonDo not read:7 Don't know/not sure9 Refused |  |  | 325 |

# Module 13: Cancer Survivorship: Type of Cancer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module. |  |  |
| MTOC.01 | You’ve told us that you have had cancer. I would like to ask you a few more questions about your cancer.How many different types of cancer have you had? | CNCRDIFF | 1 Only one2 Two3 Three or more |  |  | 326 |
| 7 Don’t know / Not sure 9 Refused | Go to next module |
| MTOC.02 | At what age were you told that you had cancer? | CNCRAGE |  \_ \_ Age in Years (97 = 97 and older)98 Don't know/Not sure99 Refused |  | If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?Read if necessary: This question refers to the first time they were told about their first cancer. | 327-328 |
|  |  |  |  | If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 21 if Melanoma or 22 if other skin cancerCATI note: If CCCS.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code MTOC.03 as a response of 19. |  |  |
| MTOC.03 | What type of cancer was it? | CNCRTYP1 | Read if respondent needs prompting for cancer type:01 Breast cancer**Female reproductive (Gynecologic)** 02 Cervical cancer (cancer of the cervix)03 Endometrial cancer (cancer of the uterus)04 Ovarian cancer (cancer of the ovary)**Head/Neck**05 Head and neck cancer06 Oral cancer07 Pharyngeal (throat) cancer08 Thyroid09 Larynx**Gastrointestinal** 10 Colon (intestine) cancer11 Esophageal (esophagus)12 Liver cancer13 Pancreatic (pancreas) cancer14 Rectal (rectum) cancer15 Stomach**Leukemia/Lymphoma (lymph nodes and bone marrow)**16 Hodgkin's Lymphoma (Hodgkin’s disease)17 Leukemia (blood) cancer 18 Non-Hodgkin’s Lymphoma**Male reproductive**19 Prostate cancer20 Testicular cancerSkin21 Melanoma22 Other skin cancer**Thoracic**23 Heart24 Lung**Urinary cancer**  25 Bladder cancer26 Renal (kidney) cancer**Others**27 Bone 28 Brain29 Neuroblastoma 30 Other Do not read:77 Don’t know / Not sure99 Refused |  | If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it? | 329-330 |

# Module 14: Cancer Survivorship: Course of Treatment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module. |  |  |
| MCOT.01 | Are you currently receiving treatment for cancer? | CSRVTRT3 | Read if necessary:1 Yes | Go to next module | Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. | 331 |
| 2 No, I’ve completed treatment  | Continue |
| 3 No, I’ve refused treatment4 No, I haven’t started treatment 5 Treatment was not necessary7 Don’t know / Not sure9 Refused | Go to next module |
| MCOT.02 | What type of doctor provides the majority of your health care? Is it a…. | CSRVDOC1 | Read:01 Cancer Surgeon02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon07 Medical Oncologist08 Radiation Oncologist09 Urologist10 OtherDo not read:77 Don’t know / Not sure99 Refused |  | If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).Read if necessary: An oncologist is a medical doctor who manages a person’s care and treatment after a cancer diagnosis. | 332-333 |
| MCOT.03 | Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? | CSRVSUM | 1 Yes2 No7 Don’t know/ not sure9 Refused |  | Read if necessary: By ‘other healthcare professional’, we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional. | 334 |
| MCOT.04 | Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer? | CSRVRTRN | 1 Yes |  |  | 335 |
| 2 No7 Don’t know/ not sure9 Refused | Go to MCOT.06 |
| MCOT.05 | Were these instructions written down or printed on paper for you?  | CSRVINST | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 336 |
| MCOT.06 | With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? | CSRVINSR | 1 Yes2 No7 Don’t know/ not sure9 Refused |  | Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs. | 337 |
| MCOT.07 | Were you ever denied health insurance or life insurance coverage because of your cancer? | CSRVDEIN | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 338 |
| MCOT.08 | Did you participate in a clinical trial as part of your cancer treatment? | CSRVCLIN | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 339 |

# Module 15: Cancer Survivorship: Pain Management

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module. |  |  |
| MCPM.01 | Do you currently have physical pain caused by your cancer or cancer treatment? | CSRVPAIN | 1 Yes |  |  | 340 |
| 2 No7 Don’t know/ not sure9 Refused | Go to next module |
| MCPM.02 | Would you say your pain is currently under control…?  | CSRVCTL2 | Read:1 With medication (or treatment)2 Without medication (or treatment)3 Not under control, with medication (or treatment)4 Not under control, without medication (or treatment)Do not read:7 Don’t know / Not sure9 Refused |  |  | 341 |

# Module 16: Prostate Cancer Screening Decision Making

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) AND CPCS.04 = 1 and AGE ≥ 40 continue, otherwise go to next module. |  |  |
| MPCDM.01 | Which one of the following best describes the decision to have the P.S.A. test done? | PCPSADE1 |  |  |  | 342 |
| Read:1 You made the decision alone 2 Your doctor, nurse, or health care provider made the decision alone | Go to next module. |
| 3 You and one or more other persons made the decision together  |  |
| 4 You don’t know how the decision was madeDo not read:9 Refused | Go to next module |
| MPCDM.02 | Who made the decision with you? | PCDMDEC1 | Read if necessary:1 Doctor/nurse /health care provider2 Spouse/significant other3 Other family member4 Friend/non-relativeDo not read: 7 Don’t know / Not sure9 Refused |  | Select one response. If respondent offers more than one response ask for primary person who made decision. | 343 |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If respondent is between the ages of 18 and 49 years continue; otherwise, go to next module. |  |  |
| MHPV.01 | Have you ever had an H.P.V. vaccination? | HPVADVC4 | 1 Yes |  | Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)Read if necessary: A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL]. Interviewer Note: If respondent comments that this question was already asked, clarify that they earlier questions was about HPV testing, ant this question is about vaccination. | 344 |
| 2 No3 Doctor refused when asked7 Don’t know/ not sure9 Refused | Go to next module |
| MHPV.02 | How many H.P.V. shots did you receive? | HPVADSHT | \_ \_ Number of shots03 All shots77 Don’t know / Not sure99 Refused  |  |  | 345-346 |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MTDAP.01 | Have you received a tetanus shot in the past 10 years?  | TETANUS1 | 1 Yes, received Tdap2 Yes, received tetanus shot, but not Tdap3 Yes, received tetanus shot but not sure what type4 No, did not receive any tetanus shot in the past 10 years7 Don’t know/Not sure9 Refused |  | If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine? | 347 |

# Module 19: Place of Flu Vaccination

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number |  | Question text | Variable names | Responses(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  | Ask if CIMM= 1This question may be inserted in core after CIMM.02 |  |  |
| MFP.01 |  | At what kind of place did you get your last flu shot or vaccine? | IMFVPLA1 | Read if necessary:01 A doctor’s office or health maintenance organization (HMO)02 A health department03 Another type of clinic or health center (a community health center)04 A senior, recreation, or community center05 A store (supermarket, drug store)06 A hospital (inpatient or outpatient)07 An emergency room08 Workplace09 Some other kind of place11 A schoolDo not read:10 Received vaccination in Canada/Mexico77 Don’t know / Not sure99 Refused |   | Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? | 348-349 |

#

# Module 20: Shingles Vaccination

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If age ≤ 49 Go to next module. |  |  |
| M07.01 | Have you ever had the shingles or zoster vaccine? | SHINGLE2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.  |  |

# Module 21: COVID Vaccination

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MCOR.01 | Since [DATE OF VACCINE AVAILABILITY], have you had a COVID-19 vaccination? | \*\*\*NEW\*\*\* | 1 Yes |  |  |  |
| 2 No 7 Don’t know / Not sure9 Refused | Go to next section |
| MCOR.02 | How many COVID-19 vaccinations have you received? | \*\*\*NEW\*\*\* | 1 One2 Two or more7 Don’t know / Not sure9 Refused |  |  |  |
| MCOR.03 | During what month and year did you receive your (first) COVID-19 vaccination?  | \*\*\*NEW\*\*\* | \_ \_ / \_ \_ \_ \_ Month / Year77 / 7777 Don’t know / Not sure09 / 9999 Refused |  | If respondent indicated only one vaccine do not read word “first” |  |
| MCOR.04 | At what kind of place did you get your (first) COVID-19 vaccination?  | \*\*\*NEW\*\*\* | Read if necessary:01 A doctor’s office or health maintenance organization (HMO)02 A health department03 Another type of clinic or health center (a community health center)04 A senior, recreation, or community center05 A store (supermarket, drug store)06 A hospital (inpatient)07 An emergency room08 Workplace09 Some other kind of place11 A schoolDo not read:10 Received vaccination in Canada/Mexico77 Don’t know / Not sure99 Refused |  | If respondent indicated only one vaccine do not read word “first” |  |
|  |  |  |  | If MCOR2 =1, 7,9 go to next section |  |  |
| MCOR.05 | During what month and year did you receive your second COVID-19 vaccination?  | \*\*\*NEW\*\*\* | \_ \_ / \_ \_ \_ \_ Month / Year77 / 7777 Don’t know / Not sure09 / 9999 Refused |  |  |  |
| MCOR.06 | At what kind of place did you get your second COVID-19 vaccination? | \*\*\*NEW\*\*\* | Read if necessary:01 A doctor’s office or health maintenance organization (HMO)02 A health department03 Another type of clinic or health center (a community health center)04 A senior, recreation, or community center05 A store (supermarket, drug store)06 A hospital (inpatient)07 An emergency room08 Workplace09 Some other kind of place11 A schoolDo not read:10 Received vaccination in Canada/Mexico77 Don’t know / Not sure99 Refused |  |  |  |

# Module 23: Industry and Occupation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If CDEM.14 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue.If CDEM.14 = 4 (Out of work for less than 1 year) ask, “What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.”Else go to next module  |  |  |
| MIO.01 | What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.  | TYPEWORK |  \_\_\_\_\_\_\_Record answer99 Refused |  | If respondent is unclear, ask: What is your job title?If respondent has more than one job ask: What is your main job? | 350-449 |
| MIO.02 | What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant | TYPEINDS | \_\_\_\_\_\_\_Record answer99 Refused | If CDEM14 = 4 (Out of work for less than 1 year) ask, “What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.”  |  | 450-549 |

# Module 24: Sex at Birth

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question Number** | **Question text** | **Variable names** | **Responses** **(DO NOT READ UNLESS OTHERWISE NOTED)** | **SKIP INFO/ CATI Note** | **Interviewer Note (s)** | **Column(s)** |
| MSAB.01 | What was your sex at birth? Was it male or female? | BIRTHSEX | 1 Male2 Female7 Don’t know/Not sure9 Refused |  |  | 550 |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | The next two questions are about sexual orientation and gender identity |  |  |  |  |  |
|  |  |  |  | If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b. |  |  |
| MSOGI.01a | .Which of the following best represents how you think of yourself?  | SOMALE | 1 = Gay2 = Straight, that is, not gay3 = Bisexual4 = Something else7 = I don't know the answer9 = Refused | Ask if Sex= 1. | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.Please say the number before the text response. Respondent can answer with either the number or the text/word. | 551 |
|  |  |  |  | If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02. |  |  |
| MSOGI.01b | Which of the following best represents how you think of yourself? | SOFEMALE | 1 = Lesbian or Gay2 = Straight, that is, not gay3 = Bisexual4 = Something else7 = I don't know the answer9 = Refused | . | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.Please say the number before the text response. Respondent can answer with either the number or the text/word. | 552 |
| MSOGI.02 | Do you consider yourself to be transgender?  | TRNSGNDR | 1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male3 Yes, Transgender, gender nonconforming4 No7 Don’t know/not sure9 Refused |  | Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual. If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman. If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?Please say the number before the text response. Respondent can answer with either the number or the text/word. | 553 |

# Module 26: Adverse Childhood Experiences

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| 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. |  |
|  M20.01 | 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 |  |  |  |
|  M20.02 | Did you live with anyone who was a problem drinker or alcoholic? | ACEDRINK | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |
|  M20.03 | 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 |  |  |  |
|  M20.04 | 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 |  |  |  |
|  M20.05 | Were your parents separated or divorced? | ACEDIVRC | 1 Yes2 No8 Parents not married7 Don’t Know/Not Sure9 Refused |  |  |  |
|  M20.06 | 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 |  |  |  |
|  M20.07 | 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 |  |  |  |
|  M20.08 | 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 |  |  |  |
|  M20.09 | 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 |  |  |  |
|  M20.10 | 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 |  |  |  |
|  M20.11 | 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 |  |  |  |
| M20.12 | **For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?** | **\*\*\*NEW\*\*\*** | **1. Never****2. A little of the time** **3. Some of the time** **4. Most of the time** **5. All of the time** **7 Don’t Know/Not sure** **9 Refused** |  |  |  |
| M20.13 | **For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?** | **\*\*\*NEW\*\*\*\*** | **1. Never****2. A little of the time** **3. Some of the time** **4. Most of the time** **5. All of the time** **7 Don’t Know/Not sure** **9 Refused** |  |  |  |
|  | Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions. |  |  |  | If yes provide number [STATE TO INSERT NUMBER HERE] |  |

# Module 27: Random Child Selection

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module. |  |  |
|  |  |  |  | If CDEM.15 = 1 and CDEM.15 does not equal 88 or 99, read into text 1 |  |  |
| Intro text 1 | Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child. |  |  |   |  |  |
|  |  |  |  | If CDEM.15 is >1 and CDEM.15 does not equal 88 or 99, read intro text 2 |  |  |
| Intro text 2 | Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth. |  |  | CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child’s number in all questions below.INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child. |  |  |
| MRCS.01 | What is the birth month and year of the [Xth] child? | RCSBIRTH | \_ \_ /\_ \_ \_ \_ Code month and year77/ 7777 Don’t know / Not sure99/ 9999 Refused |  |  | 565-570 |
| MRCS.02 | Is the child a boy or a girl? | RCSGENDR | 1 Boy 2 Girl9 Refused |  |  | 571 |
| MRCS.03 | Is the child Hispanic, Latino/a, or Spanish origin?  | RCHISLA1 | Read if response is yes:Are they 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 |  |  | 572-575 |
| MRCS.04 | Which one or more of the following would you say is the race of the child? | RCSRACE1 | 10 White 20 Black or African American 30 American Indian or Alaska Native**40 Asian**41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian**50 Pacific Islander**51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other77 Don’t know / Not sure88 No additional choices99 Refused |  | Select all that applyIf 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. | 576-603 |
|  |  |  |  | [CATI NOTE: IF MORE THAN ONE RESPONSE TO MRCS.04; CONTINUE. OTHERWISE, GO TO MRCS.06.] |  |  |
| MRCS.05 | Which one of these groups would you say best represents the child’s race? | RCSBRAC2 | 10 White 20 Black or African American 30 American Indian or Alaska Native**40 Asian**41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian**50 Pacific Islander**51 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. | 604-605 |
| MRCS.06 | How are you related to the child? Are you a…. | RCSRLTN2 | Please read: 1 Parent (include biologic, step, or adoptive parent)2 Grandparent3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling)5 Other relative6 Not related in any way Do not read:7 Don’t know / Not sure9 Refused |  |  | 606 |

# Module 28: Childhood Asthma Prevalence

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module. |  |  |
| MCAP.01 | The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma?  | CASTHDX2 | 1 Yes | Fill in correct [Xth] number. |  | 607 |
| 2 No7 Don’t know/ not sure9 Refused | Go to next module |
| MCAP.02 | Does the child still have asthma?  | CASTHNO2 | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 608 |

# Module 29: Aspirin for CVD Prevention

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M15.01 | How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say….  |  | Read:1 Daily2 Some days3 Used to take it but had to stop due to side effects, or 4 Do not take itDo not read:7 Don’t know / Not sure9 Refused |  |  |  |

# Module 30: Home/ Self-measured Blood Pressure

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M16.01 | Has your doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |  |
| M16.02 | Do you regularly check your blood pressure outside of your healthcare professional’s office or at home?  |  | 1 Yes |  |  |  |
| 2 No7 Don’t know / Not sure9 Refused | Go to next section |  |
| M16.03 | Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location? |  | 1 At home 2 On a machine at a pharmacy, grocery or similar location 3 Do not check it 7 Don’t know / Not sure 9 Refused |  |  |  |
| M16.04 | How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person? |  | Do not read:1 Telephone 2 Other methods such as email, internet portal, or fax, or3 In person  |  |  |  |
| Do not read:4 Do not share information7 Don’t know / Not sure9 Refused |

##

# Module 31: Food Stamps

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M27.01 | In the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card? |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Food Stamps or SNAP (Supplemental Nutrition Assistance Program) is a government program that provides plastic cards, also known as EBT (Electronic Benefit Transfer) cards, that can be used to buy food. In the past, SNAP was called the Food Stamp Program and gave people benefits in paper coupons or food stamps. |  |

# Module 32: Sleep Disorder

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

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

1. None

77 Don’t know/Not sure

99 Refused

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

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

88 None

77 Don’t know/Not sure

99 Refused

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

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

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

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

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

# Module 33: Anxiety and Depression

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

READ:

1 never,

2 for several days,

3 for more than half the days or

4 nearly every day.

DO NOT READ:

7 Don’t know/ Not sure

9 Refused

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

READ:

1 never,

2 for several days,

3 for more than half the days or

4 nearly every day.

DO NOT READ:

7 Don’t know/ Not sure

9 Refused

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

READ:

1 never,

2 for several days,

3 for more than half the days or

4 nearly every day.

DO NOT READ:

7 Don’t know/ Not sure

9 Refused

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

READ:

1 never,

2 for several days,

3 for more than half the days or

4 nearly every day.

DO NOT READ:

7 Don’t know/ Not sure

9 Refused

# Module 34: Adult Asthma History

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

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

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

 \_ \_ Age in years 11 or older **[96 = 96 and older]**

 97 Age 10 or younger

 98 Don’t know / Not sure

 99 Refused

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

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

 1 Yes

 2 No **[Go to Q5]**

 7 Don’t know / Not sure **[Go to Q5]** 9 Refused **[Go to Q5]**

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

 \_ \_ Number of visits **[87 = 87 or more]**

 88 None

 98 Don’t know / Not sure

 99 Refused

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

 \_ \_ Number of visits **[87 = 87 or more]**

 88 None

1. Don’t know / Not sure

 99 Refused

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

 \_ \_ Number of visits **[87 = 87 or more]**

 88 None

 98 Don’t know / Not sure

 99 Refused

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

 \_ \_ \_ Number of days

 888 None

 777 Don’t know / Not sure

 999 Refused

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

 **NOTE: Phlegm (‘flem’)**

 **Please read:**

 8 Not at any time **[Go to Q9]**

 1 Less than once a week

 2 Once or twice a week

 3 More than 2 times a week, but not every day

 4 Every day, but not all the time

 **Or**

 5 Every day, all the time

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

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

 **Please read:**

 8 None

 1 One or two

 2 Three to four

 3 Five

 4 Six to ten

 **Or**

 5 More than ten

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

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

**READ IF NECESSARY**

 8 Never

 1 1 to 14 days

 2 15 to 24 days

 3 25 to 30 days

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

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

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

 **READ IF NECESSARY:**

 8 Never (include no attack in past 30 days)

 1 1 to 4 times (in the past 30 days)

 2 5 to 14 times (in the past 30 days)

 3 15 to 29 times (in the past 30 days)

 4 30 to 59 times (in the past 30 days)

 5 60 to 99 times (in the past 30 days)

 6 100 or more times (in the past 30 days)

**Do not read:**

 7 Don’t know / Not sure

 9 Refused

# Module 35: Respiratory Health (COPD Symptoms)

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

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

\_ \_ Number of years (01-76)

88 Never smoked or smoked less than one year

77 Don’t know/Not sure

99 Refused

# Module 36: Indoor Tanning

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

**DO NOT READ:**

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

777 Don’t know/ Not sure

999 Refused

# Module 37: Excess Sun Exposure

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

**DO NOT READ:**

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

777 Don’t know/ Not sure

999 Refused

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

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

**READ:**

1 Always

2 Most of the time

3 Sometimes

4 Rarely

5 Never

**DO NOT READ:**

6 Don’t stay outside for more than one hour on warm sunny days

8 Don’t go outside at all on warm sunny days

7 Don’t know/ Not sure

9 Refused

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

INTERVIEWER NOTE: FRIDAY IS A WEEKDAY

INTERVIEWER NOTE: IF RESPONDENT SAYS NEVER CODE 01

**DO NOT READ:**

1 Less than half an hour

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

3 (More than 1 hour) up to 2 hours

4 (More than 2 hours) up to 3 hours

5 (More than 3 hours) up to 4 hours

6 (More than 4 hours) up to 5 hours

7 (More than 5) up to 6 hours

77 Don’t know/ Not sure

99 Refused

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

**INTERVIEWER NOTE: FRIDAY IS A WEEKDAY**

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

**DO NOT READ:**

1 Less than half an hour

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

3 (More than 1 hour) up to 2 hours

4 (More than 2 hours) up to 3 hours

5 (More than 3 hours) up to 4 hours

6 (More than 4 hours) up to 5 hours

7 (more than 5) up to 6 hours

77 Don’t know/ Not sure

99 Refused

# Module 38: Actions to Control High Blood Pressure

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

**Earlier you stated that you had been diagnosed with high blood pressure.**

**Are you now doing any of the following to help lower or control your high blood pressure?**

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

 1 Yes

 2 No

 7 Don‘t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 3 Do not use salt

 7 Don‘t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 3 Do not drink

 7 Don‘t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don‘t know / Not sure

 9 Refused

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

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

 1 Yes

 2 No

 7 Don‘t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 3 Do not use salt

 7 Don‘t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 3 Do not drink

 7 Don‘t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don‘t know / Not sure

 9 Refused

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

 1 Yes

 2 No

 7 Don‘t know / Not sure

 9 Refused

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

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

 1 Yes

 2 Yes, but female told only during pregnancy

 3 No

 4 Told borderline or pre-hypertensive

 7 Don‘t know / Not sure

 9 Refused

# Module 39: Arthritis Management

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number |  | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | 2 No7 Don’t know / Not sure9 Refused | Go to next section |  |  |
| C08.02 |  | Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? | ARTHEXER | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase. |  |
| C08.03 |  | Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? | ARTHEDU | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| C08.04 |  | Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? | LMTJOIN3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment” |  |
| C08.05 |  | In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do? | ARTHDIS2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment." |  |
| C08.06 |  | Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be? | JOINPAI2 | \_\_ \_\_ Enter number [00-10]77 Don’t know/ Not sure99 Refused |  |  |  |

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

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

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

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

 1 Yes

 2 No

 7 Don't know / Not sure

 9 Refused

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

1 Yes

2. No

7 Don't know / Not sure

9 Refused

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

1 Yes

 2 No

 7 Don't know / Not sure

 9 Refused

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

1 Yes

 2 No

 7 Don't know / Not sure

 9 Refused

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

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

 1 Yes

 2 No

 7 Don't know / Not sure

 9 Refused

# Module 41: Sugar Sweetened Beverages

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

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

1 \_ \_ Times per day

2 \_ \_ Times per week

3 \_ \_ Times per month

Do not read:

888 None

777 Don’t know / Not sure

999 Refused

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

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

1 \_ \_ Times per day

2 \_ \_ Times per week

3 \_ \_ Times per month

Do not read:

888 None

777 Don’t know / Not sure

999 Refused

#

# Module 42: Sodium or Salt-Related Behavior

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M17.01 | Are you currently watching or reducing your sodium or salt intake? | WTCHSALT | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  |  |
| M17.02 | Has a doctor or other health professional ever advised you to reduce sodium or salt intake? | DRADVISE | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  |  |

# Module 43: Preconception Health/Family Planning

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

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

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

 1 Yes

 2 No **[GO TO Q3]**

 3 No partner/not sexually active **[GO TO NEXT MODULE]**

 4 Same sex partner **[GO TO NEXT MODULE]**

 **5** Has had a Hysterectomy **[GO TO NEXT MODULE]**

 7 Don’t know/Not sure **[GO TO Q3]**

 9 Refused **[GO TO Q3].**

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

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

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

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

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

Read only if necessary:

01 Female sterilization (ex. Tubal ligation, Essure, Adiana) **[GO TO NEXT MODULE]**

02 Male sterilization (vasectomy) **[GO TO NEXT MODULE]**

03 Contraceptive implant (ex. Implanon) **[GO TO NEXT MODULE]**

04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) **[GO TO NEXT MODULE]**

05 Copper-bearing IUD (ex. ParaGard) **[GO TO NEXT MODULE]**

06 IUD, type unknown **[GO TO NEXT MODULE]**

07 Shots (ex. Depo-Provera) **[GO TO NEXT MODULE]**

08 Birth control pills, any kind **[GO TO NEXT MODULE]**

09 Contraceptive patch (ex. Ortho Evra) **[GO TO NEXT MODULE]**

10 Contraceptive ring (ex. NuvaRing) **[GO TO NEXT MODULE]**

11 Male condoms **[GO TO NEXT MODULE]**

12 Diaphragm, cervical cap, sponge **[GO TO NEXT MODULE]**

13 Female condoms **[GO TO NEXT MODULE]**

14 Not having sex at certain times (rhythm or natural family planning) **[GO TO NEXT MODULE]**

15 Withdrawal (or pulling out) **[GO TO NEXT MODULE]**

16 Foam, jelly, film, or cream **[GO TO NEXT MODULE]**

17 Emergency contraception (morning after pill) **[GO TO NEXT MODULE]**

18 Other method **[GO TO NEXT MODULE]**

Do not read:

77 Don’t know/Not sure

99 Refused

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

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

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

Read only if necessary:

01 You didn’t think you were going to have sex/no regular partner

02 You just didn’t think about it

03 Don’t care if you get pregnant

04 You want a pregnancy

05 You or your partner don’t want to use birth control

06 You or your partner don’t like birth control/side effects

07 You couldn’t pay for birth control

08 You had a problem getting birth control when you needed it

09 Religious reasons

10 Lapse in use of a method

11 Don’t think you or your partner can get pregnant (infertile or too old)

12 You had tubes tied (sterilization)

13 You had a hysterectomy

14 Your partner had a vasectomy (sterilization)

15 You are currently breast-feeding

16 You just had a baby/postpartum

17 You are pregnant now

18 Same sex partner

19 Other reasons

77 Don’t know/Not sure

99 Refused

##

# Module 44: Emotional Support and Life Satisfaction

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

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

Please read:

 **1 Always**

 **2 Usually**

 **3 Sometimes**

 **4 Rarely**

 **5 Never**

Do not read:

 7 Don't know / Not sure

 9 Refused

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

Please read:

 **1 Very satisfied**

 **2 Satisfied**

 **3 Dissatisfied**

 **4 Very dissatisfied**

Do not read:

 7 Don't know / Not sure

 9 Refused

# Module 45: Social Determinants of Health

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

 1 Yes

 2 No

 7 Don’t know/not sure

 9 Refused

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

\_\_ \_\_ Number of moves in past 12 months [01-52]

88 None (Did not move in past 12 months)

77 Don’t know/Not sure

99 Refused

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

Please read:

 **1 Extremely safe**

 **2 Safe**

 **3 Unsafe**

 **4 Extremely unsafe**

Do not read:

7 Don’t know/Not sure

 9 Refused

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

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

 **1 Often true,**

 **2 Sometimes true, or**

 **3 Never true**

Do not read:

 7 Don’t Know/Not sure

 9 Refused

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

 **1 Often true,**

 **2 Sometimes true, or**

 **3 Never true**

Do not read:

 7 Don’t Know /Not sure

 9 Refused

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

Please read:

 **1 End up with some money left over,**

 **2 Have just enough money to make ends meet, or**

 **3 Do not have enough money to make ends meet**

Do not read:

 7 Don’t Know/Not sure

 9 Refused

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

Please read:

 **1 None of the time,**

 **2 A little of the time,**

 **3 Some of the time,**

 **4 Most of the time, or**

 **5 All of the time**

Do not read:

 7. Don't know/not sure

 9. Refused

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

 1 Yes

 2 No

 7 Don’t know/not sure

 9 Refused

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

1 Yes

1. No

7. Don’t know/not sure

9. Refused

10. How often do you feel isolated from others?

1. Always,

 2. Usually,

3. Sometimes,

4. Rarely,

5. Never

7. Don’t know/not sure

9. Refused

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

1.. Always,

 2. Usually,

3. Sometimes,

4. Rarely,

5. Never

7. Don’t know/not sure

9. Refused

12. How often do you feel left out?

1. Always,

 2. Usually,

3. Sometimes,

4. Rarely,

5. Never

7. Don’t know/not sure

9 . Refused

# Module 46: Sleep Disorder

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

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

\_\_ \_\_ Number of hours [01-24]

77 Don’t know/Not sure

99 Refused

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

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

88 None

77 Don’t know/Not sure

99 Refused

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

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

88 None

77 Don’t know/Not sure

99 Refused

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

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

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

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

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

# Module 47: Health Literacy

1. How difficult is it for you to get advice or information about health or medical topics if you need it?
	1. Not at all
	2. A little
	3. Somewhat, or
	4. Very difficult or
	5. Never tried to get advice or information

7. Don’t know/not sure

9. Refused

1. How difficult is it for you to understand information that doctors, nurses and other health professionals tell you?
	1. Not at all
	2. A little
	3. Somewhat, or
	4. Very difficult or
	5. Never tried to get advice or information

7. Don’t know/not sure

9. Refused

1. You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor’s office and clinic. In general, how difficult is it for you to understand written health information?
	1. Not at all
	2. A little
	3. Somewhat, or
	4. Very difficult or
	5. Never tried to get advice or information

7. Don’t know/not sure

9. Refused

# Module 48: Clinical Breast Exam

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

1. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?
2. Yes

2 No **[Go to next module]**

7 Don’t know / Not sure **[Go to next module]**

9 Refused **[Go to next module]**

1. How long has it been since your last breast exam?

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

7 Don’t know / Not sure

9 Refused

# Module 49: Exercise (Physical Activity)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C11.01 | During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?  | EXERANY2 | 1 Yes |  | If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month. | 223 |
| 2 No7 Don’t know/Not Sure9 Refused | Go to C 11.08 |
| C11.02 | What type of physical activity or exercise did you spend the most time doing during the past month? | 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 C11.08 |
| C11.03 | How many times per week or per month did you take part in this activity during the past month? | EXEROFT1 | 1\_ \_ Times per week2\_ \_ Times per month777 Don’t know / Not sure 999 Refused |  |  | 226-228 |
| C11.04 | 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 |
| C11.05 | 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 C11.08 |
| C11.06 | 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 |
| C11.07 | 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 |
| C11.08 | 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 |

# Module 50: Fruits and Vegetables

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| C12.01 | 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 |
| C12.02 | 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 |
| C12.03 | 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 |
| C12.04 | 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 |
| C12.05 | 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 |
| C12.06 | 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 |

# Module 51: Heart Attack and Stroke

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

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

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 1 Yes

2 No

7 Don‘t know / Not sure

9 Refused

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

 **Please read:**

1 Take them to the hospital

2 Tell them to call their doctor

3 Call 911

4 Call their spouse or a family member

**Or**

5 Do something else

**Do not read:**

7 Don‘t know / Not sure

9 Refused

# Module 52: Anxiety and Depression

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

**1.** Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

(435-436)

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**2.** Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

(437-438)

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

(439-440)

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**4.** Over the last 2 weeks, how many days have you felt tired or had little energy?

(441-442)

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**5.** Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

(443-444)

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

(445-446)

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

(447-448)

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**8.** Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were

moving around a lot more than usual?

(449-450)

\_ \_ 01–14 days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

(451)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**10.** Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder,

obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or

social anxiety disorder)?

(452)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

#

# Module 53: Mental Illness and Stigma

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

**1.** About how often during the past 30 days did you feel **nervous** — would you say **all** of the

time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(338)

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

(339)

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

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

(340)

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

cheer you up?

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

(341)

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

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

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

(342)

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

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

(343)

1 All

2 Most

3 Some

4 A little

5 None

7 Don’t know / Not sure

9 Refused

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

(344-345)

\_ \_ Number of days

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

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

**8.** Are you now taking medicine or receiving treatment from a doctor or other health

professional for any type of mental health condition or emotional problem?

(346)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

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

**9.** Treatment can help people with mental illness lead normal lives. Do you –**agree** slightly

or strongly, or **disagree** slightly or strongly?

(347)

**Read only if necessary:**

1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

**Do not read:**

7 Don’t know / Not sure

9 Refused

**10.** People are generally caring and sympathetic to people with mental illness. Do you –

**agree** slightly or strongly, or **disagree** slightly or strongly?

(348)

**Read only if necessary:**

1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

**Do not read:**

7 Don’t know / Not sure

9 Refused

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

#

# Module 54: Social Context

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

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

**1.** How often in the past 12 months would you say you were worried or stressed

 about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---

(349)

 **Please read:**

 1 Always

 2 Usually

 3 Sometimes

 4 Rarely

 5 Never

 **Do not read:**

 8 Not applicable

 7 Don’t know / Not sure

 9 Refused

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

 stressed---

 (350)

 **Please read:**

 1 Always

 2 Usually

 3 Sometimes

 4 Rarely

 5 Never

 **Do not read:**

 8 Not applicable

 7 Don’t know / Not sure

 9 Refused

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

**If Core Q7.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or**

**7 (Retired), go to Q5 and Q6.**

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

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

(351)

 1 Paid by salary

 2 Paid by the hour

 3 Paid by the job/task (e.g. commission, piecework)

 4 Paid some other way

 7 Don’t know / Not sure

 9 Refused

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

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

(352-353)

 \_ \_ Hours (01-96 or more) **[Go to next module]**

 9 7 Don't know / Not sure **[Go to next module]**

 9 8 Does not work **[Go to next module]**

 9 9 Refused **[Go to next module]**

**5.** Thinking about the last time you worked, at your main job or business, how were you

 generally paid for the work you did? Were you:

(354)

 1 Paid by salary

 2 Paid by the hour

 3 Paid by the job/task (e.g. commission, piecework)

 4 Paid some other way

 7 Don’t know / Not sure

 9 Refused

**6.** Thinking about the last time you worked, about how many hours did you work per week

 at all of your jobs and businesses combined?

(355-356)

 \_ \_ Hours (01-96 or more)

 9 7 Don't know / Not sure

 9 8 Does not work

 9 9 Refused

# Module 55: General Preparedness

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

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

(357)

 **Please read:**

 1 Well prepared

 2 Somewhat prepared

 3 Not prepared at all

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

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

(358)

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

(359)

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

(360)

 1 Yes

 2 No

 3 No one in household requires prescribed medicine

 7 Don’t know / Not sure

 9 Refused

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

(361)

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

(362)

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

**7.** In a large-scale disaster or emergency, what would be your main method or way of

 communicating with relatives and friends?

(363)

**Read only if necessary:**

 1 Regular home telephones

 2 Cell phones

 3 Email

 4 Pager

 5 2-way radios

 6 Other

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

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

(364)

 **Read only if necessary:**

 1 Television

 2 Radio

 3 Internet

 4 Print media

 5 Neighbors

 6 Other

 **Do not read:**

 7 Don’t know / Not sure

 9 Refused

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

(365)

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

(366)

 1 Yes **[Go to next module]**

 2 No

 7 Don’t know / Not sure

 9 Refused

**11.** What would be the main reason you might not evacuate if asked to do so?

(367-368)

 **Read only if necessary:**

 0 1 Lack of transportation

 0 2 Lack of trust in public officials

 0 3 Concern about leaving property behind

 0 4 Concern about personal safety

 0 5 Concern about family safety

 0 6 Concern about leaving pets

 0 7 Concern about traffic jams and inability to get out

0 8 Health problems (could not be moved)

0 9 Other

**Do not read:**

 7 7 Don’t know / Not sure

 9 9 Refused

# Module 56: Veteran’s Health

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

The next questions relate to veteran’s health.

**1.** Did you ever serve in a combat or war zone?

(369)

1 Yes

2 No

1. Don’t know / Not sure

9 Refused

**2.** Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)?

(370)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**3.** A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional

ever told you that you have suffered a traumatic brain injury (TBI)?

(371)

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**4**. In the past 12 months, did you receive any psychological or psychiatric counseling or treatment?

(372)

**Please read:**

1 Yes, from a VA facility

2 Yes, from a non-VA facility

3 Yes, from both VA and non-VA facilities

4 No

**Do not read:**

7 Don’t know / Not sure

9 Refused

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

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

(373)

1 Yes

2 No **[Go to next module]**

7 Don’t know / Not sure **[Go to next module]**

9 Refused **[Go to next module]**

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

(374)

**Please read:**

1 Yes, but did not require treatment

2 Yes, was treated at a VA facility

3 Yes, was treated at a non-VA facility

4 No

**Do not read:**

1. Don’t know / Not sure

9 Refused

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

# Module 57: Reactions to Race

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

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

(332)

 1 White

 2 Black or African American

 3 Hispanic or Latino

 4 Asian

 5 Native Hawaiian or Other Pacific Islander

 6 American Indian or Alaska Native

 8 Some other group (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7 Don’t know / Not sure

 9 Refused

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

**2.** How often do you think about your race? Would you say never, once a year, once a

 month, once a week, once a day, once an hour, or constantly?

(333)

 1 Never

 2 Once a year

 3 Once a month

 4 Once a week

 5 Once a day

 6 Once an hour

 8 Constantly

 7 Don’t know / Not sure

 9 Refused

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

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

(334)

 1 Worse than other races

 2 The same as other races

 3 Better than other races

  **Do not read:**

 4 Worse than some races, better than others

 5 Only encountered people of the same race

 7 Don’t know / Not sure

 9 Refused

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

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

(335)

 1 Worse than other races

 2 The same as other races

 3 Better than other races

  **Do not read:**

 4 Worse than some races, better than others

 5 Only encountered people of the same race

 7 Don’t know / Not sure

 9 Refused

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

(336)

 1 Worse than other races

 2 The same as other races

 3 Better than other races

 **Do not read:**

4 Worse than some races, better than others

 5 Only encountered people of the same race

 6 No health care in past 12 months

 7 Don’t know / Not sure

 9 Refused

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

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

(337)

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

(338)

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

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

(339)

 1 Yes

 2 No

1. Don’t know / Not sure

9. Refused

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

(340)

 1 Yes

 2 No

 7 Don’t know / Not sure

 9 Refused

# Module 59: WGSS Disability

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

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused

9. Don’t know/Not sure

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

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused
6. Don’t know/Not sure

Q3: Do you have difficulty walking or climbing steps?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused

9.Don’t know/Not sure

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

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused
6. Don’t know/Not sure

Q4: Do you have difficulty remembering or concentrating?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused

9.Don’t know/Not sure

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

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused

9.Don’t know/Not sure

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

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all

7. Refused

9. Don’t know/Not sure

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

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused

9. Don’t know/Not sure

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

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused

9.Don’t know/Not sure

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

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
5. Refused

9.Don’t know/Not sure

# Module 60: Other Tobacco Use

**Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes…**

1.             YES

2.             NO

7.             DON’T KNOW/NOT SURE

9.             REFUSED

**Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes…**

1.             YES

2.             NO

7.             DON’T KNOW/NOT SURE

9.             REFUSED

# Module 61: Periodontal Disease

1. Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. Do you think you might have gum disease?

(1) Yes

(2) No

Do not read:

(7) Refused

(9) Don’t Know

1. Overall, how would you rate the health of your teeth and gums?

(1) Excellent

(2) Very good

(3) Good

(4) Fair

(5) Poor

Do not read:

(7) Refused

(9) Don’t Know

1. Have you ever had treatment for gum disease such as scaling and root planning, sometimes called “deep cleaning?”

(1) Yes

(2) No

Do not read:

(7) Refused

(9) Don’t Know

1. Have you ever been told by a dental professional that you lost bone around your teeth?

1) Yes

(2) No

Do not read:

(7) Refused

(9) Don’t Know

1. Aside from brushing your teeth with a toothbrush, in the last seven days, how many days did you use dental floss or any other device to clean between your teeth?

\_\_\_(Number of days)

Interview instruction: Code “0” if the survey participant responds they have no teeth or only dentures.

Do not read:

77=Refused

99= Don’t Know

# Module 62: Knowledge and Impact of COVID Pandemic

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

| Question | Components | Response set |
| --- | --- | --- |
| As far as you know, have public health experts recommended (INSERT ITEM) as a way to help slow the spread of coronavirus, or not? How about (INSERT NEXT ITEM), have public health experts recommended this as a way to help slow the spread of coronavirus, or not? (scramble items a-d) | a. Frequent hand washingb. Healthy people wearing facemasks in publicc. Avoiding gatherings with large numbers of peopled. Staying home if you are feeling sick | Yes, recommendedNo, not recommendedDon’t know/ Refused (NET)Don’t knowRefused |
| As far as you know, is each of the following a way that coronavirus is transmitted, or not? First, (INSERT ITEM), is this a way that coronavirus is transmitted, or not? How about (INSERT NEXT ITEM)? (READ IF NECESSARY: Is this a way that coronavirus is transmitted, or not?) (scramble items a-c) | a. Being in close physical proximity with someone who is infectedb. Touching surfaces that contain small amounts of bodily fluids from someone who is infectedc. Through mosquito bites | YesNoDon’t know/ Refused (NET)Don’t knowRefused |
| For each of the following please tell me if you think this is a common symptom of coronavirus, or not. First, (INSERT ITEM), is this a symptom of coronavirus, or not? How about (INSERT NEXT ITEM)? (READ IF NECESSARY: Is this a common symptom of coronavirus, or not?) (scramble items a-d) | a. Feverb. Dry coughc. Nasal congestiond. Rash | YesNoDon’t know/ Refused (NET)Don’t knowRefused |
| Compared to other groups, do you think (INSERT ITEM) have a higher risk of developing serious medical issues if they become infected with coronavirus, or not? How about (INSERT NEXT ITEM)? (READ IF NECESSARY: Compared to other groups, do you think (ITEM) have a higher risk of developing serious medical issues if they become infected with coronavirus, or not?) (scramble items a-c) | a. People over the age of 60b. Childrenc. People with chronic health conditions | Yes, have a higher riskNo, do not have a higher riskDon’t know/ Refused (NET)Don’t knowRefused |
| As far as you know, is there a vaccine to protect people from the current coronavirus, also known as COVID-19, or not? |  | YesNoDon’t know/ Refused (NET)Don’t knowRefused |
| As far as you know, does the vaccine for influenza, or seasonal flu, protect people from the current coronavirus, also known as COVID-19, or not? |  | YesNoDon’t know/ Refused (NET)Don’t knowRefused |
| As far as you know, do most people infected with coronavirus (recover without developing serious complications), or do most people (develop serious complications that require intensive care)? (rotate 1-2,2-1) |  | Most recover without developing serious complicationsMost develop serious complications that require intensive careDon’t know/Refused (NET)Don’t knowRefused |
| As far as you know, if someone thinks they are having symptoms of coronavirus, should they (stay home and call a doctor or medical provider) or should they (seek health care immediately at an emergency room or urgent care facility)? (rotate 1-2,2-1)3/20 |  | Stay home and call a doctor or medical provider73Seek health care immediately at an emergency room or urgent care facility25Something else (Vol.)\*Don’t know/Refused (NET)2Don’t know1Refused |
| Which of the following best describes your feelings about the coronavirus in the United States? (ROTATE FIRST TWO) + |  | The worst is behind us The worst is yet to come …or…The coronavirus is not likely to be that major of a problem Not sure |
| Please indicate your level of agreement or disagreement with the following statements | I am worried about getting the coronavirus.I know what actions to take to prevent myself and myfamily from becoming infected with the coronavirus.I feel confident I can prevent myself and my family frombecoming infected with the coronavirus if it becomesmore widespread in the United States.I am likely to get the coronavirus | Strongly Agree Agree Disagree Strongly Disagree |
| How worried, if at all, are you that (INSERT ITEM)? Are you very worried, somewhat worried, not too worried or not at all worried? How about that (INSERT NEXT ITEM)? (IF NECESSARY: Are you very worried, somewhat worried, not too worried or not at all worried that (INSERT ITEM)?) (scramble items a-e) | a. You or someone in your family will get sick from the Coronavirusb. You will lose income due to a workplace closure or reduced hours because of coronavirusc. Your investments such as retirement or college savings will be negatively impacted by coronavirusd. You will put yourself at risk of exposure to coronavirus because you can’t afford to stay home and miss work You will not be able to afford testing or treatment for coronavirus if you need it | Very/ Somewhat worried (NET)Very worriedSomewhat worriedNot too/Not at all worried (NET)Not too worriedNot at all worriedNot ApplicableDon’t Know/ Refused |
| Overall, how prepared do you think you are to deal with a coronavirus infection if you or someone in your family contracted the virus? Would you say you feel very prepared, somewhat prepared, not too prepared, or not at all prepared to respond to that? [RESPONSES ROTATED IN ORDER FOR HALF/IN REVERSE ORDER FOR HALF] |  | Very prepared Somewhat prepared NET Not prepared Not too prepared Not at all prepared No opinion |
| Thinking about what, if any, impact the coronavirus has had on you and your family’s day to day life, would you say it has -- (ROTATE TOP TO BOTTOM, BOTTOM TO TOP) changed your life in a very major way, a fairly major way, only a small way or has it not changed your life in any way? +\* |  | in a very major way, a fairly major way, only a small way or has it not changed your life in any way? |
| Looking ahead, what, if any, impact do you believe the coronavirus will have on you and your family’s day to day life, would you say it will -- (ROTATE TOP TO BOTTOM, BOTTOM TO TOP) change your life in a very major way, a fairly major way, only a small way or will it not change your life in any way? |  | a very major way, a fairly major way, only a small way or will it not change your life in any way? |
| In the past 30 days have you cancelled plans to avoid crowds? |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have your children’s activities or school been cancelled?  |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have you lost employment or had hours reduced? |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have you lost income from a business? |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have you lost health care coverage? |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have you had a medical appointment cancelled or postponed? |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have you had any difficulty Feeding your household adequately |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have you had any difficulty f**eeding your household adequately?** |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have you had any difficulty f**illing any prescriptions?** |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have you had any difficulty f**inding the groceries you want?** |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have you had any difficulty s**eeing a doctor or health professional?** |  | YesNoDon’t know/ Refused Don’t knowRefused |
| In the past 30 days have you had any difficulty f**inding cleaning products?** |  | YesNoDon’t know/ Refused Don’t knowRefused |

# Module 63: Emotional Well-being

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

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

**Please read 1-4**

1 Very happy

2 Happy

3 Neutral

4 Not very happy

5 Not happy at all

**Do not read**

7 Don’t know / Not sure

9 Refused

Please tell me on a scale of 1 to 5 how much you agree or disagree with the following statements about your life. 1 means strongly disagree and 5 means strongly agree. **[Read choices only if necessary.]**

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

1 Strongly disagree

2 Disagree

3 Neither agree nor disagree

4 Agree

5 Strongly agree

**Do not read**

7 Don’t know / Not sure

9 Refused

3. The conditions of my life are excellent

1 Strongly agree

2 Agree

3 Neither agree nor disagree

4 Disagree

5 Strongly disagree

**Do not read**

7 Don’t know / Not sure

9 Refused

4. I am satisfied with my life

1 Strongly agree

2 Agree

3 Neither agree nor disagree

4 Disagree

5 Strongly disagree

**Do not read**

7 Don’t know / Not sure

9 Refused

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

1 Strongly agree

2 Agree

3 Neither agree nor disagree

4 Disagree

5 Strongly disagree

**Do not read**

7 Don’t know / Not sure

9 Refused

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

The next few questions ask about how satisfied you are.

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

**Please read 1-4**

1 Very satisfied

2 Satisfied

3 Dissatisfied, or

4 Very dissatisfied

**Do not read**

7 Don’t know / Not sure

9 Refused

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

**Please read 1-4**

1 Very satisfied

2 Satisfied

3 Dissatisfied, or

4 Very dissatisfied

**Do not read**

7 Don’t know / Not sure

9 Refused

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

**Read only if necessary**

1 Very satisfied

2 Satisfied

3 Dissatisfied, or

4 Very dissatisfied

**Do not read**

7 Don’t know / Not sure

9 Refused

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

**Read only if necessary**

1 Very satisfied

2 Satisfied

3 Dissatisfied, or

4 Very dissatisfied

**Do not read**

7 Don’t know / Not sure

9 Refused

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

 **Read only if necessary**

1 Very satisfied

2 Satisfied

3 Dissatisfied, or

4 Very dissatisfied

**Do not read**

7 Don’t know / Not sure

9 Refused

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

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

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

# Module 64: Opioid Use and Misuse

|  |
| --- |
| Example Emerging Core Questions |
| Question | Response setDo not read unless otherwise noted | CATI Instructions | Interviewer Notes |
| Q1. In the last 12 months, have you taken any prescription pain relievers when it was prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?  | 1 Yes2 No7 Don’t Know/ Not sure9 Refused | If Q1= 2, 7, 9Go to next section | Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan.We only want to know about prescription medication that is not available over the counter. |
| Q2. The last time you filled a prescription for pain medication in the past year, did you use any of the pain medication more frequently or in higher doses than directed by a doctor? | 1 Yes2 No7 Don’t Know/ Not sure9 Refused | If Q2= 2,7,9 Go to Q4 |  |
| Q3. What was the main reason you used the medication differently than prescribed? Would you say… | Read if necessary:1 To relieve pain, prescribed dose did not relieve pain 2 To relieve other physical symptoms 3 To relieve anxiety or depression 4 For fun, good feeling, getting high, peer pressure (friends were doing it) 5 To prevent or relieve withdrawal symptoms Do not read7 Don't Know/Not sure 9 Refused |  |  |
| Example Optional Module Questions: Prescribed Opioids |
| Q1. In the past year, have you had any pain medication left over from a prescription? | 1 Yes2 No7 Don’t Know/ Not sure9 Refused | If Q4 = 2, 7, 9 Go to next section.  |  |
| Q2. What did you do with the leftover prescription pain medication? | 1 Kept it 2 Disposed of it 3 Gave it to someone else 4 Sold it5 Used it for another unrelated pain/ other purpose 7 Don't know/Not sure 9 Refused |  |  |
| Q3. The last time you used pain medication that was prescribed to you, what was the main reason?  | Read if necessary1 pain related to cancer2 post-surgical care/medical care3 back pain, short term4 back pain, long term5 joint pain, short term6 joint pain, long term7 carpal tunnel syndrome8 arthritis9 work-related injury10 other injury causing short term pain11 other injury causing long term pain12 other physical conditions causing pain13 to prevent or relieve withdrawal symptoms14 dental pain15 pain due to diabetes-related nerve damageDo not read: 77. Don’t know 99. Refused |  |  |
| Q4 In the past year, what prescription pain medications were prescribed to you by a doctor? | 1 Butorphanol Tartrate2 Carisoprodol3 Celebrex4 Codeine5 Darvocet6 Darvon7 Demerol8 Dilaudid9 Duragesic10 Embeda11 Fentanyl12 Fentora13 Gabapentin14 Hydrocodone15 Hydromorphone16 Ibuprofen / Motrin 17 Kadian18 Levorphanol19 Lortab20 Lorcet21 Meperidine22 Methadone23 Morphine24 Naproxen25 Narcan26 Neurontin27 Opium Tincture28 Oxycodone29 Oxycontin30 Pentazocine31 Percocet32 Percodan33 Propoxyphene34 Roxicet35 Soma36 Stadol37 Suboxone38 Subutex39 Toradol40 Tramadol 41 Tylenol with codeine (Tylenol #3)42 Tylox43 Ultram (Ultram ER)44 Ultracet45 Vicodin46 Other (specify\_\_\_\_\_) {28 character limit}77 Don’t know / not sure 99 Refused  | This question could be coded for multiple response |  |
| Example Optional Module Questions: Use of Opioids Not Prescribed  |
| Q1. In the past year, did you use a prescription pain medication that was not prescribed specifically for you by a doctor, dentist, nurse practitioner, or healthcare providers? | 1 Yes2 No7 Don’t Know/ Not sure9 Refused | If OMQ1 = 2, 7, 9 Go to OMQ5 |  |
| Q2. From whom did you obtain the prescription pain medication? | 1 = From a friend or relative 2 = From an acquaintance 3 = From a street dealer or other person I did not know 4 = Online 5 = Other 7 = Don't know/Not sure 9 = Refused |  |  |
| Q3. About how often in the past 12 months did you use prescription pain relievers including that were not prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare providers?  Would you say.... | Read1 Never  2 Every day or nearly every day3 Several times a month4 Several times a yearDo not read:7 Don't know/Not sure9 Refused |  | Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan.We only want to know about medication that is not available over the counter. |
| Q4. In the past 12 months, did you shoot up or inject any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling. | 1 Yes2 No7 Don’t Know/ Not sure9 Refused |  |  |
| Example Optional Module Questions: Dependency |
| Q5. How long has it been since you used any prescription pain reliever?   | Read only if necessary1 Within the past 30 days (or currently taking) 2 More than 30 days ago but within the past 12 months3 More than 12 months ago4 Never 7 Don’t know/Not sure 9 Refused  |  | Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan.We only want to know about medication that is not available over the counter. |
| Q6. In the past year have you felt dependent on prescription pain medication or experienced trouble getting off of the medication when you no longer needed it for medical reasons? | 1 Yes2 No7 Don’t Know/ Not sure9 Refused |  | Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan.We only want to know about medication that is not available over the counter. |
| Thank you for answering these questions. If you would like assistance with any of these issues, please call the XXX at XXXX to find out about mental health and substance related disorder services available in your area. |

# Module 65: Bereavement

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

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

 1 Yes

2 No [GO TO GA7\_4]

7 Don’t know / Not sure [GO TO GA7\_4]

9 Refused [GO TO GA7\_4]

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

\_ \_\_ losses [RANGE (01-76),

77 Don’t know [GO TO GA7\_4]

99 Refused [GO TO GA7\_4]

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

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

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

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

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

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

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

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

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

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

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

 (READ LIST for first mention)

 01 Spouse/Partner

 02 Mother

 03 Father

 04 Brother

 05 Sister

 06 Child

 07 Other Family Member

 08 Friend or Neighbor

 09 Other

 77 Don't know/Not sure

 99 Refused

# Module 66: Social Determinants and Health Equity

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MSDHE.01 | In the past 12 months have you lost employment or had hours reduced? |  | 1 Yes2 No7 Don’t Know/ Not sure9 Refused |  |  |  |
| MSDHE.02 | During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card? |  | 1 Yes2 No7 Don’t Know/ Not sure9 Refused |  |  |  |
| MSDHE.03 | During the past 12 months how often did the food that you bought not last, and you didn’t have money to get more? Was that… |  | Read:1 Always2 Usually3 Sometimes4 Rarely5 Never7 Don’t know/not sure9 Refused |  |  |  |
| MSDHE.04 | During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? |  | 1 Yes2 No7 Don’t Know/ Not sure9 Refused |  |  |  |
| MSDHE.05 | During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services? |  | 1 Yes2 No7 Don’t Know/ Not sure9 Refused |  |  |  |
| MSDHE.06 | During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? |  | 1 Yes2 No7 Don’t Know/ Not sure9 Refused |  |  |  |
| MSDHE.07 | How often do you get the social and emotional support that you need? Is that…  |  | Read:1 Always2 Usually3 Sometimes4 Rarely5 Never7 Don’t know/not sure9 Refused |  |  |  |
| MSDHE.08 | How often do you feel lonely or isolated from others? Is it… |  | Read:1 Always2 Usually3 Sometimes4 Rarely5 Never7 Don’t know/not sure9 Refused |  |   |  |
| MSDHE.09 | In general, how satisfied are you with your life? Are you.. |  | Read:1 Very satisfied2 Satisfied3 Dissatisfied4 Very dissatisfied7 Don’t know/not sure9 Refused |  |  |  |
| MSDHE.10 | Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it… |  | Read:1 Always2 Usually3 Sometimes4 Rarely5 Never7 Don’t know/not sure9 Refused |  |  |  |